# AGREE / DISAGREE

Read the following statements and rate each statement on a scale of 1 to 10 with 1 being most strongly disagree/ 10 being most strongly agree. Carry out task individually

A	There is no point seeing children under five years old because they can't understand the process and it is unlikely that you will get much information from them anyway.	
B	The strict timescales that safeguarders work to mean less time with children.	
C	With disabled children it is better to talk to someone who knows them rather than meeting them.	
D	Unannounced visits to family homes is a good idea as you will get a more accurate picture of their life.	
E	If you can gather all the information that is required for a report from the papers and other interviews it is not always necessary to actually see the child.	
F	Some situations are just so sensitive or horrific that it is completely inappropriate to involve children and gather their views.	
G	If you are working with a teenager who refuses to engage with you, there isn't much you can do about it. You just have to do the investigating without their input.	
H	It is a good idea to see a child at nursery or school.	
I	You should always share the recommendations of your report with children and families before they get the papers.	
J	Sharing recommendations with social work prior to a hearing may be seen by others as a lack of independence.	

Attachment, Trauma and Resilience

Knowledge we need for safeguarding children

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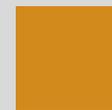
Five to Thrive

Safeguarding children through recognising the impact of unmet attachment needs

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Survival from the start

- Living things want to go on living and are born with survival behaviours

- Human babies cannot survive without adult care

- They are born with behaviours that grab the attention of adults to make sure the baby survives

ATTACHMENT BEHAVIOURS

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knowledge that changes lives

Building brains

- If attachment needs are met babies feel safe and secure

- The brain and nervous system of the baby mirrors the state of the brain and nervous system in the adult (attunement)

- This attunement patterns the baby brain which doubles in size in year one

- It takes twenty five years for the human brain to reach maturity

Attachment needs and Five to Thrive

For healthy brain development the baby needs adults to:

- Hold them in mind
  - RESPOND

- Soothe them
  - CUDDLE/ENGAGE
  - RELAX

- Stimulate them
  - PLAY
  - TALK

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Five to Thrive is KCA's model …

TALK TALK
PLAY
RELAX RELAX
CUDDLE CUDDLE
RESPOND RESPOND

… to help people understand how connected relationships build brains

■ Science-based
  ▪ Drawing on current neuroscience

■ Accessible
  ▪ Simple but not simplistic
  ▪ Can be understood at many levels

■ Engaging
  ▪ Parents and professionals alike recognise the model as valid in relation to their own life experience, not just in theory

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Five to Thrive

This sequence can happen in the blink of an eye

We have identified five key parental activities which actively develop baby brains through mindful soothing and stimulation

- Responding and assessing needs
  - Five to Thrive key word: **RESPOND**

- Connecting and engaging
  - Five to Thrive key word: **CUDDLE / ENGAGE**

- Self-regulating stress
  - Five to Thrive key word: **RELAX**

- Being playful
  - Five to Thrive key word: **PLAY**

- Creating a narrative
  - Five to Thrive key word: **TALK**

knowledge that changes lives

Unmet needs and behaviour

RESPOND

Children may

- Lack any fundamental sense of safety – high risk or risk averse

- Demand attention

- Have bonding difficulties

- Try to control others

- Be unduly dependent/independent

How might these behaviours interact with difficulties the adults may be facing?

Meeting the need

Adults can

- Learn the particular signs and signals that the child needs to connect to an adult

- Be willing to make a connection even when children are hostile or unresponsive

- Notice the adult(s) with whom the child feels safe and support that adult in responding to the child

Are the parents/carers able to meet this additional level of developmental need?

Copyright

RESPOND

Unmet needs and behaviour

Children may

- Have difficulty recognising feelings in self or others

- Lack motivation for social interaction

- Be unable to develop empathy

- Fail to recognise social cues

- Be unable to use words for feelings

How might these behaviours interact with difficulties the adults may be facing?

Meeting the need

Adults can

- Notice how the child reacts to adult proximity, to being touched and to eye contact
  - What comforts them?
  - What overwhelms them?
- Try different ways of helping the child to engage with an adult
  - Standing close, sitting, being side by side, walking together

Are the parents/carers able to meet this additional level of developmental need?

Unmet needs and behaviour

Children may

- Have difficulty regulating stress
  - Hyperarousal
    - *Vigilance, reduced attention span, concentration, memory*
  - Dissociation
    - *Switched off, reduced sensory awareness, impaired memory*
- Have difficulty regulating emotions
  - Panic, rage or disconnection

How might these behaviours interact with difficulties the adults may be facing?

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Meeting the need

Adults can

- Practise self-regulation and relaxation
    - Managing breathing
    - Self-talk
    - Posture and movement
- Consciously self-regulate in the presence of the child
    - Match the child's emotional state (in type, not quantity!) and then self-regulate stress and feelings

Are the parents/carers able to meet this additional level of developmental need?

Unmet needs and behaviour

Children may

- Be unable to enjoy reciprocity
  - Co-operation and turn-taking

- Be unable to manage destructive impulses or shame
  - Unable to account for their actions
  - Unable to benefit from discipline based on rewards and sanctions
  - Highly reactive or switched off in response to criticism or praise

How might these behaviours interact with difficulties the adults may be facing?

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Meeting the need

Adults can

- Notice their own non-verbal communication
  - Facial expression
  - Body language
  - Tone of voice

- Consciously use non-verbal communication to connect with the child

- Practise playfulness

Are the parents/carers able to meet this additional level of developmental need?

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Unmet needs and behaviour

Children may

- Find it difficult to understand accurately what is said to them

- Not understand negative instructions

- Be unable to distinguish between fact and fantasy

- Have difficulties with understanding and managing time

- Have impaired thinking skills

How might these behaviours interact with difficulties the adults may be facing?

TALK

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knowledge that changes lives

Meeting the need

Adults can

- Listen to the child and build on their existing language and communication

- Give positive instructions

- Recognise the importance of a flow of narrative through the day

- Use story telling, poetry and rhyme, singing

- Check comprehension

- Use repetition

Are the parents/carers able to meet this additional level of developmental need?

When attachment needs are met …

… you may observe, at an age-appropriate level:

- **Respond**
  - Feeling safe, belonging, having at least one safe adult

- **Cuddle / engage**
  - Connecting to the safe adult physically and emotionally

- **Relax**
  - Having the ability to regulate stress and emotions safely

- **Play**
  - Demonstrating social reciprocity and regulation of impulses

- **Talk**
  - Having well-developed thinking and communication skills

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How can understanding attachment help you in protecting children from harm?

