

Multi-Agency Practice Guidance

**Practice Guidance for all agencies
produced by Nottinghamshire and
Nottingham City Local Safeguarding
Children Boards (LSCBs)**



Emotional Abuse

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This guidance has been produced by a group of professionals who work for agencies across the City and County. The LSCBs would like to thank them for their time and contribution.

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Emotional Abuse: Practice Guidance for All Agencies

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CONTENTS	PAGE NO.	
1	Introduction	3
2	Important Points about Emotional Abuse	3
3	Definitions	4
4	Identification	4
5	Responding to Initial Concerns	9
6	Children in Need	12
7	Further Assessment	16
8	Child Protection Enquiries	21
9	Child Protection Conferences	21
10	Working with Children and Families Where the Child is Subject to a Child Protection Plan	22
11	Ways of Working	24
12	Consideration of Good Enough Care	27
<u>Appendix 1: Resources and Reference Material</u>		29



1 INTRODUCTION

- 1.1. This practice guidance is issued as supplementary guidance to the Nottingham City and Nottinghamshire's 'Interagency Guidance on the Assessment of Children in Need and their families including the LSCB's Child Protection Procedures'. It should be read in conjunction with this document. It considers and advises on particular difficulties that are often experienced when working with emotional abuse.
- 1.2. It is intended for all those who work with children and families in all agencies and settings. It draws on research into child emotional abuse and on the experience of those actively working in this field. It aims to help practitioners define and identify emotional abuse and form judgments about their assessment and intervention.
- 1.3. It includes a range of tools, resources and useful contacts that practitioners may find helpful in their work with families where emotional abuse is an issue. The list however, is not exhaustive and practitioners may well add other resources to it that have been found useful in practice.
- 1.4. The term 'parent' is used within the document to mean parent or caregiver i.e. those with the primary responsibility for caring for the child. The word 'child' is used but in many situations the word 'children' is applicable.

2 SOME IMPORTANT POINTS ABOUT EMOTIONAL ABUSE

- 2.1. Emotional abuse will be present in all forms of child abuse and this emotional aspect may have as damaging a long term effect on the child's development as physical and sexual abuse and neglect. However, it can also be present without other forms of abuse as a systematic form of abuse in its own right.
- 2.2. Emotional abuse occurs within the context of a parent/child relationship and can often be directly observed in the relationship between them.
- 2.3. Many potentially harmful interactions are very common. It is the persistent and repeated nature that would lead to the situation being emotionally abusive.
- 2.4. It is essential that interactions are observed and understood over time as it is a process not an event.
- 2.5. The necessity to separate a child from a parent on recognition of emotional abuse is rare. Effectively the professional network and the family are engaged in a process of '**working towards protection**' (Glaser, 1997)



3 DEFINITIONS

- 3.1. The definition of emotional abuse as contained in 'Working Together to Safeguard Children' (DoH 2006) is:

“Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing children frequently to be frightened or in danger, or exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.”

- 3.2. The terminology used within the field of emotional abuse varies; other terms used are psychological maltreatment, emotional harm, emotional neglect, psychological abuse. (O’Hagan, 1993, Gabriano et al, 1986, and Brassard et al, 1987).
- 3.3. Enshrined within the definition is the central principle that emotional abuse, to be considered as such, must be a typical and pervasive feature of the parent/child relationship.

4 IDENTIFICATION

- 4.1. There are various aspects of emotional abuse which to some extent can set it apart from other forms of abuse. These aspects need to be borne in mind when identifying and working with it:
- There is usually no disclosure from a child and thus for pure ‘evidence gathering’ interviewing a child has limited value, although they may provide through their play or their presentation indications of the effect of the abuse. It is important to gain the child’s view but within this framework of understanding. Other evidence comes from the pattern of family interaction over time, chronologies and the effect on the child.
 - There is no bruise or other sign of physical injury, therefore forensic evidence cannot be relied upon (unless there is accompanying physical or sexual abuse).
 - Because there is usually no disclosure from the child or physical evidence it is important to have a framework within which observations of parent/child interaction can be understood, in order to carry out an adequate assessment.
 - Emotional abuse is a description of a relationship not an event. Unlike other forms of abuse, with the exception of neglect, it often happens in front of workers’ eyes as it is usually an ingrained pattern of interaction between the parent and child with neither being aware that it is problematic.



Emotional Abuse

Multi-Agency Practice Guide

- Research indicates that the parent/caregiver and abuser is usually the same person.
- Cultural differences in family life and relationships need to be understood and borne in mind when considering whether a situation is emotionally abusive. Emotional abuse can often be subtle and a good awareness of child rearing practices within any given culture is necessary.

4.2. There are three main ways that emotional abuse may come to the attention of professionals. These are examples of things that might be seen:

- **Concerns about parental behaviour**

E.g. teachers, personnel in family resource centres etc may witness difficult parental behaviour towards a child e.g. a child being persistently blamed for everything that goes wrong, persistent shouting, rejection.

- **Concerns about parental attributes**

E.g. personnel working in adult mental health, alcohol and drug addiction services becoming concerned about how a parent is functioning and the impact this may have on a child.

- **Concerns about the child**

E.g. a school nurse, paediatrician, teacher may be concerned about how a child is presenting e.g. unhappy, bedwetting, poorly behaved which may be due to difficult relationships at home.

