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Developing safeguarding services to protect children – what are the key components?

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Abstract

This paper, drawing on UK and international experiences, suggests that the key components of an effective national system of services to safeguard children from being maltreated have to not only be in place but also functioning effectively in an integrated manner if they are to achieve their aims. The United Nations Convention on the Rights of the Child (UNCRC) provides a common international framework for all governments, organisations and professionals to work within. It should be incorporated into domestic legislation, which is supported by national frameworks and protocols that are underpinned by a commitment to multi-disciplinary, multi-agency working. Effective implementation of services that are based on the most up to date evidence requires the allocation of adequate resources, both human and financial. Organisations providing services to children and families require competent staff who have opportunities for training at all levels, including continuing professional development. All staff, no matter how senior, benefit from good quality, regular professional supervision and consultation. Effective data collection systems are required to collect information to support planning the allocation of adequate services to meet the needs of children and families both locally and nationally as well as the evaluation of these services. Research and ongoing evaluation are essential to enhance practitioners, managers and politicians understanding of whether the services being provided are preventing abuse and neglect and protecting children from further harm. The voices of children help keep key stakeholders fully informed about the quality of service provision, and their views provide the best indicators of how well the system is meeting their needs and upholding their rights. Above all it is important that all parts of the system work effectively together and maintain their focus on improving outcomes for children.

Key words: child protection; safeguarding children; developing child protection systems

Introduction

In his report for the UN Study on Violence against Children, Pinheiro (2006) stated that his central message was “no violence against children is justifiable, and all violence against children is preventable” (p. 3). Whilst few would disagree, the challenge for all societies is to have in place services that operationalize this belief. This paper draws on both UK and international experience, particularly that of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). It suggests that the following key components are part of any effective national service to safeguard children from being maltreated:

- national frameworks and protocols that are underpinned by a commitment to multi-disciplinary, multi-agency working
- competent staff working with children and families having opportunities to train and continue enhancing their professional development
- regular, professional supervision and consultation for staff
- provision of adequate resources - both human and financial
- effective data collection systems, the data from which are utilized for planning
- service delivery and evaluating children's outcomes
- research and evaluation to determine if services are improving outcomes for children and families
- maintaining the focus on improving outcomes for children.

As with any successful system it is not only necessary to have all the individual components of a child protection system in place, but they also need to interact together effectively. Combining both knowledge and skill, often with touches of brilliance and inspiration, is necessary to create a well functioning system which operates in the best interests of children.

United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) provides a common framework for all governments, organisations and professionals to work within. Internationally it unites those working in the field of maltreatment irrespective of cultural, linguistic or religious differences. In addition, international and regional treaties and protocols provide more specific frameworks for all governments and professionals in specific areas such as child sexual exploitation and human trafficking. For example, the *Palermo Protocol To Prevent, Suppress And Punish Trafficking In Persons, Especially Women And Children, Supplementing the United Nations Convention Against Transnational Organised Crime to the UN Convention* (2000) which was ratified by the UK in 2006.

Article 19 of the Convention on the Rights of the Child, *The Right of the Child to freedom from all forms of violence*, states:

1. States parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent medical treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and as appropriate, for judicial involvement.

More recently, the United Nations Committee on the Rights of the Child (the Committee) has published a *General Comment 13: The Right of the Child to Freedom*

from *All Forms of Violence* (UNCRC, 2011). This document was issued as a result of the Committee's major concerns about the "extent and intensity of violence exerted on children" (p. 3). The Committee is clear that "measures to end violence must be massively strengthened and expanded" (p. 3) in order to eradicate violence against children. This General Comment recognises that many governments, professionals and civil society institutions need assistance in understanding how to fulfil their responsibilities towards children and therefore the document elaborates on what needs to be in place to support effective implementation of Article 19; i.e. to ensure that each child is free from all forms of violence.

National frameworks and protocols

At a national level it is critical to have in place legislation that supports implementation of the UNCRC. This enables the state to take action to intervene to protect children where there are concerns about them being or possibly being harmed, to provide services to these children and their families and just as importantly to prevent harm happening in the first place. In England and Wales the Children Act 1989 and the Children Act 2004 provide this legislation. In Ireland, it is the Child Care Act 1991. These Acts are focused on children's welfare and wellbeing. Separate legislation is used when bringing prosecutions against the perpetrators of child abuse and neglect. Here, the UK differs from some other countries where legislation is focused on perpetrators and may not be adequate for protecting children, particularly if a criminal prosecution is not successful or possible.

