The Trio of Vulnerabilities and Safeguarding Children

Carol Weston
The Trio of Vulnerabilities

The term ‘Toxic Trio’ has been used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred. They are viewed as indicators of increased risk of harm to children and young people.
Parental Mental Health Issues

The presence of parental mental health problems can significantly increase the risk for children. In particular, information about men who express suicidal thoughts should be referred quickly to children's services. Explicit threats to kill themselves, the mother or the children should lead to an urgent risk assessment.

Women who suffer from depression, low self-esteem or anxiety are less equipped to be able to protect themselves and their children from domestic abuse.
250,000 to 978,000 children have a parent who misuses drugs
920,000 to 3.5 million children in England are affected by parental alcohol problems
Source: How safe are our children? NSPCC 2014
Alcohol and Substance misuse

Alcohol, in particular, can increase a tendency for violent behaviour. Violent or criminal behaviour incidents fuelled by drinking should be viewed as an increased risk.
When professionals work with a very large number of families with similarly complex needs, there is a risk that issues such as drug and alcohol misuse become ‘normal’.

This can mean professionals are less alert to the dangers posed to children.

Practitioners can also become accustomed to working in areas with high levels of street and drug-related violence. This ‘desensitises’ them to safeguarding risks in the wider community.
Young Parents are a Vulnerable Group

Teenage mothers are recognised as a vulnerable group. Some may have a history of abuse, offending behaviour, have been in care or be homeless.

It should also be remembered that parents under 18 are themselves still children, and may need child protection assessments in their own right.

Teenage mothers and pregnant teenagers who are no longer with the father of their child sometimes may form new relationships very quickly with men they hardly know. New partners, and in particular older partners, should be assessed to see if they pose a risk.
140,000 children live in households where there is high-risk domestic abuse
Domestic Violence.

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn’t just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.
Domestic Abuse Statistics

• Around 1 in 5 children have been exposed to domestic abuse
• Domestic abuse is a factor in over half of serious case reviews
• 130,000 children live in households with high-risk domestic abuse
• Children exposed to domestic violence are more likely to have behavioural and emotional problems

Source NSPCC Domestic Abuse Facts and Statistics accessed June 2017
Domestic Violence
Key Components of Effective Practice

Never assume someone else is addressing the domestic violence and abuse issues

It is not the professional’s role to comment on or encourage the woman to leave her partner

Enquire sensitively; create an opportunity, providing a quiet environment where confidentiality can be assured for the woman to talk about her experience

Be familiar with and give relevant information - about local domestic violence agencies –if safe to do so
Key Components of Effective Practice

If a woman does not disclose but you suspect otherwise, accept what is being said but offer other opportunities to talk and consider giving information (e.g. ‘for a friend’)

Focus on safety - Assess the immediate safety of the mother and child by asking if it’s safe for her to return home with her child using tools such as the CAADA-DASH Risk Identification Checklist.

Discuss and construct a basic safety plan if necessary

Document any suspicion of domestic violence and abuse in health professional record (not in service user held record). Check where and how to send safe correspondence e.g. texting
Key components of effective practice.

Be familiar with local child protection procedures and use as appropriate

Share information appropriately subject to policy on child protection and adult safeguarding

Be aware of and provide information on the laws around Female genital mutilation and safeguarding
  Use professional interpreters never family members, friends or children
  Be aware of your own safety needs.

At every visit, listen, assess, action, document.
Seeing the Mother alone

Women who live in domestic abuse situations often live in fear for their own safety or that of their children. In such situations, it can be difficult, if not impossible, for them to speak out. Some men will ensure that they are present at all appointments with professionals. Agencies must do their utmost to provide suitable opportunities for women to disclose in private. Contacting women at work is not an appropriate way of doing this, as the work environment is rarely a place where women can discuss details of their home life.
An added risk is using text messages to communicate with vulnerable service users. A controlling partner can easily pick up messages so that they know about appointments, or can cancel or re-arrange appointments to suit them. It is not possible for professionals to know whether text messages are from the intended recipient or from someone else.
Key Themes and Learning from SCR’s

Lack of real understanding of the child’s lived experiences

- failing to act on and refer the early signs of abuse and neglect,
- poor record keeping and information sharing
- failing to listen to the views of the child and concentrating on the needs of the parents linked to disguised compliance
- failing to re-assess concerns when situations do not improve,
- a lack of challenge to those who appear not to be taking action.
- blockages and challenges in the safeguarding systems
- not knowing who lives in the household, unknown males
Understanding the role of men in the family

Any assessment should include information about all members of the household, including biological fathers, new partners or ex-partners who are back in the picture.