4.3. It is important to have a framework to help with thinking about and identifying the links between these three main areas of concern. It is important to try and understand the link between how the parents behave and the effect on the child. Such a framework helps to make sense of observations. Keeping a log of interactions between parents and children can help build up an idea of family relationships.

Parental Behaviour – Categories of Ill Treatment

4.4 Glaser (2002) suggested the following parameters which are largely enshrined in the Working Together definition. Some or all of these can be present in any one family to a more or less severe degree.

Emotional unavailability, unresponsiveness and neglect

4.5 Research has indicated that the emotional unavailability and unresponsiveness of the parent can be particularly damaging to the child. It can occur if the parent has mental health difficulties, substance or alcohol misuse or is persistently preoccupied with other difficulties such as domestic violence. Parents may be less likely to complain about their child in these situations and observations of interactions are particularly important. This is not to suggest that all parents who e.g. have mental health difficulties are emotionally unavailable to their children.



Persistent negative attitude towards the child/ren.

- 4.6**
- The child is repeatedly denigrated; told they are bad, unwanted and blamed for the problems in the family.
 - The child may be terrorised, mocked, belittled or isolated in confused or frightening situations.
 - This may be specific to one child or involve all the children in the family.

Developmentally inappropriate or inconsistent interactions with the child

- 4.7**
- The child may be expected to support the parent, care for siblings or themselves, or perform tasks beyond their developmental ability.
 - The opposite can also be a problem as overprotection, taken to extremes, deprives the child of opportunities to develop friendships, activities and access experiences that would promote their development.
 - Parents may promote insecurities in their child by e.g. threatening to abandon them. Threats of abandonment can be as damaging as actual abandonment e.g. persistent threats to put the child in care, parents threatening to leave or kill themselves. This can promote insecure attachment behaviours in the child, which can persist into their wider relationships and impact on their psychological and emotional development.
 - Parents can have inconsistent expectations of the child and respond unpredictably to them. The child may be given confusing messages, which they cannot understand. Sometimes parents are unable to tolerate a child's distressed feelings and identify them as naughtiness or badness.
- 4.8** Any of the above examples can be commonplace. It is the persistence and regularity of the behaviour that has an impact on the child's development.

Failure to recognise or acknowledge the child's individuality or psychological boundary.

- 4.9**
- This can involve the denial of the child's unique attributes of temperament and personality. The parents try to actively mould the child into meeting the parent's emotional needs. The parent may have complicated misperceptions of the child and attribute feelings, wishes and motives to the child that belong in the parent or in their history. If the parent has an enduring, serious mental illness, they may actively involve the child in their misperceptions of the world about them.
 - Fabricated or induced illness is a variant of this category.



Failing to Promote the Child's Social Adaptation

4.10

- Parents may promote mis-socialisation e.g. actively involving their child in criminal activity.
- Parents may neglect their child psychologically e.g. failing to provide adequate mental stimulation and/or opportunities for experiential learning.

Parental Characteristics

4.11 Parental characteristics are risk factors rather than descriptions of ill treatment.

4.12 In common with parents perpetrating other forms of abuse, emotionally abusing parents have often had a difficult or abusive childhood and have problematic relationships with their own parents. It is common in families where emotional abuse is a concern, for there to be little known about the parents' own childhood. This can be because the parents find it too distressing to discuss, they are unable to remember or they resent being asked, as they see the problems as residing in the child. It may take time to develop a good enough and trusting relationship to obtain a coherent history.

4.13. There are certain parental attributes that are more likely to be present in emotionally abusive families. Research by Glaser and Pryor (Child Abuse Review 1997, vol.6, pages 315-329) identified three common parental attributes;

- history of mental health problems,
- violence between parents
- alcohol or substance misuse.

4.14 There may be factors peculiar to the individual family, which also need to be addressed e.g. parents with learning difficulties, troubled adults who don't have a clearly defined psychological problem but whose behaviour is erratic and unpredictable. There is an overlap with fabricated or induced illness with adults over presenting their children with physical/psychological symptoms.

4.15 It is important to note that the presence of mental health problems, learning difficulties or substance misuse does not automatically mean that children are being emotionally abused.



Impact on the child

4.16 The extent and nature of signs of impairment in the child vary according to the child's age. There are no specific patterns of symptoms in the child. The effects can be in any area of their development.

- **Physical**

There can be health problems related to poor growth, developmental delay or psychosomatic symptoms.

- **Emotional**

Emotional development can be impaired with low self-esteem, chronic anxiety or anger and acting out behaviour.

- **Behavioural**

Children can present as being oppositional, attention seeking or overly compliant and withdrawn.

- **Educational**

For some children, their ability to think clearly or concentrate may be impaired and this will have an impact on their educational achievements. Non school attendance or lateness may be a persistent pattern.

- **Peer Relationships.**

There may be ongoing problems in peer relationships due to aggressive behaviour or the child being withdrawn or isolated.

4.17 It is unusual for a child to complain about emotional abuse. Mostly they take on the negative feelings voiced by parents about themselves and perceive the ill treatment as justified, thinking their parents' judgment of them is correct.

