‘Rosie’ a child protection simulation to assess neglect & work with complex cases in the UK

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Module purpose

The ‘Rosie 2’ case study in this module allows students to engage in the complex topic of child neglect. In the UK neglect is the main concern in 43% of child protection plans (Brandon et al, 2014) and it is a background feature in many Serious Case Reviews (Brandon et al, 2013). Other relevant research: Cuthbert et al, 2011; Department for Education, 2010; Department for Education, 2011a; Department for Education, 2011b; Moran, 2011; Daniel, 2015).

Through its simulative features, it will provide key research and theory which should guide the management of child neglect and will identify important practice relevant issues. This module has been written for MA level study. These power point slides give you an introduction to the content of the module – assessing families, working with them and thinking about the importance of the child or children and considering their world’s and experiences.

This module does not give you access to Rosie 2 for copyright reasons – it just gives you a short film of scene 2 in the garden where you meet the family.

If you would like to access and purchase the entire ‘Rosie 2’ simulation for teaching and learning purposes (quoting the word ‘Erasmus’ for a discounted rate) please contact ccp@kent.ac.uk
The Rosie 2 scenario – background to the case

- The case involved the *McGraw* family. Trevor is 12, Rosie is 9 and there are twins aged 10 months; and there is a new baby on the way. Connie has a new partner, Del, who is the father of the unborn baby. The father of the twins is unknown and he has not had any contact with them. Danny (Trevor’s father) has just been released from prison for sex offences against Rosie and he wants to establish contact with his son, Trevor. This is not permitted under the terms of his license. The family has just had a change of social worker (the fourth one) and he Andrew (a black African social worker) is undertaking a joint visit with Beth, (a white health visitor) to introduce himself to the family and establish some ground rules as the case has been allowed to drift recently. Due to time pressure Beth and Andrew have not had time to meet up prior to the visit. Connie now lives with her mother Tiffany and partner Barry. The Educational Welfare Officer is now also involved in the family because of Trevor’s non-school attendance. How will the professionals work together and share information in this complex family situation and what theoretical frameworks can be used to interpret the behaviour and actions of the family members and the professionals who are involved?
Meet the family......right click on the black screen to press play...
Family genogram
Prevalence of neglect

- Neglect is the main concern in 43% of CPP in England (DfE 2015)
- Following assessment neglect is identified in 16.5% of all family assessments (DfE 2015)
- It is a background feature in many SCR (Brandon et al 2012/3)
- The combination of neglect factors in some families make in utero, babies, young children and teenagers particularly vulnerable to neglect including families with 4 or more children, a mother with low self esteem, invisibility of some men in some families (Brandon et al 2010; Davies 2011)
- Neglect was evidence in the majority (60%) of SCR between 2009-11 (Brandon et al 2012)
What are the key issues in child neglect? (what does the child need me to do?)

- The impact of unmet needs on children and the severity of this
- Developmental & well being effects on children
- Parental omissions or deficits & if they will accept help and make changes ‘complex inter-play of factors for parents’ (Brandon 2008)
- Do professionals recognise it and then respond? How do they respond?
- This is often linked to the debate and anxiety about thresholds – are they neglected enough?
- What does intervention look like?
- Lack of consistency across UK

(Daniel 2015: ‘Why have we made neglect so complicated?’)
How to work more effectively

- More rigorous approach to charting children’s development and progress and using this in court
- More overt use of contracts with parents
- Key yet specific problems need to be directly addressed
- Therapeutic help needs to be targeted to children
- Cases need follow through & consistency
- Not awaiting a ‘trigger event’ before intervening
- To be aware of start again syndrome and giving too many chances
- Assessing for real parental engagement
- Clear case recording for court
- Be mindful of inappropriate case closure
- Joint visits with a fresh pair of eyes

(Farmer & Lutman 2015)
Additional reading on neglect...

• Link to SCR findings in the UK  https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/serious-case-reviews/


• A service or initiative which focus on managing neglect is SafeCare in the UK –  https://www.childwelfare.gov/topics/preventing/programs/homevisitprog/safe-care/#state

• Brandon, M., Bailey, S., Belderson, P. and Larsson, B. (2013). Neglect and Serious Case Reviews. London: NSPCC.
Assessing risk

- ‘Rosie 2’ (and all our simulations) is about assessing risk to children and young people.
- And about helping your professionals assess risk, discuss risk and reflect on this risk.