A government appointment of the equivalent of a Minister for Children, who has lead responsibility for the wellbeing of all children and young people across government, is one official means by which senior ministers in all government departments can be called to account to government on issues affecting all children and young people. This type of appointment provides a mechanism at government level for scrutinising new or updated legislation and policies to ensure that the work of each government department supports the State's responsibility to protect children and prevent them suffering harm.

A Children's Commissioner or Ombudsperson provides an external mechanism for scrutinising how well the government is doing in this respect. Recently, the UNICEF Office of Research has studied the little known work of independent human rights institutions for children which have responsibility for promoting and protecting children's rights. Its report, *Championing children's rights. A global study of independent human rights institutions for children* (2013), describes the progress made since the UNCRC was adopted in 1989 as being "remarkable" (p. 4). The goals achieved to date by these institutions include influencing government policy, being available to take up the specific concerns of children and families and advocate on their behalf and ensuring that children participate in society. All of these achievements are steps towards freeing children from violence.

Legislation can, however, only provide a generic framework within which organisations and professionals undertake their work with children and families. In England, national guidance such as *Working Together to Safeguard Children* has provided more detailed statutory guidance to agencies and professionals since 1988 (Department of Health and Social Security and the Welsh Office, 1988; HM Government, 2015) although in fact

the first government guidance was issued by the Home Office, Ministry of Health and Ministry of Education in 1950. There is thus a long tradition in England of the government issuing inter-agency guidance on protecting children. The overarching statutory guidance, *Working Together*, is also supported by guidance in specialist areas such as forced marriage or child trafficking (HM Government, 2010, 2011). This provides additional assistance to professionals who are working in these areas where practice is often cutting new ground and can be very challenging.

Under section 13 of the Children Act 2004, each local authority in England is required to establish a Local Safeguarding Children Board (LSCB) for their area. Members of each board include senior managers from the key statutory agencies in social care, health, education and criminal justice as well as the non-governmental sector. They therefore have local decision making powers and access to resources. The legislation also sets out that LSCBs have two key objectives:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area: and
 - (b) to ensure the effectiveness of what is done by each such person or body for those purposes.
- (Section 14 of the Children Act 2004)

At a local authority level in England there is an expectation that LSCBs will have in place local inter-agency protocols and processes to support the effective implementation of the child welfare legislation and statutory guidance (the same expectation existed for their non-statutory predecessors Area Child Protection Committees [ACPCs]). Research, which was commissioned by the government to examine whether the new structures and processes of the LSCBs had overcome identified weaknesses of ACPCs, supported the efficacy of Local Safeguarding Children Boards in fulfilling their new statutory roles and functions (France, Munro & Waring, 2010). It also demonstrated the crucial importance of having strong leadership and meaningful involvement in LSCBs from all the key agencies and organisations, both statutory and non-governmental. Successful LSCBs are ones where all sectors of the community have an understanding of the ways in which children can be maltreated and what they can do to protect them. This includes religious leaders and community elders as well as children themselves and members of the public. Over time each citizen needs to understand that in order to protect society's children, everyone has a responsibility to:

- protect them from all types of harm;
- respond to all forms of violence;
- promote their wellbeing; and
- ensure the right of each child to be free from all forms of violence.

In England, over the last decade there have been increasing efforts to involve children, parents and members of the community in considering how best to protect children and what action they can take if they have concerns about a child, an adult or an organisational setting. The big challenge is to convert this new understanding into reductions in the numbers of children being maltreated.

In the NSPCC's second UK study on the prevalence of child maltreatment, Radford et al. (2011) report that they found "levels of parental neglect to be very similar, with 9.4 per cent reporting some form of neglect in 1998 compared with 9.9 per cent in 2009. There was, however, a general decline in reported experiences of harsh emotional and physical punishment, and a decline in some experiences of physical and sexual violence" (p. 14). The researchers caution that there is "no room for complacency" (p. 118) as "there is still a substantial minority of children and young people today who are severely maltreated and experiencing abuse at home, in school and in the community, from adults and from peers" (p. 118). These data however give some cause for being hopeful that progress is being made in some areas but, of course, it is very difficult to link these findings with specific legislation, prevention programmes or public awareness campaigns.

