

Monday 14 September**Contents**

| Keynotes | | Page |
|----------------------------------|---|-------------|
| K4 – K5 | morning presentations | 27 |
| K6 – K7 | afternoon presentations K7 is BASPCAN Founders Lecture | 28 |
| Symposia | | |
| S1 – S4 | morning presentations | 29 |
| S5 – S7 | afternoon presentations | 34 |
| Workshops | | |
| WS1 – WS6 | morning presentations | 37 |
| WS7 – WS13 | afternoon presentations | 42 |
| Free Papers | | |
| FP1 – FP5 | morning presentations | 51 |
| FP6 – FP10 | afternoon presentations | 65 |
| Interactive Presentations | | |
| IP1 – IP8 | morning, lunchtime and afternoon presentations | 81 |

Monday 14 September

Monday 14 September - Morning

| | |
|---------------|---|
| 07:30 – 08:45 | Breakfast |
| 08:30-09:00 | BASPCAN Branches Fringe Event – Breakfast meeting with Coffee and Croissants |
| 09:00 – 09:45 | Keynote 4: Professor Ian Butler University of Bath <i>The Practice of Policy</i> |
| 09:45 – 10:30 | Keynote 5: Theresa Covington Executive Director National Center for Child Death Review, Washington DC Keeping Kids Alive: working together to build and sustain effective child fatality review boards |
| 10:30 – 11:00 | Coffee Interactive Presentations |
| 11:15 – 13:15 | Parallel Sessions: Symposia 1. Convened by Dr Catherine Powell, Portsmouth City Teaching PCT <i>Child Death Review in Practice</i> 2. Convened by Professor Brid Featherstone, University of Bradford <i>Gender Matters in Child Welfare</i> 3. Convened by John Fox, Associate Tutor, National Police Improvement Agency <i>Child Abuse and the Internet</i> 4. Convened by Professor Judith Harwin, Director, Interdisciplinary Centre for Child and Youth Focused Research, Brunel University <i>The Impact of Parental Adversity on Child Well-being: the potential of court-based interventions</i> Workshops 1. Dr Anne Stafford, Director of the University of Edinburgh/NSPCC Centre For UK-wide Learning in Child Protection (CLiCP). <i>Safeguarding and Protecting Children in Different Parts of the UK: learning from reform</i> 2. Dr Richard Wilson, Hon Consultant Paediatrician, Kingston on Thames <i>Fabricated or Induced Illness</i> 3. Helen Mahaffey & Mark Chidgey, West London Mental Health Trust <i>Therapeutic Services for Looked After Children</i> 4. Julie Brand, CAPER Consulting:Child Abuse Prevention, Education and Recovery, Colorado USA <i>The Best Kept Secret: mother-daughter sexual abuse</i> 5. Christine Smart, CAFCASS <i>The Participation of Children and Young People in Service Development</i> 6. Rev'd Pearl Luxon, The Methodist Church and the Church of England; Aneeta Kulasegaran, Tearfund ; Philip Gilligan, University of Bradford <i>The Role of Faith-Based Organisations in Protecting Vulnerable Children and Young People</i> Free Paper Sessions 1. <i>Locating and Assessing Risk in Adults and Children</i> 2. <i>Effects of the Legal System on the Wellbeing of Children and Families</i> 3. <i>Cultural Issues in Protecting Children and Young People</i> 4. <i>Child Sexual Abuse – Incidence, Effects and Interventions</i> 5. <i>Effective Strategies for the Development of Multidisciplinary Interventions and Raising Public Awareness</i> |
| 13:15 – 14:00 | Buffet Lunch Interactive Presentations Fringe Events |

Monday 14 September - Afternoon

14:15-16:15

Parallel Sessions:

Symposia

5. Convened by Professor Alison Kemp, Director of the Welsh Child Protection Systematic Review Group

Non-Accidental Head Injury: the evidence-base

6. Convened by Philip Gilligan, University of Bradford

Religion and Child Abuse

7. Convened by Alistair MacDonald, St Philips Chambers, Birmingham

The Voice of the Child in Court-The Challenges

Workshops

7. Laura Wirtz, The Children's Society

Safeguarding Children Who Have Been Trafficked

8. Sherry Ashfield, Lucy Faithfull Foundation

'I Need to Know Why Mum Did It'- the Impact of Female Sexual Abuse

9. Jonathan Taylor, Met Police; Mark Williams-Thomas, Birmingham City University ; Professor Kevin Browne, University of Nottingham

Internet and the Media: the impact of new technology

10. Dr Jan Reiser, E&N Herts NHS Trust; Samantha Keeling -Young Persons' Worker, Haven Whitechapel; Joanne Muccio, St Mary's Sexual Assault Centre, Manchester

Forensic Child Protection Assessment Units

11. Karel R. Amaranth, Executive Director Butler Child Advocacy Center at the Children's Hospital at Montefiore

Improving the Well-being and Safety of Children with a Disability

12. Dr Beth Green Vice-President of NPC Research, Oregon, USA

Evaluating Programmes- Methodology and Considerations to Produce a Good Evaluation

13. Abby Dacres & Chloe Weatherhead, Virtual College Ltd

Using Innovative Technology to Safeguard and Promote Wellbeing of Children and Young People: everything you wanted to know about e-learning and other learning technologies but were afraid to ask...

Free Paper Sessions

6. *Communicating with Children and Young People to Promote their Safety and Welfare*

7. *The Role of Research and Policy in Child Protection and Safeguarding*

8. *International Perspectives on the Development of Services for Vulnerable Children and Young People*

9. *Developing an Outcomes-based Approach to Work with Looked After Children and Young People*

10. *Improving the Quality of Assessment: developing and evaluating assessment tools*

16:15-16:45

Coffee

Interactive Presentations

16:45-17:30

Keynote 6: The Hon. Mr Justice Ryder

Family Division Liaison Judge for the Northern Circuit

Safeguarding Children Within the Family Justice System: current issues and developments

17:30-18:15

Keynote 7: Tony Morrison

Independent Child Welfare Trainer and Consultant

BASPCAN Founders Lecture:

The Strategic Leadership of Complex Practice: challenges and frameworks

19:00-20:00

Evening Meal (on campus) for those not attending Congress Gala Dinner

Monday 14 September

Keynote 4: 09.00 – 09.45
Venue: Taliesin Theatre

The Practice of Policy

Professor Ian Butler
University of Bath

Ian Butler is currently Professor of Social Work at Bath University. In 2005, he was seconded to the Welsh Assembly Government in Cardiff. He is currently a Special Advisor to the First Minister. He was Editor of the *British Journal of Social Work* between 1999 and 2004 and is a past Chair of the Joint University Council Social Work Education Committee. He is an Honorary Member of the Council of the NSPCC. He was elected as a member of the Academy of Social Sciences in 2004. In 2009, he was appointed to the Board of Cafcass (England). He is widely published.

The making of public policy is essentially a political act. This is not always obvious to those who regard policy as a rational process, driven by evidence and informed by practice. As well as being ideologically driven, policy may also be opportunistic, contingent and governed by the law of unintended consequences. In relation to child protection, the role of high profile child deaths and consequent public inquiries have had a particularly important role in defining childcare policy in the UK in a way that demonstrates the complex and vexed nature of the 'practice of policy'. In this presentation, it will be suggested that contemporary child protection policy needs to be set in its wider political and policy context to be fully understood. It will be suggested that the 'policy child' in Wales is quite a different 'policy child' to that in England, for example. It will be argued that social work practice needs to engage more assertively in the 'practice of policy' if it is to achieve child protection that is truly respectful, socially just and which operates in the best interests of children and young people.

Keynote 5: 09.45 – 10.30
Venue: Taliesin Theatre

Keeping Kids Alive: working together to build and sustain effective child fatality review boards

Theresa M Covington
Executive Director National Center for Child Death Review, Washington DC

Theresa Covington has been the Executive Director of the U.S. National Center for Child Death Review for seven years, supporting states in their efforts to translate reviews into efforts to prevent injuries and deaths and working to build national policies in child health and safety. She managed the Michigan Child Death Review Program from 1994-2004. She has a Masters in Public Health from the University of Michigan and over thirty years experience in community-based health and human service programs, especially in the areas of maternal and child health, child welfare and injury prevention.

Child Death Review is a multidisciplinary team process that brings together community organizations to systematically discuss the factors that play a role in a child's death-- bringing about understanding of how and why children die in order to take action to prevent other deaths. When effective, CDR leads to improvements in child health and protection systems and in policies and programs to prevent child deaths. The CDR process is carried out in a wide variety of formats and stages of evolution. This presentation will describe the process of child death review and systems of CDR throughout the world, with a focus on those in the United States. In the U.S. all but one of the fifty states have established comprehensive CDR programs; standards are promoted through the National Center for Child Death Review.

Monday 14 September

KEYNOTES

Keynote 6: 16.45 – 17.30
Venue: Taliesin Theatre

Safeguarding Children within the Family Justice System: current issues and developments

The Hon. Mr Justice Ryder
Family Division Liaison Judge for the Northern Circuit

Mr Justice Ryder will draw on his experience of sitting in the Family Division of the High Court, his involvement in recent significant public law family cases and as a driver of reform and developments in procedural and practice expectations. He will present a personal reflection on the impact of the public law family justice system on safeguarding children and the contribution it makes to ensuring the most positive outcomes for vulnerable children.

Keynote 7: 17.30– 18.15
Venue: Taliesin Theatre

BASPCAN Founders Lecture

The Strategic Leadership of Complex Practice: challenges and frameworks

Tony Morrison
Independent Child Welfare Trainer and Consultant, Rochdale

Tony Morrison works both in the UK and overseas with children's services, health, criminal justice and other agencies. He has been widely involved in development work with Local Safeguarding Children's Boards and other partnerships. He has recently completed a research project with Prof. Jan Horwath for the Welsh Assembly Govt to develop and benchmark a self assessment tool for LSCBs

This address will consider the challenges for strategic partnerships such as LSCBs in offering effective leadership to front line staff dealing with complex & high risk cases. Whilst using LSCBs in England and Wales as a particular example of these challenges, the address will be located in a wider body of knowledge about partnership working in order to maximise to delegates operating in a variety of contexts and jurisdictions. As Lord Laming's recent report into the protection of children in England (2009) states: *'Despite considerable progress in interagency working, often driven by LSCBs and multi-agency teams who strive to help children and young people, there remain significant problems in the day-to-day reality of working across organizational boundaries and culture'*. The address will consider key issues about: the partnerships; collaborative practice; child protection; safeguarding; and regulation. Theoretical knowledge about collaboration and partnership will be grounded in the speaker's wide experience of consultation, development and research work with LSCBs. The findings of a recent research project commissioned by the Welsh Assembly Government will be outlined. The thrust of this lecture is to address the single question: how do strategic partnerships actually make a difference to the quality of front line practice and outcomes for the most vulnerable children? This is perhaps the central issue for all those involved in collaborative policy practice and research.

**Symposium 1: 11.15 – 13.15
Venue: Faraday Lecture Theatre**

Child Death Review in Practice

Convenor: Dr Catherine Powell

Overview

Drawing on the experiences of the early starter study and established panels both in England and the United States, this symposium will explore the practicalities of 'Rapid Response' and 'Child Death Overview' processes and consider the benefits and broader public health outcomes in terms of the potential to improve the health and safety of children in the future.

This will be an interactive session and those who have been (or will be) involved in the setting up or functioning of child death review processes are asked to bring & share practice issues. The session will close with an opportunity for the panel to respond to participants' questions.

**Child Death Review in England -
Catherine Powell**

This session will provide a very brief introduction to the processes outlined in Chapter 7 *Working Together*, offer a personal reflection of local Child Death Overview Panel membership & discuss some of the emergent outcomes within the broader context of safeguarding children

Child Death Review Outcomes- Dr Peter Sidebotham

Drawing on the experience of leading the DCSF funded 'early starter' study *Preventing Child Deaths* (Sidebotham et al., 2007), engagement in the Rapid Response processes and local Child Death Review Panel membership, this presentation will consider the outcomes, achievements and future of child death review in England.

Teri Covington

Building on her earlier keynote presentation, this presentation will consider the outcomes, achievements and future of child death review in having a measurable impact on the prevention of child deaths.

Facilitated Discussion:

Participants will meet together in small groups to discuss the practicalities of running effective child death overview panels, sharing examples of good practice and identifying areas for future development

Panel Q&A Session:

The session will conclude with an opportunity to ask questions & seek solutions to some of the challenges of child death review

Speaker Details

Dr Catherine Powell is Consultant (Designated) Nurse Safeguarding Children Portsmouth City Teaching PCT and Visiting Senior Lecturer School of Health Sciences University of Southampton. She was a member of the research team for the project entitled '*Preventing Childhood Deaths A study of "Early Starter" Child Death Overview Panels in England*' and is Nurse Representative for Hampshire, Isle of Wight, Portsmouth & Southampton 4LSCB CDOP.

Dr Peter Sidebotham is Associate Professor in Child Health, University of Warwick & Consultant Paediatrician (Designated Doctor) Warwickshire PCT

Teri Covington, MPH, is Executive Director of The National Center for Child Death Review, Washington, DC, United States America.

Monday 14 September

SYMPOSIA

Symposium 2: 11.15 – 13.15
Venue: Lecture Theatre K, Faraday Building

Gender Matters in Child Welfare

Convenor: Professor Brid Featherstone

Overview

This symposium has been organised by members of the Gender and Child Welfare Network which is an international network of scholars. It will offer an overview of the scholarship on gender and child welfare highlighting key themes in relation to the role of the state, the changing nature of gender relations internationally and service responses. Original research on fathers and the issues for social care services will be presented.

Professor B. Featherstone and Sean Haresnape will present findings from the Fathers Matter research project which is the first of its kind in the UK. This research project has explored the views of fathers and mothers about social care services (in situations of concern about neglect and abuse) and has worked with two children's services to develop practice in this area. It has also researched the training and education resources available for students and workers and developed a range of new materials such as a DVD, publications and resource packs.

Dr Jonathan Scourfield University of Cardiff (author of *Gender and Child Protection*, published in 2003 by Palgrave) will offer a reflection on the scholarship on gender, child welfare and child protection that has emerged in a range of countries over the last decade. This will signpost key theoretical and policy developments and will be informed by the contributions, from a range of countries, to a forthcoming book on *Gender and Child Welfare* (eds, Featherstone, Hooper, Scourfield and Taylor, J) to be published by Wiley.

Dr Trish Walsh will explore the important and neglected area of gender, transnational parenting and child welfare.

Speaker Details

Professor Brid Featherstone is Professor of Social Work and Social Policy at the University of Bradford.

Brid has been researching on issues around gender and child welfare and protection for the last two decades. She has a particular interest in the roles and responsibilities of contemporary fathers.

Dr Jonathan Scourfield is a Senior Lecturer in the Department of Applied Social Sciences at the University of Cardiff

Sean Haresnape is Policy Advisor for the Family Rights Group.

Dr Trish Walsh is a Lecturer in Social Work at Trinity College, Dublin.

**Symposium 3: 11.15 – 13.15
Venue: Lecture Theatre L, Faraday
Building**

Child Abuse and the Internet

Convenor: John Fox

Evidence suggests that, while the commercial production of indecent images of children has increased the primary location for the distribution of indecent images of children is peer to peer networks and the majority of images are still being produced and distributed by persons known to the children. This presentation will share the findings of a small qualitative research study of people who produce indecent images of children.

A case study will be presented outlining an investigation into an international website suspected of distributing sexual images of children. It will demonstrate the value of covert internet investigation and Behavioural Analysis in supporting the investigation.

Speakers

John Fox MSc is Associate Tutor, National Police Improvement Agency. Formerly Head of Child Abuse Investigation in the Hampshire Constabulary, he was involved in the preparation of the *Working Together* documents (1999, and 2006) and *Achieving Best Evidence*. During 2002/3 he was Lord Laming's Police Adviser, on the Victoria Climbié Inquiry. John was awarded his MSc by the University of Surrey and is currently working towards a PhD. He has acted as independent author on Chapter 8 serious case reviews.

Graham Hill is the Head of the Child Exploitation and Online Protection Centre's Behavioural Analysis Unit. He is an accredited Senior Investigating Officer with a background in specialist and major crime investigation. In 2002, in a ground breaking investigation, he led the team that secured the world's first conviction using familial DNA techniques. Since 2001 Graham has provided law enforcement training on the issues of understanding, interviewing, preparing strategies for interviewing child sex offenders and investigating serious sexual crimes against children. In addition to providing training in the UK he has

undertaken training internationally for European law enforcement agencies, Interpol, Europol and the UK Foreign and Commonwealth Office in South East Asian.

Dr Joe Sullivan is a Chartered Psychologist and the Principal Forensic Behaviour Analyst with the Child Exploitation and Online Protection Centre (CEOP) in the UK. CEOP, a branch of the Serious and Organised Crime Agency (SOCA), is a national law enforcement agency which specialises in crimes against children. The Behaviour Analysis Unit (BAU) where Joe is based offers specialist advice and assistance to investigations into child sexual abuse and has been involved in a number of high profile investigations over the last eight years. Joe has worked in the area of child sexual abuse since 1986. He received specialist training with the Gracewell Institute in the assessment and treatment of child sex offenders and has subsequently completed training with the Lucy Faithfull Foundation in clinical assessment techniques. In addition, Joe has written several published papers which discuss the clinical risk assessment of child sex offenders and has collaborated with respected researchers in the field of sex offender risk assessment. He has provided consultancy to organisations working with children on the management of concerns, allegations and criminal prosecutions relating to allegations that staff sexually abuse children in their care. Joe has given evidence to a public enquiry into the Roman Catholic Church's handling of allegations against clergy sex offenders in Ireland. Joe's PhD in Forensic Psychology examined professionals who sexually abuse the children with whom they worked.

Monday 14 September

SYMPOSIA

Symposium 4: 11.15 – 13.15

Venue: Lecture Theatre M, Faraday Building

The Impact of Parental Adversity on Child Well-being: the potential of court-based interventions

Convenor: Professor Judith Harwin.

Overview

Parental substance misuse is a formidable social problem. It accounts for 34% of long term cases in children's services in some areas of England and up to 60-70% of all care proceedings. It is a major risk factor for child maltreatment, family separation, offending, poor educational performance and substance misuse by children and young people. The parents' many difficulties create serious problems for their children and place major demands on health, welfare and criminal justice services.

For these reasons, parental substance misuse is a cross-cutting government agenda, underpinned by national policies that aim to strengthen families through community-based early intervention and support programmes. In this session we shall explore the potential of the court to break the cycle of harm associated with parental substance misuse.

There will be three presentations. We shall:-

1. Outline the work of the first Family Drug and Alcohol Court (FDAC) in the UK, a specialist pilot court within care proceedings funded for three years by central government, under the *Care Matters* Programme, and three local authorities.
2. Consider newly published interim findings from the independent evaluation of the FDAC, funded by the Nuffield Foundation and undertaken by Brunel University
3. Examine the role of specialist problem-solving courts from an international perspective and specifically, the key messages from the large-scale US evaluation and their application to the UK context.

Against a background of rapidly rising numbers of care proceedings in England and Wales, the potential of non-traditional

problem solving courts is particularly topical. Does treatment under compulsion have a place? How do these courts work and what are their distinctive features? What is the evidence of their success and what lessons can be learnt from the USA?

This symposium brings together health and safeguarding specialists and researchers from the UK and US with backgrounds in programme evaluation who have written widely on the topic of substance misuse and child welfare. After each presentation there will be an opportunity for questions and debate.

Sophie Kershaw – Service Manager, Family Drug and Alcohol Court (FDAC) and Dr. Mike Shaw – Consultant Child Psychiatrist, FDAC; Keiron Daniels, Bsc (Hons) Psychology

Sophie Kershaw, Mike Shaw and Keiron Daniels will talk about their work on the first Family Drug and Alcohol Court (FDAC) in the UK which opened in January 2008.