- Think about your own role in safeguarding children
  - Jot down two or three key words to describe that role

- How does your understanding of attachment make you a more effective protector of children?
  - Think very specifically about what constitutes really effective practice in your own particular role

- Share your ideas with other people
  - Make a note of any key points arising from your discussion
  - Be prepared to share your ideas with the wider group

Mending Hurts

Safeguarding children through recognising what children need to recover from trauma

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The impact of toxic stress

- **Stress is essential for our survival**
  - Healthy (regulated) stress – day-to-day functioning
  - Toxic (unregulated) stress – threat response – trauma
- **Toxic stress reduces blood supply to key brain areas**
  - Totally unconscious and automatic survival response
  - Flipping our lid speeds up reactions/switches off awareness
- **Most children will experience toxic stress during childhood**
  - Children with secure attachment often recover spontaneously
    - *Three key factors: safety – relationships – narrative*
  - More vulnerable children need extra help to recover

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Use your hands to imagine your brain
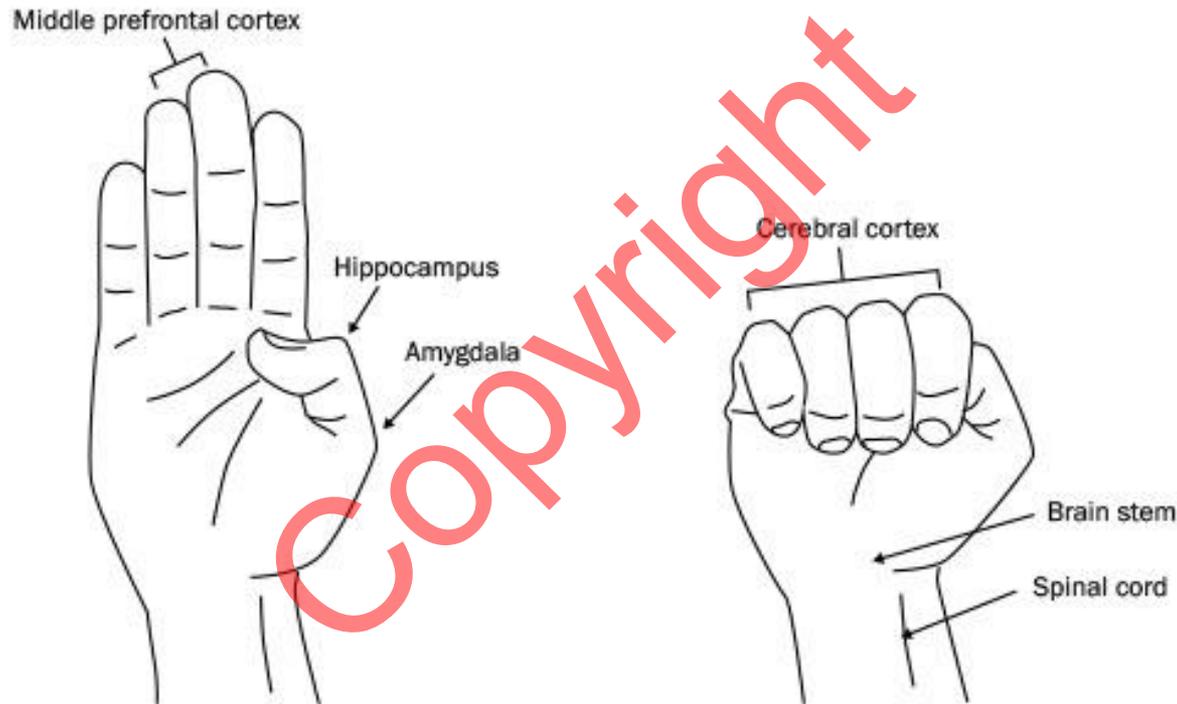
Hand model courtesy of Dan Siegel

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If we flip our lid…

… the downstairs brain

- instantaneous response

- Fight
  - Remove the threat
- Flight
  - Remove self!
- Freeze
  - Infantilise to attract adult help
  - Immobility, big eyes, smiles, perhaps incontinence

… and the upstairs brain

- strategies and behaviours

- Aggression
  - Safety through dominance
- Absence
  - Safety through concealment
- Appeasement
  - Safety through manipulation

… SURVIVING not thriving

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Putting the lid back on

Escalation

- HPA (stress) axis
  - adrenaline, cortisol, etc.
  - rising blood pressure
  - shallow breathing
  - increased muscle tension

- The downstairs brain is in charge

SURVIVAL

De-escalation

- Vagus nerve
  - oxytocin, dopamine, etc.
  - lowering blood pressure
  - deeper breathing
  - reduced muscle tension

- The upstairs brain is back in action

SAFETY

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Impairments of function after toxic stress

- Until they recover people affected by toxic stress struggle to:
  - Self-regulate – stress, impulses, shame
  - Process information accurately – make sense of the world around them or their own internal world of feelings
  - Make and maintain relationships – understand and be interested in the world of others
- To safeguard children we must think about the impact of trauma on children, parents and communities
- In addition, those who live and work with the traumatised person may be affected by secondary trauma
  - Attitudes and behaviour may change
  - The network around the traumatised child may disintegrate

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Mending Hurts is KCA's model …

… to help people understand how connected relationships enable people to recover from toxic stress

- Science-based
  - Drawing on current neuroscience

- Accessible
  - Simple but not simplistic
  - Can be understood at many levels

- Engaging
  - Parents and professionals alike recognise the model as valid in relation to their own life experience, not just in theory

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Recovery from toxic stress

- Most people most of the time recover from traumatic life events, and this <u>increases</u> resilience

- There are three phases in this recovery
    - *Not a sequence, but a repetitive relationship-based process*
  - Stabilisation
    - *Feeling safe, feeling emotionally supported, feeling understood*
  - Integration
    - *Self-regulation, emotional literacy, coherent accurate narrative*
  - Adaptation
    - *Social responsiveness, joy in living, self-esteem*

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Recovery phase one: Stabilisation

- Three levels of intervention to promote stabilisation
  - Physiological: establishing safety
  - Emotional and social: providing words for feelings
  - Cognitive: helping the child to understand about toxic stress
- At this phase of recovery the changes that happen take place first in the safe attachment figure
  - The recovering person benefits from these changes through attunement and co-regulation
- Outcome indicators
  - Feeling safe
  - Feeling emotionally supported
  - Feeling understood

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Recovery phase two: Integration

- Three levels of intervention to promote integration
  - Physiological: teaching self-regulation of stress and feelings
  - Emotional and social : teaching emotional literacy
  - Cognitive: teaching thinking and promoting narrative
- At this phase of recovery the changes that happen take place in the recovering person themselves through co-learning
  - The safe attachment figure helps, and cycles back to stabilisation if needed
- Outcome indicators
  - Self-regulation
  - Emotional literacy
  - Accurate and coherent narrative

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Recovery phase three: Adaptation

- Three levels of intervention to promote adaptation
  - Physiological: teaching social responsiveness and social skills
  - Emotional and social: enabling the development of joyfulness
  - Cognitive: building self-esteem
- At this phase of recovery changes are occurring at the interface between the recovering person and their social environment
  - The safe attachment figure helps, and cycles back to stabilisation if needed
- Outcome indicators
  - Social responsiveness
  - Joy in living
  - Self-esteem

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knowledge that changes lives

How can understanding trauma help you in protecting children from harm?

