

# **Calling for Help:**

## **The role of telephone helplines in child protection**

**A study for the Children's Safeguards Unit**

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August 2004

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# 1. Introduction

## Background

- 1.1 In February 2000, Victoria Climbié died at the hands of her great-aunt and her aunt's boyfriend. This was despite the fact that Victoria was known to four social services departments and various other agencies, including housing, health and the police, who missed more than a dozen opportunities to intervene to protect her. One of those who tried to get help for Victoria was a distant relative who attempted to use a public call box to contact one of the social services departments involved. A recommendation of the subsequent Inquiry by Lord Laming into Victoria's death was that local authorities should establish a 24-hour referral number for use by members of the public who wish to report concerns about a child (CM 5730 2003, recommendation 33).
- 1.2 A number of telephone helplines already operate on a national basis in England. They receive calls from members of the public and children themselves about a wide range of issues, including situations where children appear to be at risk of harm. However, little is known about the role that such helplines play in protecting children from abuse, or the relative merits of building on the service offered by existing helplines compared to establishing new helplines within each local authority.
- 1.3 The main sources of information to date on the role of helplines in protecting children from harm are two studies by ChildLine, and analyses of calls to the Scottish branches of ChildLine and Parentline Scotland undertaken as part of a multi-agency review of child protection in Scotland (Scottish Executive 2002a and 2002b). Of the two in-house studies undertaken by ChildLine, one was sponsored by the European Commission and reviewed the effectiveness of helplines targeted at children and young people in protecting them from harm (ChildLine unpublished). The second report analysed the small proportion of calls made by adults to ChildLine in the year up to March 1996, most of which concerned child abuse and child protection (Macleod 2002). Relevant information from these studies has been incorporated into this report.

## The study

- 1.4 The rest of this report presents findings from a small-scale study of four major helplines in England: ChildLine; the National Society for the Protection of Children (NSPCC) Child Protection Helpline; Parentline Plus and NHS Direct. The research was commissioned by the Department for Education and Skills and carried out by the Thomas Coram Research Unit, Institute of Education University of London in October and November 2003.
- 1.5 The study had the following aims:
  - to describe how the four helplines currently operate, especially in relation to safeguarding children;
  - to identify the proportion of the calls they receive that could be categorised as child protection concerns;
  - to identify the proportion of calls referred on by the helplines to social services or other agencies involved in safeguarding children;

- to explore the helplines' experience of making such onward referrals;
- to obtain the helplines' views on the Victoria Climbié Inquiry Report recommendation 33.

1.6 Information was obtained from several sources. Semi-structured telephone interviews were conducted with representatives of the four helplines. A senior national representative was interviewed in each organisation, plus managers of three regional call centres in the case of ChildLine and Parentline Plus, two in the case of NHS Direct, and a second national manager for NSPCC (this helpline does not have regional bases within England).

1.7 Relevant literature was identified, and documents were obtained and analysed including annual reports and additional statistics supplied by the organisations. In the case of Parentline Plus, a separate evaluation had recently been undertaken on behalf of the Home Office by colleagues in the Thomas Coram Research Unit, and information obtained for this study was used with permission to inform the current study.

## **2. The four helplines**

2.1 The descriptions below outline the main characteristics of the four helplines. They are followed by a discussion of similarities and differences between the helplines relevant to their role in safeguarding children, and a table summarising key features of each service.

### **ChildLine**

2.2 The national charity ChildLine was set up in a blaze of television publicity in 1986. It provides a 24 hour seven day a week telephone helpline service for children and young people who are in trouble or danger. ChildLine describes its task as to “comfort, advise and protect” children and young people and to make their voices heard in the wider community. The service is accessed through a single freephone number anywhere in the country, which is directed to the appropriate regional centre by the telephone company. Many children now call from mobile phones, and ChildLine has an agreement with mobile phone companies that they will not charge for these calls. In addition to the main helpline, there are special project lines, for example, for bullying and for children Looked After by local authorities. The charity also has a website and an outreach service in schools called CHIPS (ChildLine in Partnership with Schools).

2.3 ChildLine reports answering around 1.6 million calls in the year to March 2003. This does not meet demand, and only 45% of callers are able to get through to the switchboard. Some 120,000 of these were passed on to counsellors to receive in-depth help in the year to March 2002, and around 50,000 more children who made brief calls received advice and information from the switchboard operators (ChildLine 2003). The helpline is staffed primarily by volunteers, with some paid call takers covering hard-to-fill shifts. There are 70 full-time equivalent paid staff linked to the helpline including night counsellors, supervisors and managers, and around a thousand volunteer counsellors. Volunteers receive induction and ongoing training, and are always supported during shifts by qualified supervisors and managers. Most

volunteers work three or four hours a week, and they cover a wide variety of ages and backgrounds. In one of the regional centres in this study, the youngest volunteer was 21 and the oldest over 70, and they included teachers, parents and doctors. Helpline Managers and Supervisors are a mix of experienced and qualified social workers, counsellors, youth workers etc.

