

UNTREATABLE FAMILIES?

WORKING WITH DENIAL IN CASES OF SEVERE
CHILD ABUSE

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August 1997

Dissertation for
Master of Science Degree in Child Welfare
University of Bristol
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DECLARATION

This is to certify that this dissertation is the result of my own independent work / investigation, except where stated otherwise.

Other sources are acknowledged giving explicit references. A bibliography is appended.

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ABSTRACT

This study examines a service called Resolutions that has been developed at the NPSCC Avon Child and Family Centre in Bristol. The service aims to work with families where carers are denying responsibility for abuse to their children, but where child protection agencies deem at least one of them culpable.

The study sought primarily to discover whether children in seventeen families who had used the Resolutions service remained protected subsequently. Child protection registers were consulted and the families' social services files viewed to gather information regarding further abuse rates. The results indicate a low rate of further abuse in comparison to other available research data regarding re-abuse to children.

Carers in the families were also interviewed wherever possible to ascertain their views regarding undertaking the Resolutions programme. Where they were unwilling to be interviewed they were offered a simplified questionnaire to complete, with questions similar to the interview schedule. There was a relatively high level of co-operation regarding being interviewed and completing questionnaires, especially given the child protection context of the Resolutions work. The results show clear evidence that the Resolutions workers were able to develop meaningful partnerships with the families. Other results outline carers' views as to how the work and the methods used were helpful / unhelpful.

ACKNOWLEDGEMENTS

I would like to thank my university tutor Dr. Marianne Hester for all her valuable advice and guidance in helping me complete this dissertation.

My sincere appreciation goes to Andy Lusk, Deputy Director NCH Action For Children - Wales, whose enthusiasm and assistance was of enormous value in planning the field work and in undertaking the interviews.

Especial thanks to my colleagues at the NSPCC Avon Child and Family Centre in Bristol whose varied contributions have allowed me to undertake this research. In particular I would like to thank Susie Essex for all her encouragement and support, and without whose creativity and energy the Resolutions work would never have been developed.

Finally I would like to pay tribute to all the children and their carers who have used the Resolutions service, from whom I have learnt so much.

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CHAPTER ONE

INTRODUCTION

This dissertation contains the results of research into a service called Resolutions provided by the NSPCC in Bristol (of which I am a member). The service is for families where children and young people have experienced significant injuries / abuse, or where they are felt to be at risk of significant harm. What differentiates this service from other treatment approaches is that it sets out specifically to work with carers who deny responsibility for abuse to their children and / or deny that they pose a risk to their own or other children.

The practice orthodoxy is that such denial makes these families largely "untreatable" (Jones 1987). This often leads to children being removed from their families with the disadvantages that being looked after in local authority care often brings (DoH 1991, DoH 1994). At best such care can be an adequate substitute for a family, at worst the child can become subject to both direct and impersonal abuse (Dare 1993).

Alternatively, children may be left in the same environment where serious abuse has taken place with little or no therapeutic work being undertaken (Furniss 1993). Either approach fails children, especially those who have made clear and believable allegations in the hope of bringing about a process of change and protection.

Resolutions works to help ensure the safety of children, whilst allowing them to remain with their families. The work attempts to avoid the need for children to be looked after by the local authority for other than short periods. Children often state that they want the abuse to stop, but do not want to lose a carer, or themselves have to leave home (Farmer and Owen 1995). The importance of children's wishes and feelings are acknowledged and enshrined in the Children Act 1989.

RESEARCH AIMS

The primary aim of the research was to determine how effective Resolutions has been in protecting children in these families from further harm. It involved following up thirty eight children in seventeen families who have used Resolutions since its beginnings five years ago. In order to obtain this information child protection registers were consulted, and the families' social services files examined (where families gave written permission). The results indicate that Resolutions has been successful in helping to protect the vast majority of the children in these families. This conclusion is made in comparison to other research evidence regarding re-abuse rates.