- **Think again about your own role in safeguarding children**
  - Remind yourself of the two or three key words you have chosen to describe that role

- **How does your understanding of trauma make you a more effective protector of children?**
  - Think very specifically about what constitutes really effective practice in your own particular role

- **Share your ideas with other people**
  - Make a note of any key points arising from your discussion
  - Be prepared to share your ideas with the wider group

Creating Connections
Safeguarding children through recognising the importance of community resilience

CHILD

FAMILY

SIGNIFICANT OTHERS

WIDER COMMUNITY

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About resilience

- Resilience is the ability to survive and thrive under difficult conditions
  - Resilient people continue to develop to their own potential even when circumstances are against them
- Resilience develops and is exercised through meeting challenges successfully
  - Vulnerability and resilience fluctuate
  - Resilience is always on this day at this time
- Resilience is different from coping
  - Survival but at a cost to healthy development
- Individual and social factors contribute to resilience

Creating Connections is KCA's model …

… to help people understand how connected relationships build individual and community resilience

- Science-based
  - Drawing on current neuroscience

- Accessible
  - Simple but not simplistic
  - Can be understood at many levels

- Engaging
  - Parents and professionals alike recognise the model as valid in relation to their own life experience, not just in theory

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The ecology of human development

- Human development takes place within a social network

- Bronfenbrenner identifies four ecological levels
  - Microsystem, mesosystem, exosystem, macrosystem

- We have adapted this to develop resilience mapping, identifying four different ecological levels:
  - The individual
  - The people with whom the individual lives
  - Significant others in contact with the individual
  - The wider community making decisions affecting the individual

- Resilience factors occur at all these levels

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Resilient adults – resilient children

- Traumatised children need adults who can enable them to:
    - Stabilise: self-regulate through co-regulation with the adult
    - Integrate: process information accurately, learning from the adult
    - Adapt: become socially adaptive with the support of the adult
- Parents of traumatised children are often themselves traumatised people
- Living and working with traumatised children induces stress in adults
    - In order to meet the recovery needs of traumatised children and young people, these needs must also be met in the adults who form the network around the child

Mapping resilience: human needs across the network

- Any model of need identified as valid for the child or young person will also be valid for the adults in the network, eg:
  - Recovery from trauma
    - *Nine outcomes = nine domains of resilience*
  - Six domains of childhood resilience (Daniel and Wassell, 2002)
    - *Secure base*
    - *Friendships*
    - *Positive values*
    - *Social competencies*
    - *Education*
    - *Talents and interests*