They will outline the many unique elements of the programme and discuss its aims and key features. These include specially trained judges who follow families through the proceedings and review their progress fortnightly at non-lawyer review hearings, and the specialist intervention team which includes volunteer parent mentors in recovery. They will describe the FDAC team's assessment and intervention model and highlight the parents' experiences of the FDAC.

Professor Judith Harwin and Dr Carla Matias, Brunel University

The Nuffield Foundation and Home Office have funded a thirty month independent evaluation of the pilot Family Drug and Alcohol Court. Its purpose is to describe the FDAC pilot and identify set-up and implementation lessons, to compare FDAC with standard care proceedings and costs, and to indicate whether this new approach might lead to better outcomes for children and parents.

In this session, we shall draw on the newly published interim report and identify some of the early learning from the first year of the operation of the court and consider implications for practice and policy.

**Dr Beth Green Vice President of NPC
Research, Oregon, USA**

Family treatment drug courts (FTDCs) are an increasingly popular treatment model in the United States. While it is estimated that over 180 FTDCs are currently operational in the U.S., few rigorous studies have examined the effectiveness of these courts. This presentation will: (1) review similarities and differences between the US and UK models; (2) provide an overview of results from research studies of the FTDC model; (3) discuss the elements of the model that appear to particularly linked to positive child and family outcomes; and (4) discuss the implications and preliminary results from cost-benefit studies of two FTDC programs.

Speaker Details

Professor Judith Harwin is Director, Interdisciplinary Centre for Child and Youth Focused Research, Brunel University. She has a long-standing research interest in the relationship between parental substance misuse and child welfare and in the interface between law, policy and practice. She is currently principal investigator for the Family Drug and Alcohol Court Evaluation Project and a member of a 17-country EU study on the health and well-being of 'Children Affected by Parental Alcohol Misuse'. She was recently a co-author in a special series on child maltreatment in the *Lancet* (December 2008) and with Donald Forrester has recently completed a book *Parents who Misuse Drugs and Alcohol: Effective Interventions in social work and child protection* (forthcoming Wileys 2010). Her international work on child institutionalisation, family support and early years' services and policies in the former Soviet bloc and families includes research and consultancy for UNICEF, UNESCO/OECD, the EU and the World Bank.

Dr Mike Shaw is Consultant Child Psychiatrist at the Tavistock Clinic. He is Clinical Lead for both the Family Drug and Alcohol Court and the Monroe Family Assessment Service and Head of Psychiatry for the Child & Family Department.

Miss Sophie Kershaw was formerly Team Manager for a child care planning team in Islington. In January 2008 she became

Service Manager of the Family Drug and Alcohol Court.

Keiron Daniels' current role is Senior Practitioner Parental Substance Misuse in the Family Drug and Alcohol Court team and he undertakes specialist assessments with parents whose substance misuse impacts on the children in their care.

Dr Carla Matias joined Brunel University in June 2008 and works as a full-time Research Fellow on the Family Drug and Alcohol Court (FDAC) Evaluation Project. Her experience in the child protection and social care arena also includes assessment of parenting provided to looked-after children and identification of factors implicated in the development of positive attachments in this extremely vulnerable group. In 2006 Carla was awarded a PhD in Child and Adolescent Psychiatry by King's College London for which she developed the Coding of Attachment-Related Parenting (CARP) measure. The CARP has been validated in the context of evidence-based parenting interventions targeting high-risk families. Carla has trained researchers and practitioners, including the FDAC clinical team in the use of the CARP.

Beth L Green is the Vice President of NPC Research and has been involved in evaluating programs for children and families for more than 15 years. Her experience includes managing, designing, and implementing evaluations of programs related to early childhood prevention and intervention, family support, drug and alcohol abuse prevention, community development coalitions, child welfare, and family drug courts. She is currently the Principal Investigator for two large-scale studies of families with dual involvement in the child welfare and alcohol/drug treatment systems, including a national evaluation of Family Drug Courts. Dr. Green has expertise in both qualitative and quantitative methods. She currently serves as a consulting reviewer to Evaluation Practice, Child Development, the *Journal of Social and Personal Relationships*, and *Psychology of Women Quarterly*.

Monday 14 September

SYMPOSIA

Symposium 5: 14.15 – 16.15
Venue: Lecture Theatre K, Faraday Building

Non-Accidental Head Injury: the evidence-base

Convenor: Professor Alison Kemp

A symposium to discuss the scientific evidence-base that underpins the recognition and clinical investigation of inflicted head injury (Non-accidental head injury) in children, based upon the work of the Welsh Child Protection Systematic Review Group.

Dr Sabine Maguire will make a clinical presentation on non –accidental head injury with reference to spinal injury

Professor Alison M Kemp will examine which neuro-radiological investigations should be undertaken and what findings are typical of inflicted head injury

Dr Sian Moynihan's presentation will discuss the profile of retinal haemorrhages in non-accidental head injury

Speakers

Alison is Director of the Welsh Child Protection Systematic Review Group, Professor of Child Health at Cardiff University and Honorary Consultant in Community Child Health. Alison has a long standing research interest in Child Protection and co-ordinated the Severnside Research Project into Non-Accidental Head Injury. She now co-ordinates a primary and secondary research programme looking into the recognition and investigation of physical child abuse and neglect.

Active research programme includes:

1. Welsh child Protection Systematic Review Group www.core-info.cf.ac.uk
2. PROTECT Cardiff Child PROTECTIon Research Programme
 - a. Developing diagnostic tools for bruising in children (MRC funded)
 - b. Developing triage tool for recognition of abusive thermal injury in children
 - c. Biomechanics of fractures in children

Senior Lecturer in Child Health at Cardiff University and Principal Investigator on Welsh Child Protection Systematic Review Group, Dr Maguire has co-ordinated the research team to complete systematic review programmes on the following child protection themes:

Bruising
Fractures
Thermal Injury
Oral Injury and bites
Inflicted Head Injury
Retinal findings and eye injury.

Dr Moynihan is Specialist Registrar in Paediatrics at Cardiff and Vale NHS Trust. Sian has been a lead reviewer with the Welsh Child Protection Systematic Review Group and has taken a leading role in the analysis of Retinal Findings and Burns and Scalds Systematic Review

Symposium 6: 14.15 – 16.15

Venue: Lecture Theatre L, Faraday Building

Religion and Child Abuse

Convenor: Philip Gilligan

Overview

Philip Gilligan will be introducing the symposium by arguing that, in recent years, diverse, but significant, phenomena have combined to raise both the profile of issues related to religion and child abuse and the need for professionals to understand and respond appropriately to them. He will also share data collected primarily from questionnaires completed by professionals involved in child protection and safeguarding work and discuss some of the patterns identified. He will suggest that, despite the apparent emergence of a more general recognition and acknowledgement of these issues amongst many professionals, relevant day-to-day practice remains too dependent on individual views and attitudes, and that practitioners too often continue with 'religion-blind' 'belief-blind' approaches without these being significantly challenged by agency policies or by professional cultures.

Judith Dunn will be speaking about lessons learned through work with the 7 mosques in Newport undertaken in conjunction with a BME Community development worker for Children and Families. The objective of this work was to ensure that each Mosque had an identified Child Protection officer and an agreed Child Protection policy. It included training on safeguarding issues for the mosque and madressah leaders and the establishment of a discussion forum for a core group of representatives from the mosques.

Pearl Luxon will be drawing on her experience with the Methodist Church (6 years) and the Church of England (3 years) to explore the themes of 'safe places' and 'safe practices'. She will suggest that, because the churches still stand in the centre of many communities throughout the country and provide a large number of facilities for children and young people, it is imperative for the churches and its officials to learn about child protection, safer recruitment and professional practice.

She seeks to promote the development of good practice in the churches, including safer recruitment and appropriate responses to allegations, good practice with sex offenders in churches and work on awareness and training. She will reflect upon what can be learned from the churches' experience of criticism and media reactions, from her work with survivors of abuse and what lessons can be drawn for the wider community.

Bob Pull will be speaking about lessons learned from his work with independent churches in London serving congregations with large numbers of African migrants, around 'Child Abuse linked to Accusations of 'Possession' and 'Witchcraft'.

Richard Scorer will be speaking from his perspective as a legal practitioner drawing on his clients' experiences, and examining changes in the Catholic Church's approach to child protection over the past 10 years. In particular he will seek to evaluate the success or otherwise of these changes and how the Catholic church now compares with secular organisations.

Speaker Details

Philip Gilligan is a Senior Lecturer in Social Work at the University of Bradford and author of 'Considering religion and beliefs in child protection and safeguarding work: is any consensus emerging?' (*Child Abuse Review*, 18 (2) 94 - 110).

Judith Dunn is the Business Manager, Newport Safeguarding Children Board.

Pearl Luxon is the Safeguarding Adviser to The Methodist Church of Great Britain and the Church of England. She is also a qualified Probation officer (CQSW) and a church minister and theologian.

Bob Pull is a former police officer who works as the Communities Consultant for the Churches' Child Protection Advisory Service.

Richard Scorer is a Solicitor based in Manchester. He specialises in civil claims on behalf of survivors of child abuse, particularly in the Catholic Church. He has dealt with several hundred such cases over the past decade, including the cases involving Father Michael Hill which prompted Cardinal Murphy O Connor (leader of the Catholic Church in England and Wales) to implement sweeping changes to child protection procedures in the Catholic Church.

Monday 14 September SYMPOSIA

Symposium 7: 14.15 – 16.15
**Venue: Faraday Lecture Theatre,
Faraday Building**

**The Voice of the Child in Court – The
Challenges**

Convenor: Alistair MacDonald.

The current interest in increasing opportunities for hearing the child in proceedings carries with it significant advantages from a safeguarding perspective; listening more readily and carefully to the voice of the child is central to the process by which courts and administrative bodies ensure that potentially draconian intervention in family life is justified. Through the proper articulation of the voice of the child, those charged with safeguarding and promoting the child's welfare, including the Court, increase the accuracy of their assessment of the child's situation, resulting in a more proportionate response, if a response is needed. However, increasing the level of direct participation by the child in the court process also carries with it significant risks. There is a tension between the child's right to be heard and the court's duty to make decisions that safeguard the welfare of that child. If professional practice in this area is not to develop piecemeal, but rather in a way that properly balances the advantages and risks involved, there is an urgent need for debate on precisely how we best facilitate greater involvement of children in proceedings without further prejudicing their welfare. This symposium will examine that question.

Speakers

Alistair MacDonald now specialises exclusively in the law relating to children, concentrating on complex public law cases in the High Court. He also undertakes judicial review work relating to children and families. He is a former Co-Chair of the Association of Lawyers for Children. In that role he was heavily involved in the 2006 DCA/DFES Care Proceedings Review and was a member of the Ministerial Advisory Group on Care Proceedings. Alistair publishes extensively on legal and policy issues concerning public law in Family Law and the Family Law Journal. He provides public law training to Local Authorities, solicitors and family panel justices. In March 2008 Alistair was presented with the

"Birmingham Barrister of the Year award" by the Birmingham Law Society. Alistair is the co-author of "The Children Law in Practice" (LexisNexis UK 2008) and is now a Contributing Editor to Clarke, Hall & Morrison on Children (Lexis/Nexis UK). He is currently writing a major new work on the law and practice of children's rights, due for publication in 2010.

Barbara Esam is a one-woman department at the National Society for the Prevention of Cruelty to Children (NSPCC). She has been with the charity for 13 years, lobbying for children's rights within the UK legal system. Last year saw the publication of the first-ever study into how child witnesses are treated in court.

Debbie Singleton, National Youth Advocacy Service, a UK charity providing children's rights and socio-legal services information, advice, advocacy and legal representation to children and young people up to the age of 25.

Workshop 1: 11.15 – 13.15

Venue: Room 3, Fulton House

Safeguarding and Protecting Children in Different Parts of the UK: learning from reform

Anne Stafford¹, Nigel Parton², Sharon Vincent¹

¹University of Edinburgh, Edinburgh, United Kingdom, ²University of Huddersfield, Huddersfield, United Kingdom

Recent years have seen significant developments in safeguarding and child protection policy and practice across the UK. Each country in the UK has established its own programme of reform and the process of devolution has added a particular dynamic to the developments. The University of Edinburgh/NSPCC Centre for UK-wide Learning in Child Protection (CLiCP) conducts research which aims to track and analyse developments in child protection across the UK. There are a number of common features to systems across the UK; also important differences. Each country has in place its own programme of reform of children's services: Every Child Matters, Change for Children Programme in England; Children and Young People: rights to action in Wales; Getting it Right for Every Child (GIRFEC) in Scotland; Our Children and Young People – Our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland. Across the UK the focus has become one of protecting children within an integrated system of children's services. The workshop provides an opportunity to discuss these developments as a basis for sharing experiences and developing learning. CLiCP staff will present and provide a UK Comparative Framework, setting out and contrasting key policy developments in safeguarding and protecting children in each part of the UK. There will be an attempt to set these developments in the context of earlier shifts in child protection systems across the UK. Discussion will focus on possible learning from this and consider implications for longer term directions of UK child protection systems.

Workshop 2: 11.15 – 13.15

Venue: Room D, Faraday Building

Fabricated or Induced Illness in Children

Richard Wilson¹, Jenny Gray¹

¹Kingston on Thames, Kingston on Thames, United Kingdom, ²Dept for CSF, London, United Kingdom

Paul Davis, Cardiff and Vale NHS Trust
Dr Danya Glaser, GOSH London

This workshop will provide participants with an opportunity to explore the particular learning needs of professionals working with children and families where there are concerns that a child may be the victim of fabricated and/or induced illness. The English Government have recently produced a training pack "Incredibly Caring". This is designed to meet the training needs of practitioners and managers, who come in contact with potential cases of FII, or are assessing and meeting the needs of children and families where there are concerns about FII. During the workshop participants will have the opportunity to learn about these materials and the ways in which they can be used in a diverse variety of settings. In addition consideration will be given to the particular knowledge and skills required of trainers to ensure they promote an effective learning environment.

Monday 14 September WORKSHOPS

Workshop 3: 11.15 – 13.15
Venue: Room 4, Fulton House

Therapeutic Services for Looked After and Adopted Children

The Systemic Psychological Therapies Service: Supporting children and young people's emotional and mental health wellbeing in their journey through care.

Helen Mahaffey¹, Mark Chidgey²
¹*West London Mental Health Trust, London, United Kingdom,* ²*West London Mental Health Trust, London, United Kingdom*

This paper will explore the legal context in relation to the role of CAMHS as a specialist area of fostering services within Hammersmith & Fulham and how this has developed. We shall track the support that is provided, both direct and indirect, to children through consultancy, interactive workshops, training and therapeutic support to foster carers and supervising social workers. This is based on an underpinning belief that by offering specialist input to foster carers in order to help manage the emotional and behavioural difficulties of looked after children the psychological health of the child is then attended to. We shall use case study material and examples of workshops to consider some of the shifts that have occurred in offering a space that is non-reactive and more responsive to the needs of the child and their carers. In light of this, particular attention will be given to the process of reflecting upon the emotional and mental health needs and experiences of children in care. One of the paper's conclusions considers how this impacts upon the understanding and responsiveness of the system of care for children and young people and the lessons that can be learnt from this way of working.

Workshop 4: 11.15 – 13.15
Venue: Room H, Faraday Building

The Best Kept Secret: mother-daughter sexual abuse

Julie Brand
CAPER Consulting: Child Abuse Prevention, Education and Recovery, Longmont, Colorado, United States

Only in recent years have child welfare, mental health and law enforcement professionals recognized females as perpetrators of child sexual abuse. We typically view mothers as nurturing caregivers. We are reluctant to acknowledge that mothers are even capable of sexually abusing children, especially their own children. Maternal incest frequently goes undetected. Mother-daughter sexual abuse is exceptionally under-recognized, under-researched and under-reported.

In the United States, the annual child abuse incident reports do not delineate the number of mothers who sexually abused their own children. In contrast, "The 2003 Canadian Incidence Study of Reported Child Abuse and Neglect" (CIS-2003) does identify specific perpetrators of substantiated sexual abuse. While not specifying the victims' gender, five percent of cases where sexual abuse was the primary substantiated maltreatment involved biological mothers as perpetrators.

This workshop explores the complex dynamics of the incestuous mother-daughter relationship. Participants will learn about the subtle, yet intentional violations of normal mother-child boundaries, the overt and covert forms of maternal sexual abuse and the secrets, rituals and psychological manipulations used to control child victims and to guarantee their silence.

We will explore ways to include mothers as potential perpetrators in prevention programs and in sexual abuse investigations.

Six key therapeutic issues for victim recovery will be identified. The transition from "victim" to "survivor" is essential,

Monday 14 September WORKSHOPS

both for the individual's recovery and also to prevent mother-child sexual abuse in successive generations.

The presenter is both an experienced counsellor and a resilient survivor of mother-daughter sexual abuse.

Learning Objectives

Participants will:

1. Describe three interpersonal characteristics of the incestuous mother-daughter relationship.
2. List two ways to include mothers as the potential perpetrators in prevention programs and also during sexual abuse investigations.
3. Identify four therapeutic issues critical to victims' recovery from mother-daughter sexual abuse.

Workshop 5: 11.15 – 13.15 Venue: Room 1, Fulton House

The Participation of Children and Young People in Service Development

How It Looks to Me

Christine Smart, Benjamin Hitch, Sarah Woodhead
Cafcass, London, United Kingdom

Despite increasing emphasis in service users' rights, questions remain about the extent to which vulnerable young people can be involved in service development (Alderson 2008). The government has said "their voice should be heard by people in positions of authority" (House of Commons 1998, p. xlviii). John (2003) suggests the missing dimension in most discussion about children's rights is 'power'; it is the lack of this which effectively silences young people. This workshop starts by presenting findings from a service-user led research project that developed from a consultation exercise completed by a statutory children and families social work agency.

The consultation exercise had two aims: (a) understanding children's experiences of services and (b) gathering their recommendations about improving services to ensure it met their needs. The project was designed as a collaborative effort between young people, agency representatives and academic researchers. Central to development was the desire to ensure this work incorporated those issues young people considered most important; they were involved fully in its design. The consultation project involved over 200 young people and provided data that was used to provide a baseline from which to assess practice improvements through an evaluative research project over the next two years.

The materials from this research project provide a starting point for participants to discuss the following issues:

- How much can agency consultation events avoid token involvement of young people and really address what young people want rather than professional agendas?
- How can young people's views be used most effectively in service development?

Monday 14 September WORKSHOPS

- How can research projects led by young people challenge power dynamics within services and improve their safety?

This workshop will be led by young people who were involved in the consultation event, supported by professionals from the agency.

Note: References:

Alderson, P. (2008), *Young Children's Rights: Exploring Beliefs, Principles and Practice*, 2nd edition, London: Jessica Kingsley

House of Commons (1998), *Second Report of the Health Select Committee: Children Looked After by Local Authorities (HC 319-1)*, London: the Stationery Office.

John, M (2003), *Children's Rights and Power: Charging Up for a New Century*, London: Jessica Kingsley

Workshop 6: 11.15 – 13.15 **Venue: Castle Room, Fulton House**

The Role of Faith-Based Organisations in Protecting Vulnerable Children and Young People

Safe places, safe practices; how the church responds to the agenda of safeguarding? What lessons for practice?

Pearl Luxon

The Methodist Church and the Church of England, London, United Kingdom

Drawn from my experience as Safeguarding Adviser for the Methodist Church of GB for the last 6 years and also for the Church of England for the last 3 years, I explore the themes and good practice that have been developed in the churches over the last 15 years. I will reflect upon practices and learning in my role, from experience of criticism and media reactions, to draw lessons for the wider community. I will suggest challenges for Safeguarding in the wider community.