- 2.4 The ChildLine service operates from a London headquarters plus nine regional bases; five of them in England, two in Wales and one each in Scotland and Northern Ireland. The regional bases close at night, leaving professional, paid staff to answer calls from across the country from the London headquarters. The charity's total income in the year to March 2002 was almost £10.5 million, with funders including central and local government, corporate sponsorship, and individual donations. £320,000 was received in grants from the Community Fund and £225,000 from the Department of Health.

### **National Society for Prevention of Cruelty to Children (NSPCC) Child Protection Helpline**

- 2.5 The NSPCC was set up in 1884, as a charitable organisation concerned with child protection and the prevention of cruelty to children. It has 180 teams and projects across the UK and engages in a variety of activities, including campaigning, public education, training and information provision, as well as running services such as family centres. The Child Protection Helpline was set up on a national basis in 1991 and operates from London headquarters, with separate lines in Wales (bilingual) and Northern Ireland. It is available on a freephone number 24 hours, seven days a week and provides information, advice and counselling to anyone concerned about a child's welfare.
- 2.6 The NSPCC also runs a helpline in five Asian languages, a textphone and typetalk service, and an email enquiry service through the There4Me.com website (via the helpline website – [www.help@nspcc.org.uk](http://www.help@nspcc.org.uk)), which aims to respond within 24 hours. A new development is a Listening Centre in Manchester, which combines elements of the helplines and the interactive internet support service.
- 2.7 In the first ten months of 2003 the Child Protection helpline received nearly 116,000 calls, of which two-thirds (77,600) were answered. The helpline is staffed by a team of 40 paid counsellors, who are all qualified and experienced social workers. Total income for the NSPCC as a whole in the year to 2003 was around £100 million, of which the majority came from donations, gifts or legacies, and only around 11 percent from central and local government. The Child Protection Helpline does not receive any government funding, and cost £3.16 million to run in the year to March 2003.

### **Parentline Plus**

- 2.8 Parentline Plus is a UK charitable organisation providing advice, information and support to anyone parenting a child or young person. It was created in 2000 by the merger of Parentline UK, which ran a parenting helpline; the National Stepfamily Association and Parent Network. One of its main activities is a confidential freephone helpline, which was funded by the Home Office under the Supporting Families initiative (1998)<sup>1</sup>, and aims to provide 24 hour support seven days a week for parents

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<sup>1</sup> This funding has now transferred with the Family Policy Unit to DfES

under stress. The Parentline Plus helpline operates from nine sites in England, two in London and seven regional call centres.

- 2.9 The service is staffed by trained volunteers (over 200 in 2002) who usually work shifts of up to four hours a week, supported by paid supervisors and call centre managers. Two of the call centres also employ paid call takers (42 in 2002) to cover the night service (which operates from 21.00 to 08.00) and other hard-to-fill shifts (such as late afternoons). Calls are routed nationally to available call takers.
- 2.10 The helpline answered around 60,000 calls in the year to March 2003, representing about a quarter of those who called, although this proportion is steadily rising. The income of Parentline Plus in 2002 was approximately £2.8 million, of which £1 million is Home Office funding for the helpline service. Regional call centres also raise some funds locally, but these are primarily dedicated to other areas of service provision such as parent education classes.

### **NHS Direct**

- 2.11 Unlike the other three helplines, NHS Direct is not a charitable organisation. This helpline service was launched in 1998 by the National Health Service to provide the public with the opportunity to obtain advice on health issues from qualified nurses. It was rolled out across England and Wales in four phases between 1998 and 2000, and now operates from 23 regional call centres. NHS Direct services in England are directed and planned by a central management team, but each regional centre has a host trust that employs staff at that site, usually a Primary Care Trust or ambulance service.
- 2.12 The helpline operates using a local rate number, and at busy times calls are re-routed to centres that are less busy to ensure a fast response. NHS Direct uses a computerised system whereby information about local services is collected by staff in regional offices, but available nationally.
- 2.13 The helplines deal with six million calls a year (around 500,000 a month) and are available 24 hours, seven days a week. Many calls are received when doctors' surgeries are closed, with some call centres acting as an out-of-hours service for General Practitioners.
- 2.14 The helpline is operated by three categories of paid staff: call operators, qualified nurses, and health information advisors. Calls are answered by a call operator, with a target of answering all calls within 30 seconds. Nurse advisers (1,150 FTE in 2001) operate a call back service for most callers and aim to call back within 5 minutes.
- 2.15 Nurses use a system of computer-based decision support guidelines to offer the appropriate advice, which can range from self care or information about particular health conditions, to emergency service referral. NHS Direct also runs an online enquiry service, used by similar numbers to the helplines, which promises to provide a tailored response to Internet enquiries within five days.
- 2.16 The National Audit Office (2002) reported that NHS Direct cost £80 million to run during the period 2001-2002, but estimated that around 45% of this figure was offset by savings to other services within the NHS. A recent inspection by the Commission for Health Improvement concluded that the service was popular with the public and had developed some good initiatives to improve access for marginalized groups,