- Mapping enables resilience at each domain to be assessed and actively promoted

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An example of a resilience map
Recovery from trauma nine domain model
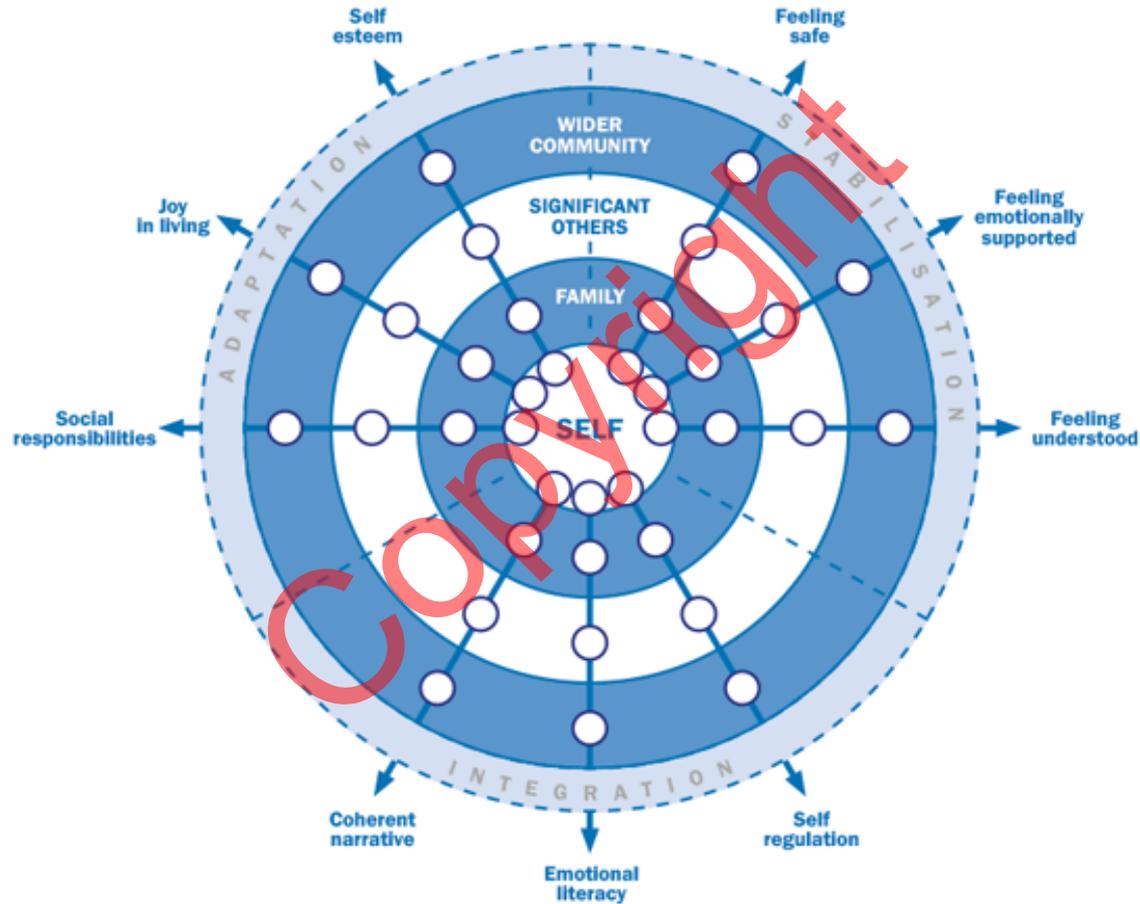
An example of a completed resilience map
Daniel and Wassell six domain model
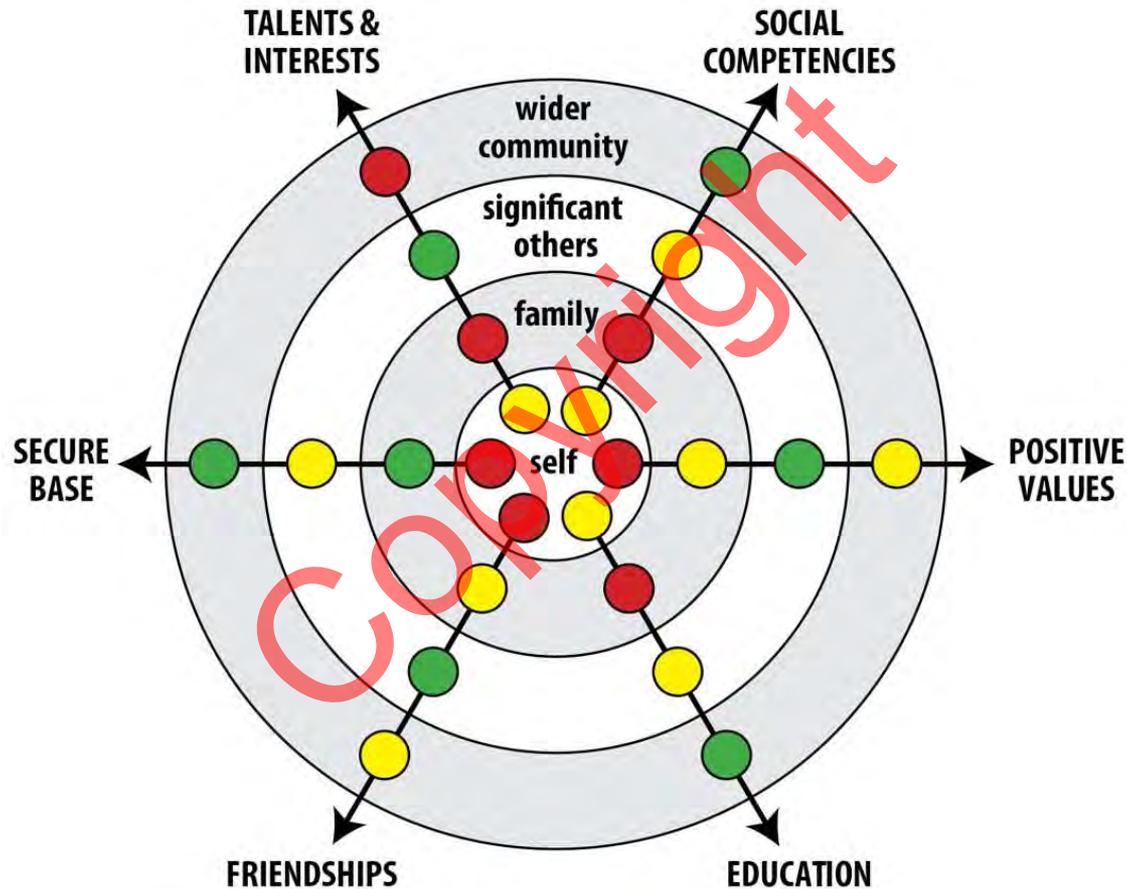
How can understanding resilience help you in protecting children from harm?

- Think again about your own role in safeguarding children
  - Remind yourself of the two or three key words you have chosen to describe that role
- How does your understanding of resilience make you a more effective protector of children?
  - Think very specifically about what constitutes really effective practice in your own particular role
- Share your ideas with other people
  - Make a note of any key points arising from your discussion
  - Be prepared to share your ideas with the wider group

knowledge that changes lives

Group exercise: Next steps in promoting effective child protection and safeguarding

- Jot down the key points of an action plan for your next steps
  - What will you do?
  - By when? What is your timescale?
  - Who will support you or help you with this plan?
  - Who else do you need to involve or engage?
  - What outcomes will demonstrate progress?

- Discuss your ideas with other people
  - Add to your plan as you go

- Feed back from this discussion to the plenary session

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Communication & Participation
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Aims

To consider and reflect on the role and responsibility of the safeguarder in communicating with children families & professionals and encouraging participation within the Children's Hearing system.

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Learning Outcomes

By the end of this session, participants will be able to:

- explain what is meant by gathering the views of children

- describe the role and responsibilities of the safeguarder in communicating with children, families and professionals and encouraging participation

- provide examples of good practice considerations when planning to meet with children and families

- provide examples of practice which is contrary to the role and associated Practice Standards when communicating and encouraging participation

- explain the role including data management responsibilities and privacy notices to children and families

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Programme

This morning
the role of the safeguarder in gathering the views of children & encouraging participation

After coffee
the journey from receiving papers to explaining the role

After lunch
the journey from receiving papers to explaining the role

Final part
reflections on learning & next steps

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Activity – what works for me

Think of an experience that you can recall vividly – something very funny or exciting that you are happy to share.

Take a minute to think of your story and you will have 3 minutes to share your story with a partner.

When paired up, decide who is telling their story and who is listening.

Tell your story how you normally would. When it is your turn to listen follow the instruction on the card which is now being handed out.

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Context

Children's Hearings (Scotland) Act 2011

The Children's Hearings (Scotland) Act 2011 (Safeguarders Panel) Regulations 2012

The Children's Hearings (Scotland) Act 2011 (Safeguarders: Further Provision) Regulations 2012

The Children's Hearings (Scotland) Act 2011 (Rules of Procedure in Children's Hearings) Rules 2013

Act of Sederunt (Child Care and Maintenance Rules) 1997 as amended

UNCRC Articles 3 , 12 and 13

Practice Standards for Safeguarders

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Context

So what does this really mean...

- Protection/best interests of the child
- Right for child to have their views included
- Need to have hearings decision makers access these views

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What do we mean by gathering views of children and young people?

Use the prepared flipchart and post-its to capture words to describe what gathering views of children and young people includes and doesn't include – place in appropriate house and add a few of your own.....