4.18 Below are other important factors to consider when assessing the effect on the child.

Child's Vulnerability

4.19 In some families all the children are exposed to the same parental behaviour. In other families the parental behaviour is child specific. This can be related to the attributes of the child such as the birth order, traumatic circumstances around the birth like the death of a family member, gender, ethnicity, disability or developmental problems. Children are born with different temperaments making some more demanding and difficult to parent. Some children are associated in their parent's mind with a feared or disliked parent.



Child's Resilience

- 4.20** There are some children who seem to cope with adverse circumstances well. The components of this resilience are not fully understood but are related to temperament, early experience and relationships. Having a talent or ability also helps as it allows for the development of self-esteem. The availability of a positive relationship can counterbalance the effects of emotional abuse. If early relationships are good there is some suggestion that this increases resilience. It is important for the professional network surrounding the care of a child to consider resilience factors and to work actively towards putting more in place if this is possible.

5 RESPONDING TO INITIAL CONCERNS

- 5.1.** All professionals who come into contact routinely with children and families e.g. teachers, G.P.s, midwives, health visitors, nursery staff, play leaders etc. have a responsibility to identify children and families who are struggling and are in need of extra help and support. All have a role to play in assessing the wellbeing and development of children and the assessment framework can be a useful tool to aid this process.
- 5.2.** Within the Nottingham City and Nottinghamshire Local Safeguarding Children Boards' Child Protection Procedures there are definitions of 'vulnerable children', and 'children in need', including those who may need protection. There is a guide to evaluating concerns; distinguishing between mild concerns, moderate concerns and serious concerns using case examples.

I am concerned that a child is being emotionally ill-treated. Has this reached the stage of being called emotional abuse?

- 5.3** Useful questions to help judge whether the threshold for emotional abuse has been reached are:

- What worrying interactions happen between the caregiver and child and how often do these occur i.e. is the problematic interaction observed or reported typical of the relationship between parent and child?
- What effect is it having on the child?
- Is the effect on the child mild, moderate or serious? (remember the effect is cumulative).
- Is there a link between how the parent behaves and/or how the parent is, and the child's functioning? (This link may not be immediately obvious)



- 5.4. These can be difficult questions to answer and advice and consultation may need to be sought. For details of an emotional abuse consultation see under resources section.
- 5.5. It is important that the worker is clear with the family about the area of concern and the family is talked to in a constructive, non judgmental way about the links that have been perceived between the child's problem and the parental behaviour.

5.6 GOOD PRACTICE BOX 1: IDENTIFYING AND EVALUATING CONCERNS

- Compile a written chronology of key events in the child and family's life, by reviewing own agency records.
- Record clearly observations of parent/child interaction.
- Begin to talk to the family about what the concerns are, seek a clearer understanding of any reasons for the difficulties and be clear about what needs to change.
- Ask the family's permission to contact other agencies, checking out whether they also have concerns. It may be particularly important to talk with those who regularly see the child and parent together.
- Think about what other family support might be helpful.
- Discuss why you are concerned with your manager/designated person for child protection:
 - Is this emotional abuse?
 - Is it serious?
 - Is there potential for improvements in family relationships?
 - What are the family's strengths?
 - Are there other protective factors?
- Consider the option of seeking an emotional abuse forum consultation to help your thinking at this early stage.
- Consider meeting together with all agencies involved to discuss the concerns emerging. Consideration should be given to involving the parents in such a meeting and they should be aware that a meeting is occurring.
- Include a genogram to aid understanding of family structure.



- 5.7. If the concerns are mild i.e. not moderate or serious, agencies that are already involved can agree a plan of activity in response to the concerns and could access some additional support for the family from resources that are available locally. E.g:
- Homestart
 - Surestart
 - Action for Young Carers
 - Family Care
 - School Nursing Services
 - Connexions
 - African-Caribbean and Asian Community Organisations
 - Specialist services for children with disabilities
 - Health Visitor
- 5.8 **It is important to remember that expecting a family to access too many services at once can be confusing and counterproductive.**
- 5.9 Because patterns of parent/child interactions are being looked at, it is important that the same people have contact with the family and that they gather relevant information from others who have had longer contact e.g. teachers, voluntary sector workers.
- 5.10. **Any plan agreed between agencies should be time limited and evaluated. An identified professional should co-ordinate this. Where there are concerns about emotional abuse it is particularly important that interventions by the professional network are planned, monitored and reviewed regularly i.e. evaluating capacity for change and reviewing whether there are changes in the desired and stated direction.**

Case Example 1

Two children, aged six and eight are often not sent to school. They are over presented at the GP's surgery with coughs, colds and other minor ailments. Both children are suffering from anxiety symptoms i.e. they have difficulty sleeping and are distressed on separation from their parents. Parents feel that 'the world is a dangerous place' and the result is that the children are **grossly** overprotected, with parents holding inappropriate developmental expectations of them.

The worker begins to talk with the family about the link between the children's anxiety levels and the parents' overprotection and discusses the potentially serious consequences if this pattern continues. The professional network is engaged in helping the children and parents to separate in a supported way, and the worker explores and tries to understand the parental anxiety. He is clear with the parents what needs to change. The children gradually begin to attend school more often and gain confidence. The anxieties of the parents begin to reduce.



Case Example 2:

A single father with two children has a history of depression and binge drinking. His adult mental health worker becomes increasingly concerned about the impact of father's behaviour and variable mood on the children. He often blames them for his difficulties and the children feel responsible for his care. The eleven year old is overly compliant and rather withdrawn and the nine year old is developing serious behaviour problems at school.