A secondary aim of the research was to obtain qualitative information regarding families' experience of undertaking the Resolutions programme. The Resolutions workers believe their approach is more likely to succeed where they are able to develop co-operative relationships with families (DoH 1995a). Information gathered includes the nature of the working relationship developed with the NSPCC workers, as well as ways the work proved helpful / unhelpful to families in keeping their children safe. Carers looking after the child/ren were interviewed wherever possible. Where carers had subsequently separated, the carer not having care of the child/ren was either interviewed or sent a simplified questionnaire asking similar questions to the interview schedule (see Chapter 4 for exceptions and fuller details).

The feedback regarding carers' experience of the service indicated that they were able to develop a co-operative relationship with the NSPCC workers in nearly all cases. A majority thought that their relationship with the NSPCC workers was qualitatively better than with other child protection agencies. Some carers found some of the techniques used uncomfortable or confusing, but nearly all felt they and their children gained from the work. The gains included improved parenting, greater awareness in keeping their children safe, and more openness in their couple relationship. Many of the changes made to family life during the work had been retained and in some cases adapted as their family's circumstances changed. Some couples parted subsequent to the work, although most carers who left the home maintained contact with their children.

The word carer is used throughout as a generic term to cover the range of adult / child relationships found in the families. In using the terms female carers / male carers it is not suggested that child care roles were necessarily of an equal or similar nature. This varied from family to family, although the bulk of the children's care was usually provided by the female carer, both prior and subsequent to the Resolutions work.

In conjunction with Resolutions colleagues, I have written previous articles describing our approach to working with denial and the components of the Resolutions work (Essex, Gumbleton and Luger 1996; Essex, Gumbleton, Luger and Lusk 1997). Some sections of this dissertation have drawn in part on these articles.

CHAPTER TWO

OVERVIEW OF LITERATURE / PRACTICE ISSUES

SECTION ONE - DENIAL

Denial of responsibility for injuries to children is seen by many professionals to be crucial in deciding whether to attempt therapeutic work with a family (Bentovim et al 1987). However, denial is not a single unchanging phenomenon. Rather, it may have a range of meanings according to the situation and the individuals concerned (Gocke 1991). Sgroi (1989) conceptualizes denial as a continuum from absolute denial at one end to complete openness and disclosure at the other. Others believe denial can be broken down into identifiable stages (Laflen and Sturm 1984). Careful consideration of the cultural context, nature and degree of denial regarding responsibility for abuse to children is also merited.

1) **HISTORICAL / CULTURAL / LEGAL CONTEXT**

Moral and ethical codes in the UK have developed primarily from Judaeo-Christian origins. These codes rely heavily upon concepts of sin, fault and blame. Admission of responsibility / guilt allows for a subsequent cycle of penance and forgiveness (Lusk 1996). English law is firmly rooted in these Judaeo-Christian concepts of penance and forgiveness. Greater respect is often afforded to individuals who admit responsibility for criminal acts, especially where abuse of children is involved. A guilty plea usually attracts a lesser sentence, and gives rise to notions of "wiping the slate clean". However, when nobody will confess to their sins, the authorities and professional systems are denied the power to exercise forgiveness. Instead, they continue to pursue evidence to attribute blame. Where this is not forthcoming the system becomes stuck, often not knowing how to move the situation forward (Furniss 1991). Experience would indicate that children's needs often are not met, or are overlooked, in such situations (Farmer and Owen 1995).

There has been criticism that social work and its discourse has become increasingly annexed by the legal process since the Children Act 1989 (Cooper et al 1995, Hallett

1996). Considerations of welfare and need have been displaced by questions of evidence and proof. This quest for apportioning guilt, coupled with an adversarial legal system may make it less likely that people will admit responsibility for hurting children and / or seek help to prevent further harm. Other European countries operate different approaches to protecting children which concentrate more on assisting families to keep children safe rather than pursuing blame (Hallett 1996). In Belgium, the approach of the Confidential Doctor Centre is based on the notion that parents should be able to receive help without risk of being judged or prosecuted. Anonymity is guaranteed, although individuals are supported if they wish to report to the police (Marneffe 1992, Borthwick and Hutchinson 1996). In France the social worker and the judge co-operate as a team. Judges commission and monitor interventions, while social workers execute them. The French system encourages a dialogue between the protagonists which reflects an optimistic belief in the possibility of change (Cooper et al 1995, Heatherington 1996).