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Role of the Safeguarder

The Children's Hearings (Scotland) Act 2011 (Safeguarders: Further Provision) Regulations 2012

Views of the child

7. Where a safeguarder appointed in relation to a child provides a report or makes a recommendation to the children's hearing or the sheriff for the purpose of assisting the children's hearing, or the sheriff, to determine any matter under the Act, the safeguarder must, so far as practicable and taking account of the age and maturity of the child—

(a) give the child an opportunity to express their views;

(b) have regard to any views expressed by the child; and

(c) include the views of the child, and the means by which the child's views were obtained, in any report prepared for the children's hearing or the sheriff.

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Role of the Safeguarder

Present the views of children

AND

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Consider and take into account views of children when formulating own view

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What children tell us – Hearing System

Watch the following views of research hearing system

https://www.youtube.com/watch?v=CVKSQNP1hAo

What do children tell us

Children don't want

- systems where they feel they have no control (Vincent & Daniel 2004; Tarapdar 2009; CiS 2004)

- practitioners who don't listen (McLeod 2006; 2007), are constantly changing (Murph 2001; Winter 2009; CSCI 2006), and are unreliable or unavailable (McNeish & Newman 2002).

Where children and young people felt they were not fully involved or that their views had not been listened to, this affected their commitment to engage and to be honest about their experiences.

in Whincup (2011)

safeguarders panel **Communication & Participation**

Resources are available to help professionals in their interactions with children. However, these are an adjunct to good communication, rather than a replacement.

The primary resource is the worker and their willingness and ability to form meaningful relationships and see children and young people as active participants in assessment and decision-making processes.

Whincup 2011

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Comfort Break

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Agree or Disagree

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Agree or Disagree

On your own initially rate each statement from 1 – 10 (1 most strongly disagree to 10 most strongly agree).

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As a group at your table rate the statements - there must be consensus from the whole group and no sitting on the fence

You have 20 minutes to complete this task

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Communicating across the development span

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Communicating with children

Watch the following: twin talk

Copyright

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panel   Communicating with children – 0-3

Receptive language before expressive language

Very short attention span

Concrete rather than abstract thinking

Require time to process and answer

Learn by doing – natural curiosity

Moving from dependence to separation & autonomy

Understanding of world shaped by experiences

Practice considerations?

Presentation/ tone of voice/ facial expressions

Presence of adult carers

Time required / repeated visits

Listening and observation

Rapport building

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Communicating with children – 3-6

Should be able to follow everyday conversation

Describe a sequence of events

Attention span increasing

Basic understanding of cause and effect

Sense of right and wrong – consequences

Approval seeking – tell you what you want to hear

Play with others; cooperate and resolve very simple conflicts

Signs of empathy, pro social and helping behaviours

Practice considerations?

Listening and observing skills

Establish rapport

Short questions/ use of free narrative/ simple concepts

Focus on here and now as much as possible

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Communicating with children – 6-12

Take part in longer conversation - use expressive language – report on feelings

Can see other points of view - some abstract thinking

Developing problem solving and critical thinking skills

Peer interaction/ support important

Focus on rules; order and fairness

Start to understand jokes and humour

Use of 'how' or 'why' can be confusing

Practice considerations?

Rapport building

Listening and observation

Clear, straightforward explanations – purpose; role

Use of technology

Communicating with children –12-17

Abstract thinking, better reasoning, logical thought

Often underestimates risk; experimentation

Strive for independence

Developing problem solving and critical thinking skills

Peer interaction/ support very important

Strong beliefs and principles and moral dilemmas

Practice considerations?

Who to see first – child or parent

Where to meet

Rapport building essential – use of humour

Clear explanation of role; boundaries to confidentiality

Discussion and listening and behaviours

Responding to challenge

Use of technology

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Communicating with children - Skills

- Self awareness – presentation
- Awareness of child's experience
- Provide examples to improve a child's understanding of language
- Find something on common safe ground
- Encourage participation
- Allow the child to practice talking and sharing
- Appropriate use of pauses
- Variety of means of communication

Communicating with children - Skills

- Pay attention to what the child is saying AND what they are not saying
- Pay attention to what the child communicates through behaviour
- Active listening
- Empathising with the child's point of view
- Straight talking

Dalzell & Chamberlain (2006:8)

safeguarders panel   **Communicating with children - Skills**

- Understanding non-verbal communication

- Building rapport

- Explaining, summarising and providing information

- Giving feedback in a clear way

- Understanding and explaining the boundaries of confidentiality

Dalzell & Chamberlain (2006:8)

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Communicating with parent?

Anything different/ anything else to consider?

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Impact of stress & trauma

Trauma can affect brain development. Child may function at an earlier developmental level

Children can struggle to find words – the 'speechless terror' Kolk (1994).

Traumatised children may struggle to develop regulatory skills needed for learning and special relationships.

Some children react powerfully to sensory triggers related to their trauma by becoming hyper-aroused or dissociating.

If adults involved with traumatised children are unable to manage their own emotions, this can escalate children's distress.

Furnivall & Grant 2014

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Practice considerations – impact

Watch the following – Kibble TV

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https://www.youtube.com/watch?v=cxPrNKtM6Hg

Copyright
Lunch

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Move or lose...

First team to complete the task wins a prize...