Within the context of the ongoing relationship, the adult mental health worker begins to talk with the father about how the children are doing, emphasising any parental strengths he has observed, and in a blame free way, makes the links between the children's behaviour and father's difficulties. He is clear with the father about what needs to change and makes contact with agencies who know the children. Together they plan interventions; monitoring and evaluating any changes occurring. The father's mental state deteriorates and he is admitted to hospital. This crisis brings forward more robust support from the extended family which continues and allows the children to develop relationships with a wider range of significant adults. The behaviour of the nine year old settles down.

6 CHILDREN IN NEED – REFERRAL TO SOCIAL SERVICES

6.1 A child shall be taken to be in need if:

- *He is unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him of services by a local authority.*
- *His health or development is likely to be significantly impaired, or further impaired without the provision of such services; or*
- *He is disabled.*

Children Act 1989 Section 17(10)



Are there indicators that this is a child in need and if so is a referral to Social Services required?

To make this decision the following questions need to be asked:

- Has the family taken seriously the concerns of the workers and demonstrated a willingness to change?
- Have there been discernable changes in the pattern of parent child interaction or parental behaviour with improvement in the child functioning?
- Have positive changes been sustained over a period of time?

- 6.2.** If the answer to these questions is 'no', consult with Social Services. It may be particularly helpful to have a discussion with a child protection coordinator/ independent reviewing officer where the situation is especially complex. Some cases warrant discussion with Social Services at an early point because of the seriousness in terms of the damaging and significant effect on the child. Others require discussion because of the chronic and unchanging nature of the abuse with cumulative effects on the child. Unlike physical and sexual abuse where protection may need to be immediate, emotional abuse requires a well monitored and evaluated working towards protection. (Glaser, 1997)
- 6.3.** There could be consultation with the Emotional Abuse Forum (see details under resources section) who will be able to help clarify the seriousness of the concerns and make suggestions about the way forward.
- 6.4.** Given the difficulty of achieving a clear picture of emotional abuse within the Social Services initial assessment time frame of seven days, a more helpful way forward would be for Social Services personnel to be invited to attend any multi-agency meetings arranged by agencies already involved. The family should know in advance that Social Services have already been invited to such meetings and that it is because concerns are ongoing and significant.



Case Example 3:

There are three children, a boy aged nine and two half sisters aged five and three, in this family. They live with their mother and the father of the girls. The boy has been referred to the Child and Adolescent Mental Health Services (CAMHS) because of concerns about his difficult behaviour; he is wetting and is said to be overactive and defiant. Mother has a history of depression.

The mother and children have been seen regularly within CAMHS for eight months. Her partner won't have any contact with the service. From meeting the family there has been concern about the observable persistent blaming of the boy for all the family's ills and the ingrained belief that he is like his father (who misuses alcohol), and that there is 'something wrong with him'. His behaviour at school is much better than the description of his behaviour at home, although he does struggle in his relationships with other children. Teachers have been concerned about mother's negativity towards him, which is an ongoing pattern. He has had medical checks to exclude any developmental or other physical concerns e.g. Attention Deficit Hyperactivity Disorder. The worker observes a parent being persistently critical of her son whilst favouring her daughters. There is no observable warmth in their relationship, either physically or emotionally. The boy presents as profoundly sad, has difficulty sleeping and his behaviour deteriorates markedly when his mother criticises him. Members of the extended family have been seen and are also very critical.

The worker has been clear about her concerns; challenging the beliefs about the child's 'inherited badness', linking the parent's persistent blame with the child's increasingly serious difficulties and pointing out that this is emotionally harmful. Nothing has changed despite this trial of therapeutic intervention. Therefore, a referral to the Social Services department has been made because of concerns that the child is suffering significant harm. The Social Services department were invited to attend the regular meetings already held between CAMHS, the family, the school, the school nurse and the community paediatrician. A core assessment is undertaken by Social Services because they assess that the threshold for s47 enquiries is met. This serves to emphasise to parents the seriousness of the situation and underpins a further trial of intervention to reduce the level of harm to the child.



6.5 GOOD PRACTICE BOX 2: EVALUATING SIGNIFICANT HARM

When evaluating what constitutes significant harm consider:

- The severity of ill treatment (in the categories given above)
- The degree and extent of harm, is there serious impairment? (Compare with that which could be reasonably be expected of a similar child)
- The duration of the harmful parent-child interactions (importance of chronologies)

Remember:

- A finding of actual or likely significant harm can be made as a result of ill treatment and/or impairment, attributable to the care given or likely to be given. (Children Act 1989)
- There may be no clear intent to harm the child, although the interaction is clearly harmful
- If significant harm is not recognised, there is a temptation to begin to describe (even diagnose) the child's difficulties without fully understanding the antecedent circumstances of the emotional abuse
- Evidence for emotional abuse can be collected and presented in a clear systematic way in reports for conference or court with help and support (see resource section for consultation)

As time goes on in assessments, there may seem to be less reason for taking action (children have survived thus far). This may be a barrier to clear evaluation of the significance of harm.