Other structural factors such as race, class and gender may influence people's ability or willingness to accept responsibility for abuse. For example, black people may be more reluctant to admit responsibility due to a mistrust of the "white" criminal justice and child protection systems (Jones 1993). Ability to pay for expert legal representation may also influence decisions regarding admittance of responsibility. Gocke (1991) posits that the social construction of masculinity may play an important part in denial with regard to men committing sexual offences against children.

2) PSYCHOLOGY OF DENIAL

Understanding of denial has been influenced in this century by psychoanalytical and psychological theories. Denial is seen as a complex defence mechanism that serves many functions (Cowburn and Wilson 1992). Absolute denial can be a way of avoiding the reality of a situation which would be too painful to contemplate, for instance the death of a loved one. When we commit acts that do not accord with our view of ourselves, denial allows us to maintain our self image, although not without

negative consequences. Psychoanalytical theories state that avoidance of reality is dangerous and, if sustained, can split the ego (Freud 1966).

In situations where we admit responsibility to ourselves, we may realize that owning culpability to others will have significant consequences. This could include loss of social / professional standing, unemployment, loss of relationships and in some circumstances criminal prosecution and imprisonment (Barrett and Trepper 1992). Where individuals do admit to themselves or others that they have broken social taboos or committed illegal acts, psychological processes may mediate the degree of even this acceptance (Salter 1988).

When professionals work with alleged offenders and their families, any or all of the above layers of denial may be present.

SECTION TWO - PROFESSIONAL UNDERSTANDINGS AND PRACTICE RESPONSES TO DENIAL

The importance of psychoanalytical / psychodynamic theories in social work thinking and practice cannot be overestimated. The influence of these ideas can be seen to run like a thread throughout social work, including government guidelines:

"Its approach (psychoanalysis) underlies virtually all social work practice" (Payne, 1991: 79).

Psychodynamic thinking posits that insight needs to be achieved before change can happen, and that denial is a form of ego defence. It therefore follows logically that persons denying responsibility are unable to achieve insight and cannot change.

There have been influential voices in social work and related health fields over the last ten years that have reinforced this view. Possibly the most far reaching of these was the publication Dangerous Families (Dale et al 1986). Denial of responsibility by

carers was categorised by Dale and his colleagues as "hostile resistance". Their view was that without an admission of responsibility, therapeutic change is not possible:

"..it is a fundamental premise of change that the perpetrator should become able, through the assessment work, to *take responsibility* for the abuse.." (authors' italics, 1986: 157).

Although the views of Dale have evolved since Dangerous Families (Dale 1991, Tucci 1995), this view of denial equating with untreatable still permeates the thinking of child protection professionals (Lusk 1996). The work of Bentovim and his colleagues at Great Ormond Street Hospital for Sick Children led them to the conclusion that among the families who had the poorest prognosis were those that denied responsibility for the abuse. They categorised families as "hopeful", "doubtful" or "hopeless" with regard to ability to respond positively to treatment (Elton 1988). In the "hopeless" category the first indicator is stated as:

"..the parents either totally or significantly deny any responsibility for the child's state". (Bentovim et al 1987: 27).

This view has been incorporated in the DoH guidance to social workers when assessing risk in families - Protecting Children: A Guide for Social Workers undertaking a Comprehensive Assessment (1988). This lists a number of factors which indicate that children who have been abused should be separated permanently from their families. The first factor given is:

"No parental acceptance of responsibility for abuse or acknowledgement of problems in the family". (1988: 76).

