

# Prevention of child abuse and neglect in the context of England's family sup- port policy: lessons for Japan

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## 1 Introduction

Child abuse and neglect is one of the most serious problems for children's welfare. In Japan, the government has been tackling this problem, and 'Jidou Gyakutai no Bousi tou ni kannsuru Houritu' (The Act on the Prevention of Child Abuse) was enacted in 2000. It was made by supra-party Diet members in order to improve the situation. The Act has strengthened the power of the 'Jidou Soudan Sho' (Child Guidance Centres) and emphasised the responsibility of professionals such as teachers, child care workers, doctors, public health nurses<sup>1)</sup>, lawyers, etc. in diverse areas. However, the resources of the Child Guidance Centres<sup>2)</sup> have not been enough, particularly in terms of number of centres and staff members. As a result, staff in the Child Guidance Centres have heavy workloads (Takenaka, 2002).

Moreover, the Japanese government tends to focus on family support services as a countermeasure to the falling total fertility rate. These family support services can prevent child abuse and neglect but do not seem to link effectively with social care service. According to the ninth report (Committee, 2013), the families who are at risk

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tend not to participate in the medical examination programme for infants and tend not to receive appropriate support. The report points out that universal assessment and support at an early stage can reduce the risk of child death from child abuse and neglect. The Child Guidance Centres are also involved in just 30% of the child death cases. The report emphasises the significance of referral to the Child Guidance Centres and collaboration with other agencies.

On the other hand, the government in England has attempted to improve the child protection system due to tragic child death cases. In particular, since the case of Victoria Climbié in 2000, family support services have connected with child protection and the importance of cooperation between the different professionals has been recognised. The Green Paper 'Every Child Matters' was published and affected family support services and preventative services for child abuse and neglect. However, the landmark case of Baby P. happened in 2007 in spite of these reforms. Recently the Munro Review was published and focused on child protection again.

Both England and Japan have concentrated on preventative services and cooperation between these services and child protection. Furthermore, England has considerable experience and has engaged in discussion in this area, with frequent changes in policy. The purpose of this paper is to develop some insight for Japanese policy from experiences in England. For this purpose, firstly, I will analyse the history of policy in England from the case of Victoria Climbié to the Munro Review and I will explore the controversial elements of pre-

ventative services in England.

Then, I will consider the evolution of Sure Start Children's Centres including their providing family support services and preventative services through collaboration with other agencies. Sure Start is one of the children's services which the government has targeted. It works in early childhood, and different kinds of professionals are involved. In the prevention of child abuse and neglect, one of the significant issues is how the different professionals work together. In Japan, having different professionals work together is also a challenging problem, so the experiences of Sure Start can offer some insight.

Finally, I will consider the topics which are relevant to the Japanese context in the prevention of child abuse and neglect. There are two relevant topics in regard to interdisciplinary team work and the relationship between the passive approach used by Sure Start Children's Centres and the active approach used with home visiting for children and their families. The Japanese government recently created a programme, which has been establishing more centres and provides professional advice, support and training programmes for families. The government has also started new home visiting programmes. Therefore, good practice and considerable discussion on the topic of prevention in Sure Start may offer some insights for Japan.

## 2 History of the English policy

### 2-1 The death of Victoria Climbié

The death of Victoria Climbié was one of the most significant in-

Prevention of child abuse and neglect in the context of England's family support…… influences on the policy for children and families. Victoria Climbié was an 8-year-old girl who had been neglected, and abused and was murdered on 25th February 2000 by her aunt, Marie-Therese Kouao, and Carl John Manning who lived with her. It is an important point that many professionals saw Victoria and had the opportunity to save her up until when she died. There were twelve different services involved with her, which included four social services departments, two child protection teams and two hospitals. However, unfortunately there was no agency that could have prevented such a tragic case. After the death of Victoria Climbié, Marie-Therese Kouao and Carl John Manning were convicted of her murder and sentenced to life imprisonment on 12th January 2001 at the Central Criminal Court.

The Secretary of State for Health and the Secretary of State for the Home Department appointed Lord Laming to conduct a statutory inquiry, which was known as 'The Victoria Climbié Inquiry'. In this inquiry Lord Laming (2003) argued that the support services for children and families should be associated with the investigation and protection from child abuse because of the evidence he obtained in the investigation of Victoria Climbié. Lord Laming recommended introducing organisation and management services, which were designed for both protection of children and support for families. There were 108 recommendations and 46 of them were to be implemented within 3 months, 38 within 6 months and the rest within 2 years. It was concluded that child protection should not be separated from other child welfare services in this report.

### 3-2 Every Child Matters-prevention of child abuse

The Green paper 'Every Child Matters' has had a significant influence on policy affecting children and their families. It was seen as a direct response to the Victoria Climbié Inquiry (Laming, 2003). However, it also had a broader aim of taking positive steps in regard to intervention at an earlier stage to prevent a range of problems, such as educational failure, unemployment and crime later in life. Parton (2006a) mentioned two basic assumptions underpinning the proposal by Every Child Matters. One was that children are now exposed to things like drugs at an earlier age and the patterns of typical families have changed profoundly with working women, divorces and single parents, which might make their lives more complex than in the past. Another was that a time to change had come because society had acquired more knowledge and expertise, and could respond to these new risks. In short, there was a need to develop the policy for children and their families and the capacity to meet it at that time. Many changes in Every Child Matters had been prepared before and were much more concerned with the prevention of unemployment and crime than with child abuse. Nevertheless, Tony Blair mentioned Victoria Climbié as a shocking example and said

‘...the fact that a child like Victoria Climbié can still suffer almost unimaginable cruelty to the point of eventually losing her young life shows that things are still very far from right...Responding to the inquiry headed by Lord Laming into Victoria’s death, we are proposing here a range of measures to re-

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form and improve children's care' (Chief Secretary  
to the Treasury, 2003: p. 1)

Although the primary aim of Every Child Matters was ensuring that every child can have the chance to fulfil their potential, Victoria Climbié's case affected the policy-makers and these policies ended up being more related to prevention of child abuse. It was said that 'child protection must be a fundamental element' for child welfare (Chief Secretary to the Treasury, 2003: p. 3).

The government received the recommendations from Lord Laming, who made it clear that 'child protection cannot be separated from policies to improve children's lives as a whole' (Chief Secretary to the Treasury, 2003: p. 5) and he considered it necessary that these proposals potentially cover all children. Universal services seemed necessary as an early intervention to prevent specific risk factors. Three types of services were included in Every Child Matters: universal services, targeted services and specialist services. Universal services were for all children and families including services provided by GPs, midwives and health visitors in both health and educational services. Targeted services had three categories: a) services for all children in targeted areas such as Sure Start Children's Centre, b) services for children and families with identified needs such as Special Education Needs and disability, speech and language therapy, and c) services for families with complex problems such as Children and Families' Social Services Targeted Parenting Support. Universal services can make contact with all children who may need more tar-

geted services. Specialist Services were for children at high risk.

Every Child Matters set five positive outcomes: being healthy, staying safe, enjoying and achieving, making positive contributions and economic well-being. Furthermore, it focused on four main areas: a) supporting parents and carers, b) early intervention and effective protection, c) accountability and intervention and d) workforce reform. Particularly a) and b) may play an important role in the prevention of child abuse. The government announced the spending of £25 million to create a parenting fund and consulted on a long term vision to promote parenting and family support through universal services, targeted and specialist support and compulsory action through parenting orders.

These three Services might be effective for prevention of child abuse. Within universal services was a range of services such as a national helpline, parents' information meetings, family learning programmes, support programmes for fathers, childcare, early years education, social care, school, etc. Also, within specialist parenting support there were home visiting programmes, parent education programmes, family group conferences, family mediation services and so on. However, even if parents can obtain support, significant harm may occur.

In Victoria Climbié's case, though several agencies had contact with her and her family, no one could have intervened in her family appropriately. Lord Laming (2003) pointed out that basic information

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### 2-3 Children Act 2004

The Children Bill was published on 4th March 2004 and *Every Child Matters: Next Steps* (DfES, 2004) was also published in response. In the foreword of this consultation paper, Margaret Hodge, who was Minister for Children, Young People and Families, mandated 'A shift to prevention while strengthening protection' (DfES, 2004: p. 3). The Children Act 2004 received Royal Assent on 15th November 2004. It aims to improve the partnership among different services like health, welfare and criminal justice and to enhance accountability (Brammer, 2010). It created new duties to promote children and young people's well-being and welfare which were based on five outcomes in *Every Child Matters*.