- 6.6. If somebody believes that a child may be suffering, or may be at risk of suffering significant harm, then s/he should always refer his or her concerns to Social Services.
- 6.7. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm.
- 6.8. A number of agencies may need to be involved to fully evaluate significant harm in emotional abuse.

7 FURTHER ASSESSMENT BY SOCIAL SERVICES

- 7.1. **There is increasing evidence of the adverse long term and significant consequences for children's development where they have been subjected to sustained emotional abuse. It may be as important, if not more so, than other more visible forms of abuse in terms of the impact on the child.**
- 7.2. **Harm may extend into adulthood, with relationship difficulties, problems with parenting, mental health difficulties, and alcohol and substance misuse problems.**
- 7.3. **Children who are finally registered under the category of emotional abuse have usually been known to Social Services departments for some years [mean 4.06 years (range: eight months to fourteen years eight months)]. Also the majority of conferences at which children are registered are convened as a result of escalation of concerns, rather than in response to a specific event. (DOH 1997)**

Initial Assessment

- 7.4. When a referral is made to Social Services, currently social workers will undertake a seven day assessment during which workers from other agencies involved with the family will be contacted. It has already been suggested that one effective way of gathering good quality information is by attendance at a multi-agency meeting which also may allow a more helpful introduction of Social Services to the family.
- 7.5. During the initial assessment it should be possible to collate a family chronology including a history of involvement with agencies. It will be important to talk with workers from other agencies who have had previous contact with the family and who have had the opportunity to witness their interactions over a period of time.



Emotional Abuse

Multi-Agency Practice Guide

- 7.6.** As part of this early assessment, it will be important that the social worker has the opportunity to see the family interacting as well as talking to individuals. It is important to remember that a child is unlikely to disclose emotional abuse as they usually identify with the parental view and often accept the blame directed at them.
- 7.7** The ability of the family to change will be an important part of the assessment. The family's response to a discussion about the reasons for the referral and the way the family responds to the observations of the worker will begin to indicate their ability to change.
- 7.8.** A seven day assessment would often be insufficient time to establish whether the family situation could be described as emotionally abusive and a core assessment is likely to be needed. This should normally be completed within 35 days. It is helpful to have as much continuity as possible, ideally the same worker, to avoid compromising the assessment process.

Core Assessment

- 7.9.** Making sense of observations and information gained takes time.
- 7.10.** There must be observations of the family relationships, attachment behaviours, family functioning; seeing the family together as well as separately, and being aware of strengths as well as weaknesses. A family history may give important clues to the current problems and should be sensitively sought. Checking the child's development is essential. It is important to check with other agencies for their observations of change. There must be clear identification of other assessments necessary and an adequate exploration of other explanations for the problems in the child.
- 7.11.** An assessment of family functioning includes observing actions as well as listening to family accounts; sometimes there is a big discrepancy between the two. There is a need to understand conflicts and alliances between family members, ways of resolving conflict that the family has developed, styles of decision making, predominant mood, family belief systems and values and attitudes. There may be patterns of interaction which have been prevalent in the family over generations and these need to be understood.
- 7.12.** The assessment process itself is an intervention into family life. It is therefore possible to begin to explore the family's capacity and willingness to change and whether the changes they can make are helpful to the child. The family needs to know as early as possible the specific concerns identified and what they need to change.



Case Example 4

A six year old girl and a two year old boy live with their mother who is a single parent. Mother is persistently using threats of abandonment to try and control the behaviour of her daughter who is defiant, difficult to get to school, bed wetting, smearing faeces. At school she is unhappy and withdrawn but doesn't behave badly. She is clingy towards her teacher. School personnel have observed mother threatening to leave the children on a daily basis. She has also been observed to verbally bully her daughter when she collects her from school. Mother has continued to behave in this way despite the school staff having expressed their concern. There has been an initial assessment by Social Services and a more in depth assessment is needed given the level of concern.

The social worker highlights the link between the mother's threats and the child's difficulties, as well as exploring mother's mood and the reasons for it. The incidence of threatening behaviour is monitored partly by checking regularly with school. There is an explicit expectation that the threats will decrease and not be replaced by another form of abusive behaviour.

The mother demonstrates a willingness to change, the seriousness of the situation having been underlined. There is a gradual improvement in the relationship between the mother and her daughter and mother attends a parenting course. The child's symptoms improve. There is no need to enter into child protection procedures.

- 7.13.** During the core assessment, other agencies need to monitor and feedback their observations of the child and/or family; particularly changes that may be occurring. Some new professionals may become involved as needs are identified e.g. speech and language therapist or a paediatrician.



- 7.14.** Good inter-professional communication is essential to construct a network that the family can see as helpful and promoting change, not the feeling of being passed around for endless assessments without action. There are several potential obstacles to good communication which may need to be overcome:-
- Lack of clarity about different agency's roles and responsibilities.
 - Different agency priorities.
 - Different models for understanding symptoms.
 - Professional networks can sometimes reproduce the conflict and dynamics of the family. This is more likely to happen if the group of professionals involved do not regularly work together. There must be a mechanism for recognising and resolving conflict if it occurs.
- 7.15.** It is good practice to have a professional's meeting at the end of the core assessment to which the parents are invited.
- 7.16.** At any point during the core assessment, it may be necessary to move into child protection procedures (Section 47 of the Children Act 1989), and convene an Initial Child Protection conference.