A competent, well trained workforce

Competent, well trained staff (practitioners and managers) in all organisations working with children and families are essential to the effective functioning of any child protection system. It is regrettable, however, that despite the knowledge now available about which services are effective for different types of child and family problems and maltreatment, many children and families are still offered services that are not necessarily specific to their needs and therapeutic approaches with which professionals feel comfortable rather than ones supported by the most up-to-date evidence. This results in inconsistencies in the effectiveness of an organisation's service provision.

Having a knowledgeable and skilled workforce means not only ensuring that each type of practitioner's under- and post-graduate professional training equips them to address child maltreatment but also that they are offered continuing professional development opportunities in order to remain up to date and keep improving their practice over time. It is equally important that non-professional staff and volunteers are offered and participate in regular safeguarding children/child protection training events. They need to be able to recognise also when a child may be suffering harm, know how to respond to the child and his/her family and how to pass on their concerns in a manner that will be taken seriously.

For everyone working or in contact with children, it is crucial that they understand their role in preventing abuse as well as responding to it. Increasingly, universal services are being recognised as having a key role to play here. Davies and Ward (2012) in their overview report, *Safeguarding children across services: messages from research*, identified a number of measures and programmes where there is evidence of their effectiveness in preventing child maltreatment. For example, the legislation to ban physical punishment in Sweden (Durrant, 1999) and the Triple P-Positive Parenting Programme (Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009; Sanders, 2008). Effective implementation of evidence-based programmes, however, requires staff to be well trained in the particular programme and supported by regular, professional supervision and consultation.

Training staff to intervene effectively with maltreated children and families is a major commitment for an organisation. It requires senior managers to decide which programmes and approaches will be offered by their service and therefore the

concomitant training needs of staff, and to commit the necessary funding. Recognising that not all staff can expect to be trained in all evidence-based interventions at universal, tertiary and specialist levels, Bentovim and colleagues (2012) have developed the *Hope for Children & Families – Intervention Resource Pack*. It aims to provide training resources that enable front line practitioners in social care, health, education and youth justice to integrate evidence-based approaches into their everyday work and achieve better outcomes for children. Forty seven practice elements common to randomised controlled interventions across all forms of maltreatment studied by Bentovim and Elliott (2014) have been integrated into *Hope for Children & Families*. These resources provide a menu of evidence-based step-by-step modular interventions targeting abusive and neglectful parenting and associated impairments of children's health and development. The interventions can be selected and used by front line practitioners to enhance their direct work with children and families.

Multi-disciplinary, multi-agency safeguarding children training is as necessary as single discipline, single agency training and is known to be effective (Carpenter, Hackett, Patsios & Szilassy, 2010). Practitioners need to know how to respond to the signs and symptoms of abuse and neglect in accordance with the requirements of their own discipline. They also need to know what to expect from other disciplines and how to work as part of a multi-disciplinary, multi-agency team.

ISPCAN is committed to enhancing the knowledge and skills of professionals working in the child maltreatment field. It has undertaken inter-disciplinary, inter-sectorial child protection training in a number of regions and countries around the world: Eastern Europe – Estonia, Russia, Georgia; Asia – India, Philippines, Thailand; Africa – Congo, South Africa, Kenya; and Latin America – Argentina, Brazil, Columbia. Curricula are available at <http://www.ispcan.org/?page=ITPITraining>. In many instances, this training has led to the development of local multi-agency, multi-disciplinary child protection teams. It has also promoted the concepts of effective working together, sharing information and professional collaboration on individual cases. ISPCAN's approach recognises that no one agency or profession alone can be responsible for intervening in child maltreatment cases: nor can one body or person acting on their own prevent child maltreatment.