The key for prevention of child abuse is not only family support services themselves, but also a connection with them. As seen in Victoria Climbié's case, even if some professionals found a sign of something abnormal transpiring, they could not share information about the situation and refer to appropriate services. Thus, such a terrible case may happen again. However, sharing and collecting information involves some debatable issues like confidentiality. Family privacy should be respected because families are a safe place, which cannot



be invaded by the public for most of us (Munro, 2004b). In principle families should have the right not to have their privacy violated without permission.

Nonetheless, in modern society, parents have faced many difficulties and at the same time parents' support networks have been weakened. As a result, the needs of parents have become more multifaceted. Munro (2004b) mentioned that policy-makers have become aware of the imbalance and have attempted to solve this problem with the introduction of preventive and supportive services. For this purpose, it is necessary to reduce the professionals' fear of blame and give a reasonable standard of practice and training, supervision and enough resources to adequately prevent child abuse and neglect (Munro, 1999). An essential component in preventing child abuse should not be intervention in family life but support for families to care for children. Early intervention without any services, which gives some benefits to parents, might be unsuitable because the pressure on parents will not result in good parenting.

#### 2-4 The death of Baby P.

In spite of these efforts in the introduction of preventative services since the death of Victoria Climbié, another tragic child death occurred, the death of Baby P. in 2007. On the morning of 3rd August 2007, his mother called the London Ambulance Service and he was carried to the North Middlesex Hospital. He then died at 12.10 pm.

The Local Safeguarding Children Board (LSCB) in Haringey ini-

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tiated a Serious Case Review (SCR) on 6th August 2007. LSCBs undertake SCRs by Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 when a child dies, and abuse or neglect is known or suspected in the death. The SCRs' purposes and processes are set out in Chapter 8 Working together to safeguard children (DCSF, 2010). The first SCR was published in July 2008 but the Ofsted evaluation found that it was inadequate. The LSCB appointed the new, independent Chair in December 2008 and the final SCR was published in February 2009.

According to the final SCR (Haringey Local Safeguarding Children Board, 2009), Baby P. was the subject of a child protection conference in December 2006 because he was seriously injured and met the threshold for care proceedings. Many practitioners such as social workers, health visitors, childminders, police officers, Primary Care Mental Health Workers (PCMHW), GPs and Family Welfare Association (FWA) project workers were involved in this case. They could have realised that he was at risk and they needed support. In fact, social workers visited frequently and observed Baby P.'s family situation. However, they could not save his life.

In SCR the key lessons were examined in order to prevent similar harm in the future. It indicated 9 points: a) the need for authoritative child protection practice, b) the improvement of inter-agency communication, c) the safeguarding of awareness in universal services, d) over-reliance on medical and criminal evidence, e) joint police and social work investigation, f) the placing of children with

family and friends, g) the role of care proceedings in child protection, h) lack of challenge when conducting basic inquiries and i) first line management and staff supervision. Point b and c will be considered in more detail below.

In point b), there was a lack of cooperation between social workers and the service provider who offered the parenting programme for the child's mother. No information was shared in regard to the attendance of the mother and Baby P. They were unable to find out who cared for him during the parenting programme when he did not come with his mother. Also, the position of risk of harm was not recognised by the Child Development Centre (CDC) because CDC was not informed that Baby P. was under s.47 enquiries<sup>3)</sup>. This caused a delay in the assessment. These situations were caused by miscommunication between CDC and social workers. Therefore, it is necessary to improve communication between professionals.

In point c), the Common Assessment Framework (CAF), which assesses vulnerable children, was not being used by social care staff in Haringey, although education and health services used it for universal support. When the mother came to the GP the first time, the GP should have considered the need to use CAF for assessing their condition (Haringey Local Safeguarding Children Board, 2009). Also, the relationship between GPs and health visitors was not close in Haringey, although there was a much closer liaison among other primary care teams. As a result, the GP did not undertake CAF and the GP did not recognise it appropriately. Then, the GP became con-

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cerned with the second incident but did not take any action because he assumed that the other professional involved would do it. Every professional should trust his or her instinct and to take action for children who might be suffering.

For these points, the SCR made some recommendations and the related recommendations will be chosen by preventative services. The LSCB and Partnership must ensure the four protecting professions - doctors, lawyers, police, and social workers and 'safeguarders' - who provide universal services - health, education, early years provision and policing - are trained well, individually and together. The Partnership must ensure early intervention for children at risk by addressing the development of local delivery teams, the widespread use of CAF, and the role of the lead professionals. All agencies which offering family support services to children who are the subject of a child protection plan, or their parents, should train staff in order to play a complementary role to the social worker.

## 2-5 Lord Laming's progress report

After the case of Baby P., the Secretary of State for Children, Schools and Families, the Rt Hon Ed Balls MP, commissioned Lord Laming to provide the progress report about the efficacy of implementing arrangements for the safeguarding of children on 17th November 2008. Lord Laming evaluated the practice since the 'Victoria Climbié Inquiry' and identified the barriers to good practice becoming standard practice.

According to this progress report (Laming, 2009), the government has attempted to safeguard children and promote their welfare over the last five years. ‘Every Child Matters’ (Chief Secretary to the Treasury, 2003) supports professionals who work with children and ‘Working Together to Safeguard Children’ (DCSF, 2010), which is inter-agency guidance, provided a sound framework for professionals. The government established extended school and Sure Start Children’s Centres as new models for early intervention and the models were developed nationally and delivered locally in order to respond to the needs of children and their families. However, the need to protect children from abuse and neglect is challenging and the government needs to improve these services.

Lord Laming mentioned that ensuring that policy, legislation and guidance reflect day-to-day practice on the frontline of every service effectively was one of the biggest challenges. The safety of children depends on staff’s time, knowledge and skill involving children and their families (Laming, 2009, p. 10). However, training and support were low quality and over-stretched the frontline staff in social care, health, and police. Social workers had heavy caseloads and health visitors had more than 60% above the recommended workload levels. The lack of training and high number of case-loads placed considerable pressure on social workers. Also, police had reduced resources for child protection over the last three years and the vacancy rate was extremely high. These situations demotivated the front-line staff from doing their best to safeguard children.

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Through examining the progress of child protection, he recommended central government and local agencies take action in order to support staff who work to safeguard children. The recommendations, which are related to preventative services, are the following. Firstly, the Secretaries of State for Health, Justice, the Home Office and Children, Schools and Families must collaborate and set strategic priorities in order to protect children and ensure sufficient resources. Secondly, the Secretaries of State for Children, Schools and Families, Health, and the Home Office must address inadequacy of training and supply of the frontline staff such as social workers, health visitors, and police. For this purpose, he also argued that the government should protect budgets to safeguard children through a specific protected grant. He made 58 recommendations based on these arguments. The government responded to Lord Laming's report and accepted all of his recommendations (DCSF, 2009).

## 2-6 Munro Review

In June 2010, Professor Eileen Munro at the London School of Economics and Political Science asked to conduct an independent review of child protection in England by the Secretary of State for Education, Michael Gove. This review was unlike previous inquiries like the Laming Report and was not in response to the case of Baby P.

Munro had criticised the child protection system in England over the years. She argued that developing preventative and early intervention services is problematic (2010a). The new policy, which focused on preventative services rather than reactive services, caused

victims of abuse to receive less intervention once abuse had already begun (Munro and Calder, 2005). It focused too strongly on preventative services and has not given sufficient attention to child protection. As a result, it has failed to resolve the deficiencies in child protection. Time, resources and attention were diverted from identifying and helping the children who were being abused.

In addition, the preventative approach needs to identify children who could end up suffering serious problems before these problems become worse. The process of identifying has depended on individual practitioners' skill and knowledge. The rarer the phenomenon to be predicted, the harder it is to develop a risk instrument (Munro, 2004a). In particular, identifying the low level signs and early signs of problems, which will become serious problems is difficult because of the diversity of situations (Munro, 2010a). Determining the accuracy of a risk assessment has two potential problems. When the practitioners fail to identify children who are at risk and need support, the situation might become more serious. On the other hand, when the practitioners mistakenly identify children who are not at risk and do not need any intervention, innocent parents might be seen as abusers. This situation might create barriers to service providers and might make it difficult for families to access services they actually need.

Munro has also argued for taking a system approach in order to learn how to manage risks for children (Munro, 2010b). She mentioned that interactions between the subsystems are too complex to

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Investigations of errors tend to focus on the individual and not consider sufficiently the context in which they occurred (Munro, 2010b). Munro pointed out two major weaknesses of a person-centred approach. Firstly, this approach has been used for decades and has increased efforts to control practitioners' performance. It caused not only the failure to protect children sufficiently but also counterproductive work environments. Secondly, this approach makes it more difficult to examine the weaknesses in practice and to improve them in order to reduce the risks to children.