7.17 GOOD PRACTICE BOX 3: UNDERTAKING A CORE ASSESSMENT

See 'Framework for the Assessment of Children in Need and their Families' (DOH 2000)

- Compile written chronology if not already done.
- See the family together to observe what happens in relationships; who's close to/distant from who, how are children disciplined/encouraged, how are problems tackled/resolved. Note discrepancies between what people say and what they do.
- Note and discuss family strengths as well as weaknesses.
- Be clear about concerns identified and what needs to change.
- Note any changes occurring with what effects.
- Promote good inter agency communication and convene/attend a multi agency network meeting which includes the parents and child(ren) (depending on age and vulnerability).



7.18 USING THE ASSESSMENT FRAMEWORK:

Parenting capacity	Child's Developmental Needs	Family and Environmental Factors
<ul style="list-style-type: none"> ● See parents together and if necessary separately to discuss their parenting and how other difficulties impinge on it e.g. alcohol and substance misuse (see practice guidance 'Drug and Alcohol Misusing Parents') Can they provide emotional warmth and stimulation? ● How do parents respond to the child's behaviour and circumstances? ● What categories of ill treatment are difficulties in this family? ● What is the parents understanding of the child's needs and development? Can they provide basic care and ensure their safety? ● Do parents understand the necessary tasks, or are they unaware, don't see the problem? ● What is the impact of past experiences on current parenting? 	<ul style="list-style-type: none"> ● See child to ascertain their functioning (see para.4.1.) ● Check out the child's development and identify and refer on for other assessments if necessary. ● Be aware of the child's vulnerabilities and the meaning this has for the parents. ● Look for resilience and mitigating factors. Were there early secure relationships? Does the child have innate competences? 	<ul style="list-style-type: none"> ● See the family together and in different combinations. ● Sensitively seek a family history which may give clues to the current problems. Don't assume that reluctance to talk about this is resistance. Parents often feel victim of their own children in the way they felt victim of their own parents. ● In the wider family or community, are there significant other adults who provide helpful interactions with the child? ● Supporting parents with difficulties with housing, income, employment may help them to interact differently with their child. ● Are parents able to use community resources or are they socially isolated?



8 CHILD PROTECTION ENQUIRIES

- 8.1.** If there is, in the view of the local authority, “reason to believe a child may be suffering, or at risk of suffering, significant harm” (Section 47, Children Act 1989), enquiries will be undertaken, bringing together the available assessments, family and agency professionals’ views. This marks a significant change in the relationship between professionals and family, reflected in the language used (abuse / mistreatment, protection / safeguarding, etc.).
- 8.2.** The purpose of these time limited enquiries is to establish whether the risk of harm is likely to continue or is being satisfactorily dealt with. This may or may not depend on parental insight and willingness to co-operate.

9 THE INITIAL CHILD PROTECTION CONFERENCE

- 9.1.** In order to initiate a Child Protection Conference, the child must be assessed as being at continuing risk of or suffering significant harm. When there has been no significant change during the assessment, and parents are unable or unwilling to co-operate, the Child Protection Conference can be helpful to underline the seriousness of the child’s situation.
- 9.2.** The criteria for convening an Initial Child Protection Conference are listed in the LSCB Child Protection Procedures. The conference acts as a forum where parents and professionals openly share their concerns about the safety and wellbeing of the child.
- 9.3.** The pattern of parent-child interaction, it’s persistence and impact on the child’s health and development are all examined and a decision made as to whether the criteria for the child needing a Child Protection Plan are met (LSCB Child Protection procedures). The category ‘Emotional Abuse’ is used where the definition of emotional abuse is satisfied, whether alone or in combination with another category (LSCB Child Protection procedures).
- 9.4.** It will be important to establish the nature and pattern of the emotional abuse and what parents are being expected to do to initiate change. The form of ill treatment needs to be explicitly stated in straightforward language to explain the category of the Child Protection Plan. Agencies, for their part, will need to consider what input they can give to promote these changes. The conference’s analysis of the assessment information provided to it will lead to an agreed plan, focused on safeguarding the child and promoting his / her welfare.



10 WORKING WITH CHILDREN AND FAMILIES WHERE THE CHILD IS SUBJECT TO A CHILD PROTECTION PLAN

- 10.1. A Child Protection Conference should specify the types of changes that need to occur. A further period of intervention can then take place with the process being monitored and evaluated within the child protection structure.
- 10.2. Conferences and Child Protection Plans usually add pressure to a family already under stress. If the parents support the Child Protection Plan, this can lead to increased focus and co-operation, if they don't it can sometimes result in decreased functioning and attempts to disengage.
- 10.3. The Child Protection Plan needs to be tailored to the particular issues for change in the family, acknowledging positive things already happening which are good for the child. It needs to specify how these changes will be monitored. The tasks expected of parents need to be realistic, clear and properly sequenced. Care should be taken that the family are not required to be involved in too many activities simultaneously; the potential confusion that this can create gets in the way of change.
- 10.4. Central to the work will be developing a clear understanding between parents and workers about the connection between family relationships, parental behaviour and the child's difficulties. Part of the core group's function is to recognise changes in the themes and issues as the work progresses.
- 10.5. Sometimes different opinions and actions amongst the professionals can cause confusion and, if they remain unresolved, lead to the plan becoming ineffective or even counterproductive. The process whereby professional opinions become divergent is an important diagnostic tool in the work with families where emotional abuse of children is a pattern. It may therefore be necessary to hold some professionals only core group meetings from time to time in order to understand these differences and manage them constructively when face-to-face with the family.