The churches still stand in the centre of many communities throughout the country and provide a large number of facilities for children and young people. It has been imperative for the churches and its officials to learn about child protection, safer recruitment and professional practice. How has it done this and what adjustments were needed? What questions remain?

I will cover: -

- a) development of safeguarding good practice in the churches, including safer recruitment and responding to allegations
- b) what good practice we promote with sex offenders in churches
- c) work on awareness and training

As the church has historically championed the care of the vulnerable and needs of the community; how has the turn of history affected this and how have the institutions and disciplines of the church adapted?

Discussion will focus on participant's experience of developing good safeguarding practices in religious groups or in the voluntary sector, the benefits and pitfalls.

Monday 14 September WORKSHOPS

Fully committed? Rhetoric and reality in response to priests convicted of abusing children: one parishioner's experiences in the Roman Catholic Diocese of Salford.

Philip Gilligan
Senior Lecturer in Social Work at the University of Bradford

This paper will explore, in particular, Philip's experiences of and responses to the announcement in November 2001 by the Roman Catholic Bishops of England and Wales that they were fully committed to the implementation of the Nolan Report and the subsequent development of child protection and safeguarding procedures in the Diocese; the Cumberledge Review and changes made in the wake of its publication in 2007; and his attempts, as a parent and parishioner in the Diocese, to correspond with the Bishop and others about matters related to child protection during the past two years. He will do so with particular reference to the case of the parish priest of a local church which he sometimes attended with his children, who in 1998 was sentenced to six years imprisonment for five offences of indecency against a boy under 16, who has not been laicised and who, in 2009, is living in accommodation owned by the Diocese.

Others will be welcome to contribute their experiences (positive or negative) to discussions and attempts made to begin to place such experiences in a broader context. Philip will suggest that in faith communities, as elsewhere, there is a danger of being lulled into complacency by superficial rhetoric from institutional leaders in the absence of genuine openness, transparency and commitment.

Aneeta Kulasegaran
Child Development Advisor
Tearfund UK

This workshop will outline the challenges encountered in protecting vulnerable children globally within faith-based organisations (FBOs) working in high-risk communities (areas of armed conflict; severe poverty; abuse of alcohol and drugs etc).

As an international charity Tearfund UK has undertaken the mammoth task of supporting

Christian charities and churches globally (particularly Latin America, African continent, Central Asia and Asia) to examine their work with children.

Tearfund is one of the founding NGOs in a Coalition known as Keeping Children Safe (together with World Vision, Plan, Save the Children) and the toolkits have been extremely useful in supporting partners in building the capacity of FBOs. With our support, partners have an understanding of what constitutes abuse, skills to recognise indicators, are developing preventative and intervention strategies and policies to act swiftly when allegations arise. They are enabled to assess the risks, promote a culture of transparency and support child participation thereby bringing about lasting change.

This workshop will be an interactive session to share good practice on how to make the world a safer place for children as well as being an interactive session where participants can familiarise themselves with the Keeping Children Safe toolkit and use the same in their work.

Monday 14 September WORKSHOPS

Workshop 7: 14.15 – 16.15
Venue: Room 1, Fulton House

Safeguarding Children who have been Trafficked

Hidden Children - safeguarding trafficked and privately fostered children

Laura Wirtz
The Children's Society, London, United Kingdom

Hidden children are children from abroad in the care of someone who is not their parent or usual carer and are either exploited or subject to ill treatment once they arrive. The need for the research emerged from direct casework with separated refugee children in East London. The presentation is the result of a one-year action research project in which data was collected from hidden children and the professionals who support them.

A group of former hidden children were involved throughout the research to devise the ethical approach and methodology and to analyse the data and make recommendations. Interviews were participatory and young people-centred, involving mapping exercises and empowerment tools.

The workshop will demonstrate and evaluate the methods used and share the recommendations from the research report.

Workshop 8: 14.15 – 16.15
Venue: Lecture Theatre M, Faraday Building

The Impact of Female Sexual Abuse

"I need to know why mum did it"

Sherry Ashfield, Deborah Jones
Lucy Faithfull Foundation, Birmingham, United Kingdom

Although awareness of female sexual abuse has increased acknowledgement regarding the impact of this abuse remains limited. Research indicates that professionals view sexual abuse by females as less harmful than sexual abuse by men and make efforts to transform it into more culturally acceptable notions of female behaviour (Denov 2001). Consequently when a woman is convicted of sexual abuse outside the family little attention is given to the wider impact of her offending for family members. Female sex offenders are often primary carers and unlike their male counterparts are frequently allowed to remain/return to the family home with little consideration given to the impact of their behaviour for their birth children. Risk assessments appear to concentrate solely on direct risk of sexual harm with little consideration given to wider issues of emotional impact and confused messages her children have received regarding sexual boundaries. Often an assumption is made that male partners are equipped to deal with the children's distress without any consideration of the impact they have experienced and the challenges this might present to their constructs of masculinity. Condry (2007) speaks of the "web of shame" experienced by families of offenders and contact with these children indicate that levels of shame and stigma are exacerbated when the abuser is their mother. The attempts of adults around them to transform her behaviour into acceptable norms leads to the development of unhelpful thinking about adult sexual responsibility, including apportioning blame to themselves, non offending parents and victims. This workshop aims to use case study material relating to children of female abusers to generate discussion and encourage participants to reconsider their perceptions of factors they need to consider in order to safeguard these children against harm.

Workshop 9: 14.15 – 16.15 **Venue: Room H, Faraday Building**

Internet and the Media: the impact of new technology

Understanding Online Grooming in the 21st
Century - a case study of the London
Metropolitan Police

Jonathan Taylor
*Metropolitan Police, London, United
Kingdom*

This presentation discusses the covert policing of the internet conducted at the High Technology Crime Unit (HTCU) and Paedophile Unit at the London Metropolitan Police Headquarters from 2005 to 2009. Furthermore, it presents current police tactics which involve the use of covert internet investigators. From Jan 2008 to Feb 2009 the Metropolitan Police HTCU identified 273 predatory paedophiles, who all interacted with undercover police officers and committed sexual offences against children. This was achieved by creating Child profiles on Social Networking Sites. This is the first time this has been done within Europe.

The covert policing indicates that although the Internet is a vital tool for education and communication, children can however encounter dangers when online. Sex offenders socialise and groom children for personal gratification or as preparation for sexual abuse. They do so by using a number of identities and different profiles, adapting to children's computer language and learning about their hobbies and interests in order to groom them for abuse. According to Sentencing Guidelines (2007) (Sentencing Advisory Panel, 2007), sexual grooming is a serious predatory offence which can be defined as a process of socialisation during which an offender interacts with a child in order to prepare him/her for sexual abuse (Sexual Offences Act 2003).

Findings also highlight the difficulty of policing the Internet as it has provided sex offenders with greater and easier opportunities to anonymously target a larger number of victims. Recent initiatives undertaken in the UK include mass public

awareness campaigns; new legislation; education and research programs along with proactive undercover policing on the Internet.

Predator - Online Grooming - The real
problem

Mark Williams-Thomas
*Birmingham City University, Birmingham,
United Kingdom*

Last year I presented a programme for ITV 'Tonight' where I exposed the real dangers lurking in chatrooms and social networking sites – used by millions of children in the UK every day.

Following this programme, and for the last 9 months, I have been given unique access to film the work of a specialist police force Paedophile Unit - for two 1 hour specials, which will be broadcast in the summer of 2009. The programme will reflect the reality of the problem, and whilst shocking, offer an amazing insight into the world of an internet predator.

The internet plays an important part of our children's development - important; for research, playing games, and communication, but does the internet have a darker side?

The simple answer is yes - lurking on the internet are predators: paedophiles seeking out children to groom and then abuse. The internet has no boundaries, it affords the online groomer: Anonymity, Affordability and Accessibility. It also blurs the boundaries between what is real, and what is virtual.

As such it makes children particularly vulnerable. Research by the US Attorney General stated that there are in excess of 50,000 predators online, grooming 1 child in every 5. Further research by the Child Exploitation and Online Protection Centre revealed that 1 in 12 of the eight million British children with internet access have gone on to meet someone in reality, having met them on the internet.

The true picture is however even more worrying - although reported crimes over the last three years show that 25 children have been groomed and then abused by online predators, I know the true figure is

Monday 14 September WORKSHOPS

much higher. In one police force alone, where they use undercover online officers, if they had the resources, they could, meet and arrest an online groomer everyday. My workshop will provide a behind the scenes journey as to the dangers of the internet groomer, and most importantly what needs to be done to tackle this crime, which I believe is totally out of control, and by and enlarge, completely un-policed.

The link between violent media and antisocial behaviour in children and young people

Kevin Browne

Professor of Forensic Psychology and Child Health

Institute of Work, Health and Organisations
University of Nottingham, U.K.

It has been argued that if the proportion of violent crime was to be reduced by the amount contributed by violent media entertainment to an individual's predisposition for antisocial behaviour (approximately 10%), then the overall effect on society would be dramatic. However, screen effects are not the same for every person. The importance each DVD film scene or computer game image has to an individual, and the meaning they ascribe to it, is determined by their background and the context in which it is viewed. For example, experiencing "real" violence in the home may have a considerable effect on how violence on the screen is perceived and adopted as an example of acceptable behaviour.

Violent computer games, film and TV reinforce the distorted thoughts and antisocial behaviours of those already predisposed to violent behaviour. However, for those individuals not predisposed to violence it is unlikely that these media experiences would encourage them to commit violence, although it is well established that non-violent individuals become desensitized to violent imagery by frequently watching violent TV and film.

Predispositions to violence are a complex mixture of temperament (in part genetic), early experiences and personality factors such as a sense of self-worth. Individuals with low self-esteem feel easily threatened and together with distorted ideas about

physical confrontation, low empathy for others and self-centred moral values, these factors may combine to form a volatile person easily triggered to violence, possibly by playing violent DVDs or computer games.

Children and young people with a predisposition to antisocial acts should be carefully monitored in their use of violent media entertainment, with appropriate intervention where necessary. This is because they are more vulnerable to the effects of violence media entertainment than those individuals not predisposed to antisocial behaviour. DVD film makers and computer game producers fail to take into account that many children and young people look at the violent scenes devoid of the overall context and repeat them over and over again, often in slow motion. Hence, violent imagery may often be seen out of context and the consequences of violence not observed. A similar argument can be made for sexual imagery on DVD and in computer games.

A recent trend is to market super hero toys and commodities to young children, despite the fact that these toys are associated with films and computer games considered suitable only for teenagers. (E.g. *Dr Who*, *Star wars*, *Lord of the Rings*, *Harry Potter*, *Batman*, *Spiderman*, *Superman* and *Pirates of the Caribbean*). Understandably, young children become upset because they cannot see the films or play the computer games about the toys that have been bought and that they own. Parents find this inconsistency in marketing difficult to handle and often give in.

It is therefore recommended that violent scenes are removed from DVD, films and computer games that are associated with toys and merchandise for children less than 12 years (and released with a recommendation of Parental Guidance). Where young children watch imagery recommended for older children (12 years and above), they should *not* do this alone or with other children. Parents and carers must share media experiences with young children, especially when viewing of material with violent and horror imagery aimed at older children. By asking questions of their parents/carers during viewing, the child is helped to critically appraise what they see, in terms of its realism, justification and consequences.

Monday 14 September WORKSHOPS

Overall, psychological research has concluded that an association exists between aggressive behaviour and viewing violence on the screen. This justifies some level of control over violent images in media entertainment directed at children and young people. With the proliferation of the internet and interactive computer games containing violence as a form of entertainment, there is an urgent need for further psychological research to gain knowledge of the effects of viewing violence under various contexts and conditions. The importance of this work needs to be emphasised to all those concerned with the welfare of children and their families.

Reference

Browne, K.D. and Hamilton-Giachritsis, C.E. (2005). The influence of violent media on children and adolescents: A public health approach. *The Lancet*. **365**, 702-710.

Workshop 10: 14.15 – 16.15

**Venue: Room 3, Fulton House
Forensic Child Protection Assessment
Units**

Responding to Victims of Sexual Violence:
the Role of the Sexual Assault Referral
Centre

Catherine White, Bernadette Ryan, Joanne Muccio
*St Mary's Sexual Assault Referral Centre,
Manchester, United Kingdom*

St Mary's Sexual Assault Referral Centre (SARC), Manchester, was established in 1986. To date 13,000 clients have attended. Due to the increasing numbers of younger victims being seen, a dedicated Children's service was opened in 2006. In the first three years 1220 children have attended. The workshop explores the role of the SARC, and how it aims to meet the medical, forensic, and psychological needs of these children and young people.

Young People and Sexual Assault

Louise Morgan, Samantha Keeling
The Havens, London, United Kingdom

The needs of young people following rape and sexual assault are varied and often highly complex. Education, relationships, sexual health, alcohol and drug use, self harm, body image and issues around social inclusion are all factors that play a role in the young person's wellbeing. A complex mixture of emotions and developing attitudes and belief systems all contribute to young people's vulnerability towards sexual assault. There may be a lack of clear boundaries and young people may find themselves in situations they are not yet equipped emotionally to manage.

The aim of this paper is to illustrate how the needs of young people differ from those of adults and to emphasise the importance of tailoring services to care for young people who have been sexually assaulted. To support this, the paper outlines the services available to young people at two sexual assault referral centres in London, known as the Havens, and the role of the young persons' workers.

Monday 14 September WORKSHOPS

The paper also presents the findings of an audit of young clients who attended the Havens between December 2006 and November 2007 and summarises the sexual violence prevention programme that is run by Havens young persons' workers in local schools.

A Purpose Built, Multi-Agency, Child Protection Assessment Suite

Jan Reiser, Mary Emson
E&N Herts NHS Trust, Stevenage, United Kingdom

The creation of a Child Protection Assessment Suite (called the Bramble Suite) at the Lister Hospital has enabled improvements in the quality of the service to these vulnerable children.

The purpose designed and built facility is child centred, planned for the specific tasks required (ABE interview, clinical examination, sample collection, evidence recording and strategy meetings) in line with the recommendations made by Working Together to Protect Children {DoH 2006} and the National Service Framework for Children outlined in the paragraph "The child's journey through services" {DoH, 2003}

The suite comprises of:

- A play/waiting room
- ABE room with adjacent monitoring room
- Clinic style interview room
- Examination room with ceiling mounted colposcope
- Meeting room with projection facilities (Video-conferencing equipment due to be installed)
- Kitchenette
- Offices for:
 - o Specialist and named nurses
 - o On call doctor
 - o Police and Social worker (with computer links to their systems)

The creation of a 'one-stop shop' enables children and young people to have one examination, with the multi-agency team. The combination of 'achieving best evidence' interviews with examination, obtaining both forensic and clinical material and photo/video records is achieved. This not only reduces the number of examinations which in itself can be distressing but it also contributes to decreasing the overall anxiety and stress experienced by both the child, parents and staff.

Better use of resources within the trust allows better support to staff undertaking this difficult work and has enabled a single rota of paediatricians to cover the service. Multi-agency collaboration with police and CSF has been facilitated.

References

- Department of Health [2006] Working together to safeguard children. London The Stationery Office
- Department of Health [2003] Standard for Hospital Services. London The Stationery Office.

**Workshop 11: 14.15 – 16.15
Venue: Room 4, Fulton House**

**Improving the Well-Being and Safety of
Children with a Disability**

Moving Mountains: enabling children,
disabling child abuse

Karel R. Amaranth, MA
*Executive Director, Butler Child Advocacy
Center at the Children's Hospital at
Montefiore*
kamarant@montefiore.org

Statistics indicate that children with disabilities are three times more likely to be abused and/or neglected than typical children. This appalling statistic is further complicated by the challenges of identifying abuse of children with disabilities, the lack of prevention programs that are accessible and appropriate for children with disabilities, and the prevailing public attitude that such abuse is unthinkable. A further challenge is that some institutions and facilities may be hesitant to report abuse of children with disabilities out of concern that they will inadvertently make things worse by revealing problems they cannot resolve. The workshop will address these issues through a multi-front, skill-building to impact on the well-being and safety of children with disabilities. The goal is to assist professionals in all fields of child abuse services to develop skills to prevent, evaluate and treat children with disabilities. The workshop will provide training based on our project which is accomplishing the following:

- Training child advocacy and criminal justice staff to communicate effectively with children with disabilities and their families.
- Prepare professional providers of care to prevent and intervene in cases of child abuse;
- Work with children with disabilities and families to recognize and prevent abuse.
- Create and disseminate an on-line manual to prepare/support child advocacy and criminal justice staff to work effectively with children with disabilities and to train providers of children's services to recognize abuse and access resources to end and prevent its recurrence;

- Develop an interactive on-line abuse awareness and recognition workshop for children and families to help them prevent abuse of all kinds; and,
- Develop a multi-disciplinary moving mountains advisory committee to create a network of mutual support, expertise and resources.

The workshop will provide a review of the literature and research, specific skills for interviewing children with disabilities and resources for services development. Each participant will leave the workshop with a "next steps" unique to their agency or office.

Monday 14 September WORKSHOPS

Workshop 12: 14.15 – 16.15

Venue: Castle Room, Fulton House

Evaluating Programmes- methodology and considerations to produce a good evaluation

Dr Beth Green

Vice President of NPC Research, Oregon, US

This workshop will discuss key elements of successful program evaluations, using examples from the presenter's 18+ years of experience conducting evaluations of early childhood and family support programs in the United States. Concepts to be discussed include: developing and utilizing program logic models for evaluation purposes, identifying and prioritizing evaluation research questions, using participatory evaluation approaches, incorporating qualitative and process data into outcome evaluations, and developing useful reports and products. The workshop will include discussion of the contextual and other factors that can significantly facilitate or hinder the success of a program evaluation. Audience members are encouraged to bring their own questions and examples to the workshop for discussion. This workshop is targeted at both individuals with basic and intermediate experience in conducting program evaluation.

Workshop 13: 14.15 – 16.15

Venue: Marino Room, Fulton House

Using Innovative Technology to Safeguard and Promote Wellbeing of Children and Young People: everything you wanted to know about e-learning and other learning technologies but were afraid to ask...

Abby Dacres¹Chloe Weatherhead²

¹Safeguarding Children e-Academy Manager ²Housing e-Academy Manager Virtual College Ltd

Safeguarding and promoting wellbeing of all children is everyone's business; but it is becoming increasingly difficult to deliver training to raise levels of awareness in these areas. Resources are stretched and sometimes keeping everyone up to date with an ever changing agenda feels like painting the Forth Bridge. In recent years we have seen a real emergence in the use of innovative technologies to help us in this task. This workshop looks at new technologies in use; not only to help face-to-face trainers reach the wider children's workforce, but also to help engage hard to reach young people. Some you may have heard of but just want to know a bit more about; some will be very cutting edge, but we will try and demystify it for you. This workshop will be aimed at non-technical people who are curious or want to know more about these emerging technologies in a refreshingly simple way.

Chloe and Abby's talk looks at how the new emerging technologies are being used to educate and engage health and social care workers and young social housing tenants. Chloe will give a talk on how Virtual College's Housing e-Academy is using new mobile learning technology to engage hard to reach youngsters on housing estates; followed by Abby Dacres, who will talk about how e-learning is currently being widely used to train the children's workforce. The talk addresses the issues faced by employing online learning and gives an insight into the different ways in which the Internet is being used to maximize training resources nationally. Delegates will be given the opportunity to try out some of the technologies mentioned (time permitting).