Another influential publication promulgating this view is Significant Harm (Adcock et al (eds) 1991). In discussing change in such families, Morrison (1991) states that denial is one of the key components that would lead to a family being deemed "untreatable". This view of denial and untreatability is taken one stage further by Jones

(1991). His view is that in a climate of limited financial resources, therapeutic services should be withheld from such families and directed to more hopeful case situations:

"Furthermore, in order to prevent 'burn-out' and to preserve human and financial resources, we cannot afford to keep trying relentlessly with cases where there is minimal hope of change. This constitutes a realistic acceptance of both our own and the families' limitations, preserving therapeutic optimism for the more feasible cases." (Jones1991: 81).

Jones, however, recognises the irony of the circularity of reasoning involved in such an approach:

“the decision is made by practitioners not to proceed with treatment because of certain factors which are, in turn, listed as the characteristics of ‘untreatable’ cases” (1991: 70).

Such views have led to little, if any, work being directed to help these families, and in some cases actively discouraging it. Indeed, recent research indicates that therapeutic work is very limited with any family where there are child protection concerns (Sharland et al, 1995).

The view of denial as indicating untreatability is so deeply embedded in the psyche of social workers that it invariably provokes a response of hopelessness (Lusk 1996). The professional system appears to be thrown into a state of confusion with much energy being expended initially, but with little progress made:

"There was a small group of cases of physical abuse, neglect and emotional abuse which presented special dilemmas to social workers. They were the ones where neither partner had admitted responsibility for abusing the child. without an admission the worker could feel uncertain about how to proceed". (Farmer and Owen 1995: 229).

One area where attempts are made to work with denial is the Probation Service's work with sex offenders. This work may be individual or via groupwork. Such work actively attempts to break down offenders' denial (Laflen and Sturm 1994). Denial is seen as incompatible with a therapeutic relationship, since denial implies a rejection of the premise of therapy that the individual has a problem and wishes to address this (O'Donohue and Letourneau 1993). A Cognitive Behavioural approach is often used to help offenders understand cognitive distortions with regard to sexual activity with children, and to recognise the "triggers" that can lead to their subsequent abusive behaviours (Beckett 1994). Attempts are made to help perpetrators accept responsibility for the abuse and to develop strategies that will avoid putting themselves in vulnerable situations where they may re-offend. Such work has been influenced by Finkelhor (1984), Wolf (1984) and Wyre (1987). The difficulties of bringing successful prosecutions against such offenders are well known and indications are that these men constitute only a small proportion of abusers:

"Treatment for adult perpetrators was seen as the responsibility of the probation service, but since few abusers were on probation or parole and the motivation of reunification rarely existed, treatment was a rarity". (Farmer and Owen 1995: 213).

Besides being focussed on sexual abuse, the Probation work does not usually happen in a family context. There are obvious shortcomings in attempting to assess individual dangerousness. As Jones (1991) says:

"unitary consideration of one person's potential for danger, without appropriate historical and contextual information is relatively valueless" (1991: 61).

Although such work with convicted sex offenders can be quite intense, few claim it makes abusers "safe" and there is little evidence of its effectiveness (DoH 1995a). Some research has indicated that when the work is carried out thoroughly, the re-offending rate is lessened (Marshall et al 1991). However, most commentators believe

the propensity to sexually abuse is a chronic condition and speak of control rather than cure (Faller 1991).

In addition, unless such work is conducted in tandem with other agencies it is unlikely that the needs of the non-abusing carer and the children will be adequately addressed. This is recognised in the work of the Lucy Faithfull Foundation that now offers a range of family and individual services as well as work with offenders. The Foundation's work, however, is still founded on the need to break down perpetrators' denial and to admit responsibility for their offences.

Parents United Programmes in the United States attempt to work with adults who have committed sexual offences against children. The programme, heavily influenced by the ideas of Henry Giaretto (1982), is very comprehensive and aims to help keep children at home with the non-abusing carer, removal of the abuser and extensive treatment and support services to all members of the family. This service is usually linked to a successful criminal prosecution. Reunification of the abuser to the home may take place if the programme goes well, although denial of responsibility for the abuse would put such reunification in doubt (Gillies 1991). The sheer amount of professional resources necessary to implement this approach means that it has not been replicated to any great extent in this country. Also, it is only focussed on child sexual abuse and again sees acceptance of responsibility as a prerequisite for family reunification.