10.6 GOOD PRACTICE BOX 4: WORKING WITH CHILDREN AND FAMILIES WHERE THERE IS A CHILD PROTECTION PLAN

- Intervention should be guided by the type of emotional abuse assessed as prevalent in the family.
- The Child Protection Conference minutes will stipulate what's wrong and what needs to change; this may need to be translated into specifics i.e. specific behaviours and what change looks like.
- Emphasise changes made which are in a helpful direction by focusing on how they happened, who's noticed, what effect they've had etc. thus identifying the ingredients of positive change in the hopes of encouraging more of it.
- If work needs doing with parents especially about their own experiences as children, remember to keep a focus on the child's needs.
- Even if the work being done is with individual family members or the parenting couple, see the family together periodically to evaluate directly whether family relationships have changed.
- Address any conflicts in the professional network and examine whether these tensions might reflect tensions within the family. A well co-ordinated, consistent professional network provides a useful model for change especially where inconsistent parenting is the issue.
- Consider resilience factors for the child especially and put more in place if possible. There should then be ongoing monitoring to ascertain whether this has been helpful to the child rather than assuming that this has been the case.
- Seek a specialist consultation if advice is needed about work plans etc (see resources section)



Case Example 5

There are four children in this family aged nine, seven, four and three. They live with their birth parents. Mother has used amphetamines for several years and her behaviour is erratic and unpredictable. Father misuses alcohol periodically. The couple frequently separate and there is domestic violence. Neither parent is emotionally available to the children, and there are inappropriate developmental expectations with the children being expected to meet the parents needs rather than visa versa. The nine year old is behaving badly. The seven year old is anxious, doesn't sleep well and is tearful in school. There are signs of developmental delay in the two younger ones.

Father owns his anger and mother her drug use. Both can begin to imagine what it's like for the children. The Child Protection Plan encompasses mother accessing help for her drug use (linked explicitly to her desire to be a good parent), father accessing help for managing his anger. There is an expectation that father won't drink when with his family. The children are seen regularly and the family is seen regularly together to monitor and evaluate changes in relationships.

Parents decide to separate but safe contact arrangements are made for father to see the children. Mother's drug usage decreases and she becomes a more available, consistent parent. The children's symptoms decrease. This work takes place over a period of 18 months during which the Child Protection Plan is discontinued after positive change has been consolidated and thereafter a child in need framework is used.

11 SOME IDEAS ABOUT WAYS OF WORKING

- 11.1. There is no checklist of methods: the following guiding principles can be applied to intervention in each individual family.
- 11.2. In matching input to needs, clear plans should be agreed about who will be working with the family for change. That worker/those workers will then need to decide whether to work with the whole family on relationships and communication, with both parents on their parenting, or with one parent perhaps on background issues or current difficulties which are affecting how they behave towards their child. Working individually with a child in isolation carries with it the danger of confirming to the family that all problems reside in the child. It is normally important that such work is done in parallel with work with parents.



Emotional Abuse

Multi-Agency Practice Guide

- 11.3. Emotional abuse is about family relationships therefore continuing to work with family members together can promote useful/essential change. Building up a working relationship with the family is essential and provides the context within which change can take place. The work needs to encompass a balance of support and challenge in such a way that the family can accept both. Drawing attention to what is going well in a family can help parents' confidence, create a less defensive atmosphere, and enable them to accept more readily the worker's challenges about negative aspects.
- 11.4. To help build up trust, the limits of confidentiality need to be clear at the outset.
- 11.5. Neutral language and a focus on interaction remains important, but with the expectation that, as adults, it is the parents who need to begin the change, rather than expecting their children to.
- 11.6. Another guiding principle is that workers should use the skills they already possess. If not sure which direction to take, it may be useful to seek consultation, either with a multi-agency consultation group (see reference below) or local CAMHS.
- 11.7. Eliciting ideas from families about what their child's needs are in general terms, and then looking at how these needs can be met within their family, can be a useful starting point. Obstacles to meeting these needs can then be addressed in a more blame free way.
- 11.8. In the same way that the cumulative effects of adverse factors is important, so is the cumulative effects of protective factors, thus taking into account and building up resilience is important. This is achieved by emphasising strengths and actively looking for support in the child's network.
- 11.9. Using genograms (maps of family members and significant others) can be very helpful. They provide a quick visual way to record and grasp lots of information about family patterns over generations. They can be an important way of joining with families, and can enable them to see themselves in a new way. Families may begin to see the larger picture, and begin to map their own strengths and vulnerabilities.
- 11.10. It is useful to be clear about the type or types of emotional abuse prevalent in the family, as this will guide interventions. For example, where there are persistent negative attributions to a child, it may be necessary to work on building up empathy in parents towards him / her. However, this needs to be carefully approached. It often involves the worker taking the initiative to show some empathy towards the parents, **but without compromising the child's emotional safety by losing sight of their needs**. If ill-timed, going on to encourage a parent to 'imagine what it's like to be in their child's shoes' can simply result in a backlash against the child.