Monday 14 September WORKSHOPS

We aim to cover:

- e-learning for awareness raising and to maximize resources of training departments
- e-learning on the cheap – create your own using blogs, PowerPoint and other simple tools
- Tools for engaging hard to reach young people – look at ways that mobile phone technology is being used to educate and engage young people
- Learning management systems – how they can help track and monitor effectiveness of your training provision
- Web tools for research, consultation and informing.

The Safeguarding Children e-Academy operates as a community of practice and currently has 55 members nationally with 98,000 learners currently studying the awareness of child abuse and neglect course. Visit our stand to look at the full course prospectus.

The Housing e-academy operates as a best practice sharing club developing new training solutions in order to engage with those working within, or alongside, the Housing sector.

Monday 14 September

FP 1: 11:15 – 13.15
LOCATING AND ASSESSING RISK IN
ADULTS AND CHILDREN
Venue: Room B, Faraday Building

FP 1a – Child Homicide and Parental
Mental Health: Re- appraising Risk

Julia Stroud
University of Brighton, Brighton, United Kingdom

While it has been established that child death is associated with parental mental ill health, there can be a tendency to locate risk in the parent's mental health problem per se. Hitherto, research has not inquired specifically into the pre-offence experiences of such perpetrators and how these may relate to parental mental health, risk to the child and commission of the offence. A qualitative, psychosocial study explored the pre-offence experiences of 68 adults (mostly parents or carers) who killed or attempted to kill a child: data came from forensic psychiatric assessments for court. Complex, intricate and interactive processes were found in respect of interpersonal relationships, stress and mental health and the relationship of these factors to the offence. In childhood, perpetrators experienced severe adversity and in adulthood all experienced stress. Severe relationship problems and isolation interacted with mental disorder, causing further stress and affecting available support. Significant others did not understand or respond to perpetrators' mental disorder and children were rendered vulnerable through being left in the perpetrators' care. 'Clues', warning of future violence were found in half of cases. Perpetrators attempted to seek help for their difficulties, but were unsuccessful through seeking help from the wrong source, or not revealing the extent of mental health problems. Perpetrators described difficulties in their relationship with the child in half of cases and one third of cases victims were born after unplanned pregnancies. While sources of stress were heterogeneous, common patterns were found in time scales: in approaching half of cases an increase in stress was found shortly before the offence, worsening mental state, perceptions and increasing risk. The study emphasises the central importance of relationship issues, wider family and environmental factors when assessing risk to a child. A need for more

easily accessible therapeutic interventions is highlighted also.

FP 1b – Challenging Practice – Lessons
Arising From the Victoria Climbié Inquiry
and Baby P Case. (With Reference to
Current Interventions with Families Where
Drug and Alcohol Use Is a Factor) An
Integrated Family and Multi-Disciplinary
Approach

Rhian Stone, Dave Bowditch, Rhoda Emlyn-Jones, Suzy Kitching
Rhian Stone, Cardiff, United Kingdom

Objectives/purpose

A key aspect of our safeguarding system which was given insufficient focus during the Victoria Climbié Inquiry arose very clearly in the case of Baby P. That gap was around professional practice and what system is required to support the people within it to safeguard children effectively. To address this requires thinking about the system as a set of relationships rather than solely about structures and managerial processes. It requires a focus on the people within it – on the interactions between the family, child and professionals; and the emotional impact of this work on decision making.

There is a growing network of professionals, many of whom are working with families with drug and alcohol problems who are practising in this way and applying reflective practice and emotional intelligence in their work. We will demonstrate how safeguarding work can be effective through an integrated family approach with an emphasis on good professional practice.

Methods

Many families with drug and alcohol problems have a range of complex and interrelated problems including mental health problems and intergenerational poverty. The evidence base in relation to the growing needs of these families is well documented (Hidden Harm ACMD 2003). During the workshop we will demonstrate our approach through the presentation of service interventions from;

- Middlesbrough Families First Project
- Option 2 Cardiff

Our aim is to show how these approaches to safeguarding families, apply the lessons from Victoria's case and baby P and enable us to work more effectively with families with

Monday 14 September

Free Paper: FP1 – FP10

complex needs. This model can be replicated within any local area/ or country and will be of benefit to delegates at the conference.

Results/outcomes

The benefits of this approach are:

- improve outcomes
- cost effective
- facilitates a multi-agency approach
- provide more effective 'wrap around' services – treatment, health, housing
- links adult services with children services
- improves decision making, reduces family breakdown and children entering the care system

FP 1c – Safeguarding the UK's Children: the Cambridgeshire Multisystemic Therapy for Child Abuse and Neglect Project

Helen Jones¹, Cathy James¹, Jenny Gray¹, Cynthia Swenson¹, Joanne Penman¹, Brigitte Squire¹, Tom Jefford¹

¹Department for Children, Schools, Families, London, United Kingdom, ²Department of Health, London, United Kingdom, ³Department of Child Protection, London, United Kingdom, ⁴Medical University of South Carolina, Charleston, South Carolina, United States, ⁵MST Services, Inc., Charleston, South Carolina, United States, ⁶Cambridgeshire Youth Offending Service, Cambridgeshire, United Kingdom, ⁷Cambridgeshire Youth Offending Service, Cambridgeshire, United Kingdom

Objective: This workshop describes a 4-year pilot of Multisystemic Therapy for Child Abuse and Neglect being conducted in Cambridgeshire. Attendees will learn the theoretical and empirical basis for the MST-CAN model and develop an understanding of the clinical application to families where physical abuse and/or neglect have occurred. Method: Though physical abuse and neglect represent the majority of child protection cases little has been known regarding evidence-based treatment for families who experience such maltreatment. The MST-CAN model was developed and tested in a 5-year randomized effectiveness trial in the United States for families who come under the guidance of child protection for physical abuse. An earlier efficacy trial applied the MST model to cases of child neglect. MST-CAN is an intensive, home-based, ecologically oriented treatment model.

The current project is taking place through the Child Protection office in Cambridgeshire and is funded by the Department for Children, Schools and Families and Department of Health. Carers and youth complete pre and post-treatment measures of mental health functioning. Also measured are number of youth in placement, days in placement, placement changes, and re-abuse.

Results: The outcomes of the 5-year trial in the U.S. indicate greater reduction for MST-CAN in mental health symptomatology for youth and carers, reductions in parent to child violence, and fewer youth in out-of-home placements and greater increase in natural social supports relative to enhanced outpatient treatment. Following this trial, transportability pilots have begun to adapt the model to differing contexts. The MST-CAN Cambridgeshire Project is the first pilot on Europe.

Conclusions: MST-CAN is currently being implemented in Cambridgeshire for families with serious clinical needs and who are under the guidance of Child Protection due to physical abuse and/or neglect. Some adaptations have been made to procedures to fit in the Cambridgeshire context. Pilot outcomes are forthcoming.

FP 1d – How Can We Help Child Protection Professionals Make Safer Risk Assessments for Children In Need of Protection?

Heather Wood

Bournemouth University, Bournemouth, United Kingdom

The post war history of child and family child protection services demonstrates how tensions between a priority on family support and enabling children to remain with their own birth families versus the need to prevent suffering through further neglect or abuse of children living with parents who struggle to cope on a daily basis. Child protection professionals are criticised when cases go wrong, but this study identifies a lack of an effective risk assessment tool to inform some of the most difficult decisions in modern welfare practice.

In practice, most such cases do not result in children being removed from their birth families and they remain at home.

Child protection teams currently rely on professional experience rather than formal risk assessments when considering whether there is a risk of a child suffering further neglect or abuse when they remain with their families. The objective is to assess the feasibility of using formal risk assessment tools to identify those children who are at risk of further abuse or neglect under these circumstances. Since such children are a greater risk of further injury or impairments which may affect their long term developmental outcomes, it is important to be able to identify those at greatest risk as early as possible and prevent any further significant harm.

This PhD study in progress considers how best to support child protection teams with valid and reliable evidence based risk assessment models alongside existing tools for full assessment based on the Common Assessment Framework. A systematic literature review of the evidence for effective risk assessment draws on a wide range of international sources analyses the best evidence for practice and identifies an existing actuarial risk assessment model which focuses on the risk for the specific child who remains in their family homes subject to a child protection plan, but still at potential risk of further neglect and abuse.

UK risk assessment tools have previously been based on professional consensus about the range and weighting of factors associated with families where children have been abused or neglected. The difficulty in choosing and weighting the most significant predictive factors of risk to children has been addressed more recently using actuarial statistical methods to identify the most significant risk factors and weight them accordingly. While these tools are not perfect predictors, they demonstrate better identification of risk than unaided professional judgements or consensus based assessments. This has led to their wide adoption in the USA. The assessments also have the merit of being compact and speedy to use in practice.

The actuarial tool is based on the widely accepted Michigan Family Risk Assessment of Abuse and Neglect (FRAAN) which has now replaced older assessment models in most states. This assessment tool is suitable in language and format for UK trial with a cohort of closed child protection case files

from a UK local authority and this is the next stage for this research. The Anglicised version of FRAAN, together with the detailed instructions for completion, will be used to test the feasibility of risk assessment being applied within child protection cases in the UK.

Monday 14 September

Free Paper: FP1 – FP10

FP 2: 11:15 – 13.15

EFFECTS OF THE LEGAL SYSTEM ON THE WELL-BEING OF CHILDREN AND FAMILIES
Venue: Room C, Faraday Building

FP 2a – Parental Engagement and the Limits of Procedure: Reflections on the Public Law Outline

Karen Broadhurst¹, Kim Holt²

¹*University of Lancaster, Lancaster,*

²*University of Bradford*

Whilst the word 'partnership' does not appear in the Children Act 1989, the practice guidance that accompanies this act places a requirement on social workers to work in partnership with parents. 'Partnership working' has become something of an everyday mantra in social work practice and education - even where the possibilities for this good practice principle may appear elusive. Focusing on a specific context of partnership working, this paper critically debates the recent legislative and procedural demands of the Public Law Outline (PLO) with respect to parental engagement in the context of care proceedings. The authors seek to problematise the PLO's vision that changes to protocols and procedure may result in more effective parental engagement and thus, ameliorate problems of the judicial process for children and their families.

The authors commence with issues of definition and discuss slippage between concepts of 'partnership', 'engagement', 'cooperation' and 'involvement' within the extant literature, that includes academic analyses, policy, legislative and practice guidance. They consider the specific vocabulary of parental engagement within the Public Law Outline. The authors then draw on alternative formulations of the service user-practitioner interface, drawn from social worker's own accounts of their practice with parents. Finally, the authors return to the aspirations of the PLO and locate their conclusions within a broader discussion of the ameliorative limits of policy and legislation.

FP 2b – The experiences of Cafcass (England) practitioners in safeguarding children whose cases involve complex immigration issues

Jonathon Guy, Colette Beech
Cafcass, London, United Kingdom

Cases where there is unclear immigration status for either children or adult parties have been identified as some of the most complex for Cafcass. There is concern from the judiciary and the voluntary sector about the interface between the family/civil/criminal courts and the effect this can have on the wellbeing of children involved. Additionally, there is an increased interest in wider immigration issues for children, including obligations to provide guardianship for unaccompanied asylum seeking children and UKBA's duty to safeguard children under section 11 of the Children's Act 2004. Throughout 2009, Cafcass (England) has undertaken a thorough analysis of internal and external data across three demographically varied regions of England to determine the factors that affect the agency's ability to safeguard children in cases involving complex immigration issues. The agency has also conducted extensive interviews with practitioner staff to ascertain the barriers to safeguarding. The principal aims of the study are to:

- Identify the impact complex immigration issues have on case outcomes and on the execution of Cafcass' safeguarding duty, and on the best interests of children and young people involved
- Identify whether practitioners feel the needs of children in these cases cannot be met by Cafcass, and whether interagency working can be used to meet these needs
- Build Cafcass' evidence base, to improve practice in cases that feature complex immigration issues, and to contribute to wider policy developments across Government.

This paper will provide an understanding of the common characteristics of cases that Cafcass practitioners identify as those with complex immigration uses and will identify the barriers to safeguarding children within these cases. The paper will also report on the results of a structured questionnaire administered to Cafcass guardians and on the progress of semi-structured interviews with social work practitioners and service users.

FP 2c – Problems and possibilities in the new approach to care proceedings in England and Wales

Judith Masson

Bristol University, Bristol, United Kingdom

In April 2008, a new procedure was introduced for care proceedings, the Public Law Outline or PLO together with new guidance for local authorities (DCSF, Children Act 1989 Vol 1 Guidance (2008) on preparing cases for court, focusing on greater engagement with parents. These changes which were developed following the Child Care Proceedings System Review were intended to divert cases where proceedings could be avoided, to ensure that the courts could handle remaining applications more quickly and to reduce the court and legal aid resources expended on care proceedings.

Drawing on a quantitative study of 386 court files relating to care proceedings commissioned to provide baseline data against which the reforms could be assessed (J.Masson et al, Care Profiling Study, MoJ, 2008) and current qualitative work on the operation of the PLO, the paper discusses the likely impact of the reforms on children's well-being, parents rights and child protective services.

Key issues for consideration include: -

- * the potential for fewer and more positive interventions for children;
 - * the risks to children of delaying intervention;
- and
- * the advantages and disadvantages of avoiding the involvement of the court where out of home placement is required.

The data allows these issues to be explored in the light of past practices, recognizing that those who work in the child protection system are likely to be faced with similar cases despite changes in procedure.

FP 2d – Child Homicide: A study of police records in Victoria, Australia.

John Frederick

Monash University, Melbourne, Australia

This paper will report on an examination of the homicide records held by Victoria Police gathered during their investigations of all child death cases over the past 20 years.

Homicide squad investigations are comprehensive and detailed, offering an invaluable source of data for examining the familial and systemic circumstances which have contributed to the death of a child. Despite a number of significant international studies analysing such records, similar research has not previously been conducted in Australia.

The project aims to achieve a number of significant outcomes for vulnerable children and families. Specifically it will:

- Identify the prevalence of specific risk factors in the family and individual backgrounds of children who are murdered;
 - Contribute to a knowledge base about child homicide in Australia;
 - Examine the link between child homicide and broad community acceptance of violence directed towards children;
 - Develop an assessment based assessment and intervention framework to be used to improve protective and therapeutic responses to abused and neglected children;
- and,
- Inform the development of an agenda for policy reform in the area of child protection and child abuse prevention.

FP 2e – Evaluating the Public Law Outline in child care and supervision orders in the family courts

Patricia Jessiman

National Centre for Social Research, London, United Kingdom

Many but not all changes in the management of care proceedings date back to the period surrounding an 'end to end' cross government review of the care proceedings instigated by the Public Law Review Team (Department for Constitutional Affairs and Department for Education and Skills, 2006). The Review focused on s.31 applications against concerns about the percentage legal aid bills devoted to these cases – and rising volumes of costs. The Review considered the handling of cases both pre-proceedings (in terms of the practices of local authorities) and during court proceedings. The initial Protocol for Judicial Case Management in Public Law cases (2003) consisted of six stages; the PLO (2008) has simplified that Protocol, reducing it to four stages and integrating the pre-proceedings protocol with regard to documents which form a pre-proceedings

Monday 14 September

Free Paper: FP1 – FP10

checklist and which should, where possible, be filed for the first court appointment.

This paper describes a process evaluation of the Public Law Outline in Family Courts carried out between November 2008 and March 2009 across three initiative areas. The objectives of the evaluation were to gain an understanding, from a range of perspectives, of practitioners' experiences of implementing the PLO and their views on its impact. The paper also addresses the extent to which the PLO and the statutory guidance were being implemented in the three initiative areas and whether the procedures of the PLO and the pre-proceedings protocol were being adhered to in the preparation of s.31 applications and their management by courts in those areas.

FP 3: 11:15 – 13.15

CULTURAL ISSUES IN PROTECTING CHILDREN AND YOUNG PEOPLE

Venue: Marino Room

FP 3a – The Development and Implementation of the Chinese Health Behaviour in School-Aged Children (C-HBSC) Cross-Cultural Survey

Huazhen Zhou¹, Yossi Harel-Fisch², Wang Qingxing³, Wu Luping⁴
¹*Faculty of Youth work and Social Science, China youth University, Beijing, China,* ²*Bar-Ilan University, Ramat Gan, Israel,* ³*Professional for Chinese Youth Issues, Beijing, China,* ⁴*Professional for Chinese youth Issues, Beijing, China*

Valid and reliable information about the social epidemiology and determinants of victimization, risk behaviours and health outcomes of Chinese children and youth is vital for the development of evidence-based policy and programs aimed at improving the lives of Chinese children. To date, China has not yet implemented a scientifically sound monitoring and research survey system to provide such information.

During the past year, the China Youth University for Political Sciences, in collaboration with Bar Ilan University in Israel, has embarked on the development of a Chinese National Health Behaviour in School-Aged Children (C-HBSC) cross-cultural survey system that will provide these vital data on representative samples of Chinese youth. The C-HBSC is modelled after the World Health Organization's HBSC study in Europe, North America and the Middle East, and is being carried out in close collaboration with its research teams. By doing so, we expect to nurture from the WHO-HBSC experience in improved methodologies, measures, conceptual frameworks, and most importantly, experience in providing an evidence-based platform for developing, implementing and evaluating national policy and programs. Especially in China, as being the nation with one of the largest youth populations on earth, and as a nation undergoing significant and rapid social development, the information to be gathered by such a survey system is vital. Naturally, the Chinese youth are unique in their social, cultural, ethnic and geographic diversity and the Chinese education system and family culture are significantly different

than found in most western cultures. We therefore are dedicating the first 2 years of work to a preliminary research process, including a structured Delphi expert panel process aimed at identifying the unique relevant and important issues effecting Chinese children and youth to be included in the C-HBSC – over and above the relevant topics already included.

This paper will present the unique and ambitious plan for developing and implementing the C-HBSC, with a focus on its expected contribution to the promotion of adolescent well-being and prevention of child abuse and neglect in China.

FP 3b – Culture, Beliefs and the Safeguarding of African Children

Debbie Ariyo

Africans Unite Against Child Abuse, London, United Kingdom

Object: To enhance knowledge around some African cultural practices and how these influence child upbringing in the black African community.

Method: A range of methods from discussion to case studies will be used in order to demonstrate the object of the workshop.

Results: Participants should have a better understanding of not only the cultural practices of their African service users, but should have had time to think about their own culture and how that might impact on their work. Primarily, participants will have gained knowledge and confidence to work with service users from the African background

Conclusions: The danger of stereotyping and generalizing when working with families and children from the African community will be reduced, and the importance in acknowledging and improving understanding of culturally specific upbringing and abuse issues will be enhanced.

FP 3c – Child Protection and the new South African Children's Act: contradictions, dilemmas and opportunities

Jacqueline Loffell

Johannesburg Child Welfare Society, Johannesburg, Gauteng, South Africa

Post-apartheid South Africa experiences high levels of child maltreatment. Poverty, the AIDS pandemic and a culture of violence with its origins in colonialism and apartheid are among the factors driving this phenomenon. South Africa has a strong legal and policy framework committing the country to the upholding of the rights of children, and human rights in general. A groundbreaking new children's statute has been passed which is aimed at promoting the wellbeing and protection of children at every level. But the implementation of this statute stands to be seriously undermined by resource constraints. Problems also arise from a lack of coherence in applying social welfare policy since 1994. The developmental social welfare approach to which the country has committed itself has not been implemented in a coherent or consistent manner or with the required resources. Urgently-needed protective services have often been undermined in the conceptual confusion that has arisen in this phase of the development of the country's social welfare system. There is a need to examine the underlying assumptions on which existing core child and family welfare services are founded. These are heavily influenced by the "Anglo-American child protection paradigm" (Cameron and Freymond, 2003). The paper will explore the appropriateness of this paradigm for the current South African context, along with its resource implications. It will also identify some of the factors which mitigate against effectiveness in child protective services, question some major elements of the child protective system, and highlight aspects of the new Children's Act that hold out fresh hope for children and families in South Africa if implemented to the full.