On the other hand, Michael Gove, who was the Secretary of State for Education, commissioned her to conduct this review and addressed three central issues in his letter to Munro (Gove, 2010). The three central issues were early intervention, trusting front-line social workers and, transparency and accountability. He argued that the support and improvement of front-line professional social work was necessary to improve the child protection system.

The Munro Review was published in three terms and comments were collected at each term. Part One (Munro, 2010c) was produced in October 2010. In Part One, she aimed to demonstrate the reason



why previous reforms had not succeeded and listened to the views of children, young people, families, carers, social workers and other professionals involved in child protection such as those in health, education and police services. Moreover, she drew upon the system approach that she had been developing.

Of the three issues, which Gove addressed, some parts that were related to prevention of child abuse and neglect will be considered in this paper. Firstly, she pointed out that the number of referrals to social workers has been increasing and has become problematic. When a family needs support services or there are concerns about abuse or neglect, the family should be referred to social workers. However, determining whether the concerns warrant a referral for child protection investigation requires practitioners' skill and knowledge at front-line those who are involved with children and their families at an early stage. Actually, the majority of referrals to social workers did not seem to require a full child protection investigation: more families should be kept out of the child protection system. According to the British Association of Social Work member's evidence for the review,

‘There is still a reluctance from some other agencies to share the safeguarding responsibility. This clogs the system with inappropriate referrals’ (Munro, 2010c, p. 26)

A large amount of referrals cause not only increasing cost but

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also distress of families. She argued that

‘Professionals in universal services cannot and should not replace the function of social work, but they do need to be able to understand, engage, and think professionally about the children, young people and families they are working with, despite an unavoidable element of uncertainty. They also need the confidence and ability to make sound judgments about which cases should be referred to children’s social care.’ (Munro, 2010c, p. 41)

The second report was produced in February 2011 and the theme was ‘the child’s journey’, which deals with the stage of needing help to receiving it (Munro, 2011a). The second report also emphasised early identification and provision of help in order to promote children’s well-being. It approved efforts that family support services in the community have improved - for example, Sure Start Children’s Centres and health visitor services. All practitioners who work with families have a partial role to identify the needs of children. Some children need only universal and early intervention services but other children need more specific services. Evidence showed that a common format can be shared with other professionals appropriately. Giving them ownership of their personal assessment can minimise dependency and empower families. In conclusion, the second report dealt with four points, which could contribute to developing a system

‘that was more child-centred and about learning rather than compliance driven and blaming’ (Munro, 2011a, p. 94).

These four points include ‘early help’, ‘social work expertise’, ‘managing social work’ and ‘a learning system’. The second report endorsed early help and preventative services, which can reduce child maltreatment and respond quickly to abuse and neglect at low levels. It focused on support to help professionals make a decision as to whether the child needs to be referred to child protection services or other preventative services suitable for the child and family when they have concerns about the child.

The final report was issued on May 2011 and the aim was developing a system, which valued professional expertise (Munro, 2011b). Munro set recommendations in order to reform the child protection services from being over-bureaucratized to child-centred and from a compliance culture to a learning culture.

The final report showed the effectiveness of early intervention and indicated that preventative services can reduce child abuse and neglect more than reactive services. In particular, co-ordinating work among many professionals who offer preventative services for children and their families is essential for reducing inefficiencies and omissions. Therefore, it recommended that the government require local authorities and their statutory partners to secure sufficient local early help services. Creating such requirements can lead to identify-

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ing those who need early help and offering help if their needs do not  
match the criteria for receiving children's social care services.

The Munro Review created fifteen recommendations and the government accepted nine outright and five 'in principal' (Department for Education, 2011). It wanted to 'consider further' only one recommendation about SCRs.

## 2-7 Reflection on the Munro Review

In critical response, Parton (2012) mentions that there are a number of issues in the Munro Review, although he mostly agrees with it. He points out that the Munro Review did not state clearly what child protection was and what the main purposes of the child protection system were. The Munro Review states that

'the measure of the success of child protection systems, both local and national, is whether children are receiving effective help' (Munro, 2011b, p. 38).

However, it does not make clear the meaning of effective help. If effectiveness is measured by the number of child deaths, the current system has already succeeded in reducing the number of child death cases. Pritchard and Williams (2010) explored possible child abuse related deaths from 1974 to 2006. According to their analysis, the number and rate of child abuse related deaths has diminished and it fell dramatically within 'All Causes of Death'. The number of child abuse related deaths showed greater improvement than in other ma-

for developed countries. However, the goal of child protection systems in the Munro Review is not merely to reduce the number of child abuse related deaths; its goal seems broader.

The Munro Review stated that

‘Children and young people’s problems arise from many factors other than poor or dangerous parental care, but it is the latter cause that is most relevant to this review’ (Munro, 2011b, p. 69).

It seems to focus upon protection from poor or dangerous parental care.

Parton’s critical and fundamental question about the measure of success of child protection system can also apply to the meaning of ‘preventative services’ in this paper. I also focus on support for family environments which might cause child abuse and neglect. There is a range of risks in families such as poverty, unemployment, substance abuse, mental problems, and insufficient parenting. However, some risks can be resolved by receiving support services, so ensuring access to services is key.

In contrast to this, Parton also argued that the target of the Munro Review, which focused on poor and dangerous parental care, was too narrow. Child maltreatment is not only carried out by parents and caregivers. On the contrary, a high proportion of physical assault

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On the other hand, the Munro Review emphasised the importance of 'early help' and the government accepted most of Munro's recommendations. However, recently a range of services, which are relevant to the Munro Review directly have been cut (Higgs, 2011). Children's services were estimated to be cut by 13% in 2011/2012 on average and particularly Early Years and Children's Centres, by 44%.

### 3 Evaluation of Sure Start Children's Centres

#### 3-1 What is Sure Start?

On 14th July 1998, the Chancellor of the Exchequer introduced Sure Start, which aimed to offer services for children under five and their parents. It was one of the most ambitious attempts by the Labour government to tackle deprivation and social exclusion. The comprehensive Spending Review (HM Treasury, 1998a) noted that the government would improve support for children in the early stages because evidence has shown that investment in early childhood can increase a child's lifetime opportunities, reduce health inequalities, the risk of unemployment, and substantial abuse and crime; and

support academic performance. For this purpose, the Sure Start programmes targeted 20% of children in the most deprived areas (Melhuish and Hall, 2007). The government would set up 250 local Sure Start programmes. Sure Start programmes would offer a range of integrated and preventative services for pre-school children and their families in particular in disadvantaged areas. Core services would be free for low income families and better off families could use them at a fair cost (HM Treasury, 1998b). The services in Sure Start included nursery, childcare, play group provision, parental services and health services.

The Sure Start Unit (1998) produced guidance for local programmes and set seven key principles: a) co-ordinate, streamline, and add value to existing services in the local area, including sign-posting to specialised services, b) involve parents, c) avoid stigma, d) ensure lasting support, e) be culturally appropriate and sensitive to particular families' needs, f) be designed to achieve specific objectives which relate to Sure Start overall objectives and g) promote accessibility for all local families. It also outlined the core services that all Sure Start Local Programmes (SSLPs) were expected to provide: outreach and home visiting, support for families and parents, support for good-quality play, learning and childcare experience for children, primary and community health care and advice about child health and development and family health, and support for people with special needs, including help getting access to specialised services. Then, in spite of some critical arguments about the quick increase in the funding (Glass, 2006), the Treasury (HM Treasury, 2000) ex-

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panded Sure Start from 250 locations by 2002 to over 500 by 2004 because one third of children under four were poor.

In 2005, Margaret Hodge, the first Minister for Children, Young People and Families, decided to change SSLPs into Children's Centres because of evidence from the Effective Provision of Pre-school Education (Sylva et al., 2004), which showed that the integrated Children's Centres were beneficial to children's development.

Within a similar time frame, the Laming report (Laming, 2003), which responded to the death of Victoria Climbié, emphasised the importance of high quality work. As a result, Every Child Matters set plans to reform children's services, including Sure Start. Thus Sure Start was strongly supported for promoting child welfare.

In this chapter, I will analyse the efficiency of Sure Start in the prevention of child abuse and neglect through evaluations of the programmes. There are some reasons to focus on the Sure Start Scheme. Firstly, although Sure Start started in a disadvantaged area, it has developed throughout England and been open to all. Even though Sure Start has been implemented in disadvantaged areas, the services have been more universal and every child and their families can use it. Child abuse and neglect can happen anywhere, depending on the environment and situation. Therefore, universal service is the key to preventing child abuse and neglect at an early stage. Secondly, Sure Start has a range of services and many different professionals are involved in it. Interdisciplinary service is also necessary to prevent



child abuse and neglect because there is a variety of risks in families and cooperation between different practitioners is core. Thirdly, Sure Start is a passive approach; people can access it when they feel the need. There is little invasion of family privacy. Preventative services cooperating with families and practitioners is essential, but the barriers for parents wanting to be involved can result if the approach is coercive. Thus, analysing the approach of the Sure Start Scheme can provide some prescriptive implications for preventative services.