**EXERCISE:**
- a) what are the assessment tools your teams use?
- b) what are strengths and weaknesses of these tools?
Assessment Framework

CHILD Safeguarding & promoting welfare

CHILD'S DEVELOPMENTAL NEEDS
- Health
- Education
- Emotional & Behavioural Development
- Identity
- Family & Social Relationships
- Social Presentation
- Selfcare Skills

PARENTING CAPACITY
- Basic Care
- Ensuring Safety
- Emotional Warmth
- Stimulation
- Guidance & Boundaries
- Stability

FAMILY & ENVIRONMENTAL FACTORS
- Community Resources
- Family History & Functionality
- Income
- Employment
- Housing
- Well Family

Theoretical approaches to working with neglect

- **Attachment theory:** emphasis upon infant – carer relationship and identification of attachment styles. (slides 25-42)

- **Systems:** the individual is affected by an interaction between the micro and macro factors surrounding him/her: from the intimate, close family relationships to the broader economic, political and cultural factors (slides 43-53)

- **Mentalisation** is a concept which requires you to invest significant time in understanding the caregiver in order to support the child; to try and understand why it is that they are behaving the way that they are. At the heart of mentalisation is the intimate emotional relationship between the infant and caregiver (slides 54-67)

- These are key theoretical approaches to working with families with neglect
Mentalisation...

‘The majority of parents who maltreat their children have problems mentalising their children’s psychological condition. Their own histories tend to be ones of rejection, abuse, neglect, trauma and loss. Never having been fully recognised as an independent, complex psychological being themselves, they have problems relating to their children as complex, separate psychological beings. (Howe 2010:336).


For additional reading on mentalisation see:

Working with men in complex families...

• Connie is currently pregnant by a ‘new’ partner, Del, who is at this stage ‘invisible’ to the professionals. Barry, Tiffany’s partner is also a largely unknown element, although we do know from the email from the probation officer in Scene 1 that he has been in prison. We know from ‘Rosie 1’ that Rosie has had contact with her biological father, Bruce, in the past but what is not known is if he is still in the picture for her and is this something Andrew, the new social worker, is aware of and will assess? The ‘invisibility’ of men in families has been well researched in recent years (Brandon et al 2009; Featherstone, 2009). Also see the July/August 2012 Special Issue of the Child Abuse Review Journal entitled ‘Fathers’.
Questions to consider on working with men...

• Why is the involvement of men, fathers or social (grand) fathers, in assessments, so important?

• What are the barriers to engaging men effectively? How can we best manage challenging behaviour from male service users: aggression, substance misuse, controlling characteristics?

• What do we need to know about us as individuals before we can look at improving our practice in this area?

• How can certain theories (e.g. hegemonic masculinity/feminism) help us better understand this area?
Indicative reading on working with men....


• Focusing on young men; developing integrated services for young fathers Special Issue of 'Child Abuse Review' (2012): articles on men and CP.
Practice skills in working with Rosie’s family

• In terms of professional interpersonal skills these are highlighted as being ‘the key to effective interventions’ (Brandon et al 2009:14) in child protection. The skills of Andrew, the social worker are stretched across a range of different interactions requiring different skills. At a micro level we see Andrew manage a first joint visit with another professional; negotiate the family gathering in the garden; undertake a first interview with Connie; tackle the disguised compliance of Tiffany; balance scepticism against over-optimism at various points; communicate with Barry, who is drunk and then finally, interview Rosie. All the while he is assessing aspects of parenting style, strengths and weaknesses of Connie and deciding if 4 children and an unborn baby are safe in the family. He also has to work out what protective factors, if any, are present in the family. This is a broad range of skills.
“it matters what kind of emotional climate social care and health professionals generate when they work with parents of children about whom there are concerns of abuse or neglect. Although workers attempt to form partnerships and good relationships with parents, the work remains difficult, complex and often fraught. Many parents will resent the worker’s involvement and show resistance and hostility. If, in response, the worker becomes more defensive, bureaucratic and impersonal, the less likely it is that either party will be open, constructive, or collaborative. Tension is likely to rise, and few of us function well when pressure is too high. We feel more and think less. Anxiety increases, and anxious people are less able to empathise and listen. Anxious people also feel less safe, less in control and more wary. In their efforts to regain control, increase predictability and reduce stress, workers are liable to resort to power and procedures, while parents retreat and disengage.” (Howe 2010; 331)
Direct work with children...