including those with special needs and mental health problems. However, the relative autonomy of regional centres meant that there was a lack of clarity over roles and responsibilities and some inconsistencies in the development of policy and practice (CHI 2003).

**Table 1: Summary of key characteristics of the four helplines**

	<b>ChildLine</b>	<b>NSPCC</b>	<b>Parentline Plus</b>	<b>NHS Direct</b>
<b>Launched</b>	1986	1991	2000	1998
<b>Status</b>	Charitable	Charitable	Charitable	Statutory
<b>Target group</b>	Children and young people in danger	People concerned about a child being abused	Parents and carers	General public
<b>Staffing</b>	Volunteers and paid supervisors	Paid social workers	Volunteers and paid supervisors	Paid nurses
<b>Main source of funding</b>	Donations and grants	Donations	Government grant	Government
<b>Helpline income</b>	£4.4m	£3.16m	£1.27m	£80m
<b>Answered calls</b>	1.67 million	77,600 *	60,000	6 million

\*Figures for January to October only

## Overview of the helplines

2.17 There are both similarities and differences between the four helplines described above which will affect their role in safeguarding children. All provide a listening service to members of the public, and offer information and advice. All are accessible 24 hours, 7 days a week, with calls usually being re-routed at peak times or during the night between regional and national centres. All except NHS Direct are free to callers, and the latter charges calls at local rate even when they come from a different part of the country. The helplines share a similar ethos, which (where possible) is to empower callers through the provision of advice and support so that they are better able to manage their health or other problems. However, there are also differences between them in the focus of the service, the profile of callers, their legal status and funding, and the nature of their staffing.

### Main focus and remit of the service

2.18 An important difference between the helplines is their approach to confidentiality. This reflects how they perceive their main remit: as providing callers with information and support to enable them to involve other agencies if the caller decides this is appropriate, or as protecting children through involving other agencies even if this is not what the caller wants.

2.19 For two of the helplines, Parentline Plus and ChildLine, confidentiality is a fundamental principle of the service they offer. Callers do not have to provide

information that will enable them to be identified, and this is seen as a key factor encouraging use of the service. Research has identified that for children in particular, the confidential nature of the ChildLine service is very important (Scottish Executive, 2001a). Most ChildLine callers would only give their contact details to enable the helpline to contact social services or the police to their assistance as a last resort, when they had run away from home or were suicidal (Macleod 1996). Similarly, the TCRU evaluation of Parentline Plus observed that the confidentiality and anonymity of the helpline were often factors in callers' decisions to use the service. These two helplines would only breach confidentiality if a child was in imminent danger of serious harm or death (and even then, this would depend on being able to persuade the caller to provide sufficient information to enable further action to be taken, as they are unable to trace calls).

- 2.20 The NSPCC child protection helpline, on the other hand, has a duty to report cases of suspected child abuse to the relevant authorities, since the NSPCC is treated as a statutory agency in terms of responsibilities to safeguard children under the Children Act 1989. The helpline provides information and advice and helps callers to make decisions about what action can be taken, encouraging them to disclose identifying details if a child appears to be at risk of harm. NHS Direct also routinely takes contact details from callers. Referrals by NHS Direct to other agencies are made as far as possible with the callers' consent, but this is not always possible, for example when the call concerns someone who is having a psychotic episode or is severely depressed.

### **Profile of callers**

- 2.21 The helplines also differ in the populations they target. Childline receives over 90 percent of its calls from children and young people, the majority of whom are aged between 12 and 15 (61 percent). Twenty two percent of calls are from 5 to 11 year-olds and 17 percent from 16-18 year olds. In the year to March 2002, over 8000 of the calls to ChildLine were from children calling not about themselves but because they were worried about a friend or sibling.
- 2.22 The other three helplines have a very different caller profile: almost all calls are from adults. Parentline Plus estimates that over 90 percent of its callers are parents. The majority (56 percent) of call to the NSPCC helpline are from members of the public who are concerned about a child. Slightly less than a quarter are calls from parents (23 percent), 11 percent from relatives, and just seven percent from children. Almost all callers to NHS Direct are adults. Approximately two thirds are people who have symptoms and need to speak to a nurse, while most of the remainder are requests for health advice and information about local services. Although they are made by adults, around a quarter of calls to NHS Direct concern children.