- 11.11. Direct work on parenting may be indicated. The 'Parent / Child Game', 'Fun with Families', 'Positive Parenting' and the Webster-Stratton approach, are examples. Expertise on these is often found in family centres, CAMHS teams and Child Psychology services.
- 11.12. It is well recognised that emotional abuse has its origins in the troubled childhoods of parents and this may be a necessary focus of the work; working with them about how this affects their parenting. Unfortunately, encouraging parents to talk at length about their early experiences may have the opposite effect from that intended and make it harder for them to function and to be good parents on a daily basis. Some parents will repeatedly draw attention to their own unmet needs, but the focus of this work is on improving attention to the needs of each of their children. **It is essential to remember that whilst it may be relatively straightforward to understand reasons for parental ill-treatment, unless this understanding is shared and produces necessary change, the damaging effect on the child will continue.**

Case Example 6

A five year-old girl lives with her mother who is a single parent. This was an unplanned pregnancy. There is no contact with the child's father. Mother has suffered a very abusive childhood and has no family support. Mother and child are very socially isolated. She drinks to excess and is depressed. She is convinced there is something psychologically wrong with her child who she sees as a "greedy monster". Mother is emotionally unavailable and persistently negative. The child is unhappy, withdrawn, not sleeping, not putting on weight and has speech and language delay.

Following registration, the family resource centre personnel become involved along with CAMHS because of mother's contention there is something wrong with the child. Joint work is undertaken on the parent child relationship which involves joint sessions and individual time with mother. The work focuses on all aspects of parenting and tests out whether mother can gradually build up empathy with her child, addressing the obstacles to this. Mother seeks help with her depression and goes on a parenting course. Despite intensive help, the relationship continues to deteriorate and alternative care has to be sought for the child.



Emotional Abuse

Multi-Agency Practice Guide

- 11.13.** Parents who reach a stable, well-supported stage can choose and use therapy with better long-term prospects. During the ongoing crisis which often accompanies a Child Protection Plan, however, therapeutic input may need to consist of well-boundaried short-term counselling on specific present day issues.
- 11.14.** Many parents have enduring personality difficulties which mean their social functioning is adversely affected by external stress. Reduction of stress on the whole family (paradoxically) can therefore be one of the aims of a Child Protection Plan. This does not mean ending a Child Protection Plan early. Where a parent has ongoing mental health difficulties, it is vital to work with the local community mental health team by involving them in the core group.
- 11.15.** Where a family is constantly moving, resulting in a child being deprived of the chance to make friendships and school progress, housing and housing support agencies may be important to engage.
- 11.16.** There are separate practice guidance sections about working with families where there is substance use and domestic violence.
- 11.17.** Where children are being emotionally abused in the conflict between separating or separated parents, they may need to be encouraged to refer issues of residence and contact to the family court without delay.

12 CONSIDERATION OF GOOD ENOUGH CARE

- 12.1.** With consistent intervention, support and containment, families whose children are subject to the Child Protection Plan can often improve their functioning. To prevent relapse, it may be important to consolidate this improvement by offering continuing input, in the form of a Child in Need plan.
- 12.2.** If a pattern of severe emotional abuse continues or the impact on the child increases, it may be necessary for him / her to be cared for by someone else, at least on a temporary basis. Extended family members with existing relationships with the child are the first option. The local authority will need to decide if the threshold and criteria for care proceedings have been met. They will need help and advice from other involved professionals.
- 12.3.** When children are separated from their parents, there are opportunities for emotionally abusive behaviour by parents to continue when they have contact, which may therefore require independent supervision. Once children are in a less stressful placement, however, attention can be given to their emotional recovery through therapeutic work.



- 12.4.** Taking into consideration developmental age, attachment with parents and resilience factors, it is sometimes concluded that leaving a child with the (substantially unchanged) family is the 'least worst option'. This is a decision in itself which must be properly considered and fully recorded. Where a decision has been made for a child to remain in the family under these circumstances, the Child Protection Plan needs to focus in detail on building up that child's resilience factors (see above).
- 12.5.** As a general observation, young people of secondary school age are usually better supported within their families of origin, whereas younger children are more vulnerable to emotional abuse and can also form emotional attachments to new carers more easily.



RESOURCES AND REFERENCE MATERIAL

Appendix 1

Consultation service.

Provided by members of the Multi Agency Forum for Emotional Abuse.

Accessed through CAMHS, telephone no. **0115 8440500**, or RHR Medical Centre tel: **0115 9770375**. This offers advice on whether a situation can be deemed emotionally abusive through to helping with the formation of Child Protection Plans with families. It is not a substitute for child protection referrals being made.

Parent/Child Interaction Team

This is a team based at Nottingham CAMHS, who specialise in working with families where emotional abuse is a primary concern. Again consultation can be requested more usually to think in finer detail about how the work can be progressed with a particular family. The family concerned would need to be aware of the request for consultation. In some circumstances direct work with a family may be offered often in conjunction with the referrer. Again this service is accessed through CAMHS on **0115 8440500**.

Training

Regular training is offered through the local Safeguarding Children Board the details of which are available in the Training Programme handbook which is circulated annually. There are two components; Stage 1 which focuses on identification, recognition and some assessment, and Stage 2 which looks at assessment in more detail and intervention.

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