- *Rosie* allows for an examination of how we carry out direct work with children of different ages, from the pre-verbal to the adolescent, both groups being high risk in terms of at risk (Ofsted, 2011). It remains fundamental that all children need to be seen and spoken to alone (Brandon et al, 2009), although research indicates that we spend very little time with children alone (Ferguson, 2014) and do not feel that we are equipped with the relevant skills and knowledge in this area (Handley and Doyle, 2014). Crucially it is important to be able to reflect upon what it is like to be a child living in this house with this family, and again the work of Ferguson (2010, 2011) is relevant. The consideration of space is important here. What is the experience for a child living in a neglectful, abusive home?

Beyond ascertaining wishes and feelings, it is about understanding their *inner world* of the child (Winnicott and Kanter, 1997; North, 2014). There are many DW techniques and we need to consider that they are young person friendly, contemporary and age appropriate?

- Research indicates that we are not skilled enough in this area (Munro, 2011; Laming, 2009; Handley and Doyle, 2014).

A key activity for this week will centre around the ‘ReMoved’ video which was designed for training foster carers – see below for access:  
[https://www.youtube.com/watch?v=IoEU4UwdAjE0](https://www.youtube.com/watch?v=IoEU4UwdAjE0)
Questions on direct work with children

• Describe what it might be like for the girl in the ReMoved video.
• Describe what it might be like for her younger brother.
• What would you need to feel confident in undertaking direct work?
• Reflect upon *spaces* when undertaking direct work.
Indicative reading on direct work with children


Making decisions on complex families......

• In cases of neglect, it is very easy for students to pass judgements, particularly where nothing seems to be improving. Although it must be noted that relevant action must be taken where children/young people are persistently being neglected (this relates to the threshold discussion mentioned earlier), it must also be noted that families are provided with adequate opportunities to engage with relevant services and are given sufficient time and support to make the changes. Students must recognise the existence of a ‘complex inter-play of factors for parents’ (Brandon et al, 2008).
Making decisions on families with neglect...

Students must become familiar with relevant resources available to support families and adopting a proactive approach in neglect cases as identified by Farmer and Lutman (2010):

• More rigorous approach to charting children’s development and progress and using this in court
• More overt use of contracts with parents
• Key yet specific problems need to be directly addressed
• Therapeutic help needs to be targeted to children
• Cases need follow through and consistency
• Not awaiting a ‘trigger event’ before intervening
• To be aware of start again syndrome and giving too many chances
• Assessing for real parental engagement
• Clear case recording for court
• Be mindful of inappropriate case closure
• Joint visits with a fresh pair of eyes
Attachment Theory
attachment system and behaviours

• Safe haven
• Secure base
• Separation protest
• Proximity seeking
Contemporary insights on the background to Bowlby’s attachment theory

- Although it took him 30 years to formulate fully, his initial interest was in parent-infant separations in
  - Institutional care
  - From parents/carers
- Agreement that optimal development occurred when an infant experiences a “warm, intimate and continuous relationship with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment” (Bowlby, 1951, p. 13).
Brief outline of attachment concepts (NICE Guidelines 2016)

- “Infants are born equipped with a range of innate behaviours to maximise their survival. Attachment behaviour allows the infant to draw others towards them at moments of need or distress (Fonagy et al., 1995).

- When infants (or indeed adults) are frightened, stressed, feel unwell or are under threat, their attachment system is alerted. Infants in this state will initiate proximity seeking behaviours (such as crying, clinging, or following with their gaze in babies; more verbal or sophisticated behaviours in older children) towards their primary attachment figure (normally a parent or the main caregiver).”
Brief outline of attachment concepts (NICE Guidelines 2016)

- “Once proximity and reassurance have been achieved, the attachment system can be deactivated. Seeking help and the different approaches an individual uses to obtain help constitute the building blocks of the attachment process.