### **Legal status and funding**

- 2.23 NHS Direct is the only one of the four helplines that is not a charitable organisation, and is wholly government funded. Parentline Plus is an independent charitable organisation, but receives restricted funding from the government to run its helpline service. Both the NSPCC and ChildLine have to raise the bulk of their income from fundraising activities. Over a third of ChildLine's expenditure in 2002, for example, was accounted for by fund raising and publicity. Whilst this serves the useful purpose of raising the organisations' profiles and awareness among the public (which can itself contribute to protecting children from harm), it also leaves less to spend on counselling and helpline services.



## **Staffing**

- 2.24 The NSPCC child protection helpline and NHS Direct use only professionally qualified staff (social workers and nurses respectively) to staff their helplines. In the case of the NSPCC, this is because a call may be treated as the first stage of an assessment process to establish whether a child is in need, including of protection, under the Children Act 1989. Within NHS Direct, only qualified nurses are able to dispense medical advice. However, both Parentline Plus and ChildLine use volunteer counsellors, who are given training and supported by paid supervisors and managers.

## **3. Calls expressing concerns about a child's welfare**

- 3.1 All helplines record information on the reasons for calls, although these figures only provide a rough guide since calls often involve more than one topic or problem but are recorded under the main category only, and the reliability of this recording cannot be verified.
- 3.2 For this study, we attempted to establish the proportion of calls to each helpline that involved concerns about a child's welfare, excluding bullying. This was not straightforward, as the definition of 'concerns about a child's welfare' could potentially apply to all calls to three of the helplines, with the exception of NHS Direct where a large proportion of calls related to the health needs of adults. Even then, the experience of NHS Direct was that calls about adults' health could sometimes raise concerns about children's welfare, for example when parents had mental health or other problems which affected their ability to care for their children.

## **Childline**

### **Reasons for calls**

- 3.3 In the year to March 2003, one in five children who spoke to ChildLine counsellors (some 23,000) did so because they had been abused, either physically (11 percent), sexually (7 percent) or in some other way such as emotional abuse or neglect (2 percent). A further eighteen percent called because they were being bullied, and thirteen percent because of family tensions (ChildLine 2003). A study in Scotland found that the abuse that children report is often of a very serious nature, involving being hit with implements, punched or kicked, indecently assaulted or raped. Between a fifth and a half of children, depending on the type of abuse, had not told anyone about it before ringing ChildLine (Scottish Executive 2002a).
- 3.4 Although ChildLine is a service for children and young people, it does receive calls from adults too; 6422 in 2003. A large proportion of these (43 percent) were calls from adults who were concerned about a child being at risk. Over 2,000 calls from adults to ChildLine in 1995-6, where child protection was the main reason for the call, were subjected to a detailed analysis by Macleod (2000). Many of these calls related to children who were not old enough to call ChildLine for themselves. In a third of the calls about sexual abuse, and nearly a half of those where the caller was worried that a child was at risk of abuse, the child was aged five years or under. The majority of these calls were made by mothers, but neighbours, bystanders and friends accounted for nearly a quarter of calls about child abuse, and were the main source of calls about neglect and emotional abuse.

- 3.5 A similar pattern was found in a more recent analysis of the 633 ‘third party’ calls about child abuse made to ChildLine in Scotland over a two-year period to March 2001 (Scottish Executive 2002a). The majority of these calls were from children worried about friends or siblings, but almost a quarter were from adults. Adults were over-represented in terms of making calls about neglect, emotional abuse and risk of abuse, which accounted for very few calls from children. Calls from neighbours accounted for nearly half of all third party calls about neglect.

### **Referring on**

- 3.6 Of the calls to ChildLine in the year to March 2003, 1629 children and young people (just over one percent of those who spoke to a counsellor) were referred to other helping agencies. Almost three quarters of these (1153) were referred to social services, and most of the rest to the police or ambulance service. The figure has been increasing over recent years.

- 3.7 Calls from adults, although a small proportion of calls to ChildLine, appear more likely than calls from a child to result in a referral to social services or another agency. Out of the calls from adults about child protection in 1995/6, ChildLine made 61 referrals to social services or other agencies, just under three percent. Only nine of these referrals were made from calls by family members. The majority were from neighbours or friends about children known to them (Macleod 2000).

