Merton Safeguarding Children Board and Children’s Social Care

Joint Annual Conference
23\textsuperscript{th} January 2014

Are we learning from our serious case review?
**Merton Safeguarding Children Board/Merton Children’s Social Care**

**Joint Annual Conference: 23rd January 2014**

**Holiday Inn – Chessington**

**Are We Learning from Our Serious Case Review?**

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<th>Time</th>
<th>Session</th>
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<tr>
<td>09:00-09:30</td>
<td>Registration and Refreshments</td>
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<tr>
<td>09:30-09:40</td>
<td>Welcome</td>
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<td><em>Kevin Crompton Chair Merton Safeguarding Children Board</em></td>
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<td>09:40-10:00</td>
<td>Setting the Scene for the day</td>
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<td><em>Yvette Stanley Director of Children, Schools and Families</em></td>
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<td>10:00-10:45</td>
<td>Neglect and Adolescents: Messages from research</td>
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<td><em>Professor Mike Stein – Social Policy Research Unit, University of York</em></td>
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<td>10:45-10:55</td>
<td>Q&amp;A Session</td>
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<td>10:55-11:20</td>
<td>Break</td>
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<td>11:20-12:05</td>
<td>Hidden Victims of Sexual Abuse – Cross Generational Abuse</td>
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<td><em>Robert Tucker - Independent Child Care Consultant</em></td>
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<td>12:05-12:15</td>
<td>Q&amp;A Session</td>
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<td>12:15-13:00</td>
<td>The Impact of Parental Substance Misuse on Children and Young People</td>
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<td>Tolerable Use/Intolerable Impact</td>
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<td><em>Dr Hedy Cleaver—Emeritus Professor at Royal Holloway College, University of London</em></td>
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<td>13:00-13:10</td>
<td>Q&amp;A Session</td>
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<td>13:15-14:00</td>
<td>Lunch</td>
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<td>14:00-14:45</td>
<td>‘Cries Unheard’</td>
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<td><em>Outside Edge – ‘Theatre in the Round’</em></td>
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<td>14:45-15:30</td>
<td>Interactive Session</td>
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<td>15:30-15:50</td>
<td>Break</td>
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<td>15:50-16:20</td>
<td>Impact of Learning on Practice – Small Group Exercise</td>
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<td>16:20-16:45</td>
<td>Chair Summary and Close</td>
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Bibliographies
Yvette Stanley has worked in Education and Children’s Services since 1986 when she began her career in the Inner London Education Authority. Passionate about improving outcomes for children and young people she has held a number of senior education and children’s services management posts in London authorities, leading schools and LA services in their continuous improvement.

Yvette has been Director of Children, Schools and Families for Merton since January 2009 and is currently a Council Member of the Association of Director’s of Children’s Services, a spokesperson for London Directors and a member of the London Safeguarding Children Board.

Yvette is also a governor of South Thames College, a Director of the London Grid for Learning, and is an Honorary Fellow of Kingston University. Yvette has two daughters who both share her passion for dance and drama and she volunteers at a local Saturday school for the performing arts.
Kevin Crompton is an independent consultant running his own company offering interim management, problem solving and leadership and management development.

He established his company following nearly 30 years in public service. Most recently he was Chief Executive at Haringey Council from March 2010 until October 2012. He came to Haringey from Luton Borough Council where he was Chief Executive from November 2005 to February 2010. Prior to Luton, Kevin worked at Solihull Metropolitan Council where he was Corporate Director of Education and Children's Services and the officially designated Director of Children’s Services. Solihull began the development of children’s services prior to Every Child Matters and was a pathfinder Children’s Trust. His work in Haringey included improving children’s services following the tragic death of Peter Connelly.

Kevin is 57 and has a strong track record of success in leading and managing public services and has worked in nine local authorities - Haringey, Luton, Solihull, Surrey, Birmingham, Brent, Hackney, Lambeth and Wandsworth. He has significant experience of working in multi-cultural communities and has spent much of his career in education and children’s services. He has also held two posts at national level directing the Mini Enterprise in Schools project between 1985–90 and was part of the team that developed professional development standards for teachers and headteachers whilst on secondment to the teacher training Agency in 1995–96. In 2012 he gave a keynote address on the 2011 riots to the LGMA conference in Perth Australia.

Following his education at Xaverian College Manchester, University of East Anglia, Avery Hill College of Education and the London School of Economics Kevin’s first post was in teaching at Ernest Bevin School in Wandsworth.

Kevin was born in Stockport Cheshire. He has three children from his first marriage and lives just outside Coventry. He enjoys, or says his does, his visits to Coventry City Football Club with his son but unlike his son (who is a professional golfer) lives up to the saying that his golf ‘is a good walk ruined’. He enjoys playing music in local pubs and other venues with his two bands ‘Time after Time’ and ‘Kings Shilling’ which includes his eldest daughter playing fiddle and singing. His other daughter is a teacher. He now has two grandchildren.
Dr Hedy Cleaver is an emeritus professor at Royal Holloway College, University of London. Her experience as a social worker and child psychologist informed her research on vulnerable children and families and the impact of professional interventions. The guiding principle underpinning her work is a desire to improve the quality of life for children living in circumstances that place them at risk of abuse and/or neglect. The findings from her research have had an identifiable impact on policy in the UK in respect to children and families over the last 20 years.