FP 3d – Addressing systemic neglect of young Indigenous children's rights to attend school in the Northern Territory, Australia

June Slee

Charles Darwin University, Darwin, Australia

This paper will inform a 2009-2010 Charles Darwin University research and teaching initiative introducing literacy and numeracy to Indigenous pre-schoolers in remote Northern Territory (NT) communities. It will also provide a link to future practice by prescribing methods to generalise its approach to improving school attendance in other geolocations.

Monday 14 September

Free Paper: FP1 – FP10

The NT Department of Health and Families classifies failure to send children to school as neglect, and as such, a form of child abuse, and warns that abusers can be 'people from a wide range of groups'. However, under the NT Education Act 2004, only the parents of the school truant are considered culpable, and under more recent legislation are liable to partial loss of any welfare payments. No edict acknowledges that systems, rather than individuals, may contribute significantly to non-attendance by espousing educational practices that have little relevance to students. It is axiomatic that if students are not attending school, they are not learning. In 2008 the official attendance of Indigenous students in very remote schools was 61 per cent of total enrolments (NT Department of Education and Training, 2008), with only 35 per cent of students achieving NT literacy benchmark standards in 2007 (NT Multilevel Assessment Program, 2008). A systemic educative approach is required to lead rather than coerce students into attending school. It should encourage maximum participation in learning experiences that bridge cultural landscapes and are inviting, inclusive, and informed.

The purpose of this paper is to challenge and to recommend changes to systemic neglect of school truancy. Policies of key educational organisations will be analysed to assess the degree to which they affirm school attendance. From this, a 'best practice' model will evolve integrating culturally responsive teaching with systemic support to produce a 'school attending' culture.

FP 3e – Mana Tamariki, Takahi Tamariki – Maori Child Pride, Maori Child Abuse

Rawiri Taonui

University of Canterbury, Christchurch, New Zealand

Objectives

For over a decade or more New Zealand has been rocked by several horrific incidences of Maori child abuse. Debate has raged around the origins of this and around the best solutions.

Several non-Maori commentators attest the violence derives from inadequate Maori parenting and culture and even low Maori IQs. This view has sympathy in a wider non-Maori audience that believes that cultural

icons such as the haka reflect an overly violent culture. This in turn linked to recent arguments regarding over-sensationalised but now proven poor genetic research that claimed Maori possess "Warrior Genes".

Most Maori believe that the origins of the violence stem from colonisation and argue that the media exaggerates perceptions about Maori child violence.

Both views raise many issues pertinent to establishing a best understanding of the nature of the problem and from there frame best approaches and solutions.

Historical Questions

What was the nature of parenting before contact with Europeans? Did violence against children come about as a result of contact with European settlement? Have economic, political, social and cultural processes such as land loss, disempowerment, language deprivation, assimilation, alienation and urbanisation contributed to and or exacerbated violence.

Contemporary Issues

Maori are over-represented in current statistics of child abuse and mortality. However, this paper asks questions about the assumption that Maori child violence is worse by comparing rates for non-Maori.

Future Issues

Solutions that are proffered for child violence including: parental training, culturally based family programmes, profiling and reporting by health workers, cultural stereotyping in profiling, rates of violence amongst culturally robust Maori families and cultural bereft ones, anti-silence campaigns, the Maori cultural renaissance.

Findings

Child violence in pre-European society was much less. The current crisis derives from cumulative intergenerational experiences of colonisation, alienation and poverty. Culturally strong families are less violent. Maori child abuse is declining - that for non-Maori is increasing. Anti-silence programmes are necessary, culturally based programmes are likely to be highly successful but need devolvement from centralised non-Maori dominated systems because of stereotyping issues. Historical racism is not widely recognised as a cause undermining profiling by replacing it with stereotyping.

FP 4: 11:15 – 13.15
**CHILD SEXUAL ABUSE – INCIDENCE,
EFFECTS AND INTERVENTIONS**
Venue: Room E, Faraday Building

**FP 4a – Attempted and Completed
Incidents of Stranger-Perpetrated Child
Sexual Abuse and Abduction**

Bernard Gallagher
*University of Huddersfield, Huddersfield,
United Kingdom*

Objectives

To establish the prevalence, typology and nature of incidents involving the attempted, or completed, sexual abuse and/or abduction of children by strangers.

Method

A school-based questionnaire survey with 2,420 children (83% response rate) aged 9-16 years in 26 primary and secondary schools in North-West England.

Results

Almost 7% of children reported being the victim of a stranger-perpetrated attempted or completed sexual abuse or abduction incident away from home at some point in their lives. Four main types of incident were identified: indecent exposure (41%), touching (26%) and abduction (23%), and incidents involving multiple types of act (10%).

The majority of these abductions (91%) and touching incidents (51%) were attempted as opposed to completed. Rates of victimization were generally higher among girls than boys (10% vs. 4%, $p < .001$). A sizeable minority of victims had experienced sexual abuse or abduction previously (29%). The large majority of incidents were carried out by males (88%).

Most incidents occurred when children were accompanied by their peers (68%). Many victims were frightened by their experience (47% very frightened) and the large majority made a disclosure (80%). Only a minority of incidents were reported to the police (33%).

Conclusion

Incidents of attempted and completed stranger CSA and abduction are distinct from CSA and abduction by known persons, go against stereotypes, are complex, and give rise to a number of key issues that may have implications for prevention and intervention.

References

Gallagher, B., Bradford, M. and Pease, K. (2008) Attempted and completed incidents of stranger-perpetrated child sexual abuse and abduction, *Child Abuse and Neglect: The International Journal*, 32, 5, 517-528

Gallagher, B., Bradford, M. and Pease, K. (2002) The sexual abuse of children by strangers: its extent, nature and victim characteristics, *Children and Society*, 16, 5, 346-359

FP 4b – Preventing Child Sexual Abuse in the UK

Donald Findlater
*The Lucy Faithfull Foundation, London,
United Kingdom*

Whilst numbers of children subject to a child protection plan as at risk of sexual abuse are small, reported allegations of child sexual abuse and prevalence rates remain high - the latter suggesting that 1 in 6 children experiences sexual abuse.

If every child really matters, and if safeguarding is to retain much of its meaning, then efforts to prevent abuse against children known or unknown to statutory agencies are a must.

Stop it Now! has been operating across the UK and Ireland since 2002. Whilst engaging with the community of child and public protection professionals, its primary purpose is to educate and support adults in the community about the realities of child sexual abuse, the possibilities of prevention and their crucial role. The Stop it Now! Helpline has dealt with over 13000 calls since 2002 - calls from adults seeking to play their part in child sexual abuse prevention.

As well as delivering Internet Safety Seminars for parents in a number of project areas, Stop it Now! is currently piloting the parent awareness campaign announced by the Home Office in the Child Sex Offender Review, 2008. Called 'Smart Enough?' and 'Educate2Protect' in Surrey and Birmingham respectively, these programmes will be evaluated with a view to countrywide roll-out towards the end of 2009.

Monday 14 September

Free Paper: FP1 – FP10

This address will, essentially, assert that child sexual abuse is preventable - it is not inevitable.

FP 4c – Under Age Exposure to Pornography – A study by interns of Pahchaan at Lahore - Pakistan Under Age Exposure to Pornography – A study by interns of Pahchaan

Mehek Naeem¹, Naeem Zafar²
¹*University of London, London, United Kingdom,* ²*Chief Executive, Pahchaan, Pakistan*

The major technological revolution during the past decade has resulted in a rapid exchange of information through internet and enormous number of users. However, there are certain related disadvantages which pose risks to the protection of children. Lack of appropriate legislation, ignorant caregivers, callous service providers, and ineffective law enforcers, has resulted in an exposure of pornography to children, in various forms and degrees.

Very little research conducted on the issue in an Islamic ideological country, Pakistan, showed very high exposure of children to internet-based pornography. Student interns from colleges conducted a situation analysis study in Lahore while completing their internship for Pahchaan, a child protection NGO in summer 2006.

The main objectives of the research were (1) Understanding the dynamics of exposure of children to pornography in Lahore (2) Understanding the perspectives of parents/ caregivers about this exposure and (3) Understanding any possible links between exposure of children to pornography and their vulnerability to sexual abuse.

Qualitative data was collected from 19 localities of Lahore city and three socio-economic classes. Various methods including questionnaires and interviews were used to collect data from households, owners of Internet cafes, CD/video shops, and bookshops, cable operators, operators of mini cinemas, students (day scholars and hostel residents), and street children.

Results indicate, due to easy access and availability that children in Lahore are at great

risk of exposure to pornography within and outside their homes. At homes, parents did not have any checks on television and computer content. They could get easy access from bookshops, Internet cafes, mini cinemas, and CD/video shops, with very little hindrance caused by adults.

Moreover, adults force street children to view pornography at mini cinemas. There is a need of proper involvement of law enforcement authorities, adequate legislations and parental/child thematic education programs to help curtail the issue.

FP 4d – Health Care Providers' Knowledge and Beliefs about Childhood Sexual Assault and its Effects on Childbirth

Marissa Green
University of Washington, Seattle, Washington, United States

This paper presents preliminary data from a study examining currently held knowledge and beliefs of practicing nurses, doctors, midwives, and birth doulas (a person who is trained to provide emotional support and physical comfort to labouring women) that interact with labouring women regarding the impact on a woman's childbirth experience that a history of childhood sexual assault poses.

Methodology: A web-based survey made available to members of either the Perinatal Nursing Discussion List, which is available to an international population, or the PALSdoulas listserv.

Results: Preliminary analysis of data reveals a belief that a woman's history of childhood sexual abuse impacts the woman's childbirth experience. Participants also state an interest in learning more about how a history of childhood sexual abuse might impact a woman's behaviour during childbirth.

Conclusion: There is a paucity of research and anecdotal clinical evidence regarding the impact of a woman's history of childhood sexual abuse (CSA) on her childbirth experience. Some evidence shows that women with a history of CSA might exhibit certain types of behaviours (i.e. excessive control during childbirth, lack of trust in healthcare providers, fear of vaginal exams).

Society, and healthcare providers specifically, have slowly realized the number of girls and women who have a history of CSA. We also recognize the impact this history has on a woman's emotional and physical health. Although we believe the scars of abuse may heal with time, we must recognize how this history impacts all aspects of a woman's life, including her childbirth experience. Even if she is having a wanted baby, and is currently in a loving relationship, healthcare providers must recognize how her history of CSA might impact her childbirth experience.

FP 4e – Sexual Abuse of Children in Work Settings - what offenders can teach us about protection

Marcus Erooga^{1,2}, Debra Allnock¹, Paula Telford¹
¹NSPCC, London, United Kingdom, ²Centre for Childhood Studies, University of Huddersfield, Huddersfield, United Kingdom

Context

Whilst the potential risk to children from those who work with them is considerable, the literature relating to those who offend in organisations is relatively sparse. The studies which have been undertaken have focused primarily on the psychology and characteristics of individual offenders (Haywood, Kravitz, Grossman, Wasyliv, & Hardy, 1996). With a single exception (Colton & Vanstone, 1996) there is also a marked absence of any narrative from offenders themselves (Erooga, 2009).

Objectives/Purpose

This workshop will briefly outline the screening measures currently used in the UK to prevent those who might present a risk to them from gaining employment. The substantive section will outline the results of a qualitative research study undertaken with a sample of 50 men and women currently serving prison sentences or on probation supervision for sexual offences committed in the context of their employment. In-depth interviews were carried out with subjects about their MO and organisational issues related to their recruitment, employment and work setting.

The perspective of the offenders on how risk can be minimised in these settings will be

addressed as will key situational prevention measures which organisations and co-workers can take.

References

Colton, M. and Vanstone, M. (1996) *Betrayal of Trust: Sexual Abuse by Men Who Work with Children*, London: Free Association Books.

Erooga, M (2009). *Towards safer organisations*. London: NSPCC,

Haywood, T., Kravitz, H., Grossman, L., Wasyliv, O. and Hardy, D. (1996). *Psychological Aspects of Sexual Functioning Among Cleric and Noncleric Alleged Sex Offenders*. *Child Abuse and Neglect*, 20(6), 527-536.

FP 4f – Waiting for Silent Voices: what the offenders tell us about preventing sexual abuse

Barbara Haner

University of Washington, Seattle, WA, United States

This presentation presents a comprehensive model of prevention programming for child sexual assault and abuse based on predictable behaviour patterns and strategies demonstrated by sex offenders.

Population: 1. Adjudicated adult male sex offenders currently undergoing sex offender treatment in institutionalized and community settings.

2. Sex offender treatment providers
3. Law Enforcement

Methodology: Guided interviews both individual and groups

Conceptual Framework: Public Health, Health Belief, and Social Cognitive Theories

Results: Specific behaviours are identified: 1. targeting a victim rich environment, 2. grooming and trust building, 3. emotional coercion, and 4. other parent and child specific behaviours and responses. Prevention programming components are developed for children, caregivers, and the community at large.

Monday 14 September

Free Paper: FP1 – FP10

Conclusion: While the behavioural changes of children who have been sexually abused are rarely consistent or predictable, the behaviours exhibited by sex offenders are predictable and recognizable.

This session presents the development and utilization of a diverse age and developmental appropriate prevention program for children and their caregivers. The strategies utilized are effective for both individual and aggregate populations.

It is time for victim service providers to challenge the current paradigm; that we continue to place the responsibility for recognition and disclosure of sexual assault and abuse on the backs of our children, the most vulnerable of victims. It is imperative that professionals, both offender treatment and victim service providers, work in partnership by responding to predictable and observable offender behaviours. We no longer need to rely on prevention programming that is based on supposition and hypotheses; instead professionals can introduce strategies that target specific and consistent behaviours based on information derived from the causative agent, the offender.

FP 4g – Attitudes held by the police about the role of the paediatrician in cases of child sexual abuse

Ella Rachamim, Deborah Hodes, Dick Hensen
Camden and Islington PCT, London, United Kingdom

The role of the paediatrician in CSA cases is not solely for forensic specimens but is useful for a number of reasons e.g. assessment of physical health, family dynamics, behavioural assessment, reassurance and diagnosing STIs. However, NOT all children who are referred to the police for CSA investigation are referred onto a paediatrician. One study found that only 51% of suspected CSA cases were offered a paediatric consultation and of these only 21% actually attended and were examined by a doctor. (1) The reasons for this are not fully understood and we are not aware of any recent literature on this subject.

It is thought that some parents and children may refuse. However, could this refusal be related to the explanation they receive about the purpose and conduct of the paediatric assessment?

Some people may view the examination itself as harmful to the child and causing more distress to a child that has already gone through enough. We know that the Cleveland Case (1987) sparked a media outcry and public enquiry into two paediatricians at Middlesbrough hospital and their actions in 121 cases of suspected CSA. There were serious concerns over the way the children were examined, treated and subsequent conclusions made. (2) Does this have any influence on referrals to the paediatrician?

We know that there are times where forensic specimens are gained but in many cases forensics is not possible - but are there still perceived benefits to meeting a paediatrician?

Method: A questionnaire was devised and will be given to police from the CAIT and Sapphire teams in 5 boroughs.

Conclusion: Data collection and results, and thereby conclusions and recommendations, to be attained over the next 4 months. We hope by conducting this questionnaire we can establish some answers which will help us to improve communication between the police and the paediatrician. We want to ensure a better understanding of everyone's important role in CSA.

(1) "Do child protection teams refer children with alleged CSA for medical consultation? Dr Hodes, Dr Sundrum, Dr Laing. City and Hackney, 1999.

(2) Inquiry into Child Abuse in Cleveland, 1987.

FP 5: 11:15 – 13.15
EFFECTIVE STRATEGIES FOR THE
DEVELOPMENT OF MULTIDISCIPLINARY
INTERVENTIONS AND RAISING PUBLIC
AWARENESS

Venue: Room G, Faraday Building

FP 5a – Private Sector: Public Values

David Hill, Beverley Hendricks
Sanctuary Social Care, Ipswich, United Kingdom

Organisation Profile

Sanctuary Social Care is one of the largest private sector employers of qualified Social Worker, supporting 1.5% of the UK's children workforce.

The company began trading in 2002 as a recruitment agency and now focuses on process outsourcing - supporting Local Authorities to manage volumes of assessments and court reports.

We are preferred suppliers to over 100 Social Services Departments and hold sole supplier status to the NSPCC and Cafcass.

Our Purpose

Private Sector Public Values explores the cultural changes facing privatized and independent Social Work and presents policy recommendations aimed at enhancing the value they provide. The following questions are discussed:-

1. How do private agencies manage the interface between public service outcomes and private sector profits?
2. How can private agencies progress the modernisation agenda?
3. How can we ensure vulnerable children have a voice in corporate governance?
4. What do private agencies need to change?
5. What should the organisations who commission them change?

Method

1 & 2 are based on a survey of private sector agencies and Independent Social Workers

3 uses experimental evidence to present a possible method for children to evaluate and reference their Social Workers

Results

The paper finds that:

- a) The social and commercial pressures on private agencies are similar in scope and scale to those faced by the state
- b) There are coherent methods for expressing Children's outcomes in commercial terms, but they are rarely used in the market.
- c) Involving children in the governance of child-centred organisations tends to increase profitability.

Conclusion

Private sector agencies have a public duty and commercial incentive to build on the values of Local Authorities they serve. By doing so, they can maximise the use of available resources and impact the issues arising from the current national shortage of social workers.

**FP 5b – “Childhood without Abuse”:
Nobody’s Children Foundation Program in Eastern Europe**

Maria Keller-Hamela
Nobody's Children Foundation, Warsaw, Poland

Nobody's Children Foundation project, “Childhood without Abuse: Towards a Better Child Protection System in Eastern Europe”, supported by Oak Foundation, will be presented. The programme has been carried out in cooperation with NGOs in Eastern European in Bulgaria, Latvia, Lithuania, Macedonia, Moldova, and Ukraine, with the aim of:

- improving competencies of eastern European professionals who work with abused children through various training programmes, publications and research
- influence changes in a national child protection system

The five-year program has been concentrated on prevention of child abuse and neglect, diagnosis and treatment of abused children and on improving legal intervention in cases of child abuse.

The paper will present social campaigns: “Child is a witness with special needs” and “Childhood without Violence”, realized simultaneously in 6 countries in 2006-2007, as well as “See it. Hear it. Say it.” campaign conducted in 2008.

Monday 14 September

Free Paper: FP1 – FP10

The first campaign's aim is to improve the situation of children who are victims of abuse and need to testify in court.

Professionals involved in legal procedures with children victims are the target group. The "Childhood without Violence" program was firstly and successfully launched in Poland by Nobody's Children Foundation with the cooperation of McCann Erickson Poland. The main aims of the campaign were to:

- raise awareness of the problem of violence to children,
- increase social involvement in actions towards fighting corporal punishment of children,
- promote positive solutions on prevention and good parental skills,
- encourage local communities and institutions into undertaking activities for the benefit of children.

The messages of the campaign (TV spot, radio spots, billboards, citylights) were adopted and translated into 8 languages. The results of the evaluation of the campaign conducted in all countries on the representative sample of adults will be presented.

"See it. Hear it. Say it." campaign aimed to raise public sensitivity to physical abuse of children. It was first conducted in Poland between January and February 2007. The campaign was based on media messages - press, online, and outdoor advertising - and launching a special website, www.zobacz-uslysz-powiedz.pl.

FP 5c – Multiple Adverse Childhood Experiences: identifying the research drivers and policy initiatives and naming the challenges for social work research and practice.