## **NSPCC Child Protection Helpline**

### **Reasons for calls**

- 3.8 As its name suggests, the main purpose of the NSPCC helpline is to receive calls from those who are worried about a child’s well-being and safety. Of the 77,612 calls answered between January and October 2003, 27,786 received help from a Service Practitioner.
- 3.9 Over half of the concerns about children related to abuse (17 percent physical abuse, 15 percent sexual abuse, 13 percent neglect and 7 percent emotional abuse). The remainder of calls were recorded under headings such as family relationships, child behaviour, juvenile justice and child health and development. These typically involved requests for information and advice.

### **Referring on**

- 3.10 Just over 17 percent of calls (4823) dealt with by Service Practitioners between January and October 2003 resulted in a referral to social services and/or the police. This represented a rise from 15 percent in 2002. Cases were more likely to be referred on if they concerned abuse: 85 percent of calls concerning abuse (physical, emotional, sexual or neglect) were referred on compared to just over half of all cases.

## **Parentline Plus**

### **Reasons for calls**

- 3.11 An analysis by the Thomas Coram Research Unit of over 50,000 calls to Parentline Plus between January 2001 and October 2002 (Boddy et al. forthcoming) found that the biggest category of child concerns was ‘challenging behaviour’. Fourteen percent of child concerns were recorded as being about ‘abuse’. The information was taken from forms filled in by call takers after each call. However, a lower figure of eight percent was suggested by the researchers, who listened in to a sub set of 121 calls and

categorised just ten of these as concerning abuse. Analysis of calls to ParentLine Scotland between 1999 and 2001 also produced a lower figure of six percent of calls relating to abuse (Scottish Executive 2002b).

- 3.12 Interviewees in the present study reported that concerns about a child being at risk of harm occurred in only a 'very small proportion' of calls to Parentline Plus. This did not mean that the helpline had no role in protecting children from harm, however. It was pointed out that by providing support to highly stressed parents, for instance those calling in the middle of the night because their child would not stop crying, the helpline was likely to be preventing abuse. The study by Boddy and colleagues also found that many callers to Parentline were describing much higher level problems than was envisaged when the service was first set up. They often called in crisis situations or about complex entrenched difficulties. The study concluded that the helpline was addressing significant and otherwise unmet support needs, especially for parents of teenagers (Boddy et al. 2003).

### **Referring on**

- 3.13 We were unable to obtain national figures on the number of calls that Parentline Plus refers on, but interviewees noted that direct referrals to social services were very uncommon. One area manager 'couldn't remember a time when we contacted social services direct'. This was partly because if a child did appear to be at immediate risk of harm, the helplines would be more likely to contact the emergency services (police or ambulance) than a local social services office.
- 3.14 But the reportedly low rate of onward referrals also reflected the Parentline Plus practice of providing information and support so that callers could self-refer. One interviewee noted that 'we would talk to the caller and encourage them to seek help themselves, for example discuss with them how they might approach the social worker'.
- 3.15 This approach was also evident in a qualitative analysis of 100 calls on abuse and neglect to Parentline Scotland in 2001 (Scottish Executive 2002b). In almost a fifth of Scottish cases where there had not yet been any contact with child welfare agencies, the caller was reported as deciding to make such contact. Some had intended to do this before making the call and had wanted to speak to Parentline Scotland to make sure they were doing the right thing; others decided to make a referral after speaking to a Parentline Scotland counsellor. However, the Scottish study also found that around a half of callers had already had some contact with agencies with responsibility for protecting children, usually social work departments, and were ringing Parentline Scotland because they were dissatisfied with the service they had received. Encouraging callers to contact social services with concerns about abuse or neglect will clearly not help to protect children unless their concerns are taken seriously and acted upon.

### **NHS Direct**

#### **Reasons for calls**

- 3.16 Approximately two thirds of callers to NHS Direct are people who have medical symptoms and need to speak to a nurse. Most of the remainder involve requests for health advice and information about local services.

#### **Referring on**

- 3.17 National figures could not be obtained within the timescale of this project for onward referrals by NHS Direct, but one region (East Midlands) provided a breakdown of the

400,000 or so calls it received annually. Around a quarter of these calls concerned children under 18. Most of these were about childhood ailments and only a very small proportion, around one in a thousand calls about children, was referred on to social services. However, although they remain a small proportion of total calls, the number of children referred has been rising steadily. Eighty children were referred to social services from this site in 2001, 116 in 2002, and 134 in the first ten months of 2003 alone.