- Even if this relationship is strained for reasons such as poverty or domestic abuse, the child can form ‘attachment-like’ relationships with other adults, for example their teachers (Bergin and Bergin, 2009)”

- The introduction of the notion of Attachment Difficulties (and the need to distinguish between ‘D’ Behaviours and ‘Attachment Disorders’)
“Through interacting with others, infants learn about their role within the relationship and in time they begin to make sense of their own psychological states and those of others (Fonagy et al, 2002)

These early attachment relations are thought to be crucial for later social relationships, the acquisition of capacities for emotional and stress regulation, self-control, mentalisation and emotional maturity.
Misconceptions: how we sometimes misinterpret attachment concepts (not in the NICE Guidelines but well worth thinking about)

(from Main, Hesse and Hesse, 2011, Attachment Theory and Research: Overview with suggested applications to child custody, Family Court Review, 49,3.)

- An adult needs to have been present from the infant’s birth in order for the infant to form a secure attachment to that adult.
- The “window of opportunity” for the formation of a secure attachment, endures only throughout the first three years of life.
- The amount of time spent with a child is the most important element in forming an enduring attachment relationship.
- A young child needs more than one attachment figure readily available.
- The great majority of parents, as well as infants, are secure.
- An infant who is insecure with a particular parent is not attached to them.
Misconceptions: how we sometimes misinterpret attachment concepts (not in the NICE Guidelines but well worth thinking about)

(from Main, Hesse and Hesse, 2011, Attachment Theory and Research: Overview with suggested applications to child custody, Family Court Review, 49.3.)

- Infants cannot be attached to maltreating individuals.
- A child who avoids the parent on reunion, or is “distant” following a major separation, has lost interest in the parent.
- Where parent and child have been separated for a long time, only the child will become “detached”.
- The child’s initial “avoidance” of a “visiting” parent seen in infancy and toddlerhood shows a growing lack of interest in that parent.
- Taking a child out for a meal or to see a film is typically all that is needed during “visits”.
- Children can be “overly” or “too strongly” attached to a particular parent.
Misconceptions: how we sometimes misinterpret attachment concepts (not in the NICE Guidelines but well worth thinking about)

(from Main, Hesse and Hesse, 2011, Attachment Theory and Research: Overview with suggested applications to child custody, Family Court Review, 49,3.)

- An insecure parent—i.e., one whose background presently limits or distorts their expressions of affectionate responsiveness—can do little to promote their child’s well-being.
- Only infants and children can be described as “attached”.
- If a child exhibits distress upon being re-united with the residential parent, this indicates that there is something wrong in the relationship.
- (These authors, and the NICE guidelines, add some important about ‘D’ behaviours which I will now try and summarise)
Recent developments around D behaviours

- There appear to be three different 'pathways' to disorganised attachment behaviour:
  - *Abusive Parental Behaviour* experiences, such as physical or sexual abuse and some kinds of emotional abuse or neglect.
  - *Unintentional Parental Maltreatment*, comprising caregiving which is inadvertently frightening to the child, extensive unplanned care, frequent over-night separations, the combined effect of socio-economic risk factors, gene-environment interaction etc.
  - *Pathways Involving No Maltreatment*, such as some children with autism (but as yet it isn't clear precisely what the mechanism is that produces D behaviours)
- At the root of D behaviour appears to be that the child cannot gain any comfort when experiencing high levels of fear or stress.
- What the family will often need is help to understand and then stabilise (i.e. 'un-disorganise') the child's attachment system. Ignoring D behaviours is likely to lead to developmental problems later on.
Contemporary insights on the background to Bowlby’s attachment theory

- ‘Ainsworth’s most basic finding in Uganda was essentially unexpected. Having learned to associate insecurity in infancy with major mother-child separations from her earlier work with Bowlby and Robertson, she was initially surprised to find that—even absent such experiences—some children’s attachments appeared to be insecure. States of insecurity were identified by crying even when the infant was in the mother’s presence …’ (Main et al, 2011, p.432).
Contemporary insights on the background to Bowlby’s attachment theory

- ‘An attachment is one of a sub-set of bonds which tie one individual to another specific individual, binding them together in space and enduring over time.