Professional supervision and consultation

The supervision of practitioners and managers supports good quality practice (Gordon and Hendry, 2010; Morrison, 2005). This includes both newly qualified and experienced staff, as increasingly complex work also requires professional supervision. Working with maltreated children is both intellectually and emotionally demanding. Therefore supervision helps to provide objectivity to a case and assists the practitioner in keeping the focus on the child's needs rather than getting caught up in parental problems (Cleaver, Unell & Aldgate, 2011). Social work has a long tradition of professional supervision; but it is helpful also for other disciplines that are working with children who have been abused and neglected and their families (Davies & Ward, 2012). The stress of working in this emotionally demanding field and therefore the need for good quality reflective/clinical supervision of staff is being increasingly recognized across all agencies.

Good supervision also assists practitioners to embed recent training and new ways of working into their everyday work with children and families (Turpin & Wheeler, 2011; Carpenter, Webb, Bostock & Coomber, 2012). Shortage of time to implement new approaches is often cited as a barrier to change. Steventon, Grandy, Begum, Amin, and Rashid (2012), in addressing this issue in the health sector, suggest “There is no magic bullet, no single solution to the transfer of evidence into practice, however, for health professionals who are working in the NHS era of “more for less” and for whom time is limited, the protected time afforded by clinical supervision may be key” (para. 24). The same could apply to other types of services as well.

Supervision sessions may also need to be complemented by consultation with those who have specific knowledge and skills or expertise in a particular field. This type of consultation can be essential when professionals are learning new evidence-based ways of practicing. Those assisting with embedding their new ways of working must be knowledgeable and competent themselves if they are to be effective in this role. The ultimate aim of professional supervision and consultation is to enhance the quality of services and outcomes being experienced by children and families.

Provision of human and financial resources

Recently in the United States, Fang, Brown, Florence, and Mercy (2012) studied the average lifetime costs for each child who has been maltreated and estimated that “the total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion. In sensitivity analysis, the total burden is estimated to be as large as \$585 billion” (p. 156). They concluded that when “compared with other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of child maltreatment” (p. 156).

The cost of not undertaking prevention programmes is high but so too is the cost of providing sufficient financial and human resources to support both preventative and therapeutic work with maltreated children, families and communities. Gilbert et al. (2009), having reviewed the long-term consequences of child maltreatment, concluded that these “warrant increased investment in preventive and therapeutic strategies from early childhood” (p. 68). One of the difficulties in the child maltreatment field, however, is that although securing investment in early intervention can lead to cost savings, it takes time for the benefits to children to be demonstrated. Too often financial decisions are made without considering the consequences for children: short-term financial cuts may win votes for politicians but they can have very serious consequences for children’s outcomes. Prevention programmes are often those most vulnerable to being closed as their benefits are less easily measured: in addition, the consequences of closing such services is likely to take time to be noticed, especially by the voting public.

In the United States since the mid-1990s, Steve Asos together with colleagues from the Washington State Institute for Public Policy have provided the Washington State Legislature with a list of evidence based policy options to assist policy makers and budget writers decide which will give “a good return on their investment (“buys”) as well as those that apparently cannot (“sells”)” (Lee, Asos, Drake, Pennucci, Miller & Anderson, 2012, p. 1). The State Legislature has used this information to make policy

reforms in a number of areas including child welfare. In England, Stephen Scott from the Institute of Psychiatry, King's College London, has long been exhorting policy makers to make decisions based on evidence about what works (Scott, 2006). Research has shown the cost effectiveness of delivering evidence-based programmes for children with conduct disorders (Scott, Knapp, Henderson & Maughan, 2001) and concluded that a "wider uptake of evidence-based interventions is likely to lead to considerable economic benefits in the short term, and probably even more in the long term" (Romeo, Knapp & Scott, 2006, p. 547). There is no reason to assume that the same economic benefits cannot be demonstrated for maltreated children but to date there is little hard financial data gathered in the UK to support policy making in this complex area. This is despite having the tools to do so, for example the cost calculator for children in need of services which has been developed at Loughborough University to assist local authorities in this respect (Ward, Holmes, Dyson, McDermid & Scott, 2008). The costing of the successful Multidimensional Treatment Foster Care programme in England is one notable exception (Holmes, Westlake & Ward, 2008).