- 3.18 This particular NHS Direct site has a specialist nurse responsible for children in need and child protection, and is taking the lead in developing national policies and procedures on child protection for NHS Direct (policy and practice currently vary between regions). Staff have been piloting a new training package that is being developed with the help of the NSPCC (see below), and the rise in referrals is attributed to this training. For example, when calls concern an adult who is suicidal or has severe mental health problems, staff will always find out if there are children in the house and if necessary make a referral to social services to ensure their safety.
- 3.19 If the same proportion of calls were referred on by all NHS Direct sites as by the East Midlands region, this would amount to over 200,000 children a year in England and Wales. This is probably an over-estimate, given the particular situation in the East Midlands region, but nevertheless suggests that the NHS Direct helpline is likely to play an increasingly important role in protecting children as more consistent procedures and new training are introduced from April 2004.

**Table 2: Referrals by helplines to social services and other agencies**

Helpline	Year	No. children referred	% of calls
ChildLine	2002	1512	1%
ChildLine (adult callers only)	1996	61	3%
NSPCC	2003	4823*	17%
Parentline Plus	2002	n/a	'very few'
NHS Direct	2003	134*	.04%

\* Figures for January to October only

## **4. Responding to calls about a child's welfare**

### **Policy and procedures**

- 4.1 All four helplines had written policies on how to respond to calls expressing concerns about a child's welfare.
- 4.2 ChildLine's policy states that the role of the person talking to the caller is to give information, appropriate to their level of age and understanding, about services that are available to protect them. The caller should be encouraged to seek help directly, through ChildLine or a trusted adult. Where a caller is alleging that other children and

young people are being abused, ChildLine encourages the caller to share sufficient information for the risk of harm to these children and young people to be assessed. In these cases, the call taker is expected to alert a supervisor or manager for support and possible action.

- 4.3 Where a child caller or another person is considered to be in a life-threatening situation, ChildLine makes every effort to encourage the caller to seek appropriate help either directly or through the helpline. Where a caller withholds their consent, ChildLine attempts to secure the caller's safety by referral to emergency services, where sufficient identifying information is known. ChildLine does not provide confidentiality for anyone who is abusing a child, and helpline staff who respond to such callers are expected to seek support from a supervisor or manager who will refer the information on to the police if there is sufficient identifying information, or if not, consider whether to seek a trace on the call. Qualified managers are on call nationally 24 hours a day, 365 days of the year for consultation about child welfare concerns.
- 4.4 The NSPCC child protection helpline is staffed by trained child protection officers (Service Practitioners), who make judgements on the appropriate course of action to protect children using the government's *Framework for the Assessment of Children in Need and their Families*.
- 4.5 Parentline Plus was preparing new guidelines for responding to situations where an adult or child was felt to be at risk of serious harm. These were still at draft stage, but were likely to emphasise 'disclosure with consent', and encourage call takers to gather enough information to make a risk assessment about whether referral to statutory agencies was necessary so that trained child protection workers could then assess the situation. Parentline Plus call takers would normally be expected to discuss any referral (called 'reporting') with the parent, and reach agreement as far as possible about what to do.
- 4.6 In cases where the child or adult was judged to be at serious risk of harm, information could be passed to the police or social services without agreement if enough identifying details were known. Where a parent has agreed to a referral, it is suggested that they may prefer it if Parentline Plus makes contact with other agencies on their behalf. No reporting should be done without the support of a supervisor or manager. The helpline has its own emergency duty system, whereby one member of senior management is available at all times to advise on calls where concerns arise about a child's welfare, especially those involving a break in confidentiality.
- 4.7 NHS Direct was also in the process of developing new child protection procedures and training at the time of interview. The intention was to introduce a consistent policy with standard referral and feedback forms for all NHS Direct sites to use and guidelines on the appointment of named child protection nurses, rather than the variety of arrangements currently in place. Generally, NHS Direct had well developed procedures for dealing with concerns about children's welfare, ensuring that telephone referrals were followed up in writing with copies to all relevant agencies in the child's area.

### **Training and support**

- 4.8 Whether they use volunteers or paid staff, all helplines provide access to supervisors to assist with difficult decisions about children's safety. Supervisors are able to listen in to such calls and take over if necessary. Decisions to refer a child or adult to

another agency are usually made by supervisors, and all helplines involve supervisors if a referral needs to be made without the caller's consent.

- 4.9 Both Parentline Plus and ChildLine provide training in child protection for volunteers, both during their induction and on an ongoing basis. All NSPCC helpline advisers are qualified child protection officers, who receive regular training. The NSPCC is currently working with NHS Direct to develop a training package for all NHS Direct staff, including call operators, team leaders and nurse managers as well as nurse advisers. The first day of the two-day training will focus on how to recognise child abuse, the second day will be tailored to particular work roles. Since most helplines use a switchboard system to filter calls before passing them on to someone who can provide more in-depth help, it is essential that switchboard operators are also able to recognise and know how to deal with concerns about a child's welfare.