Information about who lives in the home and who has contact with the children should be verified and kept up-to-date.

The identity of any unknown males in the home should be investigated.
Many of the men in serious case reviews had a history of violence, either against previous partners or other adults or as young offenders. Many were subject to supervision by the probation service and/or youth offending teams. Men with a history of offending should be viewed as high risk.
Non compliant parents.

Although it is very rare, parents can sometimes be deceptive or manipulative when reporting children’s health problems. In some case reviews professionals were relying too much on parents’ reports and not examining the child or observing their behaviour.

Case reviews also highlighted professionals’ reluctance to challenge parents’ views or probe for further information for fear of provoking a confrontation.

When practitioners have to deal with parents who are hostile and aggressive they focus too much on the parents and not enough on the impact this behaviour will be having on their children.
Disguised Compliance

Definition

• Disguised compliance involves parents giving the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. Published reviews highlight that professionals sometimes delay or avoid interventions due to parental disguised compliance.

• The learning from the reviews highlights that professionals need to establish the facts and gather evidence about what is actually happening, rather than accepting parent’s presenting behaviour and assertions. By focussing on outcomes rather than processes professionals can keep the focus of their work on the child.
Recognising disguised compliance in your work

• Parents deflecting attention i.e. blaming others for the problems
• Parents focus on engaging well with one set of professionals, for example in education, to deflect attention from their lack of engagement with other services. Criticising professionals – playing one off against another
• Parents criticise other professionals to divert attention away from their own behaviour.
• Pre-arranged home visits- can present a false picture of what is taking place for the child and their lived experiences
• Pre-arranged home visits present the home as clean and tidy with no evidence of any other adults living there.
• Failure to engage with services or only certain services
• Parents promise to take up services offered but then fail to attend.
• Avoiding contact with professionals
Resolution and Escalation Procedures

• Professional disagreements over decision, actions or lack of action
• Resolution within shortest time possible
• LSCB Protocols include:
  • potential situations for disagreement;
  • Process and timescales;
  • who to contact.
What do we need to do?

Be inquisitive when adults with mental health issues, substance misuse, domestic violence and learning disability attend ED.
Ask about home circumstances
Who lives there?
Are there children or caring responsibilities?
What do we need to do?

Follow the procedures for your Trust.
Discuss with a manager or senior colleague/member of the safeguarding team
Complete Paeds liaison form
Make an Inter agency referral if required.
Complete Datix Incident form
Document carefully names of persons present and relevant details.
Case Study

A serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future.

A SCR should take place if abuse or neglect is known, or suspected, to have been involved and a child has died

or a child has been seriously harmed and there is cause for concern about how organisations or professionals worked together to safeguard the child or the child dies in custody

or a child died by suspected suicide.
January 2016
– Milton Keynes - Child A

Death of a 7-week-old baby boy of mixed parentage whilst co-sleeping with mother who had consumed alcohol and cocaine.

Mother was arrested but no charges brought.
Background:

Child A's older sibling had died in 2007 when 2-weeks-old from sudden infant death syndrome. No concerns about the child’s care were identified.

Mother was known to police as both a perpetrator and victim of crime and was supported by domestic abuse services.

Mother had issues related to: alcohol and drug misuse; housing; mental health problems; and lack of engagement with professionals.
Learning

Includes: professionals working with adults must understand parental behaviour in terms of the impact on the child; risky behaviour in pregnancy should be seen as a potential child protection issue; and threat of withdrawal from engagement should be seen as an indicator of risk.
2015 - Blackpool - Child BV

Death of a 1-month-old infant in Winter 2014. Ambulance service found Child BV unresponsive in 2-year-old sibling’s bedroom, lying between the bed and wall.
Background:

Both parents had consumed large quantities of alcohol the previous day and could not remember how or why BV was not asleep in usual place.

Family were known to universal services only. Father attended Accident and Emergency and visited GP prior to BV’s birth and disclosed that he was a regular heavy drinker.
Key issues:

- Alcohol use and the safe care of children; engaging with fathers;
- Sharing of information about excessive parental alcohol use between professionals;
- Safeguarding requirements for nursery providers;
- Safe sleep support.
Recommendations:

- Safe sleep assessments by health professionals;
- Campaigning to raise awareness of the risks of alcohol use when caring for young children;
- Engaging with new and expectant fathers.
Any Questions?