- For reasons involving our evolutionary heritage, unless raised under highly anomalous conditions, first attachments to one or a few selected individuals are typically formed by three years of age, and usually within the first year, a fact which has been confirmed across widely differing cultures (van IJzendoorn & Sagi-Schwartz, 2008)’ (Main et al, 2011, p.437)
Contemporary insights on the background to Bowlby’s attachment theory

- ‘For young children, an attachment may be described as a bond which serves to focus attention on the physical whereabouts or accessibility of one or a few selected, non-interchangeable older individual(s), whose proximity can then be sought in times of danger or fright. (Main et al 2011, p. 437)’

- ‘Accordingly, a persistent tendency to monitor the whereabouts of a particular individual, and a propensity to take flight to them in times of perceived danger—whether or not behaviorally expressed—is an index that an attachment to that person has been formed ...’
Contemporary insights on the background to Bowlby’s attachment theory

- ... It should, of course, be noted that some separation environments are not necessarily regarded as threatening (e.g., well-supported daycare environments to which an infant or toddler has been carefully introduced) (Main et al 2011, p. 437)

- Bowlby proposed that most children have a “primary” attachment figure, but that (a) this can certainly be the infant’s father rather than the mother and (b) non-related persons can readily become primary attachment figures. Hence, adoptions pose few special problems, (Main et al 2011, p. 438)
Brief outline of attachment concepts

- “Once proximity and reassurance have been achieved, the attachment system can be deactivated. Seeking help and the different approaches an individual uses to obtain help constitute the building blocks of the attachment process.

- Even if this relationship is strained for reasons such as poverty or domestic abuse, the child can form ‘attachment-like’ relationships with other adults, for example their teachers (Bergin and Bergin, 2009).

- The introduction in the NICE Guidelines of the notion of Attachment Difficulties (and the need to distinguish between ‘D’ Behaviours and ‘Attachment Disorders’).
Brief outline of attachment concepts

- “Through interacting with others, infants learn about their role within the relationship and in time they begin to make sense of their own psychological states and those of others (Fonagy et al, 2002)

- These early attachment relations are thought to be crucial for later social relationships, the acquisition of capacities for emotional and stress regulation, self-control, mentalisation and emotional maturity.

- Therefore, a child who develops insecure or disorganised attachments, possibly due to neglect or being placed in numerous foster care homes, is more likely to struggle in these areas and to experience emotional and behavioural difficulties.”
Two key tasks
(from Schofield and Beek)

p.21

Although it is painful to do so, the capacity to project oneself into the mind of a child who has been maltreated is important. It is from this starting point that caregivers can begin to think about the child’s beliefs and expectations of her/himself and others and to reflect on how this might connect with her/his current behaviours.
Two key tasks
(from Schofield and Beek)

p.22

... there is really no substitute for a containing relationship with a thoughtful, reflective (carer), who can bear the pain and cope with the complexity of thinking about the child’s history and current behaviours accurately, without distortion and without being overwhelmed ... An important first step is that of naming feelings
SYSTEMS THEORY, COMPLEXITY
THEORY & FAMILIES

Professor Jane Reeves
For the Erasmus Project
“Eileen Munro is an academic and former social worker. She was invited by the Secretary of State for Education to “conduct an independent review to improve child protection” in England (Department for Education, 2010b). The invitation stated that, “the system of child protection in our country is not working as well as it should. We need fundamentally to review the system” (ibid.) and in June the Parliamentary Under-Secretary of State for Children and Families announced the Review’s launch to Parliament (Department for Education, 2010d).

The aim was to “look back at past reforms to explain what has happened, with systems theory providing a strong basis to build the Review’s understanding” (Munro, 2010, p. 10). To do this, the first report advocated systems thinking and described the broad relevance of its underlying theory. During the Review, systems thinking was used to consider a large number of factors as well as links between factors. As an example of this, we undertook an analysis of the broad effects of past policies.” (2016:614)
Families are perceived as living systems and continually alter depending upon dynamics and relationships within and outside of the family.

• Change impacts and reverberates around the system in unpredictable ways.

• The dynamics of change is a central feature to consider when assessing families.

• Dealing directly, or only, with the problem presented can lead to another issue developing and the use of systems theory can help prevent this.

• In terms of the family the parts of the family are interrelated. One part of the family cannot be understood in isolation from the rest of the system. Family functioning cannot be fully understood by simply understanding each of the parts separately.

• A family’s structure and organisation are important factors that determine the behaviour of family members.

TAKEN FROM STEVEN WALKER: "EFFECTIVE SOCIAL WORK WITH CHILDREN, YOUNG PEOPLE AND FAMILIES: PUTTING SYSTEMS THEORY INTO PRACTICE."
In family terms there will subsystems within every family which will have their own boundaries. Examples of possible subsystems are those of parental, marital or sibling. There can also be grandparent subsystems and the existence of a suitable hierarchy between the various generations is important here.