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Practice considerations

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Accepting the appointment

Receiving the papers

Preparation and planning

Meeting the child

Explaining the role
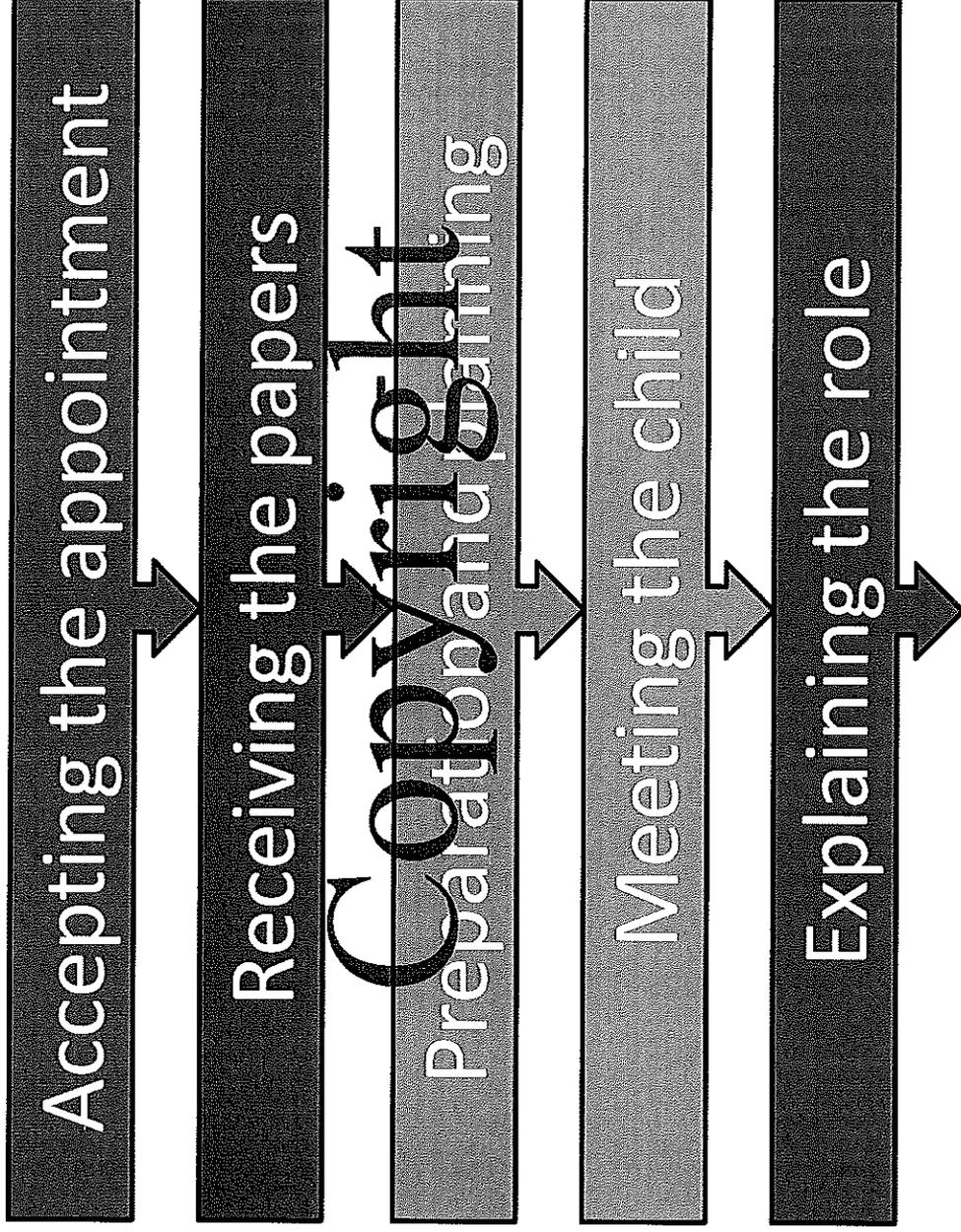
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Accepting the appointment

Is there anything more you need to know?

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Receiving the papers

How will you get your papers?

How will you keep the information safe?

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At your table come up with the key considerations and responsibilities for the management of information in the role of safeguarder.

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Preparation and planning

What is it I already know?

What is it I need to know?

Why do I need to know this?

Where should I get this information?

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Preparation and planning
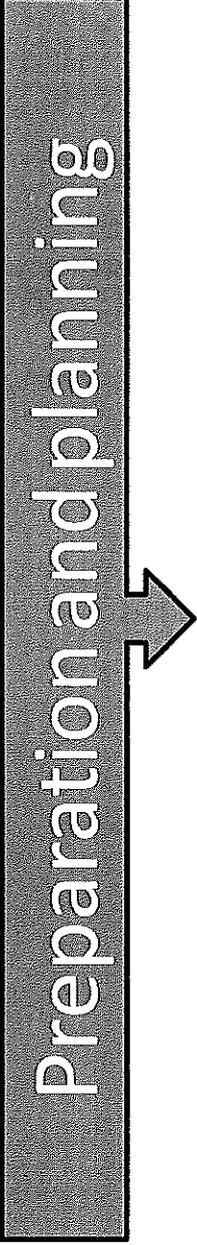
- Age and stage
- Chronological age vs emotional age
- Cultural issues
- Gender issues
- Need for a translator
- Disability- adjustments required

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ADDITIONAL SUPPORT NEEDS

- Disability; sensory impairment or illness should be identified in early stages

- Seek clarification of who is involved and who has specialist knowledge to support understanding this child's additional support needs and communication methods

- Focus on 'what are the childs abilities'

- Use the knowledge and resources available and familiar to the child

- Liaise with other professionals

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panel
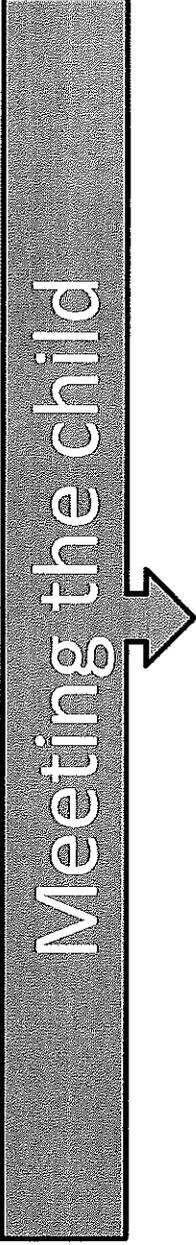
Meeting the child →

- Making initial contact
- Where to meet the child
- Routines/ critical times
- Impact of stress and trauma
- Presence of a support person
- Use of tools
- Open mind vs prior beliefs (confirmation bias)

Meeting the child

- Research suggests that more information can be obtained when the interviewer is not in uniform (Powell et al 2001)

- Shifting balance of power in favour of young children – eye level/ sit on the floor

- Allow child dictate pace of meeting

- Effective use of pause

- Use a normal; neutral voice tone

Scottish Government 2011

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panel

Meeting the child
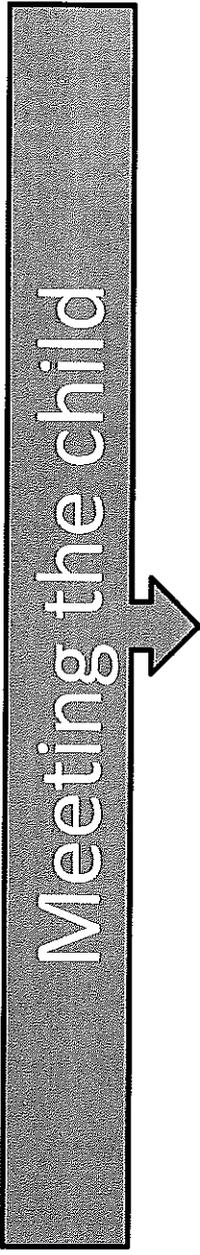
Allow child to talk – listen, use neutral acknowledgements, common safe ground

Prepare an opener to allow child to share views and their story

Use of invitations and prompts such as 'tell me about...' 'tell me more...'