### 3-2 Evaluation of Sure Start for prevention of child abuse and neglect

The National Evaluation of Sure Start (NESS) implemented some studies for evaluating the efficiency of Sure Start. In particular, three of these studies were related to the prevention of child abuse and neglect: Understanding the Contribution of Sure Start Local Programmes to the Task of Safeguarding Children's Welfare (Tunstall and Allnock, 2007), Family and Parenting Support in Sure Start Local Programmes (Barlow et al., 2007), and Sure Start Local Programmes and Domestic Abuse (Niven and Ball, 2007). Family and parenting support is directly associated with poor parenting, which could cause child abuse and neglect. Domestic abuse means

‘Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality’ (Home Office, 2012).

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Domestic abuse is not always directly related to abuse and neglect of children but it is one of the highest risks causing child abuse and neglect in families. Also, viewing violence can be a form of psychological abuse for children. For example, when children watch their father batter their mother, they can become a victim of psychological abuse.

### 3-2-1 Contribution of Sure Start to safeguard children: Good collaborative work

Every Child Matters: Change for Children (Department for Education and Skills, 2004) required that children's services: a) become more specialised to help to promote opportunity, prevent problems and act early, and effectively, b) develop a shared responsibility across agencies in child safeguarding and c) listen to children, young people and their families, when the assessment and planning is implemented.

The study (Tunstill and Allnock, 2007) examined the collaboration between SSLPs and social service departments, the position of SSLPs in local structure, the nature of concerns that triggered a referral to social services from SSLPs and from social services to SSLPs, and the nature of contribution of SSLPs to positive outcomes for children.

The study identified the eight following characteristics of good collaborative work: a) clear aims and objectives, b) transcending barriers in interagency work, c) strategic level commitment, d) clear

roles and responsibilities, e) information sharing, f) co-location of services, g) training strategy and h) referral systems.

a) Clear aims and objectives

Firstly, having a widely shared and articulated understanding about child protection can help give practitioners clear aims. The main objective for social services was protecting the most vulnerable children so the workers in social services focused on families who had the greatest need or the greatest risk. On the other hand, the central objective of SSLPs was engaging and supporting all families in the SSLP area through offering not only social services but also health and educational services. However, social service managers and SSLPs had a common vision to safeguard children.

‘We already have a common view of safeguarding along with social services, health and education psychologists. We are waiting for the CAF to be rolled out and we will feel more comfortable (Programme Manager)’ (Tunstall and Allnock, 2007, p. 13).

Secondly, it is important that easily accessible policy statements about child protection have clear objectives. The formal document was long and complicated so simplifying it has made it easy for practitioners to access. Thirdly, the induction system is essential to inform all staff about SSLP aims and objectives:

‘We have an induction pack for all members of staff

which has the child protection policy in it. If there is any new additional information we have circulation systems either by sending things round by memo or emailing information. We also have a supervision system with line managers, so every member of staff has a one to one meeting every month to 6 weeks during which some of these things can be discussed (Programme Manager)' (Tunstill and Allnock, 2007, p. 14).

Regular team meetings seemed to be a good way to announce changes to policy and provide the opportunity for staff to talk about any concerns about child protection policy. Having some teams with social workers can also facilitate communication between social services and the other support staff, and social workers can teach new information to them.

#### b) Transcending barriers

Every Child Matters emphasised multi-agency work. However, there are significant barriers to interagency work. One of the reasons is tension between child protection and family support. According to the report of the Commission for Social Care Inspection (CSCI, 2006, p. 4), when parents do not accept services they need, it is much harder to protect children from long-term and cumulative damage. A 'patch based approach', which disaggregated the population in SSLP areas and allocated the initial responsibility to assess needs, enabled the staff to become more familiar with their small population (Tun-

still and Allnock, 2007, p. 16). Also, multi-agency work can develop good relationships between different professionals through delivering a package of family support services (Tunstill and Allnock, 2007, p. 17).

Tunstill and Allnock (2007) pointed out that the majority of the SSLPs emphasised family support as a part of wider task of safeguarding children. They have attempted to strengthen the family. When a family needed more services than family support, managing tasks in safeguarding was a challenge (Tunstill et al., 2005). It was clear that the programme managers who have a professional background in social work and child protection had an advantage. Programme managers emphasised the ‘collective responsibility’ of safeguarding children among staff but actually shared responsibility between staff and parents (Tunstill and Allnock, 2007, p. 18). They held sessions with staff who had less experience in child protection in order to reduce anxiety, help them to understand and train them. Thus, safeguarding services were not seen as isolated services but a part of the family support package.

### c) Strategic level commitment

Prioritising seemed to be significant for managers in each organisation because strategic commitment from the top was crucial (Frost, 2004). Programme managers attempted to establish a close relationship with social services by using network strategies such as special invitations to social services managers for lunch and showing SSLPs (Tunstill and Allnock, 2007, p. 22). In addition to forming close

Prevention of child abuse and neglect in the context of England's family support…… relationships, establishing trust was also important.

d) Clear roles and responsibilities

In multi-agency work, clarifying each professional's role can prevent overlaps in work and make it easy for cooperation. SSLPs had a 'central point of contact', which provided advice and guidance about child protection issues (Tunstill and Allnock, 2007, p.23). It was helpful for practitioners to understand each other's roles. Also, having a central point of contact can work with consultants, who provide informal support.

Most SSLPs had regular meetings in regard to individual families. The meetings can review the case, make each practitioner's role clear and ensure the most appropriate staff are involved with the families (Tunstill and Allnock, 2007, p. 24). Based on understanding clear roles and responsibilities, their co-working arrangement functioned well.

e) Information sharing

Protocols for information sharing can enhance dialogue between professionals who have different backgrounds (Atkinson et al., 2005). However, the comfort level of information sharing was different across agencies. Tunstill and Allnock (2007) found a diverse range of information systems which created differences between different agencies. For example, there could be a difference in information system type - e.g., electrical or non-electrical - a difference in purpose for holding information, and a difference in variation, quantity

and detail of information.

In particular, information sharing between SSLPs and the social services department was challenging but important. Tunstill et al. (2005) indicated that good relationships were vital to sharing information. In two of the eight programmes, it was not recognised that the children were on the child protection register (Tunstill and Allnock, 2007, p. 26). In this case, SSLPs felt that they could fulfil their potential for safeguarding children, if there was a correct information system and they had information about it.

The purpose of the Common Assessment Framework (CAF) is to facilitate a standardised approach for assessing a child's needs at an early stage, recording them, and referring to the meeting. However, the research (Tunstill and Allnock, 2007) showed that it was not sufficiently implemented in SSLPs.

f) Multi-disciplinary professionals in the same building

Being based in the same building or secondment into multi-disciplinary teams could improve communication and form good relationships between professionals who have different backgrounds (Øvretveit, 1997). It also can promote mutual understanding and make professionals' work more effective. SSLPs are multi-disciplinary programmes so they have these advantages in safeguarding children. In particular, the connection with social workers is crucial, even if social workers do not work full-time. An out-posted SSLP social worker said that

'I work as a social worker here. I have good links with social services which are kept up by monthly meetings with the manager of social services. I give her updates about what I've been doing here and any developments that have occurred within the SSLP, and she does the same for me. I then report back on our discussion to the team via the team meeting every Monday morning'. (Tunstill and Allnock, 2007, p. 29)

This environment can create informal contact between different professionals and can support sharing information. At the same time, they have a regular team meeting and it becomes easier for the entire staff to come together.

#### g) Training

Atkinson et al. (1997) identified that on-going interagency training was important for promoting joint work. According to Programme Managers in this research (Tunstill and Allnock, 2007, p. 31), individual decisions about training for their own professional development is important. When they recognise they need training, they request it voluntarily rather than because it is mandatory. At the same time, managers can give them advice about training through supervision.

Recently the government recognised that induction training has been essential in the development of the children's workforce (CWDC, 2006). It included training on the topics of diversity, implica-



tions of local governance structures for different staff, team building strategies, interagency work and child protection. The integrated training schemes were developed in SSLPs. It can aid in understanding the Common Assessment Framework for professionals who did not recognise their role in safeguarding children and expanding the network of child protection.

#### h) Referral systems

Inter-professional and inter-agency collaboration can work effectively with the following three characteristics in the context of referrals for child protection: shared understanding and acceptance of thresholds, confidence in information sharing both with parents and other professionals, and systematic recording systems (Tunstill and Allnock, 2007, p. 34).