Recent publications include:

- *Safeguarding Children: A Shared Responsibility* (2009);
- *Integrated Children’s System: Enhancing Social Work and Inter-Agency Practice* (2008);
- *Child Protection, Domestic Violence and Parental Substance Misuse* (2007);
**Professor Mike Stein** is currently Research Professor, in the Social Policy Research Unit at York University: a qualified social worker, he has worked as a probation officer, a senior child care officer and an area manager in a social services department. From 1975, at Leeds University, and from 1995, at York University, he has been researching the problems and challenges faced by vulnerable young people, including care leavers, young people running away from home and care, and neglected and maltreated adolescents. He acted as an academic advisor to the Quality Protects research initiative. He is a joint co-ordinator of the International Research Network on the Transitions to Adulthood for Young People Leaving Public Care (INTRAC) and has been involved in the preparation of Guidance for Leaving Care legislation in the UK.

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**Robert Tucker** is an Independent Child Care Consultant with over 25 years experience in the field of social work, child protection and in working therapeutically with children. young people and their families in a variety of different settings. He has worked for local authorities and specialist organizations such as The Lucy Faithfull Foundation, Stop it Now and SACCS. He is the founder and Director of RGT Training and Consultancy, an Independent agency specialising in providing assessments, intervention, consultancy and training in respect to children, adolescents and their families where there are concerns about complex trauma, sexual abuse, sexual exploitation and where children display inappropriate or harmful sexual behaviours. He is also Co-Director of the Centre for Child Trauma Recovery.
Outside Edge is the only theatre company working nationally and internationally producing work focused on substance-misuse. The company was set up in 1998 by Phil Fox, an actor and himself a former addict. Over the last 15 years Edge has:

- worked with over 10,000 substance-misusers, through workshops and interactive theatre productions;
- trained over 600 professionals working with families and children on the issues raised by substance misuse and addiction;
- presented at numerous international conference on recovery and addiction, and worked with universities including Kingston and Liverpool to document and evaluate its unique approach to addressing the issues faced by substance misusers.
Neglect and Adolescence

Messages from Research

Mike Stein
Research Professor
Presentation outline

- Why is teenage abuse and neglect important?
- What does research tell us?
  - Neglected adolescents
  - Safeguarding young people: responding to young people aged 11-17 who are maltreated
  - Messages from Serious Case Reviews
- How can we intervene to assist neglected teenagers?
  - Primary, secondary and tertiary interventions

Why is Teenage Abuse and Neglect Important?

- Child maltreatment, including neglect, is not just something that happens to young children
- Neglect is the most prevalent form of maltreatment within the family in the general population - 13% for all 11-17 year olds, (NSPCC 2011)
- New registrations of neglected teenagers are greater than registrations for other forms of abuse in younger age categories
- Neglect is most prevalent form of abuse found in Serious Case Reviews (60%; 2009-11, Brandon et al 2013)
- Teenagers can suffer greatly: quarter of Serious Case Reviews (10-17); 21% on 14+ (2007-11)
- Issues relating to teenagers include: running away from home and care; severe neglect (18 -24 females); suicide; being a victim of violent crime and sexual offences; online harm; child trafficking (NSPCC 2013)

What does Research tell us – First Neglect Study?

- Neglected adolescents - partnership between the University of York, The Children’s Society and the NSPCC
- An international research review
- Focus groups with young people: Neglect Matters - a guide for young people about neglect, and;
- Meetings and interviews with multi-agency staff (recruited through 2 LSCB’s): Neglect Matters - a guide for multi-agency professionals working together on behalf of teenagers
- Explored the same questions: what is neglect?, what are the causes? what are the consequences? How can I intervene?
What is Neglect – Officially?
Neglect is the persistent failure to meet a child’s basic and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect … may involve a parent or carer failing to:
• Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
• Protect a child from physical and emotional harm or danger
• Ensure adequate supervision (including the use of inadequate care-givers); or
• Ensure access to appropriate medical care or treatment
It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.’
(HM Government, Working Together to Safeguard Children, 2013)

What is Teenage Neglect?
Neglect is when parents ignore you … or leave you and you get hurt … if you’re bullied at school and you have no one to turn to … when you don’t get fed properly … I was underweight, my skin was dead pale.’
(Young people’s views)

‘All of my work with teenagers is about trying to rectify neglect of some sort.’
(Professional view)

What is Teenage Neglect – Themes from the Research Review?
• More recognition of developmental issues for teenagers
• Defined by carers or experiences of young people - teenagers under-estimate neglect?
• Patterns of neglect over time – chronic or acute, impact of long history of neglect on teenager’s lives
• Act of omission or commission - context?
• Balance between culturally specific and healthy development
• Overlap between neglect and other forms of abuse
## Recognition of developmental issues