## 5. Working with social services

- 5.1 When children were referred on to agencies with statutory responsibility to safeguard children, notably social services, the experience reported by the helplines was mixed. Some regional call centres reported very good relationships with social workers and other agencies, and a positive response to their referrals. Others said that the response varied depending on local authority policies and the attitudes of individual social workers. This reflects the findings of a study by ChildLine of children's experiences in the process of referrals to emergency services (Dougall and Navidi 2000).
- 5.2 A ChildLine manager, for example, reported a particularly good relationship with one authority, where helpline supervisors were able to talk about particular cases with social workers, engage in mutual training sessions and call up to discuss any difficulties. Another described how helpline supervisors attended child protection conferences and were in regular telephone contact with both social services and the police. The NSPCC helpline noted that referrals were easier to make if there was already an established relationship with a social worker, and previous positive experience of working together. Another manager felt that the response depended a lot on which social worker the helpline got through to.
- 5.3 Problems were more likely to be experienced with Emergency Duty Teams (EDTs) providing an out of hours service than with daytime teams. Some helplines reported trying to make temporary arrangements (for example, asking a concerned neighbour if the child who was taking shelter with her could remain overnight) in order to avoid contacting EDTs, thus allowing them to contact social services the following day.
- 5.4 A number of issues were raised by the helplines in this study regarding referrals of children about whom they had concerns to social services:
- **Variation in local authority attitudes and willingness to work with helplines**  
As described above, the response to referrals was not consistent between areas, or even within the same team. The attitude of individual workers made a great difference, and one helpline manager explained that 'it can be okay one week, not the next'.
  - **Lack of feedback from social services**  
This was a common, although not universal, complaint. Helpline staff often did not know what happened to the referrals they made. The NSPCC child protection helpline

planned in future to track 15-20 percent of cases, and NHS Direct was considering establishing a database of children that the service had referred on because of child protection concerns, which could be updated with information about outcomes and checked when a new case was being referred. A similar system is being piloted by NHS Direct in Wales.

- **High thresholds for providing support.**

All the helplines thought it important that social service departments were adequately resourced to deal with referrals. They described cases where the helplines' referrals were not accepted because children did not meet the threshold for receipt of services, or where social workers were too overstretched to go out to pick up a child who had called the helpline in a crisis. An NSPCC manager said that some social services departments 'just bin referrals' that would be accepted in other authorities, and another helpline told how the threshold for accepting referrals had risen in one authority when social workers were told that numbers on the child protection register had to be brought down.

- **Less support for older children**

Two of the helplines, ChildLine and NHS Direct, noted that social services seemed reluctant to provide help to any child aged fourteen or older.

- **Difficulties in making contact with social workers**

This appeared to be particularly the case when calls to social services were routed through a call centre, (described by one manager as 'getting past a gatekeeping customer service person'), or there were insufficient staff in Emergency Duty Teams so messages had to be left on an answerphone. One ChildLine representative said it was particularly frustrating to be put through to an area call-holding system and have to wait for the social worker to return the helpline's call.

- **Insufficient information about whom to contact in other areas**

Helplines need to know who to contact in the caller's locality in order to refer them to the appropriate sources of support. NHS Direct had a computerised database which nurse advisers could access; one of the representatives interviewed found this worked well but another felt that relevant information was not available, such as being able to identify the school nurse for a particular area or which school a child attended. Other helplines used Directory Enquiries or the social services yearbook to find relevant contacts. Several Parentline Plus managers noted that it was easier and quicker to get through to the police if a child was thought to be at immediate risk of harm, rather than attempt to find the relevant social services number in the phone book.

## **6. Improving the ability of telephone helplines to protect children from harm**

6.1 Interviewees were asked what would make it easier for helplines like theirs to protect children from harm. Suggestions included:

- Closer liaison with statutory services and 'mutual support'
- Funding to enable the helpline to answer all calls
- Feedback on action taken as a result of a referral

- More resources for Emergency Duty Teams
- Better access to social workers in children's teams
- Swift access to someone with the authority to take decisions
- Greater awareness among the public about child abuse, and willingness to act
- Easily accessible information about resources and contacts in other areas
- Change in social worker attitudes towards the voluntary sector (not 'professional')
- Influence over the way in which statutory services work with children and young people
- Alternative methods of access especially for children e.g. text messages

## **7. Views on Victoria Climbié Inquiry Report recommendation 33**

7.1 The representatives of the four national helplines were also asked for their views on recommendation 33 of the Victoria Climbié Inquiry Report, that local authorities should establish a 24-hour referral number for use by members of the public who wish to report concerns about a child. The consensus of opinion was that it would be better to develop and build on existing helplines to provide this service, rather than for each authority to attempt to establish and publicise its own line. The reasons for this included:

- Voluntary sector helplines are already well known and trusted by the public.
- Both adults and children may be reluctant to contact social services, because of fears about children being removed from home. The confidential nature of services such as ChildLine and Parentline Plus is an important reason why many choose to contact them.
- A national helpline number is easier to remember, and helps to ensure continuity if children move between authorities.
- Separate helplines in each local authority would be expensive to run, and would require a significant amount of training and support for helpline operators.
- Helplines which are not seen as purely about reporting abuse can reach a wider group. The experience of ChildLine is that callers often need to develop a relationship of trust and to build up confidence by discussing other issues before they feel able to reveal abuse.

## **8. Conclusion**

8.1 This study has examined the role of telephone helplines in protecting children from harm.

8.2 If helplines are seen just as a way of identifying and statutorily processing abused children, then they are not cost effective, especially those that offer a confidential



service. However, the role that helplines play in safeguarding children is broader than just referring on cases where children are thought to be at risk of harm to social services or other statutory agencies. The four helplines in the study contributed to safeguarding children in different ways. As well as making direct referrals, they did this by:

- supporting parents under stress;
- providing children and parents with the confidence and information to help themselves;
- counselling those who fear they may abuse children;
- raising public awareness and influencing government policy through identifying the kind of problems that children and their parents are facing;
- acting as a second port of call when statutory services had failed to respond satisfactorily to callers' concerns.

8.3 Helplines, especially ChildLine, know of many cases of abuse or neglect that they cannot refer on to statutory agencies because the child is unwilling to provide contact details. But this does not imply that the policy of offering confidentiality, which can only be broken if the child is in immediate and serious danger, is failing to protect children. Without this assurance, many children would not ring and the abuse would remain hidden. Similarly, Parentline Plus deal with callers who wish to discuss concerns about their own (or another's) behaviour, but who choose to use the helpline because it is a confidential service.

8.4 Helplines increasingly operate as 'virtual' call centres where calls can be received from any part of the country, and they need to have fast access to accurate information about who to contact in each authority in order to make appropriate referrals and put callers in touch with relevant services.

8.5 In building on the work of existing helpline services in identifying and making referrals about children when there are concerns about their welfare, it may be appropriate to distinguish between those with a solely a confidential, listening role which make few referrals( such as Parentline Plus), those that offer a confidential listening service and have the ability to gather personal information which can be used for referral (such as ChildLine), and those that work within statutory frameworks which require them to refer child protection concerns if they have sufficient personal information (such as the NSPCC). These helplines perform different, but complementary, roles in safeguarding children.

8.6 The study indicates a clear need for improved links between helplines and social services. This would be even more important if any of the existing helplines were to provide the 24-hour service for the public to report child welfare concerns that was recommended by Lord Laming (NSPCC and ChildLine are already offering this, the former mainly for adults and the latter for children and young people). In any case, the issues raised in this study, such as the difficulties experienced in accessing social work support especially out of hours, lack of feedback on the outcomes of referrals, and variation in social services' thresholds for accepting referrals, all need to be addressed to maximise the role of helplines in safeguarding children.

## References

- Boddy J., Smith M. and Simon A. (forthcoming) *Evaluation of Parentline Plus*. Home Office On-Line Research Report (draft) London: Home Office.
- CM 5730 (2003) *The Victoria Climbié Inquiry Report*. London: The Stationery Office
- ChildLine (undated) *Can a phone call make a difference?* Unpublished study. London: ChildLine
- ChildLine (2003) *2003 Annual Review*. London: ChildLine
- Commission for Health Improvement (2003) *What CHI has found in NHS Direct Services*. London: CHI
- Dougall A. and Navidi U. (2000) *Children's experiences in the process of referrals to emergency services*. London: ChildLine
- Macleod M (1996) *Talking with children about abuse: ChildLine's first ten years in London*. London: ChildLine
- Macleod M. (2002) *Child Protection: everybody's business*. London: ChildLine
- Scottish Executive (2002a) An analysis of calls to ChildLine (Scotland) on the subject of child abuse and neglect. [www.scotland.gov.uk/about/CS/UASS/00015789/pubs\\_reports.aspx](http://www.scotland.gov.uk/about/CS/UASS/00015789/pubs_reports.aspx)
- Scottish Executive (2002b) An analysis of calls to ParentLine (Scotland) on the subject of child abuse and neglect. [www.scotland.gov.uk/about/CS/UASS/00015789/parent\\_report.pdf](http://www.scotland.gov.uk/about/CS/UASS/00015789/parent_report.pdf)