Tunstill and Allnock (2007) explored the SSLP contribution to positive outcomes for children and identified good practice. In child protection, one of the most important points seemed to be collaboration between social work services and the other child services. On the other hand, they also pointed out some difficulties in collaboration. Multi-disciplinary teams and co-locating teams from different children's workforces in the same building have some advantages and allow staff to easily access social work services. However, this can cause some negative effects for different families. When families are the subjects of a formal child protection inquiry, they feel a considerable amount of stress, and sometimes they become aggressive. At the same time, the other families who use only universal services

Prevention of child abuse and neglect in the context of England's family support…… such as day care access at children's centres may encounter angry parents. This may create some confusion for them. In addition, some SSLP staff are reluctant to encourage families who use their services to go to social work services. There is a stigma in which labelling the parents as people who do not provide proper care for their child. It is necessary to build bridges to services.

### 3-2-2 Family and parenting support in Sure Start

When parents do not have enough skills and knowledge about child-rearing, the risk of child abuse and neglect may rise. Particularly in the neglect cases, it is the parents' failure to provide care. There are some possible reasons for the failure - for example, low self-esteem, little understanding about hygiene, poor physical health status (Stevenson, 1997), and insufficient knowledge of child development and parenting skills (Horwath, 2007). Stevenson (1997) argues that the parents who failed to provide proper care had the same experience during their upbringing. The experience has affected their personality and parenting. As a result, when they have to care for their child, there is a higher possibility of not noticing the signals through which their child expresses need. However, if they receive the support to bring up their child, they might end up becoming good parents. According to Howe (2005), early preventative intervention can improve parental sensitivity, responsiveness and involvement. Developing a secure attachment with their child can give parents stable emotional self-regulation, good social cognition, increased self-esteem and social competence.

According to NESS (2008), problematic parenting, which was measured by the Parenting Risk Index, was lower in the SSLP families than in the families from other areas. Barlow et al. (2007) examined the types of parenting and family support services and identified good practice in Sure Start. The aim of parenting support was enhancing parenting and included formal and informal interventions to improve parenting skills, the relationships between parent and child, the insight of parents, and their attitudes, behaviours and confidence in parenting. In contrast to this, the aim of family support services was reducing stress, which is related to parenting in terms of creating social contact and support, relaxation and fun. There were 649 parenting and family support programmes offered among 59 SSLPs.

In their study, four main types of programmes in parenting support were analysed: parenting programmes, home visiting programmes, prenatal programmes and early learning programmes. Three types of family support programmes were analysed: therapeutic services, adult learning programmes and general support. In particular, this paper will focus on parenting programmes and home visiting programmes in parenting support because it seems to be most associated with prevention of child abuse and neglect.

Parenting programmes were most likely to directly impact parenting (Barlow et al., 2007, p. 19). There was a wide range of programmes offered and two thirds of those were formal. Over half of these programmes primarily aimed at improving parenting and child behaviour. They were most likely to be group-based and two-thirds

Prevention of child abuse and neglect in the context of England's family support…… were provided on a regular basis. Parents' attendance at nationally recognised programmes was reported to be regular and nearly 90%.

According to research data (Barlow et al., 2007, p. 50), SSLPs used evidence-based programmes to support parenting but staff in some SSLPs did not believe that these programmes were appropriate for families. Therefore, some preferred to develop parenting programmes 'in house'. However, many staff members were not trained for such 'in house' programmes. As a result, they put off parents who wished to join parenting programmes. On the other hand, where staff obtained proper training and offered nationally recognised programmes, the courses were successful and parents were interested in them. Case study staff recognised that developing trusting, non-judgemental, empowering relationships with parents was necessary. Thus, staff needs to receive effective training, supervision and experience in order to deliver parenting programmes effectively.

Home visiting programmes were provided by health professionals such as midwives and health visitors. SSLPs have used these programmes to engage families and link them to wider services rather than to deliver the specific intervention at home (Barlow et al., 2007, p. 24). The evidence showed that home visiting programmes were used to support behaviour management where families did not want to participate in a group. They were not used to offer intensive, one-to-one interventions and staff also had not taken the training for it. The survey (Barlow et al., 2007, p. 51) showed that volunteer home visiting was a minority approach in SSLPs and focused on parent sup-

port rather than parenting support.

Davis and Spurr (1998) showed evidence that home visiting programmes were able to deliver effective behaviour management but the practitioners had undergone specialist or additional training. Ball et al. (2006) examined the impact of outreach and home visiting programmes in SSLPs. Outreach and home visiting can target parents who are most in need and persuade them to attend the programs. One of the purposes of home visiting programmes was to encourage parents to participate in a service outside the home. The percentage of eligible families using SSLPs has been disappointing. The record showed that an average use of between only 25 to 30% of the population could reach SSLP. This was a good practice because home visiting created a first step in a chain of services and parents could move towards self-reliance, training and employment.

### 3-2-3 Sure Start Local Programmes and domestic abuse

Domestic abuse is not necessarily directly related to child abuse and neglect but is particularly associated with it in early childhood. According to Women's Aid (2005), 30% of women experienced domestic violence during pregnancy. In the case that the mother is abused, the possibility that her child will be abused tends to be high (Radford et al., 2006). This section will consider approaches for families in SSLPs who have problems with domestic abuse.

Ball and Niven (2007) examined the SSLP approaches to domestic abuse. It is not a core service for SSLP but was under the umbrella

Prevention of child abuse and neglect in the context of England's family support..... of family support. Specialist services for people who have experienced domestic abuse have been offered by the voluntary sector such as women's aid groups. They have provided advice services, places of refuge, aftercare and outreach services. They have recognised the needs of children who are with the victim of domestic abuse and developed support for those children in a refuge or at home. However, they do not have statutory responsibility to fund such posts that are related to supporting children. In the SSLP areas in which women's aid is involved, a link between SSLPs and multi-agency structures around domestic abuse has been shown for the most part.

Sure Start workers do not have many opportunities to hear about domestic abuse directly and health workers such as health visitors and midwives can ask about it in most cases (Ball and Niven, 2007, p. 12). In some areas midwives informed the SSLP about concerns in the families and the programmes followed up through phone calls and visits. In the majority of the cases, a Sure Start Family Link worker visited the family and assessed the needs and linked them to appropriate services. Effective links with statutory services encouraged the families to access services they needed.

However, it is necessary to disclose the domestic abuse in order to offer help. SSLPs were in a good position to build up trust in a relationship with the abused parents because they focused on child welfare. Therefore, it was crucial that SSLP staff were trained to listen, not to give advice, and pass on the information to appropriate professionals (Ball and Niven, 2007, pp. 16–17).

When the SSLP has identified domestic abuse, they usually invite the parents to use SSLP services. Parents are given information about agencies which can help them. Although very few SSLPs have a domestic violence policy, usually SSLPs had developed a referral system and assigned a key worker from the most appropriate agency such as health, social services or psychology services (Ball and Niven, 2007, pp.17-18). Providing a space for the other agencies in Sure Start Children's Centres offers the possibility of improving community access to these services.

On the other hand, SSLPs tended to support parents and carried out very little direct work with children who were affected by domestic abuse in their home. The Freedom Programmes, an approach to harm reduction, described the effects on children but little or nothing about how to deal with them. Sure Start staff reported that parenting programmes were required by mothers who learned about the effects of abuse on children (Ball and Niven, 2007, p. 21).

Through analysing these evaluations, I will indicate some implications for success in preventative services of child abuse and neglect by Sure Start, which are multi-agency programmes. Firstly, ensuring access to services is key for preventative services because all families potentially have needs for support. Therefore, Sure Start staff needs to build a trust relationship with parents, avoid stigmatising and remove their barriers to services. Voluntary access to Sure Start Children's Centres by parents is desirable but some parents cannot access it because of insufficient information and obstacles to using

Prevention of child abuse and neglect in the context of England's family support…… support services. For the families that are unable to access Sure Start Children's Centres, home visiting programmes seem to be effective. Particularly, neglect cases tend to need long-term support and intervention. Through the process of long-term support such as parenting programmes, some parents might stop attending or stop using family support services. In this case, an active approach such as home visiting also can be effective.

Secondly, when the families have a risk which may cause negative effects on child development such as domestic abuse, the families need special support in response to their own difficulties. While Sure Start has focused on child welfare, it can work with the other support services, which have focused on parents' problems. In addition, creating space to work with other professionals on the Sure Start staff, they can build good cooperation through the activities in Sure Start. When the Sure Start staff deal with other problems, such as a father's violence towards a mother, Sure Start staff should cooperate with other professionals such as woman's aid staff. However, it is important that Sure Start staff maintain their position, in which they support children and listen to mothers in order to promote child well-being.