### What are the Causes of Teenage Neglect?

<table>
<thead>
<tr>
<th>Assessment Framework</th>
<th>Child Abuse and Neglect Research – Risk Factors</th>
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<tbody>
<tr>
<td>Family history and functioning</td>
<td>Parenting - low warmth, low control</td>
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<td>Domestic violence</td>
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<td>Adult mental health problems – having suffered maltreatment</td>
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<td>Parental learning disability</td>
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<td>Childhood disability</td>
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<td>Parental Substance misuse</td>
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<td>Lone, younger, unsupported parents</td>
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<td>Larger families, unplanned pregnancies</td>
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**Toxic Combination**

- Low support from own family
- Poverty, social deprivation, poor education
- Low income
- Less cohesive, poor attachments
- Less integration and support
What are the Causes of Neglect – Specific Groups of Young People?

- Disabled young people
  - Higher rates of neglect
  - Communication difficulties
  - Being isolated, less regular services
  - What is result of disability or neglect?

- Looked after young people
  - Many have history of neglect
  - May include physical health, emotional wellbeing, education
  - Assessment, high quality care, compensatory attachments, stability, addressing education, health and well-being
  - Supporting care leavers into adulthood

‘Providing High Quality of Care’

What are the Causes of Neglect – Specific Groups of Young People

- Young carers
  - May increase risk of neglect
  - Drawn into caring – than being cared for
  - Lack of support at key developmental stages
  - Lack of supervision and boundaries – greater risks and problems

- Young people and parental problems
  - Parental mental health, domestic violence, substance and alcohol abuse
  - Increase emotional unavailability – low warmth, low control
  - Young people physically and psychologically alone
Consequences of Teenage Neglect

- Consequences of neglect and maltreatment for teenagers
  - Poor physical health - evidenced in serious case reviews
  - Poor mental health and emotional well-being
  - Peer relationships - being bullied and bullying
  - Risky behaviours - drug and alcohol use, early sexual activity, running away from home
  - Educational outcomes – missing school, behavioural problems and low achievement
  - Involvement in anti-social behaviour and offending
  - Poor longer-term outcomes into adulthood?

Second Study: Responding to Young People Aged 11 to 17 who are Abused and Neglected

- Study of risk assessment and decision making (160) professionals; study of policy and practice in four agencies and interviews with young people, professionals and referrers (80)
- Child protection system not seen as most effective way to meet the needs of ‘older’ young people – less likely to have a initial and core assessment, or be the subject of Section 47 enquiry
- More likely to follow ‘Child in Need’ pathway and ‘Common Assessment Framework’
- Referring professionals viewed the consequences of maltreatment to be less serious when young people were older - seen as more ‘resilient’, more ‘adult’, more able to seek help
- Referring professionals also influenced by likelihood of children’s services taking action and by perceived negative consequences for young people
- For young people effective interventions based on good quality relationships
- For young people barriers to seeking help
  - Lack of awareness of services and access to them
  - Consequences of disclosing abuse for self and family
  - Trust and confidentiality of professionals
- Seek help from peers and family
- Young people want
  - Be seen as an individual - be listened to and have a choice
  - More clarity about the role of professionals
  - Accessibility and continuity of relationships
  - Confidentiality and trust
‘To be seen as an Individual’

How can we intervene?
Primary Prevention
Preventing neglect before it occurs through universal or targeted services

- Services promoting the well-being of families so young people not neglected
- Promotion of ‘authoritative parenting’ - good quality attachments
- Parenting for teenagers courses?
- Enhance the well-being of young people in schools, PSHE, citizenship, colleges, communities
- Youth services - positive activities

How can we intervene? Secondary Prevention
Early interventions when problems first arise through informal or formal responses

- Empowering young people - guides, information, social media
- Professional perceptions of teenagers at risk - results in different pathways and responses
- Taking early referrals and ‘general concerns’ seriously
- Informal responses
- Common Assessment Framework and integrated multi-agency working
- ‘The team around the child’, ‘family’, or ‘school’ – recognising individual needs

How Can We Intervene? Tertiary Prevention
Prevent the recurrence or persistence of problems

- Little UK literature on evaluated interventions on teenage neglect and maltreatment
- Good quality assessments - the Assessment Framework – review and plan
- Dedicated teenage support teams – ‘wrap around’ approaches
- Identify key worker
- Projects working with young people in response to general or specific issues, for example, Kids Company, young runaways, young carers, sexual exploitation
How can we Intervene? Summary Points

- Assessment and on-going review
- Research suggests ecological, multi-faceted approaches
  - Seeing adolescents within network of interconnected systems
  - Encompass individual, family, community, peer group, school, neighbourhood
  - Identifying agencies – health, education, children’s social care, third sector
  - Whole care approach
- Importance of a key worker - quality relationships
- Having a ‘therapeutic perspective’ on intervention - resilience, cognitive-behavioural approaches, psychodynamic
- Serious Case Reviews - never give up!