Families will also be influenced by wider ‘macro’ community and societal systems including education, criminal justice and the law.

Munro, in her reviews in the UK, confirmed that a systems perspective offers the most holistic tool for undertaking informed assessment work that takes into full account the wider environmental factors combined with the inter-personal relationship patterns influencing family experience.
CONCEPTS CONT...

• It is an ecological approach in that it posits not just that individuals are inter-linked within families but also that families are inter-linked in communities that are in turn inter-linked with classes, ethnic groups and cultures.

• It is a foundational assumption of systems theory that problematic behaviour is conceived of as forming part of a reflexive, circular motion of events and behaviours without a beginning or end. Being able to spot this circular process and articulate it in a meaningful way with an individual or family offers a positive way forward. This releases the social worker and the family so they are able to think beyond linear causality and blaming or scapegoating behaviour.
CRITIQUES OF THIS APPROACH

• It can often remove ‘blame’ from abusive situations and apply them to the system of relationships within a family. Consequently it is important to realise that when using this conceptual framework where abusive adults use grooming behaviour and their power to abuse children and young people the perpetrator us to blame. In these child protection cases, and in domestic violence situations, the motivation and responsibility will need to be firmly located with the perpetrator who may need to be removed physically from the family system.
“A systems theory approach suggests that by knowing about the component parts of the system, and by analysing how these interact with each other, an intervention can be applied in one part of the system which will have a predictable effect on another part of the system. This may be the case for closed systems but not for open systems. Complex adaptive systems are open systems which are organic, dynamic wholes. Systems theory would suggest that an input to the system will have an equal and equivalent output. Complex adaptive systems, because of their state of being far from equilibrium, are prone to abrupt changes. Such a system may be responsive to feedback but the value of the input to the system does not necessarily lead to an equivalent output. A tiny change in one component of the complex adaptive system may lead to massive unpredictable changes, or, indeed, it may not lead to any change.”

(2008: 1323)
FEATURES OF COMPLEXITY THEORY

• Complexity theory, like systems theory, is about change but it is also about the practitioner seeing themselves as part of the complex, changing system and that they can influence change.

• Any system is not fixed as it changes over time and complexity theory sets out that whatever is seen in a family is only a snapshot and the practitioner needs to understand this.

• Complexity theory is about non-linear understanding – see quote.

• It is a non-predictive but rather indicative model.
“A practitioner trying to operate a system of risk assessment in child protection from a stance of adding up the risk factors is applying linear understanding. In linear understanding, A plus B always equals C. Complexity theory suggests that this is not an adequate way to deal with complex phenomena, such as assessing the risk of harm to a child. This is because the development of complex adaptive systems is not a linear process. It is non-linear. In other words, action A plus B may lead to action C, but it may also lead to actions D, E and/or F. On the other hand, it may lead to no change.” (2008 :1324)
“A simple example of this in fieldwork might be placing a child on a child protection register. At the level of the organization, a particular set of inputs would be arranged with the express outcome of protecting the child from harm. This would perhaps entail that the social worker makes an agreed number of visits per week to the family home. The visits should create a space for the practitioner to monitor and work with the family. The intended outcome of this intervention should be that the child remains safe.... However, the family within its wider social and physical environment is a complex adaptive system and, as such, the safety of the child cannot be guaranteed using purely linear understanding. Factors such as changes in the family unit and its environment over time, or even a change in the feelings or behaviour of the practitioner him or herself, must also be accounted for.” (2008; 1325).
Comparing systems theory and complexity theory in relation to the Rosie case study... in complexity theory we are considering factors and behaviour that lead to instability

**Systems**

- Intervention can be applied to one part of the system may have a predictable effect on the other.