Thirdly, in child protection cases, the cooperation between social workers and the other professionals related to children such as health, education and family support services is key to good preventative services. Although the decision to refer social care services is difficult for the other professionals, if social workers are usually in-



volved with the other professionals at the same time, they can give advice and help to judge what kind of intervention children need. Evaluation showed this is a good practice to build strong relationships. Sure Start is not only a place that provides services for children and their families, but also a co-location workplace where staff can share information, construct trust relationships among professionals who have different backgrounds, and offer training together.

#### 4 Lessons for Japan

In all advanced Western societies child protection systems have been subject to high profile criticism and regular review (Parton, 2012), and Japan is no exception. In 2000, ‘the Act on the Prevention of Child Abuse’, which focused on child protection and prevention of child abuse and neglect, was enacted into law. Before this Act, there was the ‘Child Welfare Act’, which aimed to promote child welfare. However, the importance of child protection and prevention of child abuse and neglect was reconsidered and the Act was sponsored by Diet members.

While the potential for abuse has been recognised by the government, persistent low total fertility rates in Japan have the government focusing on family support services in order to remove obstacles to parenting and promote a good environment for child-rearing. In line with this policy the government has introduced a range of family support services such as home visiting programmes and child-rearing support centres.

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A primary concern of this paper is to identify the potential learning from the English approach for the prevention of child abuse in the Japanese context. Given the Japanese concern with promoting family support, my analysis will focus on potential links and synergies between approaches concerned with support and prevention. In this section, I will review the key components of preventative services including significant tensions and controversies. I will then proceed to consider how family support services might operate more efficiently in order to prevent child abuse and neglect in Japan, based on an analysis of relevant expert literature on the experience of England. I will conclude by outlining some prescriptive implications from the analysis.

#### 4-1 About the model of preventative services

As it was indicated in 2-7, attempts have been made to define and measure the success of strategies for prevention of child abuse and neglect. One possible measure relates to rates of child death cases from child abuse and neglect, which in England has been decreasing and in Japan has not been decreasing and the number of the case, which the police found the child abuse or neglect, has been increasing (National Police Agency, 2013). However, the relationship between child abuse and child death cases is not self-evident. For example, we cannot know whether child abuse and neglect that does not result in death is increasing or not. In addition, preventing child death from child abuse and neglect is not enough and minimising risk is important, as risk can impair child development. As Parton (2012) discusses, for this purpose the target of child protection may

be too narrow and poorly defined. His argument should be considered more but the resources of the government tend to be limited. The present Japanese policy has emphasised family support services in order to raise the fertility rates and has introduced new support systems such as the ‘Konnichiha Akachan Jigyou (Hello Baby Project) <sup>4)</sup>, and ‘Chiiki Kosodate Shien Kyoten Jigyou (Local Child-Rearing Support Point Projects)’, but it is not enough to connect effectively with preventative services for child abuse and neglect.

Another important contribution to debates about preventative services in the area of child protection is the idea that such services could have negative effects. Munro (2010a) and McCord (2003) argued that good intentions do not necessarily ensure a good outcome - on the contrary, they can cause harmful effects. For example, the research conducted by Belsky and colleagues (2007) showed that the results for some of the most disadvantaged families in Sure Start areas were worse than those in the control areas. Furthermore, the effectiveness of most preventive programmes is not clearly defined (MacMillan et al., 2008) and the results of interventions to prevent child abuse and neglect have been mixed. However, MacMillan and colleagues were able to demonstrate the effectiveness of two home visiting programmes, one population-level parenting programme and in-hospital and clinical strategies. The effectiveness depends on the condition such as economic, area, culture etc. and there is no absolute solution. It showed that it is necessary to examine which services are effective for prevention and that the Japanese government should regularly evaluate these services and attempt to find good services.

It has been argued that effective preventative services rely on early intervention and the accurate assessment of risk. Child abuse resulting in death is a rare phenomenon, and the rarer the phenomenon the harder it is to assess accurately. Munro and Calder (2005) identify a fundamental dilemma in the balance between supporting parents and policing them. While families need supportive help, they also need to have respect for their family privacy and autonomy. The identification of abuse or neglect at home is then a challenge. For instance, health visitors have visited homes and provided a universal service without invitation but they do not have statutory power so this approach is arguably, less coercive. The judgement about whether and when the families need more coercive intervention is challenging for professionals. There are two types of mistakes of judgement, 'false positive' and 'false negative'. A false positive categorise innocent parents are categorised as abusive parents while a false negative can reveal that abused children are left in a harmful home. As Munro and Calder (2005) indicated, reducing one type of error can increase the other type of error, so managing risk has become a major concern in front line work.

The government has identified how resource intensive the process of demonstrating that a child is not at risk of abuse can be (Munro and Calder, 2005). The accurate assessment of risk requires professionals who have strong skills and a wide variety of experience at a time when financial and human resources are limited.

The Munro Review also suggested that preventative services are

more sensitive to the contribution of parents to children - problems rather than the structural factors affected parents' behaviour (Munro, 2010a). A range of factors in the socio-economic environment produce both social and individual problems, challenging the value of attributing personal responsibility (Rose, 1996). Farrington (2007) suggested that prevention should focus on decreasing risk factors in groups or communities rather than on the behaviour of individual families or children.

In Japan, the Child Guidance Centres, which provide children's services, have played the core role in child protection. The Child Guidance Centres are able to support children and parents, while at the same time can intervene in families when children are or are suspected to be suffering harm. As local authorities must implement the care order in England, the Child Guidance Centres must seek the Family Court's Approval in Japan in order for children to be separated from their parents without the parents' consent. However, the number of cases which have required the Family Court's Approvals in Japan have been much fewer than those resulting in care orders in England. While the number of full care orders was 25,670 in 65,520 children who were looked after (39.2%) in 2011 (Social and General Statistics, 2012), the number of the Family Court's Approvals was only 169 in 48,154 children who were looked after (0.35%) in 2008 (Ministry of Health, Labour and Welfare, 2009, The Family Bureau in General Secretariat of Supreme Court, 2009). One explanation for this difference is that Japanese social workers tend to avoid the involvement of courts; the cases in which they have required the Family

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Courts Approval have been limited to only extremely serious cases. In major cases, the Child Guidance Centres tend to persuade parents and obtain their consent when children need to be separated from their parents. At the same time, the Child Guidance Centres should support parents, give advice about parenting, and promote relationships between children and their parents. Under these conditions, conflict between social workers and parents can make the situation more difficult and support can be difficult to offer adequately. As a result, social workers have used soft approaches for parents. With this approach, social workers have spent a considerable amount of time and they bear a heavy burden (Matsubara, 2000).

Despite relatively low rates of court involvement, the number of families referring to Child Guidance Centres has maintained an upward trend (Table1) and has made their burden heavier. On the other hand, 'The Act on the Prevention of Child Abuse' clearly provides that professionals working with children have obligations to identify risk earlier and asks for cooperation in the prevention of child abuse and neglect from workers such as teachers, child care workers, doctors, public health nurses, lawyers, etc. The Act required that the other professionals who could possibly be involved with children, work together to promote children's welfare. The importance of the involvement of the other related professionals has also been reviewed.

During the same period, new family support services have started such as a health visiting service and centres of support for child-rear-

### The number of referring child abuse cases

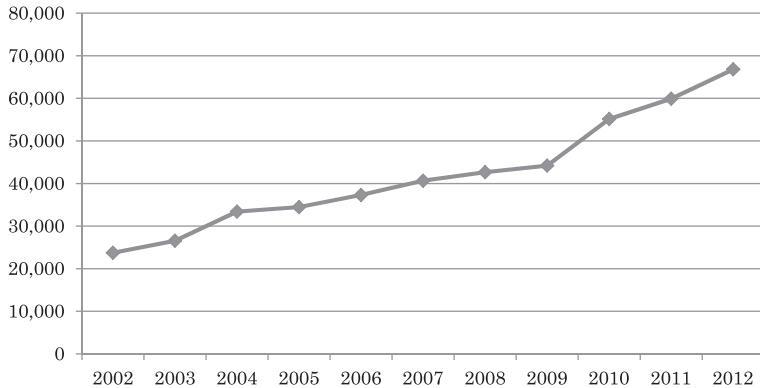


Figure 1: The number of referred child abuse cases in Child Guidance Centres (Ministry of Health, Labour and Welfare, 2013a)<sup>5)</sup>

ing. These services are also expected to function as preventative services. Therefore, the discussions about the preventative services in England can offer some insights for the Japanese policy context. Through examining the transition of policy in England and evaluations of Sure Start, and in particular, consideration of the efficacy of mixed professional teams I will now outline the workings of interdisciplinary teams.