Barrett and Trepper (1992) describe work with perpetrators of child sexual abuse and their families. Their whole programme aims to work to reduce and eliminate denial which they believe is necessary to produce change and make children safe. However, if after several months the alleged perpetrator is still denying the abuse they will not work with him / her any further.

It is possibly in the work of Tilman Furniss (1991, 1995) that the greatest attempt has been made to work positively with carers who deny responsibility for injuries to their children. Furniss uses techniques of working in the hypothetical with carers to look at some of the child protection issues that is their reality. Within this work, however, an

explicit goal of the work is that alleged abusers drop their denial and admit responsibility for the injuries / abuse to their children. The work does have the merit, though, of addressing important issues of child safety with families and not seeing them at the outset as untreatable because of their denial.

There is a danger that any theoretical understanding may become the practice wisdom and ossify thinking to such a degree that it inhibits alternative approaches (Broad and Fletcher 1993). The need to break down denial has been seen as obligatory, although other theoretical approaches may then be utilised to try to achieve this end; for example, systems theory and cognitive behavioural approaches. This view has then guided the actions of professionals and the services offered / not offered to families. Lusk's study (1996) found that the majority of social workers and legal practitioners interviewed held orthodox views regarding denial in child protection cases. This in turn led to greater risks to children by influencing practitioners' low expectations of co-operation with families. They expected a greater use of statutory procedures to result and a higher probability that children would become looked after by the local authority.

SECTION THREE - CHILDREN PROTECTED / RE-ABUSE RATES

Given the aim of the Resolutions service to keep children at risk of serious abuse from further harm, it is important that re-abuse rates are considered in comparison to those from other studies. However, there are significant difficulties in attempting to do this as studies have often defined abuse differently, had a sampling bias and used different methodologies to collect information (Jones 1991). Studies vary in distinguishing severity of abuse. For example in physical abuse cases, severe injury may be included with mild bruising. Some studies have concentrated on only one category of abuse while others have taken in all forms of abuse.

"In addition, time changes what families and societies view as abusive behaviour. In the same way, professional opinion can be out of step with public

opinion and professionals may disagree with each other". (Cleaver and Freeman 1995: 157).

There has been criticism that some of the indices used in defining re-abuse are crude and do not necessarily give meaningful information regarding children's overall wellbeing (Jones 1991, Cleaver and Freeman 1995). Farmer and Owen (1995) made this distinction explicit by using the categories of children protected and children's welfare enhanced. Variation in the length of time of follow up is also significant (DoH 1995a).

There is considerable evidence that past injury is a reliable indicator of likely further abuse. Sabotta and Davies (1992) found registered children were three times more likely than the general population to suffer fatality and twenty times more likely to be victims of homicide. Thompson and Newman (1995) found significantly raised mortality rates via homicide or suicide. Cohn and Daro (1987, in Jones 1987) found re-abuse rates higher where initial severity was greatest, with rates dropping in treatment approaches provided by the most highly trained workers.

Despite differences regarding uniformity of definition and methodology, a degree of consensus does emerge regarding re-abuse percentages. Jones (1987) examined a range of studies into re-abuse rates:

- Corby 1987 - 28%
- Hensey 1983 - 20%
- Cohn and Daro 1987 - 30%
- Lutzker and Rice 1984 - 28.5%
- Lynch and Roberts 1982 - 20%
- Green 1979 - 16%
- Morse 1970 - 35%

Farmer and Parker (1991), in a study of children rehabilitated after being looked after in local authority care due to abuse or neglect, found that 25% suffered further abuse

or neglect after reunification. Faller (1991) followed up a sample of fifty eight children that had been sexually abused after a three year period. Of those that remained at home approximately 30% were re-abused. Murphy et al (1992) found that in two hundred and six cases of serious child maltreatment that came before the courts, over a two year follow up period 29% suffered further abuse. Recent research, summarised by the DoH (1995a), found re-abuse rates ranging from 25-33%, with rates rising in line with the length of follow up. Several of the recent studies only involved children placed on child protection registers, of which 30% suffered further abuse (Farmer and Owen 1995). Some of the children in this study, however, were only made safe by their removal or that of the abuser. When only the children who remained at home with the abusing parent were considered the re-abuse rate was 43%.