Research Sources

- • Neglect Matters – a guide for young people about neglect (www.nspcc.org.uk/neglectmatters).
- On serious case reviews see: Brandon et al. (2013) Neglect and Serious Case Reviews; Ofsted (2011) Ages of Concern.
Hidden Victims of Sexual Abuse
cross generational

Robert G Tucker

rgtucker@tiscali.co.uk
Introduction
Research with young adults in the UK suggests that between 1 in 10 to 1 in 20 children have been sexually abused before the age of 16 (Cawson et al, 2000; Radford et al, 2011).

- It can happen to anyone - rich or poor.
- It hurts people of all races & all faiths.
- It is very likely that someone you know –a friend, colleague or even a relative – has been affected by child sexual abuse.

What do we know?
- Offenders come from all ages & backgrounds
- Majority are male
- One-third are adolescents
- Offenders are almost always someone who is known to the child and the family.
- 80% of children who are sexually abused do not inform the authorities (Grubin, 1998).
- Sexual abuse is rarely a one-off, impulsive incident.

Some questions
- Why don't children tell?
- Surely people in the family must know? Why don't they tell?
- What are the signs?
- Why do some children not show these?
- What should I look out for?

Child Sexual Abuse
- How does it happen?
- What is the impact?
- How does it remain hidden?

Pre-conditions to Sexual Offending (the 4 steps)
Step 1  Motivation to sexually offend
Step 2  Overcome internal inhibitors
Step 3  Overcome external inhibitors
Step 4  Overcome victim resistance
How Abuse Happens – Step 1
What motivates a person to sexually abuse a child

- Emotional congruence to children
- Sexual arousal to children
- Blockage to adult relationships
- Emotional loneliness
- Need for affection, closeness, intimacy
- Belief there is no other way of obtaining this pleasure
- Poor impulse control or desire to impose controls
- Revenge – for rejection or for own abuse
- Desire for power and control,
- Money

Aetiological Model of Risk  (Beech & Ward (2004))

**Developmental Factors (Preconditions to later behaviour)**
- e.g. Sexual abuse, other abuse, rejection, attachment problems

**Vulnerability factors (Trait Factors)**
- Anti-social behaviours, emotional loneliness & social functioning problems,
- cognitive distortions (schemas), self-regulation problems, etc

**Situational Triggers**
- Substance misuse, victim access, relationship conflict etc

**Protective Factors**
- Resilience, Skills strengths

**State Factors (Mental states which are the precursor to sex offending)**
- Arousal, abusive sexual thoughts, need for intimacy,
- -ve or –ve affective states, availability of victim etc

Sexually Abusive Act

Victim resists
Outsider intervenes
Person desists
How Abuse Happens – Step 2
How does a person convince him/herself that his/her abuse of children is acceptable?

“S/he’s enjoying it …. It won’t cause any harm… Kids like sex …I have a right…Women are tarts…Damn the consequences… wasn’t getti1`1ng sex from my wife… It just happened… we have a special relationship… “I’ll only touch him, it won’t hurt her…. It didn’t hurt me”

How Abuse Happens – Step 3
How does a person create opportunities whereby s/he can abuse children?

Grooming the non-offending parent
I’ll gain her trust
Make myself indispensable
Help out with childcare
Make sexual play seem innocent and normal"
How Abuse Happens – Step 4

Why don’t children resist a person’s sexual advances, or tell afterwards?

“I’ll tell them it’s a game
I’ll get them used to touch on their privates
Give them lots of attention
Give them a present
Frighten them – ‘you will be taken away from mum
Use force if they say “No”

Grooming Tactics in Families

- Favourite/special attention
- Allow more choice than mother would allow
- Have secrets with the child
- Allow more grown up behaviour
- Loosen boundaries/allow child to set the boundaries
- Collude with child
- Become indifferent – get child to come to them
- Create resentment in the relationship with the mum

Qu - How might this be perceived or experienced by the non-offending parent?

Implanted thinking errors

Offender says…

“I love you”
“You like it”
“You began the game”
“You could have said no”
“you’re special”
“Your vagina is wet / penis is erect”
“I wont do it again”

Child thinks…

This is love
I must have asked for it
I did, it’s my fault
I could have but didn’t
This is being special
I must have wanted it
He did – don’t trust men

Consider the implications for caring for children
The Impact of Trauma - Stigmatisation

Occurs when... the child is blamed or humiliated; when family & community respond with shock or horror; when the child is pressured not to tell; and when the child is treated as 'damaged goods'.

Psychological Impact
- Guilt
- Shame
- Low self-esteem
- Feels different from peers
- Self-loathing

Behaviours
- Isolation
- Avoidance of success
- Compulsive drive to achieve
- Substance abuse
- Self-destructive behaviour

How can you help the child?

The Impact of Trauma - Powerlessness

Occurs when... a child is helpless to stop an event; experienced repeated fear; was isolated with no support; is vulnerable to repeated trauma; & is disbelieved by others.