#### 4-2 Interdisciplinary team working

##### 4-2-1 Responsibilities of professionals

In interdisciplinary team work, a range of professionals can be involved in the same case. While their involvement promotes child well-being from a variety of perspectives, the responsibilities of professionals in regard to child protection may become ambiguous. As seen in the case of Baby P., one doctor had some concerns about him

Prevention of child abuse and neglect in the context of England's family support…… but did not take any action because the doctor thought that there were more appropriate professionals who were better able to deal with his problem. In fact, there was no professional who could save him and he ended up dead. The case of Baby P. indicated the importance of each professional recognising his or her responsibility and playing an active role in order to protect children. Luckock (2010) mentioned the importance of the distinction between specialists. When every professional has responsibilities for safeguarding children, it makes it ambiguous who is the responsible person in a particular case.

On the other hand, many social critics can make professionals avoid proactively taking responsibility (Munro, 2010b)<sup>6)</sup>. Reflecting on a series of reviews of child protection Munro (2010b) explores tensions between the systems-based approach of explaining errors and the person-centred approach used in England. She argues that a person-centred approach to investigating child deaths causes a blame culture to flourish because it concentrates on individual mistakes. As a result, individual professionals may feel discouraged from using their intuition and the problem of lack of communication between different kinds of professionals is neglected as a possible related cause of child deaths. When accidents happened, it was asserted that a particular risk was not managed well enough and experts were not able to control risk factors (Dekker, 2007, p. x). This person-centred approach may become an obstacle that will prevent workers from learning from failure and create a counter productive work environment (Munro, 2010b).



A variety of professionals can be involved in preventative services for child abuse and neglect, which include family support services, depending on the difficulties of the families. These professionals not only work in services for children, but also for parents in roles such as support for domestic abuse, substance abuse and unemployment. However, a key professional in child protection is the social worker so it is vital that the other professionals know how to collaborate with social workers. One of the most challenging problems is judging whether they should report to social care services or not. Some research from NESS, which was examined in 3-2, showed some good practices that helped the other professionals to be able to work effectively in the prevention of child abuse and neglect and appropriately refer cases on to social workers. It also indicated some implications for cooperation with social workers. For example, when one team has a member who is a social worker, the members of the team can usually communicate with the social worker and can obtain advice from him or her. In this way, usual co-working with a social worker can promote the other professionals' skills and knowledge about child protection. Besides, having a social worker on a team can make the other team members more confident in their judgements.

In addition to co-work with social workers, the interagency collaboration has been essential to prevent child abuse and neglect at an early stage. However, there have been barriers between different professionals because of a lack of effective communication (Murphy and Oak, 2010). Calder (2003) identifies the systemic blockages to collaboration such as different training, different perspectives on fam-

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ily, professional roles, responsibilities, priorities and lines of authority. These differences make interagency communication and collaboration more difficult.

In Japan, the importance of interdisciplinary work has been considered and 'You Hogo Jidou Taisaku Kyougikai' (Regional Council for Child Needs Care) was established in order to share information and facilitate cooperation between different agencies that work with children. However, they meet regularly and also when they receive emergency cases. They are usually unable to meet more often than this due to not being housed in the same buildings. According to some research in England, regular communication, building trust and sharing information, experience and knowledge between professionals and agencies that have different backgrounds is vital for cooperation in child protection. For this purpose, creating more regular opportunities to work together and to understand each other before concerns with child abuse and neglect occur is required.

From this perspective, the place in which family support takes place is important. One of the options for creating multi-professional teams is 'Child-Rearing Support Point Projects'. There is a type of 'Hiroba' (Open Area), a type of 'Centre' and a type of 'Jidoukan' (Child's hall). These sites provide information and advice about child-rearing, offer some programmes for parenting and assist with communication between parents. In particular, the 'Open Area' and 'Centre' have been expected to function to decrease parents' anxiety about parenting, and to prevent child abuse and neglect.

However, some problems can be pointed out with these projects. Firstly, it has not been required that professionals who have qualifications in child care work in the ‘Open Area’. According to the guidance (Ministry of Health, Labour and Welfare, 2007), staff in the ‘Open Area’ have been required to have motivation, knowledge and experience in child-rearing but not any qualifications. In contrast, staff in the ‘Centres’ do need qualifications. For example, it is recommended that nursery staff<sup>7)</sup> or nurses have sufficient knowledge and experience in child care and parenting, and know the conditions of the local area, but the requirement is not necessary.

Secondly, there is no system to connect with other professionals in Japan. As previously indicated, networking with the other professionals can be effective for prevention of child abuse and neglect. In particular, co-working with social workers on a regular basis can build trust relationships and promote quick response to concerns. These projects only have a function of family support, which is not enough to prevent child abuse and neglect. However, guidance from the Ministry of Health, Labour and Welfare issues in 2007 highlighted examples of good practice in networking between different professionals, making clear the official view that multi-professional collaboration should be promoted. However, as this strategy grows in popularity it is important that lessons learned in the English context are reflected on. For example, attention should be paid to each professional’s responsibilities because the more professionals that are involved in a case, the less clear it is who has what responsibility. Recent research suggests that in Japan, professionals tend to avoid

Prevention of child abuse and neglect in the context of England's family support…… taking responsibility in the same way as in England (Okuyama, 2012).

#### 4-2-2 Sharing information

Sharing information is crucial for collaborative work between different professionals in preventative services. However, Reder and Duncan (2003) claim that the transfer of information requires that communicators are able to understand the meaning of the messages. It is necessary for both messengers and receivers to take responsibility to ensure that both groups understand their communication for effective interagency communication. Reder and Duncan (2003, p. 88) pointed out the example of the miscommunication in the case of Victoria Climbié. In this case, when the nurse commented that 'Victoria was fit for discharge', the social worker interpreted it to mean that the staff in the hospital had no reason for concern in regard to child protection of Victoria. However, it only meant that she was medically fit. Training and role-play is necessary to enhance the skill of interagency communication in order to effectively share information (Reder and Duncan, 2003).

While the importance of sharing information has been recognised, such an approach also risks the erosion of the right to privacy and confidentiality (Munro, 2010a). Article 8 of the European Convention on Human Rights ensures the right to privacy and confidentiality in personal information, and the Joint Committee on Human Rights (2004) was concerned whether the justification for information sharing involving children was proportionate or not. As an ex-

ample, ContactPoint was a database of information about all children under 18 in England and was created in order to improve the information sharing system for child protection after the case of Victoria Climbié. However, this system was heavily criticised due to considerable concern in regard to family privacy (Anderson et al., 2006). As a consequence, the new coalition government decided to abolish it in 2010.

Munro (2007) also mentioned that the loss of confidentiality would have a negative impact on parents' and children's willingness to confide in professionals. The governmental preventative policy was based on the premise of the free flow of information between professionals in order to identify children at risk, so it may only focus on negative aspects of confidentiality and privacy.

In order to avoid the negative consequences of sharing information such as loss of trust in professionals, obtaining consent in order to share information is essential (Munro, 2007). Yet securing consent may be problematic as it can signal that there is suspicion of child abuse and neglect. Brandon et al. (2006) found that in 20% of cases, the consent of the families involved was not sought. Confidentiality is important for showing respect to individual service users and professionals need to understand when and with whom they may be required to share information. They need to make their service users aware of the limitations of confidentiality.

The Japanese government has also recognised the significance of

Prevention of child abuse and neglect in the context of England's family support…… sharing information and one of the purposes in establishing the 'Regional Council for Child Needs Care' and the type of Centres in the 'Local Child-Rearing Support Point Projects' has been sharing information. However, it is challenging to share information between different professionals because of the barrier of confidentiality. As was previously considered in the discussion about England, confidentiality is significant for building strong relationships between service providers and users. However, respecting confidentiality too much rather than sharing information might have been emphasised.

For example, when children told a police officer about their experiences of sexual abuse, the police officer refused to report to the Child Guidance Centre because he did not want to share investigative information with other agencies. In these cases, children do not tell the Child Guidance Centres about their experiences. As a result, the Child Guidance Centres cannot protect the children (Okuyama, 2012). It is necessary to develop clear criteria to share information between agencies. Since service providers such as nursery care and hospitals tend to avoid conflict with service users, there are obstacles to sharing information. Where the families are geographically mobile, it is more difficult to share information about the risk of these families because there is no system to share information between agencies in different areas (Okuyama, 2012).

Thus, there still are many problems associated with sharing information between different agencies and areas in Japan. However, the new system and agency has been developed and it is necessary

to consider some problems in sharing information, which are discussed in England.