From these studies it can be seen that the majority of re-abuse rates range between a quarter and a third of the children studied. These figures cover a wide range of families, not only those denying responsibility for injuries to their children. In families where denial is a feature, the risk is usually deemed to be greater (Farmer and Owen 1995).

CHAPTER THREE

THE RESOLUTIONS SERVICE

1) BACKGROUND

The service evolved primarily from listening to the views of children. Whilst children want abuse to stop, many want to remain living with their families or for their abuser not to permanently leave the home. Coupled with this was the growing belief of many in the field that the best way of protecting children is to support the non-abusing carer (Berliner 1991, Hooper 1992, Farmer and Owen 1995). The experience of the Resolutions workers had also convinced them that children's best interests are usually served by developing a working partnership with the child's carers (DoH 1995b).

2) APPROACH

Denial is viewed as an unhelpful factor in attempting to make children safer in the future, but not in itself making progress impossible. Resolutions posits that it is not necessarily the form of abuse, its severity or its denial that makes it possible to work effectively with families. Rather, it is more dependent upon whether the workers involved have been able to make a meaningful and co-operative partnership with the family, whilst keeping the child protection concerns as the key focus (Ferleger et al 1988, DoH 1995a):

"... suggesting that the relationship between severe abuse and outcome is not a direct one, but one which involves the degree to which parents can engage with treatment efforts" (Jones 1991: 74/5).

Further investigation into who committed the abuse is not pursued, therefore. A broader view of the needs of children and their families is taken in order to provide effective help and support to enhance children's welfare and protect them from significant harm (Hallett 1996). There is a deliberate shift from problem analysis to focussing on family strengths and activating support networks (Robinson 1996).

The work entails listening to what children and their non-abusing carers are saying, in order to put their interests and welfare as paramount (Berliner 1991). Resolutions attempts to:

- reinforce and foster the power of the non-abusing carer
- strengthen the bond between the non-abusing carer and the child/ren
- restrict and control the power of the alleged abuser
- involve other helpful adults in keeping children safe.

Resolutions does not agree with the view that non-abusing carers usually know, collude with or deliberately fail to protect their children (Kempe 1978, Bentovim et al 1987). Whilst this may be the case occasionally, the Resolutions workers believe these are exceptions. Terms such as “abusive families” are not thought to be useful or accurate, and the adults involved are differentiated when assessing risk to children (Driver and Droisen 1989).

The position is taken that whilst abusing adults may be able to change, the adult/s concerned may continue to pose a risk to the children. This is especially so in cases of child sexual abuse. The work is not aimed primarily at making such abusers “safe”, but rather to construct a “safe enough” protective environment around the child/ren. As Messages from Research (1995) states:

“Protection is best achieved by building on the existing strengths of the child’s living situation.” (1995: 52)

Important members of the extended family and friends who are deemed safe are involved wherever possible. This is to help support the work at the NSPCC and to bring in a wider range of adults to help monitor the children's safety (Smith1994). Other important people in the families' lives are also included as appropriate, for example church or community leaders.

Importance is placed on maintaining a close relationship with the child protection and legal systems (HO 1991). The case co-ordinator and other relevant professionals are encouraged to view sessions on a regular basis by sitting behind the screen or on videotape (Aderman and Russell 1990). As Gough (1993) says:

“.. if specialist interventions have something to offer then they need to do so within the context of child protection services” (1993: 276).