Psychological Impact
- Anxiety
- Fear
- Depression
- Sees self as victim
- Need to control
- Identifies with abuser

Behaviours
- Nightmares; phobias; toileting problems; delinquency; pseudo-maturity; eating / sleeping problems; agitation; withdrawal; retreat into fantasy world; running away; school problems; vulnerable to victimisation; aggressiveness; bullying; suicide

How can you help the child?
The Impact of Trauma – Loss & Betrayal

Occurs when… there is a violation of trust, exploitation by others, physical & / or emotional loss

Psychological Impact
- Numbing of emotions
- Denial
- Suppressed longing
- Guilt
- Rage
- Distrust of self & others

Behaviours
- Somatic reactions (illness etc)
- Anxiety
- Nightmares
- Regressive behaviours
- Withdrawal
- Avoidance of intimacy
- Elective mutism
- Apathy
- Hoarding
- Indiscriminate clinging
- Explosive aggression

How can you help the child?

The Impact of Trauma - Sexualisation

Occurs when… the child is rewarded for inappropriate behaviours; is given false info about sexual behaviours & morality; where the child learns s/he has power as a sex object; has parts of the body given too much attention by adults; & is conditioned to associate sexual activity with negative emotions & memories

Psychological Impact
Preoccupation with sexual issues; confusion about sexual identity; confusion about sexual norms; confusion of sex, love & caring; negative association to sexual arousal & acts; + ve association to exploitative sexual activities

Behaviours
Sexualises affection; sexual preoccupation; compulsive, aggressive or sadistic sexual behaviour; precocious sexual activity; victimisation; responds to neutral touching as sexual

How can you help the child?
Examples of children’s coping mechanisms

- Denial,
- Minimisation
- Projection
- Depression
- Isolation of emotions
- Repression of emotions
- Dissociation (spacing out)
- Avoidance,
- Vagueness
- Changing topics
- Contradictions
- Lies
- Compulsive chatter
- Avoiding eye contact
- Mumbling, fidgeting
- Rigid facial expressions
- Repetitive movements
- Scratching, picking

Consider the implications for caring & working with children

Children’s coping mechanisms to abuse by primary attachment figure

- Dissociation
- Anaesthetising themselves physically & emotionally
- Blame themselves for abuse
- Direct rage away from abuser & onto self / others
- Seek love & protection from abuser / attach figure
- Do whatever they can to preserve the essential attachment relationship (Trauma bonding)

Consider the implications for caring & working with children

Denial is normative

“A normal and functional defence mechanism that allows us to protect ourselves against something that is painful and distressing”

(The American Psychiatric Assoc. 1994)
Why do children not resist or tell afterwards?

- The costs of telling
- The success of grooming
- The use of ‘implanted thinking’ by offender & the development of cognitive distortions (wrong thinking)
- The child’s coping response to trauma

Do Partners Know? – Spectrum post allegations

Knew something was going on but not “that”

“Active Collusion” - knowing CSA but convincing self nothing going on

Offending (Independently)

Didn't know anything

“Passive Collusion” - wondering, suspecting CSA but nothing to confirm that

Co-offending Active participation (Willingly / Under Coercion)

Only some non-abusing parents have the perfect child protection response: remove the offender and totally and consistently believe and support the child

Functions of Denial for Non-offending partners

What are the consequences of accepting that their partner abused their child?

- Meaning of their relationship?
- Loss of relationship
- Loss of a parent
- Fear of stigma
- Loss of self esteem
- Bad parent
- Bad sexual partner – jealously, why her and not me?
- Loss of income, security & help
The impact of denial on professionals

- Denial can provoke an assumption that she is “unsafe” as a protecting parent
- Can give rise to suspicion that she has something to hide – a greater awareness/involvement/collusion in the abuse
- Can create hostility between NOP and “the authorities”
- Can cause tension between professionals
- Can trigger your emotions

Child sexual abuse—- Things to watch for

Warning Signs of Possible CSA

- Nightmares or sleep problems without an explanation
- Distracted or distant at odd times
- Sudden change in eating habits e.g. refuses to eat, drastic increase / loss of appetite, trouble swallowing.
- Sudden mood swings: rage, fear, insecurity or withdrawal
- Leaves “clues” that provoke talk about sexual issues
- Writes, draws, plays or dreams of sexual images
- Develops new or unusual fear of certain people or places
- Refuses to talk about secret shared with adult or older child
- Talks about a new older friend
- Suddenly has money, toys or other gifts without reason
- Thinks of self or body as repulsive, dirty or bad
- Adult-like sexual behaviours, language & knowledge

Signs for younger children

- An older child behaving like a younger child (such as bed-wetting or thumb sucking)
- Has new words for private body parts
- Resists removing clothes when appropriate times (bath, bed, toileting, diapering)
- Asks other children to behave sexually or play sexual games
- Mimics adult-like sexual behaviours with toys or stuffed animal
- Wetting and soiling accidents unrelated to toilet training
Adult Behaviours to Watch for

Personal Space

- Makes others uncomfortable by ignoring social, emotional or physical boundaries or limits?
- Refuses to let a child set any of his or her own limits? Uses teasing or belittling language to keep a child from setting a limit?
- Insists on hugging, touching, kissing, tickling, wrestling with or holding a child even when the child does not want this contact or attention?
- Frequently walks in on children/teens in the bathroom?