Trevor Spratt, John Devaney
Queen's University, Belfast, United Kingdom

This paper considers the growing evidence base suggesting associations between multiples of adverse childhood experiences and problematic outcomes in adult life and the role of social work within preventative strategies to meet the needs of children experiencing multiple adversities. Outcomes for these children include poor physical and mental health and forms of social and economic exclusion in adulthood.

Policy responses may be located within fiscalized social policy wherein social and economic policies have been co-joined; sometimes referred to as 'the social investment state'. The priority is to locate children experiencing or likely to experience multiple adversities and target them and their families for special interventions designed to reduce the risk of experiencing adversities or ameliorate their effects. The economic rationale being that early intervention in the lives of such families will pay in the lower use of health and social services in adulthood and increased tax revenues via participation in the labour market. The social rationale being that such interventions prevent individuals experiencing a range of health and social problems in adulthood. A proportion of families calculated to require special interventions have been located within 'socially excluded' communities; it has been estimated that the majority of such families do not reside in these areas and remain 'hard to reach'. It has been claimed that social workers are uniquely placed to identify such families; we test these claims using the literature and in interviews with social workers in the United Kingdom, Australia and the United States. State social work systems are not designed to identify such families but social workers do recognise, although not in a systematic way, these families within caseloads. To address the needs of these families in line with policy intentions a raft of research will be required to establish locations and identifiers to direct effective interventions.

FP 5d – Beyond scapegoating: a new 'systems' model for serious case reviews

Sheila Fish, Eileen Munro, Sue Bairstow
Social Care Institute for Excellence (SCIE), London, United Kingdom

Across the different regions and countries of Europe, the tragic death of a child from abuse or neglect causes public and media outcry and heightens pressure on politicians to improve the quality of child protection practice. So it is important to ask: are the right lessons being learnt from these tragic child death cases? What methods have been used to-date to review professional practice in such cases in different areas? And how effective have these approaches been at improving our ability to keep children safe?

In the UK, as in many countries, serious case reviews or public inquiries following the death or injury of a child from abuse or neglect have had and continue to have a major influence on the way services have developed. However, their value has been increasingly questioned, as it has become apparent that they regularly identify the same problems in frontline practice and make similar recommendations.

Similar difficulties in aviation, and other high-risk industries led to the development of the systems approach to accident investigation methods. Rather than stopping after faults in professional practice have been identified, this approach looks for causal explanations in all parts of the system. It does so by investigating the many factors that interact and influence an individual worker's decisions, actions and inactions. This allows for the identification of more effective solutions.

A recently completed project, led and funded by the Social Care Institute for Excellence (SCIE), adapted this model to suit the nature of multi-agency safeguarding and child protection work. The new model is presented in *Learning together to safeguard children: developing a systems approach to case reviews* (Fish et al. 2008).

This session will provide an outline of what the approach involves and discussion about how it might be used.

REFS

FISH, S; MUNRO, E; BAIRSTOW, S. 2008. *Learning together to safeguard children: developing a systems approach to case reviews*. London: SCIE.
<http://www.scie.org.uk/publications/resourceguides/rg13/index.asp>

FP 6: 14:15 – 16.15

COMMUNICATING WITH CHILDREN AND YOUNG PEOPLE TO PROMOTE THEIR SAFETY AND WELFARE

Venue: Room B, Faraday Building

FP 6a – 'Participate with a Penguin'

Fran Fuller¹, Janet Foulds¹

¹*University of Derby, Derby, United Kingdom,*

²*BASW, Derby, United Kingdom*

The object of this submission is to discuss ways in which better outcomes in protecting children can be achieved. Over the last 30 years plus we have seen enquiries of several children who have been subjected to horrific abuse and some has subsequently died. Each child death enquiry or serious case review has highlighted several common themes: Lack of communication; not working together; and little or no knowledge of child protection policies, procedures, signs and symptoms. This paper considers ways in which we may possibly limit the possibility of a child dying again, however remaining mindful that children will die as a result of abuse however good our processes are. The question that this paper poses and is also the title of my doctorate is 'Should all Education, Health, and Social Science undergraduate programmes teach Child Protection inter-professionally as a core subject?' The paper will be presented in a way which uses props in the form of a 'parcel of penguins'; the penguins will depict the professionals and the child involved with a child protection investigation. Initial research suggests that professionals do not work together and some of the underlying reasons are pre-disposing factors such as stereotyping, lack of awareness, not identifying with roles and responsibilities to name but a few. The paper will seek to suggest enquiries should consider undergraduate professionals alongside graduate professionals when scrutinising how best to protect children.

FP 6b – When words aren't enough

Barry Raynes¹

¹*Reconstruct, Bath, United Kingdom,*

²*University, Sheffield, United Kingdom*

This paper addresses the importance of communication between professionals in child protection work.

Monday 14 September

Free Paper: FP1 – FP10

Through an analysis of law, guidance and inquiry reports the author demonstrates that, whilst attention is paid to “information-sharing” little attention is paid to “communication”. A literature review illustrates that academics are writing about communication but this is largely ignored by Government. The paper analyses eligibility criteria and suggests that the child welfare – protection threshold is not linear and cannot be divided into boxes, which throws into some doubt the requirement to have different assessment systems for differing levels of need. Placing doubt upon the practice of referral making and referral taking predicated on “passing information” the paper highlights the need to share views, have dialogue and seek joint solutions. The paper is critical of the attention Government has paid to restructuring, performance indicators and compliance at the expense of quality and makes suggestions about how staff can communicate effectively. The death of Baby P may mark a watershed when we once again focus upon the importance of communication, relationship building and analysis.

FP 6c – It’s Good To Talk: A 6-year Analysis of the Specialist Registrar Training Course in Paediatric Communication Skills.

Kathryn Lewis¹, Michelle James-Ellison¹, Alison Maddocks²

¹Morrison Hospital, Swansea, United Kingdom, ²NPHS, Wales, United Kingdom

Introduction

Communication skills are key to establishing a trusting doctor-patient-parent relationship, have positive effects on patient care and can reduce patient dissatisfaction and litigation. Communication skills can be enhanced with training and retained. We describe the evaluation of a Communication Skills Course developed on behalf of RCPCH (Wales).

Background

We ascertained the needs of SpR’s (year 4 and 5) and shaped the course using a questionnaire, informal talks and pilot session. The 2 day interactive course addresses challenging areas in Paediatric communication. It includes lectures, role-play, small group work and videoed simulated patient encounters using teenage actors.

It covers written skills, breaking bad news, communicating with children and feedback sessions.

Methods

Each course was evaluated (2002-2007). SpR’s completed a rating questionnaire 1 (waste of time) to 5 (very good), free text comments and visual rating scale. In September 2008 a survey was forwarded to 40 participants who assessed the course and how it has affected their practice.

Results

Feedback from 6 courses and 38 SpR’s (79% response rate) were analysed. Overall the course scored highly - 85% of scores rated 4 or above. When individual topics/sessions were scored the response rate was between 26-38 replies (54%-79%); the majority scored 4 or above. The video session with teenage actors was rated highest. Modifications were made as a result of feedback - reading scores were shortened and child protection report writing was added.

Those that replied to the follow up survey (30% response rate) had found the course enjoyable, useful and had learnt from it. All were using skills learnt in their current practice and would recommend it to middle grade paediatricians.

Conclusion

The Paediatric Communication Skills Course was well received by middle grades. Feedback was positive and the content was appropriate. Training in a variety of communication methods was highly rated.

FP 6d – Developing social workers' interviewing and investigation practices - transferable skills from policing

Nigel King

British Association for the Study and Prevention of Child Abuse and Neglect, York, United Kingdom

The tragic deaths of infants in recent years and the research study 'How do Child and Family Social Worker's Talk to Parents about Child Welfare Concerns?' by Forrester et al. Child Abuse Review Vol. 17: 23 -35 (2008), identify investigation and interviewing as areas for development for social workers. In the 1970's and 1980's poor practices by the police service in the United Kingdom were identified when dealing with offenders or suspects.

This brought about a radical review of the way persons were interviewed and managed whilst detained by the police. The Police and Criminal Evidence Act 1984 brought about a sea change in policing methods. Since that time there have been significant changes in investigation procedures and interviewing processes with an ethical policing principle. The police are striving to improve law enforcement standards and obtain the best evidence from victims, witnesses and suspects. These changes have proved to be particularly effective when investigating reports of child abuse and incidents involving vulnerable persons. Carrying out effective interviews is an integral part of conducting thorough and professional investigations. The adaptation of police investigation principles, interview structures and techniques to meet the needs of social workers, will enhance their skills and increase their confidence. This should result in high quality investigations and ultimately better outcomes for children.

FP7: 14:15 – 16.15

THE ROLE OF RESEARCH AND POLICY IN CHILD PROTECTION AND SAFEGUARDING
Venue: Room C, Faraday Building

FP 7a – The Baby P Effect: The impact of publicity related to the death of Baby P on outcomes and volumes of care order applications

Elizabeth Hall, Jonathon Guy
Cafcass, London, United Kingdom

The release of the Baby P Serious Case Review executive summary on 11th November 2008 led to intensive media coverage and criticism of child protection measures in Haringey Council. In the weeks and months that followed, Cafcass identified a dramatic increase in care order applications which reached an all time high in December 2008. At the time, both the Association of Directors of Children's Services and Cafcass suggested that the increase resulted from Local Authorities reviewing their current caseload of families on the borderline of the threshold for a S31 application, as a response to this publicity.

In order to ascertain the veracity of this claim, Cafcass' Safeguarding Team conducted a survey of all practitioners who had worked on care order applications filed in the weeks following the release of the Baby P SCR Executive Summary, and a further series of in depth interviews with practitioners in early 2009 to gauge the perceptions of the guardians involved in these cases regarding the impact of Baby P publicity. The survey and interview results were further informed by extensive analysis of internal Cafcass data and a media monitoring exercise.

The principal aims of this study were to:

- Identify the changing nature of safeguarding issues arising from the increase in care order applications
- Identify whether guardians considered resulting care orders to be appropriate and properly timed
- Identify whether families involved in applications following the Baby P publicity had previously been involved with Children's Services and whether the triggers for bringing a S31 to court have changed as a result.

Monday 14 September

Free Paper: FP1 – FP10

This presentation will examine the specific causes for the increase in care order applications resulting from the 'Baby P effect'; examine the changing nature of the applications, and present conclusions drawn from extensive interviews with Cafcass practitioners.

FP 7b – The role of inspection in safeguarding

Mary Handley, Karen Foyster
NSPCC, London, United Kingdom

This paper explores the contribution that inspection makes to safeguarding children and young people. In the wake of the Baby P case, inspection has been criticised for failing to identify poor safeguarding practice. This raises a number of issues about the role that inspection plays in the safeguarding agenda. This paper looks firstly at what exactly the current role is and whether this needs to change. We then consider how the inspection safeguarding role can be most effectively discharged, referring to the political context within which inspection operates, and the limitations of the inspection role. We look particularly at the concepts of proportionate inspection and self assessment which have become embedded in the practice of statutory inspectorates. We consider what these concepts mean in practice and how they have informed inspection practice within the NSPCC. We conclude with the importance of striking the appropriate balance between risk and proportionality.

FP 7c – A reconciliation of false divides within services for children

Michael Little, Vashti Berry, Tim Hobbs
Social Research Unit, Dartington, United Kingdom

Following radical shifts in child protection following the Victoria Climbié enquiry, and more recent frenzied attention following the death of 'Baby P' and investigations into various children's services departments, a number of ideological divides have emerged.

Not only are these ideological divides often conceptually and empirically false, they tend to be unproductive in the sense that they turn attention away from new ways of protecting children from maltreatment.

This paper illustrates the point with four false divides. First is that between child protection and family support (first outlined over a decade ago in *Child Protection: Messages from Research*). Whilst the book illustrates the point, it was all about systems and administrative outputs. It told us nothing about the causes of maltreatment or its effect on children's wellbeing. Nor did it tell us anything about the health and development of children.

Second, the false divide between preventative efforts and treatment intervention: the assumption being that these endeavours target different families with different kinds / levels of problems.

A third false divide is the discord between 'top-down' and 'bottom-up' approaches. One significant drawback to both is the absence of data and poor standards of evaluation. Research often cosmetic and used to fit with preconceived ideas.

The final false divide considered is between community engagement and prevention science; this represents a somewhat over-polarised view of how to design and evaluate services to protect children from harm.

This paper attempts to resolve - conceptually and empirically - these divides. An illustration is provided from a coherent strategy (reaching further than just the safety of children) being undertaken in Ireland. The result is an integration of child protection into a child development & broad children's services framework and a focus on all children and families.

FP 7d – Evaluation of an online and nationally-distributed child protection learning resource for primary-care dental teams

Jenny Harris^{1,2}, Jane Bradbury³, Firoozeh Nilchian², Chris Franklin⁴

¹*Sheffield Salaried Primary Dental Care Service, Sheffield, United Kingdom,*

²*Department of Oral Health and Development, School of Clinical Dentistry, University of Sheffield, Sheffield, United Kingdom,* ³*School of Life Sciences, Kingston University, Kingston upon Thames, United Kingdom,* ⁴*South Yorkshire and East Midlands Regional Postgraduate Dental Deanery, Sheffield, United Kingdom*

Purpose

In May 2006 a learning resource, 'Child Protection and the Dental Team,' was mailed to all National Health Service (NHS) primary-care dental practices (DPs) in England and concurrently published online (www.cpd.org.uk). The aim of this project included evaluating how useful DPs found the resource.

Methods

An anonymous questionnaire was mailed to 1,000 randomly-selected DPs in England and to all 115 Salaried Dental Services (SDSs). Non-respondents received a repeat mailing four weeks later. The questionnaire included 3 open-ended questions, which asked respondents what they had liked or found most useful, what suggestions they had for improvement, and 'any other feedback'. These responses were subjected to content analysis.

Results

522 questionnaires were returned (response rate 47%); 499 respondents had an NHS contract in May 2006, 317 remembered receiving and 298 had looked at the resource. For 'liked most or found most useful' the feature commented on most frequently related to the presentation of the handbook, particularly its clarity and ease of use ("It is very easy to follow, and very informative"), the flowchart for action, and its suitability for all the dental team. Its usefulness in developing the practice, including raising awareness and increasing confidence, was commented upon. Many respondents appreciated the practical information on signs to look for and action to take. It was viewed as a useful resource to refer to at a later date. Relatively few respondents suggested improvements; these included regular updates, local contact details, and a shorter handbook. Other feedback included positive comments on the support they received from their PCT, desire for more training courses and difficulty obtaining local contact details.

Conclusion

The predominant view was that the resource was useful. Local contact details for safeguarding children advice, support and training should be made easily available to dental practices.

Funded by the Department of Health.

FP 7e – Has the rate of violent child deaths in England and Wales fallen between 1974 and 2007? A statistical analysis of mortality data on cause of death

Ben Atkins, Peter Sidebotham
Warwick Medical School, Coventry, United Kingdom

Introduction: Contrary to public perception there have been claims that the rate of violent child deaths has actually decreased. This article will determine whether or not violent child deaths have fallen between 1974 and 2007. Methods: Using mortality data from the office of national statistics, categories that potentially contain violent child deaths were analysed for children under 1, between 1 and 14, and between 15 and 19. Results: Under 1: There was a significant decrease in the rate of deaths due to assault, unknown causes, and other external causes. There was no significant change in the rate of deaths due to self harm or where the intent could not be determined. This supports the claim that violent child deaths have decreased in children under 1; 1 to 14: There was a significant decrease in the rate of deaths due to assault and other external causes with no significant change in the rate of death due to unknown causes, undetermined intent or deliberate self harm. This supports the claim that violent child deaths have decreased in children between 1 and 14; 15 to 19: There was a significant decrease in the rate of deaths due to other external causes, but no significant decrease in deaths due to assault or deliberate self harm. There was a significant increase in the rate of deaths due to unknown causes and undetermined intent. The fall in deaths due to assault showed significant correlation with the increase in deaths due to undetermined intent. Conclusion: The rate of violent deaths in children under 1, and between 1 and 14, has decreased since 1974. There is no evidence for a decline in violent deaths in people between 15 and 19 and there are some indicators that they could be increasing.

Monday 14 September

Free Paper: FP1 – FP10

FP 7f – The tip of the iceberg? Forced marriage – prevalence and service response

Anne Kazimirski

Research Director (Families and Children Group), National Centre for Social Research

In June 2008, a Home Affairs Committee enquiry into forced marriage (FM) reported that the 300 cases a year handled by the government's Forced Marriage Unit (FMU) is likely to represent only the tip of the iceberg. This paper will present the findings of recently published evidence on the prevalence of FM, and on the way services are responding to cases of FM.

FM is a marriage in which one or both spouses do not consent to the marriage, and duress is involved. The majority of reported cases have involved a young, female, South Asian victim, but FM also affects older victims, young men, and other communities. The types of abuse by which a victim of FM may be harmed are wide-ranging and include physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect, and discrimination. The research, commissioned by the Department for Children, Schools and Families (DCSF), had a particular focus on young people under 18, and has fed into new guidelines supporting statutory responsibility for FM.

Prevalence was examined using quantitative data collected from national and local organisations working with victims. The qualitative investigation involved in-depth interviews with professionals from both statutory and voluntary organisations, and explored front-line responses to FM, and the prevention of FM. A number of barriers to detecting FM were identified, including a lack of understanding and awareness of FM. The research also identified tensions between the framing of FM as a domestic violence (DV) issue, versus a child protection (CP) issue. Reflecting a tendency for DV services to focus on adults, and CP services to young people under 16, professionals expressed specific concerns about the gap in effective case response for 16- to 18-year-old FM victims.

The recommendations identified revolve around improving understanding and awareness, improving the co-ordination of response to FM, at both local and national levels; better resourcing (especially of the Black and Minority Ethnic voluntary sector); and a more victim-orientated response.

FP 7g – Evaluating a professional advocacy scheme for parents and carers

Brid Featherstone

University of Bradford, Bradford, United Kingdom

This presentation outlines the findings from an evaluation of the advocacy scheme run by Family Rights Group using professional highly trained advocates. The scheme encompassed direct, indirect and self advocacy and was concerned with those going through child protection proceedings as well as those seeking advice about a range of issues including kinship care payments, contact and so on. The presentation will concentrate on the experiences of those involved in child protection conferences and explore the perspectives of service users, social workers and managers. An important finding is that the involvement of an advocate seemed in some cases to help parents appreciate why there were child protection concerns about their children. Overall, there was considerable support from all concerned for involving advocates for parents in what were often complex and emotionally stressful situations. However, embedding the scheme in a context of considerable policy changes, posed challenges for all concerned.

FP8: 14:15 – 16.15

INTERNATIONAL PERSPECTIVES ON THE DEVELOPMENT OF SERVICES FOR VULNERABLE CHILDREN AND YOUNG PEOPLE

Venue: Room D, Faraday Building

FP 8a – Gender Violence in Armed Conflicts: 'Missing Girls' in IDP Camps in East Africa

Lusike Mukhongo

Moi University, Eldoret, Kenya

This paper is centred on discussing gender based violence in armed conflicts and its subsequent effects on the girl-child in East Africa. The paper highlights forms of gender based violence during armed conflicts and goes ahead to argue that the victims who bear the brunt of the violence during armed conflicts are the girls who are a vulnerable group among the IDPs.

As a consequence of unequal gender relations, the girls are generally more vulnerable to violence during armed conflict situations where more girls than boys remain unarmed and unprotected. The girls undergo a lot of abuse in the camps ranging from; sexual exploitation or molestation, threats to kill or abandon, or a lack of the emotional or physical support necessary for normal development. There have been reported cases of girls as young as nine years being forced to give sexual favours in exchange food.