- Example – putting in a targeted support worker from Homestart into Rosie’s family could improve outcomes for the children in the family

- Belief that worker intervention lessens the likelihood of child abuse

**Complexity**

- Complex systems like families may not have a predictable outcomes. They are adaptive and change over time – small changes can have big impacts

- Example the support worker may change the behaviour of family members actually **increasing** the risk to the children

- The home visit itself my destabilise the family and cause abuse
MENTALISATION

“THE CAPACITY TO UNDERSTAND OURSELVES AND OTHERS IN TERMS OF INTENTIONAL MENTAL STATES”
(FONAGY AND LUYTEN, 2016)
MENTALISATION

- Visual slides are from lectures given by Peter Fonagy

DEFINITION

- The gist of mentalising is ‘holding mind in mind’ ... We are mentalising when we are aware of mental states in ourselves or others – when we are thinking about feelings, for example ... More elaborately, we define mentalising as imaginatively perceiving or interpreting behaviour as conjoined with intentional mental states
- You are mentalising when you’re aware of what’s going on in your mind or someone else’s. You’re mentalising when you puzzle, ‘Why did I do that?’ or wonder ‘Did I hurt her feelings when I said that?’
Which response is more mentalised?

- Do you want your nappy changed? *(this one!)*

- Do you have a wet bottom?
Seeing oneself from the outside and others from the inside
Some teams are beginning to advise contact supervisors to assess mentalisation and emotional attunement. This guidance includes prompts like,

- 'For infants, does parent help interpret presumed internal state using exaggerated expressions & tones? and
- 'Does parent show a willingness to understand their child? Is the parent able to speculate on child's feeling states?'

Try asking – but without hectoring - ‘What do you think I make of what you just did/said?’ (always reveal this later though)
By maintaining curiosity about what psychological traffic is passing between the parent and child, the worker needs to be prepared to ask specific, clarifying questions to the parent rather than maintaining a strictly passive, observational stance.

Ask questions like, 'So, what's your child thinking/ feeling here?' 'What do you think that cry means?.....Is she upset about something in particular?...What's in her mind here?'

PRACTICAL MEASURES
SlaDE 2002; SlaDE et al, 2004) Minding the Baby

- Arieta Slade begins by helping parents merely contemplate the child’s basic mental states (e.g. a feeling)
- Then she helps them appreciate how mental states underlie behaviour
  - she is fussy not because she is ‘mean’ but because she is ‘hungry and tired’
- She then moves on to the dynamic relations between two individuals’ mental states (e.g. the parent’s anger frightens the child and the child’s fearfulness further irritates the parent).
‘Understanding that the baby has feelings and desires is an achievement for most of our mothers’ (Sadler et al 2006, p.280)

One mother, for example, began to tease her child when he cried after catching his finger in the door:

- “You’re a faker” she exclaimed, mocking him. The home visitor gently spoke for the baby: “Ooh, that hurt. You’re kinda scared and want Mommy to make it feel better”.

Thus, she was first trying to help mother to accurately perceive the child’s intention.
Leiberman (1997) described a three-year-old boy who came for assessment;
- his punk haircut was complemented by a black leather jacket with a skull-and-bones insignia on the back, looking like “a diminutive gang member” (p.108) notwithstanding his shy and withdrawn demeanour.

The mother had a history of violent relationships with men and her son was conceived during a rape at gunpoint. When the child was tearful and tried to climb on her lap after she returned from the bathroom, she told her worker, “See? What did I tell you? He just pretends to need me, but he is really mean” (p.108).
THE MENTALISING ‘STANCE’

- When the person is in the midst of strong emotion you should assume that you are the unwitting cause of the problem until proven otherwise
  - ‘What have I just said or perhaps implied that might have offended you?
  - What have I done that has agitated you in this way?
  - Tell me about it so that I can understand what I have done.
Attachment trauma promotes a defensive withdrawal from the mental world
  • at worst, a phobic avoidance of mentalising.

Awareness of the mind of the abuser is terrifying to the child because ‘s/he will be confronted with attitudes toward himself which are extremely painful to recognise: hatred, cruelty, indifference.
‘Attempting to make sense of other peoples feelings and behaviour is more than an intellectual event. It is an act of compassion. Rather then feel exasperated or confused with difficult and demanding clients, the social worker who tries to understand what is happening is more likely to show patience and develop humane practices’
Example 1:

A child is left for hours in a dirty nappy that is visibly heavy and in need of changing.

Parent may be aware that it needs changing but is incapable of placing themselves in their child’s shoes and considering how uncomfortable that might feel for the child.
Example 2:
A parent lives in a cold flat and often walks around in a thick jumper but she lets her toddler walk around in just a nappy.

The mother is not cold... so she fails to recognise that the baby might be.

Example 3:
Parent does not feed their child as regularly as they need to simply because the parent themselves is not hungry.