Relationships with children

- Turns to a child for emotional or physical comfort by sharing personal or private info or activities?
- Secret interactions with teens or children (e.g. games, sharing drugs, alcohol, or sexual material) or spends excessive time to emailing, text or calling children
- Insists on or manages to spend uninterrupted time alone with a child?
- Seems “too good to be true,” i.e. frequently baby sits different children for free; takes children on special outings alone; buys children gifts or gives them money for no apparent reason?
- Allows children or teens to consistently get away with inappropriate behaviours?

Sexual conversation or behaviour

- Frequently points out sexual images or tells dirty or suggestive jokes with children present?
- Exposes a child to adult sexual interactions or images without apparent concern?
- Is overly interested in the sexuality of a particular child or teen (e.g., talks repeatedly about the child's developing body or interferes with normal teen dating)?

FACTORS TO CONSIDER IN CHILD SEXUAL ABUSE (Carr, 2004)

- Personal risk factors in child
- Risk factors associated with the perpetrator
- Risk factors associated with family
- Social network risk factors
- Treatment system risk factors

- Personal protective factors in child
- Family system protective factors
- Social network protective factors
- Treatment system protective factors

Psychological effects of child sexual abuse

- Traumagenic Dynamics
- Behavioural Problems
Services from RGT

- Training for schools, social workers, substitute carers & multi-agency professionals relating to ...
  - Children & young people who have been sexually abused / traumatised
  - Children and young people who display inappropriate or harmful sexual behaviours
  - Communicating with children for the purpose of core assessments
  - And many more
- Assessment & intervention relating to sexual abuse, trauma and harmful sexual behaviours

Contact via: rgtucker@tiscali.co.uk
Visit at: linkedin.com
The impact of parental substance misuse on children and young people
Tolerable use/Intolerable Impact

Professor Hedy Cleaver
Royal Holloway, University of London
Definitions and attitudes to substance misuse

Problem drinking
- Hazardous drinking – alcohol consumption that increases someone’s risk of harm
- Harmful drinking – alcohol consumption that causes mental or physical damage
- Higher-risk drinking – regular consuming over 50 alcohol units per week (men) or over 35 units (women)

Problem drug use
- Drug use with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them. Such drug use will usually be heavy with features of dependence. Cannabis is the most commonly used drug

Attitudes to drinking and drug use
- 74% of respondents to Home Office Crime Survey (2012-13) thought it acceptable to get drunk occasionally; 5% acceptable to get drunk frequently
- 32% thought it acceptable to take cannabis occasionally, 66% thought it never acceptable

Prevalence of parental substance misuse
- More than 2.6 million children in UK live with hazardous drinkers and 705,000 live with a dependent drinker
- 200,000-300,000 children have a parent who misuses drugs – 1/3 of fathers and 2/3rds of mothers live with their children
- To suggest all parents who suffer problem substance use present a danger to their children is misleading and dangerous
- With adequate support a parent experiencing a single disorder can be an effective and loving parent
- A high proportion of children referred to social services live with families where there is evidence of parental substance misuse
- At the Initial Child Protection Conference stage in approximately a third of cases there is evidence of parental substance misuse

Multiple parental problems – a toxic combination

Problem drinking or drug use rarely exist in isolation and often associated with childhood abuse and neglect
- 61% of those reporting using drugs used alcohol at the same time
- 49% of men who perpetrate domestic violence have a history of problem alcohol use, and 19% a history of substance misuse
- 86% of those attending alcohol services and 75% attending drug services have mental health problems
Combination of parental alcohol and drug misuse, domestic violence, mental illness and parental learning disability is a toxic combination for children

- Review of SCRs found serious harm or death of a child associated with multiple parental problems

**Impact of substance misuse on parenting capacity**

- Parents become increasingly focused on their own issues
- Have difficulty controlling their emotions
- Become less sensitive, responsive, loving, caring, and nurturing
- Have difficulty organising their lives
- Neglect their own and their children’s physical needs
- Experience difficulty forming strong bonds with their child – parents emotionally unavailable
- Family routines and rituals are abandon

**Parenting hampered because of social consequences on substance misuse**

**Reduced living standards**

- Family income used to satisfy parental needs
- Substance misuse makes jobs difficult to sustain (possible consequences of job loss: rent/ mortgage not paid, debts, accommodation lost, power cut off)

**Loss of friends and family**

- Alcohol and drug use alienates ‘safe’ friends and family
- Parents are ashamed of their circumstances and hide their experiences
- Immediate family members and friends sometimes lack understanding and are judgmental

**Marital/partner disharmony**

- Places great strain on relationships between partners
- Coping on day to day basis exhausting and dispiriting
- Alcohol problems often associated with domestic violence

**What children need**

- To thrive all children need love, adequate nutrition, sleep, warmth and to be kept clean
- To become securely attached they need emotional warmth and positive responses from their parents or carers
- To develop their full potential they need adequate and appropriate stimulation and adults who believe in them
- Children also need to be valued for themselves, they need to feel that they come first in their parents’ lives
- Finally, children need the support and encouragement to overcome the challenges life will throw at them
Impact on children’s development