In the light of the above arguments, it is recommended that, there is need to establish self-help groups in the IDP camps to help mobilise and empower the girls. Urgent emphasis on meeting the needs of victims and taking action against offenders is necessary.

The issue of violations of girls in camps cannot be resolved without a full comprehension and understanding of the issue. It is thus recommended that policy makers need to spearhead the establishment of a system of international protection and assistance of girls in IDP camps. The state also needs to establish specific legal or institutional bases for the protection and assistance of girls in IDP camps.

Finally, the relevant organisations concerned with eliminating gender based violence should ensure that gender based violence in armed conflict is acknowledged and addressed in post-conflict reconstruction and that the capacity to offer psychological counselling is strengthened to reach all parties involved.

FP 8b – Cyberbullying in Poland: Assessment and Prevention

Lukasz Wojtasik

Nobody's Children Foundation, Warsaw, Poland

In 2007 the Nobody's Children Foundation conducted the first diagnostic research programme in Poland to assess the problem of cyberbullying. Respondents in the "Peer Violence and Electronic Media" studies were asked about issues including their personal experiences related to verbal abuse, mocking, and blackmailing on the Internet. The studies have shown that children often experience abuse via electronic media and in many cases they find this experience difficult. The research findings have been used to plan prevention activities taken by the Nobody's Children Foundation within the nation-wide media and educational campaign "Stop Cyberbullying" – an element of European "Safer Internet" project in Poland.

Łukasz Wojtasik will present the major research findings and cyberbullying prevention projects run within "Safer Internet" project in Poland

FP 8c – International and Internet Child Sexual Abuse: Typologies, Extent, Nature, and Policy and Practice Implications

Bernard Gallagher

University of Huddersfield, Huddersfield, United Kingdom

Object

To establish the typology, extent, nature, and policy and practice implications of cases of child sexual abuse (CSA) that have an international dimension or which involve the internet, and are linked to the UK.

Monday 14 September

Free Paper: FP1 – FP10

Method

National postal questionnaire survey among all police services in the UK and HM Revenue and Customs (HMRC), interviews with police officers and search of police files concerning specific cases of international and internet CSA, policy-focused interviews with representatives from the police, HMRC, government, industry and academia, and searches of police crime reporting and recording systems.

Results

There were three major types of international CSA and three major types of internet CSA, but each of these tended to comprise many sub-types of case. Known cases were relatively rare but with one major exception in respect of cases involving internet-based child abuse images, which were far more common. International and internet CSA cases were, in some aspects, similar to CSA cases in general. However, there were some important differences in terms of victim and offender characteristics, and offender modus operandi. Although there have been a number of policy and practice developments in this area, there remains many fundamental weaknesses in the response to these cases.

Conclusion

Known cases of international and internet CSA are quite diverse but relatively rare. They may share some characteristics with cases of CSA in general but can also be quite distinct. There are many shortcomings in the policy and practice response to international and internet CSA.

Selected references

Gallagher, B. (2007) Internet-initiated incitement and conspiracy to commit child sexual abuse: The typology, extent and nature of known cases, *Journal of Sexual Aggression*, 13, 2, 101-119

Gallagher, B., Fraser, C., Christmann, K. and Hodgson, B. (2006) International and Internet Child Sexual Abuse and Exploitation. pp 171, Huddersfield, University of Huddersfield

FP 8d – Role of significant adults in psychosocial and behavioural outcomes related to children's exposure to armed conflict events: Findings from the Palestinian-Israeli HBSC Study

Yossi Harel-Fisch¹, Ziad Abdeen², Sophie Walsh¹, Radwan Qasrowi²
¹Bar Ilan University, Ramat Gan, Israel,
²Al Quds University, Jerusalem, Palestinian Territory, Occupied

Children's exposure to armed conflict is a major risk factor for negative psychosocial and behavioural outcomes. Palestinian and Israeli Children have been subject to continued armed conflict due to the ongoing nature of the conflict. Research has been limited and evidence-based intervention scarce. This paper explores how parents and teachers, as significant adults, may buffer the effects of exposure to armed conflict on a host of negative outcomes.

The paper presents findings from the 2006 Health Behaviour in School Aged Children in the Middle East (HBSC-ME) regional study. Exposure to armed conflict events and related outcomes were investigated in a representative sample of 24,935 Palestinian and Israeli school- children aged 11-17, representing 4 distinct populations: Jewish Israelis, Arab Israelis, Palestinians living in the West Bank, and in Gaza.

Subjective Threat from Armed Conflict Events (STACE) scale, taking into account frequency, intensity, and the perceived level of threat (fear) experienced as a result of exposure to an armed conflict event was used as the exposure variable.

Dependent variables included mental health (PTSD and psychosomatic symptoms), well-being (life satisfaction and happiness) risk behaviours (smoking and involvement in) and achievement (school achievements and failure). Two scales of parental and teacher relationships were used as measures of connectedness to significant adults.

Findings show exposure to Armed Conflict Events had significant and strong effects on all 8 dependent variables. STACE was found to strongly effect all four populations with the greatest impact shown for the Jewish Israeli population and the least impact shown for the Arab Israeli youth. Both types of significant adults (parents and teachers) were found to have direct positive effects on all 8 outcomes as well as a significant "buffering" effect on the impact of STACE on posttraumatic symptoms, life satisfaction, positive life perceptions, smoking and school failure.

However, the effect of parents was stronger among Jewish students, whereas teachers had a stronger effect for Palestinian children. Discussion focuses on the necessity for the development of community-based intervention programs focusing on enhancing parental and teacher-mentor support and connectedness in the lives of children living in armed conflict infected regions of the world.

FP9: 14:15 – 16.15

DEVELOPING AN OUTCOMES-BASED APPROACH TO WORK WITH LOOKED AFTER CHILDREN

Venue: Room E, Faraday Building

FP 9a - 'Leaves of Hope' for Belarusian Children - Changing children's lives

Anne Patmore, Margaret Bamford
Leaves of Hope, Worthing, United Kingdom

Object and purpose

1. To introduce foster care to Republic of Belarus.
2. To prevent abandonment of babies especially those with disabilities

Method

Government Ministries and maternity hospitals engaged, Steering and Parent Reference Groups established.

Specialist project workers recruited and visited UK.

UK practitioners went to Belarus and worked alongside project workers, establishing effective models of working.

Foster families recruited, assessed and supported.

Mothers considering abandonment received emotional and psychological support, practical help and information.

In particularly complex situations project workers introduced concept of multi-disciplinary meetings with statutory organisations

Practitioners and foster carers from the UK ran training events on relevant topics in Belarus.

Results

By 2005 the success of the Fostering project had been widely disseminated, attitudes were changing, legislation amended to legalise fostering, the rate of orphanage placements had dropped by 150% and 3,500+ children had been placed in foster families.

By February 2007 the Prevention project had supported 247 'vulnerable' families with 263 children, 80% of whom had 'serious health problems'. Many families who had been considering abandoning their baby were supported to keep them.

Monday 14 September

Free Paper: FP1 – FP10

Over 700 people - professionals, senior academics and parents - took part in training events, each augmented with workbooks and materials.

Parents of disabled children were invited into the universities to speak to students undertaking professional training.

Participants used learning and materials to establish local resources, such as Befriending Schemes for parents of disabled children.

Conclusion

The Project has been featured in Belarusian media and promoted through national and international conferences. Articles devoted to life stories of families with disabled children have been published and project workers participated in television and radio programmes, all of which have promoted positive ways of helping families and challenged the traditionally negative view of disability. The national agenda for disabled children has begun to change.

FP 9b - Loss, grief and tantrums: the 'dilemma' of an emotional foster carer in an age of professionalisation

Carolyn Cousins

London Borough of Hammersmith and Fulham, London, United Kingdom

As a range of, primarily Western, countries move increasingly towards professionalisation of the fostering task, supported by carers, some interesting dilemmas and questions are being raised in relation to how social services work in partnership with carers. Foster carers have long been in a kind of 'limbo' land – not treated as clients, but not quite treated as colleagues either.

The drive for the professionalisation of the industry has many benefits, including the increasing of standards of care.

And yet there are many dilemmas thrown up by this shifting culture – some of which are acknowledged, and others, the author proposes, that are left for social workers to grapple with almost in secret – never being quite sure when they will 'get it wrong'.

One of these tricky areas is around the expression of emotion by carers – reactions of loss and grief at the ending of a placement – understandable human reactions, yet reactions that are now being questioned from 'fellow professionals'.

It seems we have not really grappled with whether there is a fundamental difference in working with children, mostly 9 – 5, and whether actually having a child in your home, even as a professional or salaried carer, actually 'looks different'. There is a danger that in a vacuum of debate about this sensitive topic, employee related principles will be applied, potentially unfairly, under the guise – 'well they wanted to be considered professionals...'

This honest account will explore some of these tensions, the implications for workers, carers and children, and then attempt to make explicit some of the underlying principles and juxtapositions. It will also pull together thinking and research around these topics to present options for ways forward.

The author currently manages a Fostering Service in a London borough and will draw on her experience both the in the UK and Australia.

FP 9c – Returning Abused and Neglected Children to Their Parents: Issues and Outcomes

Elaine Farmer

University of Bristol, Bristol, United Kingdom

Practitioners address difficult issues in deciding whether and when to return abused or neglected looked after children to their parents, as the Baby P case shows. Yet research evidence to assist them in making these decisions is thin. Little is known about the key factors in the UK that predict whether reunification is likely to be successful or what leads to some children oscillating in and out of care. We do know, however, that return breakdown in the UK is now twice as high as was the case prior to the Children Act 1989 and that unsuccessful returns are driving some of the instability of children in care.

The study was funded by the Department for Children, Schools and Families and examined the patterns and outcomes of return home by means of a two year follow-up of a case file sample of 180 children returned to a parent from care in 6 local authorities and through interviews with a sub-sample of parents, children and social workers. Most of the children (91%) had been abused or neglected prior to entering care. Multivariate analyses were used to discover the key factors associated with successful and unsuccessful return outcomes.

This paper will examine: the circumstances in which children were reunified, the extent of maltreatment once home, the interventions provided and how children fared. It will also highlight the factors that contributed to good outcomes in terms of return stability and the quality of the reunification for the children and will draw out the circumstances in which returns were likely to be problematic. Children of substance misusing parents, for example, were found to be at high risk of maltreatment during return. Issues about oscillation between home and care will also be considered.

FP 9d - Adopted children and those in other permanent placements: developing a sensitive CAMH response.

Sharon Pettle, Margaret DeJong, Jill Hodges
Hospital for Children, Great Ormond Street, London, United Kingdom

It is well known that Looked After Children have far more emotional and behavioural problems than those in the general population and dedicated services have developed to address the needs they present and support foster carers and residential staff. The same children are later adopted, moved into kinship care or may remain with foster carers under Special Guardianship arrangements. Many of the difficulties continue, or in some circumstances emerge in later years.

The Attachment & Trauma Team at Great Ormond Street has been offering a service to children and their families where maltreatment and neglect are significant features in early childhood. The impact of problematic attachment histories and chronic trauma often results in a complex presentation.

The team has linked with other clinical providers to develop a more systematic approach.

This presentation will describe the work of the team, and how it approaches this challenge. It will report briefly on the information gathered to inform and support future developments which draw on the views of adoptive parents, and the experiences of social workers in local authority post adoption support teams.

FP 9e - Managing contact in the interests of children in public care

Robin Sen
Strathclyde University, Glasgow, United Kingdom

Research suggests that when children are placed in public care contact with family members is one of, if not the, primary concern for them and their birth families and local authorities have legislative duties to promote contact between them. However the research base regarding the association between contact and positive outcomes for children in public care remains contested. Social workers are integrally involved in assessing, planning for and managing contact arrangements but their views have rarely been sought on this topic – particularly in Scotland.

Object

The object of the current pilot research is to explore the views of social workers in Scotland about the management of contact for children in short-term placements. Its aims are to:

- Obtain an overview of current practice in managing contact arrangements within short-term placements
- Identify current issues, strengths and difficulties within current practice
- Identify priorities for further research, practice and policy guidance

Method

In-depth qualitative interviews with social workers in a Scottish local authority with significant responsibility for managing contact, followed by focus group discussions with social workers in the authority.

Monday 14 September

Free Paper: FP1 – FP10

Results and Conclusions

The study began in February 2009 and it is anticipated it will conclude in May 2009.

Emergent findings from data collected so far include:

- The impact of resources on facilitating quality contact for children – the challenges of finding suitable venues and staff time
- The need for clear assessment and guidance when establishing contact plans and ongoing review of them
- The challenges of maintaining contact between siblings in different living in different placements
- The challenges of supporting good quality supervised contact when relationships between birth parents and social work staff are fraught

FP 9f - Promoting the Health and Wellbeing of Indigenous Children in Out-of-Home-Care: A strengths-based approach

Shanti Raman

Child Protection Services, Sydney NSW, Australia

Background: Several international studies have established that children in out of homecare (OOHC) suffer from a range of physical, developmental and psychosocial disorders. In Australia, Aboriginal (indigenous) children have significantly worse health outcomes than non-Aboriginal children. In conjunction with an Aboriginal organisation, a specialised multi-disciplinary culturally appropriate clinic for Aboriginal children in OOHC in South Western Sydney (SWS) was set up in 2003 to provide a pathway to holistic healthcare for these children.

Objectives: We wanted to document the health and wellbeing of Aboriginal children in OOHC accessing the specialised clinic in SWS, using a strengths-based model. We wanted to identify characteristics of children in care who were doing well and who improved with intervention. We also wanted to identify barriers to appropriate care.

Methods: We analysed the records of the first 100 children attending the OOHC clinic in SWS. Information was collected on clinical outcomes and recommendations, at first visit and subsequent visits if children were reviewed. Data was entered in Access and statistical analysis performed using SPSS. Service providers and foster carers were interviewed about barriers to care by independent evaluators.

Results: A significant proportion of children had health needs identified for the first time including speech delay (56%), under-immunisation (50%), behaviour problems (46%), hearing problems (44%), visual problems (35%) and dental problems (36%). Despite exposure to abuse and trauma, 16% of the children were doing well at first visit, more than a third improved with support. Several difficulties and barriers to appropriate care were identified by health workers and foster carers.

Conclusions: Children attending this clinic had similar rates of problems identified as other studies. Characteristics of the children doing well helped identify factors that promote resilience in this population. Significant barriers to appropriate care for these children persist despite having culturally appropriate assessment and support services.

FP10: 14:15 – 16.15
**IMPROVING THE QUALITY OF ASSESSMENT:
DEVELOPING AND EVALUATING
ASSESSMENT TOOLS**
Venue: Room G, Faraday Building

**FP 10a – National guidelines on when to
suspect child maltreatment in children
and young people up to 18 years of age:
implementation challenges for the NHS.**

Danya Glaser², Thara Raj¹
¹*National Institute for Health and Clinical
Excellence, London, United Kingdom,* ²*Great
Ormond Street for Children and University
College London Institute for Child Health,
London, United Kingdom*

Objectives/purpose:
National Institute for Health and Clinical
Excellence (NICE) produced guidelines
outlining the features associated with
maltreatment that health care professionals,
who are not specialists in child protection,
can use in their routine practice. Although the
guidelines are not a comprehensive
assessment tool and do not define diagnostic
criteria or tests, they are intended to be used
alongside local child protection arrangements
and policies. Risk factors associated with
child maltreatment were outside the scope of
this guideline but the guideline development
group (GDG) acknowledge the importance of
setting these clinical features of child
maltreatment within a wider context.

The purpose of this presentation is to present
the recommendations, to give an insight into
the challenges that the GDG faced and to
discuss implementation of the guidance.

Method:
A multi-disciplinary development group was
established to consider the evidence and
develop the guideline, which included
paediatricians, nurses and adult members of
the target group. The National Collaborating
Centre for Women and Child Health were
commissioned by NICE to work with the GDG
to amass and assess the evidence. Where
there was no or little published evidence and
when the GDG was uncertain, Delphi
techniques were used by the development
group in drawing up the clinical features. This
presentation will discuss some of the
differences in clinical opinion that the Delphi
process uncovered.

Prior to publication, the guideline underwent
extensive public consultation and
opportunities to support implementation were
explored during the development phase.
Results of the consultation and consequent
changes to the final guideline will be
described.

Results:
The anticipated date of publication for the
final guideline is July 2009 so the full results
cannot be presented in the abstract.

Conclusions:
The GDG were able to draw conclusions
about features of child maltreatment that
should assist health care professionals in
their routine practice.

**FP 10b – Family Assessment: How Do We
Improve Outcomes for Children and their
Families?**

Susan Stewart, Kim Carey, Laura Thomson
*Aberlour Childcare Trust, Langlees Family
Centre, Falkirk, Scotland, United Kingdom*

In the light of the current legislative, political
and policy context 'Getting it Right for Every
Child' (Scottish Executive 2005) has become
the catalyst for fundamental change in how
we support vulnerable children in Scotland.
Langlees Family Centre has developed a
model of family assessment work which
encompasses the recommendations within
the GIRFEC framework.

Findings from the first cycle of the Multi
Agency Child Protection Inspections in
Scotland (HMle 2009) identify considerable
weaknesses in respect to the effective
assessment of risk and need in children and
their families. The work at Langlees is built on
the identification of key strengths of the child
and parent(s). It aims to build parenting
capacity within the family and links up core
theoretical perspectives drawn from
attachment (Newman 2006), resilience
(Daniel and Wassell 2004) and
communication theories (ACC Research Unit
1998) to underpin effective practice.

An integral part of the assessment process
focuses on the quality and nature of the
relationship between parent and child
(Trevarthen 1998; Schaffer 2007).

Monday 14 September

Free Paper: FP1 – FP10

This is done in a number of ways, incorporating a range of evidence based approaches such as video interaction guidance (Kennedy 2005; Simon 2000). Through this time limited process children and their families are supported to be more proactively involved in decision making processes which help to inform future longer term planning for the child/ family and significantly enhance positive outcomes for children.

This workshop provides a complete overview of the theoretical and contextual framework we use to inform family assessment work. It will take participants through an assessment case study and there will be the opportunity to sample some of the practical tools that have been developed in collaboration with children and their families. Feedback from children, their families and agencies about their experience of the assessment process will be disseminated and implications for practice considered. Independent evaluation of this work indicates that it not only builds parenting capacity but ultimately improves the quality of life for children; shifting the focus towards better outcomes (Dundee University 2006).

FP 10c – Improving the Quality of Assessments using Standardised Assessment Tools: the experience of Children’s Social Care Services in three Local Authorities.

Arnon Bentovim, Antony Cox, Liza Bingley-Miller, Stephen Pizzey
Child and Family Training, York, United Kingdom

This presentation is linked to three further presentations all titled ‘Improving the Quality of Assessments using Standardised Assessment Tools’: Fraser et al (0115); Grace et al (0117); and Birbeck et al (0107). Each presentation describes the impact on assessment practice of using Standardised Assessment Tools delivered by a manualised training programme in Carmarthenshire, Gloucestershire and Devon County Councils in teams specialising in: child protection; children with disabilities; and family support.

This presentation will provide an overview of the assessment tools and model of analysis planning intervention and measuring outcomes prior to each Local Authority describing its experience.

To support the implementation of the Assessment Framework in England and Wales in 2001, the Government commissioned the development of a range of evidence-based assessment tools for practice with accompanying training. The Department for Children, Schools and Families recommends the use of these tools in a wide range of assessments involving children and families. The Government’s biennial overviews of the findings from Serious Case Reviews highlight the need to give careful attention to the processes of evidence-based assessments, analysis of information, decision making and planning (Rose and Barnes 2008, Brandon et al 2008).