Avoiding counselling or precognition

Think about closing/ ending

safeguarders
panel

Explaining the role

In your allocated groups, using any materials you like come up with a play of how you will carry out the role from accepting an appointment through to an initial meeting with a child and parent.

Endings

safeguarders
panel

Key piece of learning from each table

Reflections on the day

Next steps

safeguarders
panel

References

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safeguarders panel — What children tell us – views of the Hearing System

Qualitative interviews

- **Empathy & non-judgemental** – *'It's the way they look at you... they just don't look at you nice. They look at you like they are better than you..... I hate it....'* (16 yrs)

- **Communication** – *they put into words that I knew'* (12 yrs)

- **Reports** – *'I don't even open my packet.... What's the point...... you get about seven different papers with seven different names on it for the same person'* (16 yrs)

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Practice considerations

THREATENING	NON-THREATENING
Close proximity	Extended personal space
Face to face	Facing at an angle
Towering above the child	Open palmed gestures
Pointing, waving arms	Brief eye-contact
Prolonged eye-contact	

From Learning & Teaching Scotland

Restorative approaches: Relationships, Respect and Responsibilities - Three R's for the 21st Century?
http://www.educationscotland.gov.uk/resources/r/genericresource tcm4657842.asp?strReferringChannel=&strReferringPageID=tcm:4-851542-64&class=l3+d218572

safeguarders
panel

What children tell us – views of the Hearing System

SCRA research - Survey response

- 99% young people said they were treated with dignity and respect

- 71% young people felt they were the most important person at their hearing

safeguarders panel

What children tell us – views of the Hearing System

Qualitative interviews

- **Consistency** – ''sometimes you can get alright ones that are alright wi' you'' (15 yrs)

- **Smiling** – more likely to be 'friendly' & 'kind' rather than going to be 'bossy'

- **Dress code** – 'they were dressed in suits and ties, and, straight away that makes you feel at ease…. It was very relaxed' (Kinship carer)

- **Pace** – ' …they like… let me talk so like understand what I was like meaning' (12 yrs)

Behaviour as communication: understanding the needs of neglected and abused adolescents

Dr Autumn Roesch-Marsh
October 2012

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Behaviour as communication: understanding
the needs of neglected and abused adolescents

Key Messages

Children and young people of all ages have a right to be protected from abuse and neglect.

The abuse and neglect of young people (aged 11-17) is not always being recognised by child protection systems and addressing this abuse is complicated by the fact that older children may be actively placing themselves at risk through their behaviours.

It is important that these risk taking behaviours are understood as crucial communication from the young person about how they are feeling and their needs. These behaviours may be in response to past and ongoing experiences of neglect and abuse which the young person does not feel able to disclose. They may also provide important clues as to the young person's inner world and the impact of poor attachments.

In responding to the abuse and neglect of young people practitioners need to recognise their age and stage of development, seeking to involve, inform and empower young people as much as possible. Young people want to be listened to and to feel safe. When they disclose abuse they want practitioners who will take swift action, will be trustworthy and available, and will stick by them in the long term.

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Introduction

Recent research evidence suggests that practitioners may not be recognising adolescent neglect and abuse[1].

There seem to be a number of reasons for this including: a focus on younger children in the child protection system; the reluctance on the part of young people to disclose abuse; differences in defining adolescent neglect and abuse; a lack of awareness among some practitioners about the signs and symptoms of adolescent neglect and abuse; beliefs and attitudes about the resilience of older young people; and a focus on managing and addressing behaviours in young people, sometimes without an understanding about what lies behind this behaviour.

This briefing explores what the research suggests about the link between behaviour and experiences of neglect and abuse. It explores how this behaviour can be better understood by adults and what strategies might support better interventions.

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Why is this issue important?

The *Getting it Right for Every Child* agenda highlights Safety as one of the eight wellbeing indicators for all children in Scotland[2]. The *My World Triangle* assessment framework also identifies 'Keeping me safe' as one of the key tasks for anyone looking after a child or young person. Assessment of the child's needs and strengths are described in holistic terms and assessment is seen as a collaborative, ongoing process which should involve young people, their families, and all relevant agencies. The Children (Scotland) Act 1995 outlines that local authorities have a duty to investigate and report to the Children's Reporter when there is evidence a child may require compulsory measures of intervention. Under section 52 (2) there may be grounds for compulsory intervention where a child or young person: (a) is beyond the control of any relevant person; (b) is falling into bad associations or is exposed to moral danger; (c) is likely – (i) to suffer unnecessarily; or (ii) be impaired in his health or development due to a lack of parental care.

Although this legislation and policy applies to all children in Scotland, regardless of their age and stage of development, recent research does suggest that young people (aged 11-17) have different maltreatment experiences from those of younger children and professionals may find it more difficult to keep older children safe.

The research identifies that this is often because the abuse of young people is complicated by a range of issues that tend not to be present with younger children, including: substance misuse, homelessness, being thrown out of home, alcohol/drug misuse, risk taking behaviour, violence and conflict with parents[1, 3, 4]. Research also suggests that adolescent and persistent maltreatment have stronger and more consistent negative consequences during adolescence than does maltreatment experienced only in childhood[5 6].

While it may be more complex to promote the safety of young people, it is well recognised that adolescence is a crucial point for intervention[7]. If we fail to intervene and provide safety and timely support research suggests that a range of poor outcomes are more likely in later life, including: mental health problems, alcohol and substance misuse, impaired social and cognitive skills, and poorer educational outcomes[8]. We also know that maltreatment is a risk factor for offending and anti-social behaviour[9].

There is limited evidence from children and young people themselves about what they want from services when they are experiencing neglect and abuse. The evidence we do have suggests that young people find it difficult to disclose maltreatment. Barriers included being aware of the consequences of disclosure for themselves, their family and the abuser and not recognising that what they are experiencing is abuse[10].

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When young people do tell someone they usually choose to speak to a peer first and are more likely to approach a professional they already know, like a teacher[1, 11]. Children and young people say that they want workers who are: approachable and look out for signs that they are suffering; really listen to them; get to know them; are trustworthy and reliable; help them feel safe and give them clear information about what is going to happen next and what choices they have; take action quickly; and see their work as more than just a job. Young people also want workers to know that they can make an important difference when they get it right.

A range of studies and some serious case reviews suggest that many young people engage in 'risk taking' behaviours in order to draw attention to the neglect and abuse they are experiencing[12, 13]. Going missing is one of the most common ways that young people signal that they are being mistreated at home[14]. However, other behaviours such as misusing drugs and alcohol, self-harming, sexual risk taking and offending may also be indicators that a young person is or has been maltreated[15, 16, 17].