Effective data collection systems and their use in evaluating service provision

National administrative systems for recording practitioner activity with individual children and families are essential for any country to understand what is happening to its children. In an ISPCAN survey undertaken in 2012, 54% (of 68 respondent countries) reported maintaining national official statistics on child maltreatment cases and a number of countries reported developing or refining their data collection systems. Indeed the latter is an ongoing process in any country.

ISPCAN (2013) published two documents, *Part I: Data Collection and Monitoring Systems* and *Part II: Building and Improving Child Protection Systems*, to assist in the development of national data collection systems and the enabling of key stakeholders to use these data for monitoring and evaluating service delivery and policies over time. They built on the *European Guidelines to Data Collection and Monitoring Systems on Child Abuse* (ChildONEurope, 2009) which were intended to assist European countries develop and refine their systems for collecting and using child abuse data.

In England, the Department for Education publishes annually statistics on children in need, including those who are suffering or likely to suffer harm (Department for Education, 2014) as well as statistics on children being looked after. These anonymised data are now recorded at an individual child level. This enables the child's journey through the children's social care system to be followed over time and gives a greater understanding of the types of services they receive over what time periods and their outcomes following referral to children's social care.

The collection of common data in cases of child maltreatment at local and national levels, requires the use of common data sets and IT systems to collect, collate and analyse the data. This consistency at a local level enables good quality data to be aggregated at a national level and meaningful trends and patterns to be identified over time. These data can be used also to evaluate service delivery and policy development at local and national levels and in research. Such evaluation is crucial both to understanding whether interventions are in fact improving outcomes for children and to informing future policy and practice developments.

Many have commented on the fact that statistics on children who are being maltreated are more available for those who have been reported to statutory child protection services rather than the general population: these data are often described as representing the “tip of the iceberg” (Trocmé et al., 2005, p. 12). It is a major challenge for countries to know the true prevalence of children who have been the subject of violence if they have not been referred to a statutory agency. Radford et al. (2013) in their UK prevalence study found that the maltreatment rates for children under age 18 were seven to seventeen times greater than official rates of substantiated child maltreatment in the UK.

Globally concerns have been raised by Pinheiro (2006) and others about the lack of prevalence data available on child maltreatment and they have called for more robust data on the extent and impact of violence towards children and an understanding of trends, if society is to eliminate violence. In response, ISPCAN led the development of the Child Abuse Screening Tool (ICAST). The ICAST instruments consist of a set of three model questionnaires that are designed to collect data on the extent of violence against children: ICAST-P (International Society for the Prevention of Child Abuse and neglect [ISPCAN], 2009a) is completed by parents, ICAST-R (retrospective) (ISPCAN, 2009b) is completed by independent young adults and ICAST-C (child) (ISPCAN, 2009c) is completed by children over 11 years old. The ICAST-C is further divided into an instrument to assess children’s victimization in the home (ICAST-CH for home) and an instrument to assess victimization in the school or work place (ICAST-CI for institution). These tools were designed by international experts, reviewed by more than 100 professionals from different countries using a Delphi process, pilot tested in eight countries, and refined (Runyan, Dunne & Zolotor et al., 2009; Zolotor, Runyan & Dunne et al., 2009). Since then, they have been translated and tested in at least 20 languages.

The ICAST instruments have proved very useful in a number of large scale projects such as the *Balkan Epidemiological Study on Child Abuse and Neglect* (‘the BECAN project’) and the Kingdom of Saudi Arabia (KSA). Prior to these studies there was no information on the prevalence of CAN in the general population of children in Balkan countries and KSA.

The BECAN study mapped child abuse and neglect (CAN) in the general population of 11 to 16-year-old children that attend and those that have dropped-out school and identified the number of reported/detected cases of CAN being recorded in nine Balkan countries (Albania, Bosnia & Herzegovina, Bulgaria, Croatia, Greece, Republic of Macedonia, Romania, Serbia and Turkey) (Institute of Child Health, 2013). This study is the largest in sample size ever conducted in the Balkan area (over 30,000 children and parents), and probably one of the biggest globally. The National Family Safety Program in KSA used the ICAST-C instrument with young people aged 14-18 years of age who were attending both private and public high schools for both genders (AlEissa et al., 2012). A total of 16,830 students in each of the five provinces represented 5% of the total student population.