Resolutions does not take a position regarding whether families should come back together or not, this being seen as the decision for the family concerned. Whatever is

decided by the family Resolutions will work for the best outcome for the children involved.

3) WORK METHOD

The work is informed by construct theory (Ravenette 1977) and utilises solution focussed and narrative family therapy methods. It attempts to identify family strengths and to build on these (De Shazer 1988, White 1989, White and Epston 1990), rather than exploring pathology and deficit (O'Neil and McCashen 1991).

There has been considerable, and often justified, criticism of family therapy and its attitude towards women and power dynamics in the family / society (Herman 1981; Nelson 1987; Driver and Droisen 1989, Bagley and King 1991). However, Resolutions believes more recent developments to integrate systemic ideas and feminist principles provide a creative and useful way to help make children safer. This involves taking into account gender, race and class issues in a wider systemic analysis (Masson and O'Byrne 1990, White et al 1993, Lethem 1994).

4) COMPONENTS OF THE RESOLUTIONS WORK

i) Engagement

Emphasis is placed on creating a partnership with families to address the concerns expressed by the child protection case conference / court. There is research to indicate that how professionals intervene may be more important to parents than exactly what they do (Corby 1987). The focus of the work becomes that of:

"Given the concerns about your child/ren, how can we work together to help ensure, and convince the child protection agencies, that your child/ren will remain safe in the future?".

In this way common ground is established and working in partnership to promote the well-being of children can become a reality (McCallum 1992, Furniss and Bingley Miller 1995). This focus on finding agreement regarding children's future safety and in not pursuing blame, helps overcome the difficulty of engaging carers who deny responsibility for abuse. Thoburn et al (1995) found in their research that only 11% of those alleged to have maltreated the child where culpability was never clear became involved in working with social services.

Men's ability to undermine social work with children and mothers if not actively involved is well known (Parker 1993, Stogdon 1995). To date, however, little difficulty has been encountered in engaging the alleged male abuser in the Resolutions programme. It is thought the stress on not pursuing culpability, and deliberately taking a non-confrontative approach is largely responsible for this.

A timetable for the work is agreed with the family and child protection professionals, during which specific work will need to be undertaken satisfactorily. This work will often be supported and integrated with services from the local authority, for example Community Care / Family Support Workers.

ii) Family Safety Guidelines

This phase of the work looks for changes in behaviour and the organisation of family life. Indications are that initial structural changes in family organisation often lead to a shift in behaviours and hierarchies. The non-abusing carer is helped to explain to the child/ren the child protection concerns at an age appropriate level. This leads to involving non-abusing carers and children in co-constructing the Family Safety Guidelines which lays down rules about family life, without the alleged abuser present.

For example, the alleged abuser must not go into any of the bedrooms if the child/ren are in there. This puts the emphasis on non-abusing carers and children finding their own solutions to perceived problems (George et al, 1990). The actual process of co-constructing Family Safety Guidelines is used therapeutically to consider the concerns, and is seen as equally important as the detail it contains. Before the alleged abusing carer returns home it is important that the family has been able to redefine itself in his absence (Smith 1994). It is not seen as a failure if the alleged abuser does not return home. This will be left to the decision of the family.

Extended family, trusted significant adults and appropriate professionals may also be included in drawing up the Guidelines in order to help improve the overall protective environment of children (Boushell 1994). This contains elements of the New Zealand Family Group Conferences currently being piloted in some areas of England and Wales (Robinson 1996). It is felt that by making the allegations more public within the extended family, the power of the alleged abuser is substantially diminished (Furniss 1991). The Guidelines also cover the alleged abuser's contact with other children in the family or children who may visit the home.

The Guidelines are then shared with the alleged abuser who may make additional suggestions. It is unusual for him to object significantly to the items in the Guidelines, and he then signs it in front of the non-abusing carer and child/ren and agrees to abide by it. The Family Safety Guidelines are often in a pictorial form for children, and each member of the family has a copy. It is the primary responsibility of the abuser to ensure the rules are adhered to and to monitor his own behaviour. Non-abusing carers and children appear to appreciate this use of their own and agency authority in regulating the future behaviour of the alleged abuser (Hooper 1992).