- Research suggests where there is evidence of substance misuse children’s needs are not always met
- Social work records showed that the majority of children had unmet needs in one area of their development
- Greatest proportion of unmet needs in relation to family and social relationships and emotional and behavioural development
- Severe developmental needs:
  - 30% where evidence only of drug misuse
  - 38% where evidence only alcohol misuse
  - 43% where evidence of both

Possible impact on babies

- Neurological and physical damage to baby, born with HIV or Hepatitis B or C virus
- Health needs not recognised
- Insecure attachment and poor bonding due to:
  - Inconsistent parenting, emotional unavailability and unexpected and unplanned for separations
  - Child’s cues may be missed – cries for warmth and comfort may be met with anger or criticism
- Delayed development due to limited parental interaction and engagement

Protective factors for babies

- Presence of a non-abusing caring parent/carer
- Other parent/carer has no problems with substance misuse, violence or mental health issues
- Other responsible adults are involved in child care
- Sufficient income and good standards in the home
- Wider family support and good community facilities
- Attendance at clinic for immunisations and developmental reviews
- Regular, long term support from primary health care team, social services and community based resources
- Parent acknowledges problems and accepts treatment
Possible impact on young children
- Physical needs neglected, not fed adequately or kept clean
- Accidents due to lack of parental awareness and supervision
- Cognitive and language development delayed – lack of parental stimulation/encouragement or praise
- Insecure attachment due to inconsistent parenting
- Feelings of helplessness/post traumatic stress disorder
- Left in care of unsuitable and unsafe people

Additional protective factors for young children
- Regular attendance at pre-school facilities
- Regular medical checks
- A safe adult who listens to the child, observes their behaviour and acts appropriately to ensure the child’s safety and welfare
- Family rituals and activities are maintained
- Drugs, needles and syringes are out of reach of children
- Drug taking does not take place in the home
- A long term package of services to meet the diverse, enduring, complex and multiple needs of the family

Possible impact on children in middle childhood
- Children show symptoms of extreme anxiety
- Depression and poor self esteem - children blame themselves for their parents’ problems
- Problematic behaviour in school
- Assumption of too much responsibility for self, parents and younger siblings
- Poor academic attainment because children experience difficulty in concentration

Additional protective factors for children in middle childhood
- Child not present when drugs are taken
- Regular attendance at school
- Peer friendship - play and companionship can offer children respite from family concerns
- Supportive older sibling and/or relatives
- Effective anti-bullying policy within schools
- Belonging to organised, out-of-school activities
- Acquiring coping strategies and knowing what to do when parent’s behaviour deteriorates
- Access to young carers’ projects
Possible impact on adolescents

- Emotional and behavioural disturbances – self harm and suicide, conduct disorders, school exclusion, crime
- Heavy, risky and problematic drug and/or alcohol use
- Potential not achieved due to lack of parental encouragement and difficulties in concentration: but school may be an escape route
- Absence from school to care for parent and/or younger siblings
- Running away and homelessness
- Isolation from friends and adults outside the home

Additional protective factors for adolescents

- Young person not exposed to contact with drug users or other criminal activity
- A close and trusted friend - a great source of support
- Practical and domestic help
- Sympathetic, empathic and vigilant teachers
- Regular attendance at school, further education or work-based training
- Support of a trusted adult who acts as a champion for the young person
- Knowing who to contact in the event of a crisis regarding their parent

What is happening?

- While some grow up apparently unscathed, others exhibit emotional and behaviour disorders
- To understand what is happening within the family and assess the impact of parental substance misuse on children relies on:
  - a good quality assessment including seeing and hearing the child
  - a comprehensive knowledge of child development
  - a comprehensive understanding of the impact of different substances including alcohol
- Drug and alcohol services rarely consulted when evidence of parental substance misuse
Issues affecting the safeguarding process

- Over identification with parents and desensitization to neglect and maltreatment may result in under-recognition of children’s difficulties
- Parents’ fear that children will be removed makes them reluctant to admit to problem alcohol or drug use – they can appear uncooperative and hostile to offers of support and services
- Practitioners fear of erratic and potentially violent parents may result in a reluctance to confront families on sensitive issues
- Lack of knowledge, expertise and training may result in practitioners not recognising symptoms of parental substance misuse or its impact on children

What works to promote children’s understanding and engagement

- Always seeing and listening to what children say
- Providing opportunities to discuss their concerns and worries with adults whom they trust
- Ensuring sufficient time to build a relationship and to listen to and respect the child
- Providing information about parent’s substance misuse
- Supporting them to understand records or reports
- When possible offering real choices

What works to promote good engagement with parents

- Role clarification and clarity about the purpose of assessment
- Listening, involving and consulting with parents and, when possible, offering choice over the service provider
- Reassuring parents that identifying a need for support is a way of avoiding rather than precipitating child protection measures
- Gaining a shared understanding of the family problems
- Challenging parents who are actively or passively unco-operative