Current national and international developments include developing common minimum data sets across federal states. A Daphne funded project, *Coordinated Response to Child*

Abuse and Neglect via Minimum Data Set, is currently underway to develop a common minimum data set for use by countries across Europe. It aims to create a scientific basis, the necessary tools, and synergies for establishing national child abuse and neglect monitoring systems using minimum data sets (Institute of Child Health, 2014). Such systems are expected to provide comprehensive, reliable and comparable case based information at a national level for children who have used child protection services. These data could be used in a variety of ways such as understanding the needs for services, exploring the relationship between different factors and types of maltreatment and identifying priorities at local, national and international levels as well as evaluating the effectiveness of services and interventions and informing policy and practice development.

Research and evaluation

A key question is: How to use the most up to date evidence to intervene early and effectively to support children and families and protect from harm those children who have been maltreated? Practitioners doing what they have always done or thinking they know best is not sufficient. Vulnerable children and their families have a right to expect that the services they are offered are based on some evidence that they have been shown to work for the problems for which help is being sought.

An ongoing challenge for all practitioners and organisations is knowing that what they are doing is leading to improved outcomes for children. Gaining this understanding requires data – both qualitative and quantitative – to be collected from a variety of sources. Research on the impact of different types of policies and interventions on children's outcomes is also necessary. This includes commissioning long-term studies that, regrettably, are often difficult to secure funding for.

In England, there has been a long tradition of the government commissioning research programmes to evaluate whether policy is being implemented effectively and if it is improving outcomes for children (Davies & Ward, 2012; Department of Health, 1995; Department of Health & Social Security, 1985). The findings of these studies have had a major impact on both policy and practice development with much attention being paid to how best to disseminate and enable them to be utilised by those undertaking direct work with children and families. Translating research findings into effective practice is not a straightforward task and requires a careful understanding of implementation science. Buckley, Tonmyr, Lewig, and Jack (2013) have written on some of the barriers that have to be taken into account when planning a national dissemination programme focused on influencing the uptake of research findings in child welfare.

The UNCRC is clear that children are citizens in their own right and in any policy development, research study or implementation of change it is crucial to obtain their views of the system. This is a distinct activity from obtaining the views of the key adult stakeholders. Children often see the world more clearly than adults and are able to provide straightforward and achievable suggestions about how to improve services for children, young people and their families.

Maintaining the focus on improving outcomes for children

Acting in the best interests of children is central to the UNCRC. Child protection systems can be driven, however, by ideology and process: The key challenge is to ensure that all its components are contributing to improved outcomes for children. This means that the effectiveness of service delivery should be focused on measures that are child focused: Those that concern both what children say about their safety and experiences and how well children are doing as a result of the services being provided. That is, rather than drawing exclusively on the subjective perspectives of what adults think they are achieving or whether targets are being met.

Conclusion

This paper draws on knowledge and experience from England and abroad, focusing on work undertaken in England and globally by ISPCAN. It emphasises that to be effective child protection services have to function as a system rather than as a number of separate or disjointed parts. All the components described in this paper have to work in harmony and contribute to keeping children safe and improving their outcomes. This requires politicians and strategic managers to design a system that recognises no one agency can succeed in the prevention of child abuse and neglect or the protection of those children who are harmed. Effective collaborative working is required between all those organisations and professionals in contact or working with children and families – at all organisational levels. This is not only cost effective but it supports the achievement of optimal outcomes for children. The value of agencies and staff working together at all levels, therefore, needs to be recognised and funded even in a difficult fiscal climate.

In addition, it is essential that the services provided to children and families are known to be the most effective available. This paper argues that too often children and families are offered services because they are available or staff feel confident to deliver them rather than those that are known to be most effective. The acid test of whether any system is achieving its aims to prevent and protect children from suffering harm is if it can evidence optimal developmental outcomes for all children.

Biographical Note

Jenny Gray OBE trained as a social worker in New Zealand and has been in child care social work, management and policy development since 1979. She joined the Department of Health, England in 1991 and led the development of new inspection methodologies. In 1995, Jenny was appointed as the professional adviser to the British government on safeguarding children. Jenny held this post until September 2012, since when she has been a social work consultant. She is the immediate Past President of the International Society for the Prevention of Child Abuse and Neglect.

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