Assessing Parenting and the Family Life of Children using Standardised Assessment Tools is a manualised training programme (Pizzey, Cox, Bingley Miller and Walker 2008) that has been developed since 2003 and comprises assessment, analysis, intervention and measurement of outcomes. It includes the HOME Inventory (Caldwell and Bradley 1984, 2003, Cox 2008); the Family Pack of Questionnaires and Scales (Cox and Bentovim 2000); the Family Assessment (Bentovim and Bingley Miller 2001); and a model of analysis, planning intervention and measuring outcomes (Bentovim, Cox, Bingley Miller and Pizzey, forthcoming 2009). Accredited and licensed agency-based trainers deliver this programme throughout the UK.

FP 10d – Improving the Quality of Assessments by Family Support Workers using Standardised Assessment Tools

Jayne Birbeck¹, Tanya Cox¹, Carole Morgan¹,
Stephen Pizzey²
¹*Devon County Council, Devon, United Kingdom,* ²*Child and Family Training, York, United Kingdom*

The Devon County Council Family Support Service is staffed by family support workers most of whom do not hold a professional qualification.

They contribute to a range of assessments including Initial and Core Assessments (Department of Health et al 2000) and receive referrals for intervention. This presentation describes the impact of using Standardised Assessment Tools delivered by a manualised training programme (Pizzey, Cox, Bingley Miller and Walker 2008) on assessment practice in the Service.

The Service provides an integrated range of safeguarding and educational services for identified children and their families from venues across the County. Three managers from the Family Support Service were trained to deliver the manualised training programme, which includes the HOME Inventory (Caldwell and Bradley 1984, 2003, Cox 2008); the Family Pack of Questionnaires and Scales (Cox and Bentovim 2000); and a model of analysis, planning intervention and measuring outcomes (Bentovim, Cox, Bingley Miller and Pizzey, forthcoming 2009).

The managers provided intensive support and encouragement to staff in the initial stages of the training to help embed their use of the Tools. Staff quickly gained confidence in their use with the result they are routinely used to screen each referral for intervention and brought about consistency in assessment practice and greater clarity about the intervention required.

The Tools have given a focus and structure to the Family Support Worker's contribution to Core Assessments being undertaken by Social Workers, and increased their confidence as practitioners. As more assessments are completed managers are in a position to identify trends and themes amongst service users throughout the County thus identifying areas of need at a community level.

This presentation is linked to three other presentations all titled 'Improving the Quality of Assessments using Standardised Assessment Tools': Pizzey et al (FP 10c); Grace et al (FP 10f); and Fraser et al (FP 10e).

FP 10e - Improving the Quality of Assessments of Children and Young People with Disabilities and their Families using Standardised Assessment Tools

Andrew Fraser¹, Lorraine Oxenham¹, Rita Alden¹, Bernard Dodd¹, George Butunoi¹, Stephen Pizzey², Antony Cox², David Hinchcliffe¹

¹Gloucestershire County Council, Gloucestershire, United Kingdom, ²Child and Family Training, York, United Kingdom

This paper will be presented by members of the Children and Young People with Disabilities Team in Gloucestershire. It will describe the Team's experience of using Standardised Assessment Tools and their impact on the quality of assessments.

Families report difficulties in accessing services, inconsistency in services offered cross the county, poor coordination between agencies and an increased need for short breaks (Chiles 2007). The Team sought to improve the quality of its assessments and increase the number of families with whom it is involved. It identified Tools to use at the Initial and Core Assessment stage to help bring about consistency in assessment, subsequent intervention and allocation of resources to support families.

Agency based trainers delivered a manualised training programme (Pizzey, Cox, Bingley Miller and Walker 2008) that includes the HOME Inventory (Caldwell and Bradley 1984, 2003, Cox 2008); the Family Pack of Questionnaires and Scales (Cox and Bentovim 2000); and a model of analysis, planning intervention and measuring outcomes (Bentovim, Cox, Bingley Miller and Pizzey, forthcoming 2009).

Initially staff varied in their confidence in using Standardised Tools, some seeing this as 'additional work' and a further demand upon limited time-resources rather than as an integral part of their work. Once more familiar with the tools and with support from managers, staff gained confidence in the use of the Tools. The quality of assessments has improved both in terms of the range of information gathered and in identifying appropriate interventions. The time taken to complete a Core Assessment has been reduced.

Monday 14 September

Free Paper: FP1 – FP10

As more assessments are completed managers are in a position to identify trends and themes amongst service users throughout the County thus identifying areas of need at a community level.

This presentation is linked to three other presentations: Pizzey et al (FP 10c); Grace et al (FP 10f); and Birbeck et al (FP 10d).

FP 10f - Improving the Quality of Assessments in Child Protection: the experience of an Assessment Team in Carmarthenshire Social Care, Health and Housing Department.

Anne Grace¹, Mark Evans¹, Diane Cooper¹, Arnon Bentovim², Stephen Pizzey¹
¹*Carmarthenshire Social Care, Health and Housing Department, Carmarthenshire, United Kingdom,* ²*Child and Family Training, York, United Kingdom*

Carmarthen and Dinefwr Assessment Team covers both rural and urban areas in South Wales. The Carmarthenshire Social Care, Health and Housing Department sought to identify Standardised Assessment Tools to use at the Initial and Core Assessment stage to help bring about improve the quality of assessments, with particular focus on the gathering and analysing of available information, planning interventions and measuring outcomes.

Agency-based trainers (a Training Manager, Team Manager and Social Worker) were trained to deliver a manualised training programme (Pizzey, Cox, Bingley Miller and Walker 2008) that includes the HOME Inventory (Caldwell and Bradley 1984, 2003, Cox 2008); the Family Pack of Questionnaires and Scales (Cox and Bentovim 2000); the Family Assessment (Bentovim and Bingley Miller 2001); and a model of analysis, planning intervention and measuring outcomes (Bentovim, Cox, Bingley Miller and Pizzey, forthcoming 2009).

The presentation will consider the experiences of the Team Manager and one of the Social Workers in the Team. The use of Standardised Assessment Tools by team members varies and the Team Manager will present a comparative overview of the impact their use has made on the quality of assessments and assessment practice in the Team.

The social worker will present case studies to exemplify the contribution they made to each stage of the Initial and Core Assessments (Department of Health et al 2000) in cases where there were Child Protection concerns.

This presentation is linked to three other presentations: Pizzey et al (FP 10c); Fraser et al (FP 10e); and Birbeck et al (FP 10d).

Interactive 1

Venue: Taliesin Foyer

Time of presentation: 10:30-11.00

European Guidelines on the implementation of national monitoring and data collection systems on child abuse

Roberta Ruggiero^{1,4}, Donata Bianchi^{2,1}, Jenny Gray^{3,1}
¹ChildONEurope, Florence, Italy, ²Istituto degli Innocenti, Florence, Italy, ³Department For Education & Skills, London, United Kingdom, ⁴Italian National Documentation and Analysis Centre on Childhood, Florence, Italy

Purpose

The European Network of National Observatories on Childhood and Adolescence, CHILDONEUROPE, undertook a review of existing national systems of data collection and registration of child abuse cases. The results revealed weaknesses in this field; few European countries had data collections from which it was possible to derive reliable statistics on the incidence of the phenomenon. Members of CHILDONEUROPE recognized the need to develop general guidelines for the establishment of national system of data collection and monitoring on child abuse. The group faced four key challenges:

- Improving existing statistics
- Developing new domains
- Basing policies, plans, programmes and services on scientific evidence
- Defining child maltreatment cases and outcome indicators using international norms and behavioural definitions from well-tested instruments

Method

The guidelines include sections on the:

- choice of objectives for collecting child protection data
- definitions of the phenomenon and units of observation (children, reporting cases etc)
- institutional competences
- level of coverage (e.g. space, time, activities)
- organization of data
- nature of data collection (e.g. survey or analysis of administrative data)
- final use of the data.

Results

The paper will set out:

- The process
- Who was involved
- The content of the guidelines

Conclusions

The result of the work developed by ChildONEurope will make a contribution to sensitizing governments and local institutions to the need for improving data collection systems for monitoring child abuse, and will offer an operative tool for planning the setting up of a national system.

Interactive 2

Venue: Taliesin Foyer

Time of presentation: 10:30-11.00

SARCs - Working with sexually abused children and young people

Blanka Hubena

New Pathways, Merthyr Tydfil, Wales, United Kingdom

New Pathways is responsible for the running of four SARC centres in South Wales. The increased need for such a service amongst children and young people demands the attention of those who could prevent it. We collated information from initial assessments of those under 18 presenting issues concerning the young people's lack of knowledge, education and self awareness in the area of predatory sexual behaviour and risk of sexual violence against them. The purpose of this paper is to establish what guidelines and policies must be put in place to protect children's lives from such dangers and how the statutory and voluntary organisations can work together to reduce the risk of sexual violence against the most vulnerable amongst ourselves.

New Pathways is currently undergoing a review of the referral sources and reasons for referral, as well as collating additional information about young people's level of knowledge in the area of inappropriate sexual behaviour, sexual violence, pathological sexual behaviour etc.

Monday 14 September

INTERACTIVE

This paper will present information collated from the above mentioned practice based research. It will include information on our partnership with the South Wales Police, and both our efforts to improve the policies and guidelines on dealing with child victims of sexual crimes. Such developments could lead to an increased prevention and reduction of sexual crimes against children and young people.

One of the major contributors to the increase of inappropriate sexualised behaviour in communities is the exclusion of under 18 education on criminal sexual behaviour and strategies for young people to avoid it.

This paper will present information useful for those in a position to make a difference in policy making (WAG, Home Office), strategic planning (Local Education and Health Boards) as well as those working with the survivors of sexual violence in the voluntary sector.

Interactive 3: Venue: Taliesin Foyer

Time of presentation: 16:15-16:45

Human Papilloma Virus (HPV) in Pre- and Peri-Pubertal Females: Clinical implications in a post vaccine environment.

Barbara Haner^{1,2}

¹University of Washington, Seattle, WA, United States, ²Providence Intervention Center for Assault and Abuse, Everett, WA, United States, ³Dawson Place Child Advocacy Center, Everett, WA, United States

This presentation presents case study analysis emphasizing the patient's perspective and life meaning of HPV positive genital warts in pre- and peri-pubertal females including clinical strategies to provide developmentally appropriate care for children faced with adult pathologies.

Population: Pre- and peri-pubescent females presenting to a child abuse center for medical assessment and treatment.

Methodology: 1. Case study analysis of individual medical and social histories

Results: Of 11 patients presenting with a history of genital wart type lesions or currently displaying wart type lesions, age 7 through 12; 4 were found positive through biopsy for high risk HPV, the most common genotypes associated with cervical dysplasia and cancer. Three common themes in analysis are 1. Fear 2. Body image distortion 3. Sense of limited future

Case Study Analysis: Case #3, a 9 year old, expresses fear, and a sense of limited future; "Am I going to die? My sister (13 years old) says I can't have any babies, she says I'll kill all the babies".

From a 12 year old, Case #2: "I want to have a boyfriend but I'm afraid he'll know somebody had sex with me, I know the warts are gone but I can still feel them".

Conclusion: It has long been held that HPV did not significantly represent a threat as the etiology of genital warts in pre and peri pubertal females. In fact, very few clinicians actively seek a definitive genotype diagnosis based on this potentially erroneous information.

As a result little has been done to explore the medical, developmental, emotional and social impact that a positive HPV test poses in this population. With the advent of the HPV vaccination program it is even less likely that medical providers will develop an understanding of the clinical implications of childhood HPV.

Interactive 4 Venue: Taliesin Foyer

Time of presentation: 16:15-16:45

An Exploratory Study of Genitourinary Complaints and Hygiene Practices in Pre-pubescent Females Presenting for Sexual Abuse Assessments.

Mary J Cole

University of Washington, Seattle, WA, United States

This presentation addresses genitourinary complaints and symptoms in a population of pre-pubescent females referred for sexual abuse medical assessment.

While few demonstrate genital abnormalities and infections from sexual abuse, the presence of complaints and symptoms within a sexual abuse investigation can significantly influence the perception of caregivers, investigators, and even medical providers regarding the validity of the abuse. Pre-pubescent gynecologic complaints often results from poor genital hygiene practices and generally, no specific etiology is identified. For most pre-pubescent females, genital inflammation is nonspecific, treated conservatively with hygiene being the most singularly addressed issue.

Population: A convenience sample of pre-pubescent females age 3 to 9 years (n = 400) referred to a child abuse center for suspected sexual abuse.

Methodology: Multi-method explorative study utilizing retrospective chart review, case study and narrative analysis.

Results: Over three-fourths of the subjects consistently do not demonstrate or describe proper position of clothing and body during toileting, preparation of toilet tissue, and adequate wiping. In discussion with parents of pre-pubescent females, substantial knowledge and modeling deficit may exist that affects the genital health of their children. Specifically: • Lack of self-care monitoring • Lack of knowledge and ability to model appropriate genital hygiene • Use of unsuitable bath products.

Conclusion: Deficits in genital hygiene because of self-care and knowledge deficits on part of both the pre-pubescent child and parent may predispose the child to developing genital inflammation. When genital symptomology and elements of the history suggest hygiene deficit, the child's toilet practices along with parental knowledge of those practices necessitate assessment with resultant education, including return demonstration. Health care providers need to be cognizant of and be able to teach proper hygiene practices including awareness of the role genital inflammation plays in the development of differential diagnoses in the assessment of sexual abuse.

**Interactive 5
Venue: Taliesin Foyer**

Time of presentation: 13.15-13.45

**Child Sexual Exploitation- risk
assessment and response - evidence
from Wales**

Samantha Clutton, Jan Coles
Barnardo's Cymru, Wales, United Kingdom

In 2005 the first scoping study on the nature and prevalence of child sexual exploitation (CSE) was carried out on behalf of the All Wales Advisory Group on CSE. The study identified a lack of knowledge among professionals in identifying children and young people at risk of CSE and weak safeguarding practice in responding to risk of and abuse through CSE. In 2006 Barnardo's Cymru piloted a Sexual Exploitation Risk Assessment Framework (SERAF) in Newport. The risk assessment framework has now been applied to a sample of 1487 cases held by social services and the youth offending service across 3 local authorities in Wales. This research has generated evidence in relation to a profile of vulnerabilities and risks across four identified levels of risk among children in need. In 2007 Barnardo's Cymru carried out a review of the implementation of local protocols for safeguarding children and young people at risk of CSE. The research identified inconsistent and weak practice in responding to CSE across Wales. In response a new All Wales Safeguarding Children and Young People at Risk of CSE Protocol has been produced under the All Wales Child Protection Procedures.

This paper will provide evidence from the application of the risk assessment framework across 1487 cases of children and young people in contact with social services and the youth offending service. The paper will also consider findings of the review of protocols in 2007 and will introduce the new All Wales Protocol. Finally the paper considers the challenges posed in responding to new evidence on the nature and prevalence of CSE in Wales and in relation to the effective implementation new safeguarding procedures.

Monday 14 September

INTERACTIVE

Interactive 6

Venue: Taliesin Foyer

Time of presentation: 13:15-13:45

Innovative approach - Introducing Medical Clowns to the treatment of the sexually abused

Shoshi Ofir¹, Nessia Lang-Franco¹, Rachel Lev², Dafna Tener²

¹*Padeh Medical Centre, Tiberius, Israel,*
²*Haifa University, Haifa, Israel*

The purpose of this presentation is to demonstrate the role of medical clown in the treatment of sexually abused children and youth. It will include the story of the "Dream Doctors" group. The presentation is intended for all participants of the congress. Medical clowns in the "Dream Doctors" group are experienced stage artists who are trained and qualified to work with hospitalized children. They are recognizable by their red nose. They look through imaginary glasses which colour the world differently. Their main aims are to support and strengthen the child during his hospitalization and so to help the medical staff by creating co-operation on the part of the child. Studies show that humour has a positive effect on physical health and it is known that psychologically laughter distracts the child, raises his spirits and creates a pleasant and calming atmosphere.

The aims of the medical clown working at the Tene Center in Israel which specializes in ano-genital examination and forensic documentation of children, youth and adults who have been sexually abused include:

- Strengthening the child's "healthy side", allowing them to feel "in control" and decreasing the stress and anxiety which usually accompany the exposure and physical discomfort of the examination.
- Distracting the child from the anxiety or pain associated with the examination.
- Permitting the child to enter a world of imagination and fantasy where they feel protected and safe, while enjoying playing a familiar and normative game.
- The clown enables child, family and staff to relax, making even laughter legitimate and possible, despite the trauma.

A gynaecologist and a dressed-up clown will answer all questions.

We will have posters demonstrating our work.

Brochures and red noses will be handed out.

Interactive 7

Venue: Taliesin Foyer

Time of presentation: 10:30-11:00

C-me Information Sharing Application: The development of innovative technology to support the sharing of information to improve the identification, analysis and planning processes for children at risk of harm.

David Robertson, Helen Hammond
West Lothian Community Health and Care Partnership, Broxburn, West Lothian, United Kingdom

In Scotland there are significant barriers to professionals working closely together in cases of child protection. Issues relating to differences in professional language and practice, consent, confidentiality, and data protection can be seen as barriers to shared communication between agencies working jointly with children, whilst a dearth of technological solutions to facilitate improved joint working practice across organisational silos impedes sharing of professional concerns, risks, alerts, reports, plans and assessments.

From detailed consultation and analysis of the requirements for improved information sharing between agencies working in children's services, West Lothian Community Health and Care partnership have developed the C-me information sharing system. The C-me application provides services such as shared electronic alerts, chronology of significant events, assessment, planning, messaging and a child index to practitioners in Health, Social Work, Housing, Education and Police working together in the fields of child support and protection.

This paper explores how issues around information sharing were evaluated, addressed and incorporated into a system specification.

Functionality was developed from that specification and delivered via C-me application. Particular emphasis is given to the development and introduction of a chronology of significant events, displaying involvements from multiple agencies, visible in real time giving a fuller picture of the needs and risks informing collaborative planning for children. Furthermore this paper presents positive outcomes and benefits that can be achieved through introduction of appropriate information sharing guidance, training and tools particularly for children at risk of harm.

The analysis offers an insight into the dynamic and dialectical relationship required between practice and supportive technology to facilitate the successful introduction of a shared information system to a dedicated coalition of diverse professionals.

Interactive 8
Venue: Taliesin Foyer

Time of presentation: 16:15-16:45

Female Genital Mutilation (FGM): The role of the paediatrician

Dr Deborah Hodes, Dr Kerry Robinson, Dr Jane Simpson

Female Genital Mutilation describes a range of procedures to alter the female genitalia ranging from removal of the hood of the clitoris (sunna) to removal of the clitoris and labia minora, and stitching together the vaginal orifice (infibulation). It is a form of child abuse under UK law.

Objectives:

Poster to highlight the role of the paediatrician in cases where children are thought to be at risk of/or confirmed to have female genital mutilation.

Method:

We will use the experience in Camden to explore the role of the paediatrician. Camden is an inner London borough with a significant population from practising communities. Specialist health services have been developed to cater for women and girls in this area because FGM is a complex, sensitive issue. We will attempt to highlight the balance that needs to be struck between safeguarding children at risk or subject to FGM as a form of physical abuse, and working supportively with families from

practising communities to empower them to ultimately reject this cultural practice.

Results:

The role of the paediatrician can be categorised into four key areas. First: identifying potential cases by an awareness of certain indicators and familiarity with local referral pathways. Second: diagnosing FGM by being able to distinguish normal female genitalia in the child and identify the four types of FGM. Third: managing its short and long term consequences, and fourth: to consider the wider implications of a diagnosis, in particular the need to safeguard other children in the family at risk of harm.

Conclusion:

All health professionals need to be aware of FGM and its place in British society so that children at risk can be protected. The paediatrician has a particular responsibility towards safeguarding children at risk of FGM and managing its sequelae.

Monday 14 September