What works to promote agencies working together

- Understanding and respecting the roles and responsibilities of other agencies
- Good communication and regular contact
- Trust and sharing information
- Common priorities
- Knowing what services are available, who to contact and joint training
- Clear guidelines and procedures for working together
- Sufficient resources and low staff turnover
Multi-agency collaboration key to the safeguarding process

- A variety of agencies may need to be involved in assessment, planning and service provision
- Inter-agency work within the child welfare field is often uncoordinated, haphazard and plagued with difficulties
- Splits between adult and children’s services, the different legal frameworks and professional perspectives can militate against effective inter-agency working and the provision of service

Implications for policy and practice - collaboration

- Early identification, assessment and monitoring to ensure children are not left in dangerous and abusive situations
- Involvement of specialists to ensure parenting capacity is assessed accurately, plans are well targeted and realistic
- Robust professional links, joint protocols and procedures between children’s and adults’ services to ensure collaboration during assessment, service provision and review
- Stable funding for evidence based third sector programmes which provide long-term support to children living in families with complex needs

Implications for policy and practice - plans

- Higher priority to be given to children in all strategic local authority plans whose primary focus is adults
- Flexible time frames; short term interventions will not meet the complex and enduring needs of such children and families
- Children’s progress must be closely monitored as improvements in parental disorders do not always result in improved parenting
- Joint training for staff working with adults and those working with children
- A public education programme aimed at encouraging communities and extended families to provide more support to children living parents with these disorders
Merton Safeguarding
Children Board
Draft Calendar
April 2014 – March 2015

Produced by the MSCB Training Team
and
Endorsed by the MSCB Training Sub-Committee
<table>
<thead>
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<td>03.04.14</td>
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**September 2014**

**October 2014**

| SC10 | Engaging Difficult, Evasive or Manipulative Families                        | 01.10.14 | 9.30—16.00 | Civic B/C |
| BA1  | Introduction to Child Protection                                           | 07.10.14 | 9.30—16.00 | Civic B/C |
| BA6  | Three keys indicators: managing multiple parental problems                  | 22.10.14 | 9.30—16.00 | TBA       |
| BA5  | Domestic Violence Awareness                                                 | 23.10.14 | 9.30—13.00 | Civic B/C |

**November 2014**

| CC1  | The Child Protection Process                                                | 04.11.14 | 9.30—16.00 | Civic B/C |
| SC1  | The Impact of Domestic Abuse on Children and Young People                   | 06.11.14 | 9.30—16.00 | Civic B/C |
| BA1  | Introduction to Child Protection                                           | 12.11.14 | 9.30—16.00 | Civic B/C |
| SC8  | Managing Violence and Aggression                                           | 13.11.14 | 9.30—16.00 | Civic B/C |
| SC13 | Safeguarding young people from gang activity and/or serious youth violence  | 20-11.14 | 9.30—16.00 | Civic B/C |
| SC5  | Improving practice in working with families affected by paren-              | 25.11.14 | 9.30—16.00 | Civic B/C |

**December 2014**

| BA1  | Introduction to Child Protection                                           | 2.12.14  | 9.30—16.00 | Civic B/C |

**January 2015**

<p>| BA2  | Child Protection Refresher                                                  | 07.01.15 | 9.30—13.30 | Chaucer Centre |
| BA1  | Introduction to Child Protection                                           | 13.01.15 | 9.30—16.00 | Civic B/C     |
| SC12 | Sexual Exploitation: Identifying the need and risks of children and young people in Safeguarding. | 21.01.15 | 9.30—16.00 | Civic B/C     |</p>
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**February 2015**

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Bookings to be made online via

www.merton.gov.uk/lscbtraining
Available online courses

Awareness of Child Abuse and Neglect

These courses cover a variety of child protection and safeguarding children issues and are suitable for anyone who comes into contact with children. They aim to inform about the various types of abuse or neglect to a child and then explain what you must do if you suspect that a child is being abused or neglected. The versions, which contain differing levels of detail, are: Introduction, Foundation, Core, Police, Young People and Think Safe, Be Safe, Stay Safe.

Safeguarding Children Refresher Training

It is a statutory requirement for anyone who works with children to update their knowledge of legislation and guidance and maintain the ability to act on concerns about the safety and welfare of children and young people. The government guidance suggests that refresher training should take place very three years. Whilst necessary, this can be costly for organisations and frustrating for staff, who may have heavy case loads and find it difficult to get away from work to attend a refresher course.
Available online courses

eSafety - Guidance for Parents and Practitioners

Technology is affecting younger age groups. Whereas earlier generations had to be content with dressing up as a cowboy or princess, nowadays instead of using toy guns, boys and girls are armed with games consoles, mobile phones and the monster weapon that is the internet. Children don’t only have access to technologies at home; ICT is embedded across the curriculum, so with such exposure children typically have a lot of confidence. However, their knowledge of the risks and dangers may not be high.

For more information, and to register for one of these courses, please visit http://mertonscb.safeguardingchildrenea.co.uk
For any queries, please contact Sheena or Sharon
  e: mertonlscb@merton.gov.uk
  t: 020 8545 4866