#### 4-3 Tensions between active/ passive approaches

One of the critical issues in preventative services is the balance between prevention of child abuse and neglect, and the respect of family privacy. Encouraging self-referral to family support services does not erode family privacy less and it can make families more cooperative with service providers. However, as seen in 3-2-2, some families need a more active approach, such as home visiting programmes.

Visiting families who do not actively use family support services can link them with appropriate services and identify their needs earlier. For example, health visitors can be social workers' eyes and ears in child protection cases (Munro and Calder, 2005). On the other hand, these more active approaches can erode family privacy more than the passive ones because sometimes the families cannot choose whether they receive these services or not. Although health visitors who provide home visiting programmes do not have statutory power to enter a home without consent, when the families reject their home visits, they can report it to social workers (Munro and Calder, 2005). The desire to avoid being referred onto a social worker may motivate families to receive the health visitor even when they did not want to initially. Therefore, the professionals' attitude to families is essential in order to build a trusting relationship with parents.

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In Japan, the home visiting programme is called 'Hello Baby Project'. The project was started in 2007 and then the Child Welfare Act established it in law in 2009. While home visiting programmes in England have been delivered for every mother in Sure Start areas within the first three months after the birth (1998, HM Treasury), those in Japan have been delivered within the first four months (Ministry of Health, Labour and Welfare, 2012). The purpose of this project is to prevent isolated child-rearing and connect families who have needs with suitable services. It is not obligatory for parents to receive the home visiting programme, but the families who require support due to special needs can be identified even when parents do not consent to them. The local authority attempts to assess the families' needs and provides support depending on their situation.

Developments and debates within England have relevance for the Japanese situation. For example, Munro (2010a) found that effective home visiting programmes for the prevention of child abuse and neglect demand skills for the appropriate assessment of risk for families at an early stage. Staff members who have more experience, are more competent and are well supervised can assess risk in relation to child protection more quickly (Munro and Calder, 2005). Thus, the quality of the staff involved in home visiting programmes is key for preventing child abuse and neglect. While the health visitors who are qualified as nurses have done home visiting programmes in England, the 'Hello Baby Project' in Japan has not required any qualifications in order to be able to recruit from a wide range of fields. Even people who only have experience in child-rearing can visit homes in this



project. They might be able to give advice only on parenting and listen to parents' worries, but it is difficult for staff without special skills and knowledge to assess the risk of the family and, in particular, the needs of child protection. According to the guidelines (Ministry of Health, Labour and Welfare, 2012), when the home visitors do not have any qualification, professionals such as health nurses should assess the situation of the families based on the report from visitors. However, it is desirable to be visited and assessed by appropriate professionals.

MacMillan et al. (2008) mentioned that home visiting programmes are not uniformly effective for prevention of child maltreatment and showed that two specific home visiting programmes were effective, the Nurse-Family Partnership, which has the best evidence, and Early Start. Their research showed the necessity in examining the home visiting programmes and its mechanisms for service delivery, content and staffing. In particular, home visiting programmes by paraprofessionals have not been shown to be effective in reducing reported levels of child abuse even though they recognise the importance of the home visitors' skills for reducing the risk of child abuse and neglect.

It is not only important that staff have the requisite skills to provide a service, a system also needs to be in place to connect these staff with social workers appropriately in cases of child protection. As already noted, the Ministry of Health, Labour and Welfare guidelines (2012) do not require any specific qualifications for professionals in-

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volved in the 'Hello Baby Project', although the guidelines do note various professionals as examples. Some professionals do not have any opportunities to communicate with social workers in the Child Guidance Centres, so it might make it difficult for them to work together. When they fail to communicate with social workers, false positives or false negatives can occur.

Although a universal home visiting programme has started recently in Japan, there have been other opportunities to assess the risk of children and to support parents. Local authorities have a legal obligation to give two medical examinations to young children, one between the ages of one-and-a-half to two, and the other between three and four years-old. The medical examinations can assess the child's health and development, as well as identify difficulties in child-rearing. The professionals can support families and link them with the other services during the medical examination. At the same time, parents who have children the same age can see each other at the public health centres. The consultation rate for the medical examinations has been very high, around 90%, even for children under one year of age (Ministry of Health, Labour and Welfare, 2013b). In reality, it has offered universal opportunities for the assessment of their needs in a way that is not coercive. Connecting the health examinations with home visiting programmes or social services can prevent child abuse and neglect.

## 5 Conclusion

When family support services are utilised as preventative servic-

es for child abuse and neglect, the primary concern is the best interests of child. However, family privacy should also be taken into account in practice. I have explored the three key issues, which we need to consider in order to make family support services more effective in prevention.

Firstly, we need to provide an environment in which families can easily access these supportive services for child-rearing. Promoting voluntary access to services can lessen the erosion of family privacy. For this purpose, creating relationships based on trust between service providers and families is essential because the families are able to use services with fewer barriers when they trust the professionals. In addition, the information about services should be available, not only for the families who are aware of their needs but also for the families who do not recognise their difficulties.

In England, there is a variety of professionals and programmes in the Sure Start Children's Centres which can play the role of a hub for family support services. Furthermore, health visitors can actively identify the needs of families and link them with Sure Start. On the other hand, in Japan, the 'Hello Baby Project' and the medical examination for infants can offer information about services and be a gateway to services, which helps the families who have difficulties in child-rearing because most families take part in both programmes. Moreover, the health centres that the families visit for the medical examination of infants and the 'Local Child-Rearing Support Point' may become a hub for services in the future. They do not have a

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wide range of programmes and professionals now but some places are attempting to become a hub by fostering contacts between professionals. Should the professionals in these places create good relationships with the families and the families use support services, the risk of the families can be identified at an early stage.

Secondly, according to research, the skills and knowledge of the professionals are important for identifying at risk families. In England, health visitors are qualified as nurses but in Japan, visitors in the 'Hello Baby Project' are not necessarily required to have any special qualifications. Conducting special training and recruiting professionals who have special qualifications such as nurses, health nurses and nursery staff should be a prerequisite in order to enhance the quality of assessment. Additionally, the sharing of information between different professionals can facilitate the identification of risk. For example, in neglect cases, even one symptom identified by a single professional can indicate a small problem, but together with the collected information from different professionals who have become aware of a different symptom, the full extent of the problem can become evident. Also, according to the research from Sure Start, sharing information through daily communication is key rather than simply collecting information systematically. The pure collection of information without an accompanying conversation can lead to potential misunderstandings. In Japan, although the opportunity to communicate between professionals in different fields is lacking, the hub of services such as the 'Local Child-Rearing Support Point' could become the place in which different professionals work together

through meeting, training, and community events.

Thirdly, the link with social workers should be encouraged in order to prevent the escalation of child abuse and neglect. This is essential, for example, when frontline workers identify an at-risk family and judge that the intervention of social workers is required. Communicating and working regularly with social workers can create good relationships with the other professionals who work with children and can improve their skills and knowledge of them. For example, in England, some teams that provide family support services have social workers. Social workers can give the other members new information about child protection and they can help the other members judge whether the child needs to be referred to social care services. Furthermore, daily communication between social workers and other professionals can improve understanding and recognition of child protection. In Japan, health centres and ‘Local Child-Rearing Support Points’, which I suggested can work as a hub of services, usually do not have social workers from the Child Guidance Centres, which play a principle role in the protection of children. There is little interaction between the Child Guidance Centres and the other agencies such as nursery centres, health centres, schools, hospitals, etc. Improving the system of cooperation between the Child Guidance Centres and the other agencies may require an environment in which they work together on a daily basis.

To make family support services effective for the prevention of child abuse and neglect, we need to shape these services by deter-

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mining what kinds of services are more effective in Japan and conducting further research in the field in order to improve them.

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## Notes

- 1) Public health nurses have to obtain different qualifications. They have worked to protect public health through prevention of diseases, and promotion of health through local activities to provide health education and health advice.
- 2) Child Guidance Centres play a main role in child protection and have power to protect children and separate children from their parents. In addition, they have responsibilities to support families and promote children's welfare.
- 3) Section 47 in the Children Act 1989 provided 'the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.'
- 4) It is also called 'Nyuuji Katei Zenko Houmon Jigyuu' (Home Visiting Project for Families with a Baby) and referred to colloquially as 'Hello Baby Project'.
- 5) The statistics of cases in 2010 except for Miyagi Prefecture, Fukushima Prefecture and Sendai city because of the earthquake in 2011.
- 6) For example, two social workers were criticised for making 'serious errors' in the case of Baby P by the BBC (BBC, 2012).
- 7) Nursery staff usually work in nursery centres in order to care for children when parents cannot care during the daytime because of jobs, disease or etc. They have to obtain a different qualification from child-minders.

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