It is crucial that practitioners understand how experiences of abuse, loss and trauma may shape how a young people sees themselves and others, the powerful negative feelings they might be carrying inside, and the behaviours they may adopt in an attempt to cope with or express these feelings[18, 19]. Many of these children lack secure attachments with caring adults and the behaviour they exhibit, particularly in adolescence, may seem to be 'out of control'[20]. It is important that assessments seek to understand what may be behind this behaviour, which could include an ongoing or previous experience of abuse. Practitioners must recognise that different patterns of abuse and neglect may have different consequences. Some young people have experienced long-term chronic abuse and neglect; in these circumstances behaviours may include long established maladaptive coping strategies aimed at finding a way to get their needs met. Other young people may have experienced a one off event that was never identified, addressed or resolved; in these case symptoms of post-traumatic stress may be present and particular situations and developmental changes may trigger particular behaviours[21].

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What does the research tell us?

Research suggests that 'out of control' behaviour is in fact common and understandable in children who have an insecure attachment pattern. Where parenting is abusive and hostile, children and young people are often seen as 'out of control' and parents may see the child as a 'monster'. In these unpredictable, abusive and frightening home environments children may find it difficult to 'make sense of and predict parental behaviour' and children may feel 'helpless, bad, full of rage, dangerous, chronically anxious and uncertain'[20]. Without a secure base, the child or young person in this predicament has no-one to turn to for support and comfort and may not learn to internalise strategies to self soothe in times of stress. In the absence of strategies to manage their distress their behaviours can appear unpredictable and erratic as they express negative feelings and search for sources of comfort and relief[22].

Children and young people who have experienced abuse, trauma and insecurity are also more likely to have developed an external locus of control[23]. This is because an experience of abuse and neglect is likely to have increased his/her sense of powerlessness in the world[24]; a feeling that can be reinforced by multiple moves, uncertainty about care plans, and failures by professionals to provide sufficient information or include young people in decision making processes[25].

As a cognitive schema, locus of control is important in terms of a person's belief in his/her ability to effect change through choice and direct the course of his/her life and has been linked to the concept of self-efficacy and resilience. An overly externalised locus of control or a lack of self-efficacy may make a young person feel incapable of action, frustrated, angry and hopeless[26]. It may also make it more difficult for a young person to recognise and accept responsibility for their behaviour[27].

'Out of control' behaviours must be understood as a clear indication of the upset and deep distress that these young people have experienced in the past and continue to experience in the present. Inappropriate or unhappy care placements, further exploitation and abuse by adults and peers, and a lack of consistency in educational experiences are clearly likely to further unsettle young people who are already carrying a great deal of hurt and anger. These circumstances may also come to reinforce the negative cognitive schemas which have already developed within the young person, schemas which include beliefs about the self as bad and helpless and others as unavailable or hostile[22].

The young person's developmental trajectory and attachment experiences and the adequacy of current care provision must be understood during the assessment process in order to make sense of this 'out of control' behaviour.

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This includes understanding how a young person's behaviour is an expression of their stage of development, which may not reflect their chronological age if abuse and neglect have disrupted development[28]. If this is recognised then the response to these behaviours can begin by considering: how might this young person, who is so clearly in distress, be best supported to feel safe and secure? As experts in working with survivors of trauma and abuse point out: 'Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor. The first task of recovery is to establish safety'[29]. In order for a young person to develop a belief that the self is mostly good, that others can be relied upon for help in times of stress, and a belief in his/her own inner resources and judgement a long-term relationship based approach is required[30]. It is also crucial that adults listen to what young people tell them and work to understand the messages behind 'out of control' behaviour.

This behaviour is unlikely to be 'easy' to work with and it will take time and perseverance to develop the kind of trusting relationships that will make a difference[18]. Gains are most likely to be sustained where 'young people build their confidence and make changes they own and understand'[31]. Young people may also have developed a range of coping strategies to survive abusive and neglectful situations; practitioners should acknowledge the ways they have coped and survived while working with them to develop more effective strategies[32].

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Implications for practice

Practitioners need to be curious about what young people are communicating through their behaviour and should not simply focus on 'managing' behaviours. Practitioners must remember that the young person may be communicating their distress in relation to an experience of ongoing neglect and abuse.

Practitioners need to understand how the behaviours young people exhibit may also be an expression of an internal world which has been shaped by trauma and abuse. Using relevant theory, practitioners need to work to understand the unique inner world of the child and the cognitive schemes that have shaped how these young people see and respond to the world around them.

Practitioners need to provide safety and continuity for young people and ensure that young people feel informed and included in decision making processes. This is crucial for young people who have experienced adults misusing power and abusing them, they need reparative experiences that help them begin to feel a sense of safety, self-efficacy and control.

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Further resources and references

Further resources

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About the Reflecting on Research Series

This briefing was written by Autumn Roesch-Marsh, in 2012. It is one in a series of three briefings produced as part of a seminar programme exploring issues relating to the abuse and neglect of young people aged 11 to 17 years old. The briefings draw on research studies published by contributors to the programme, together with other studies, to increase awareness of knowledge and information that can help to strengthen the responsiveness of practice and services to the needs of young people. The series and briefings were funded by the R S MacDonald Trust and undertaken in collaboration with the University of Edinburgh. All three are available at withscotland.org

For further information and to download the presentations from the series – visit **http://withscotland.org/about-us-national-conferences**

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Child Protection and Safeguarding:

How understanding attachment, trauma and resilience can support your work and promote effective practice

learning outcomes

1. Child protection

    - Know about child abuse, child protection and safeguarding children
    - Develop understanding of your role within your organisation in relation to child protection

additional resources

- Reference materials
- Practical exercises

online materials include

- Articles – *Five to Thrive in work with vulnerable families*
- Articles – *Resilience and early years experience: child, family, community*
- Articles – *The behaviour tells the story*
- E-learning – *Child protection – Scotland*
- Powerpoint presentations
- Book list, recommended websites and more...
- See the back of this pack for your log-in details

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during your training day

We want this day to be as useful as possible to you and all participants, so we'd like you to feel comfortable and relaxed. Please do feel free to:

- *ask questions or make comments, or participate by listening, whichever suits you better*
- *use the breaks to talk to other people and share ideas, or just take some quiet time for yourself*
- *jot down any thoughts or questions and talk to the trainer during a break or get in touch with us after the event*
- *stand up or walk around a little if sitting becomes uncomfortable*
- *ask for any assistance you require*

If possible please turn off your mobile phone during the sessions, or turn it to silent mode if you have to be available by phone