Most alleged abusers are willing to go along with the Family Safety Guidelines. They see it as a way forward in helping to reunite their family, reducing the anxieties of the professionals involved and increasing the likelihood of their children's names being removed from the Child Protection Register. They also accept that it is useful to them

in reducing the likelihood of fresh allegations being made against them or their actions being misinterpreted.

These changes in the organisation of family life soon appear to be integrated into day to day life and cease to be contentious. The family are helped to see the Family Safety Guidelines as dynamic and needing to change with their children's developmental needs. Other relevant agencies are provided with copies of the Guidelines and monitor its effectiveness after NSPCC involvement has ended.

iii) Role-play

This part of the work draws on the work of Boscolo et al (1987) and Furniss (1991) in developing their ideas of working in the hypothetical. As Furniss and Bingley Miller (1995) say:

".. hypothetical questioning decreases potential conflict and decreases anxiety levels. It enables family members to begin to think again about the future, and it can help children to find safer ways of disclosing". (1995: 404).

The adults are put in the roles of a "similar" family where abuse has been confirmed (Ravenette 1977). The alleged abuser is then role-playing an adult who has committed similar abuse to that which he has been accused of. Carers help co-construct the basic family structure and situation and choose the names of the hypothetical adults and child/ren.

They are encouraged to look at the concerns from the respective points of view of various members of the hypothetical family. The adults are helped to express the feelings that these family members might be experiencing and to tell each other what might be going through their minds. Individual sessions in the hypothetical include focussing on the child's view and victim awareness. It also looks into the future when, as the hypothetical family, they will become grandparents. This helps raise awareness

that concerns regarding the safety of the alleged abuser will need to be considered long term over twenty / thirty or more years:

"It is possible to establish on the hypothetical 'as if' level the facts of the abuse, and to deal with issues of responsibility, participation, guilt, blame and power".
(Furniss and Bingley Miller 1995: 408).

After the sessions in the hypothetical are completed the family is asked to identify the most significant issues that have arisen for them during the role-plays. They are helped to consider how these are relevant to their own situation and how they might be used to ensure their children's present and future safety. This assists the family to make the transition from the hypothetical to their own circumstances.

iv) Communication between carers

The aim is to facilitate more open communication between carers, in the belief that this will have benefits for both them and the children. Positives are sought in the present relationship, as well as looking at how each carer would like things to be different. The meaning and beliefs attributed by family members to women, children, control issues etc are explored. An increase is sought to their range of choices and understanding which is more likely to lead to harmonious relationships and the well-being of the child/ren (Jenkins 1990). Such discussions will have a particular focus on the care of their children and how different ways of communicating might impact upon them (Smith 1994).

CHAPTER FOUR

METHODOLOGY

1) **INTRODUCTION**

There are obvious implications in researching a service that one is directly involved in, although the precedent is well established (Fuller and Petch 1995, Hart and Bond 1995). Indeed some commentators see practitioner-researchers as having distinct advantages over academic-researchers:

“The practitioner-researcher iswell placed to develop a participative style of research engagement with both colleagues and the users of services, in some respects better so than the externally based researcher, and to capitalize on the advantages offered.” (Fuller and Petch 1995: 6).

Seeking information in social contexts raises the issue of whether the relevant data exist ‘out there’ waiting to be collected, or is what one finds influenced, or even

determined, by the theories and the methods employed? (Fuller and Petch 1995). Many, including feminist researchers, maintain that objectivity is impossible to achieve and we should admit to an unabashed subjectivity (Eichler1989).

In attempting to secure both the primary and secondary aims of the research I needed to ensure that the approach taken was capable of falsifying the hypotheses upon which the Resolutions work is founded (Gilbert 1993). As May (1993) says:

‘A theory concerning social life must not only be based upon empirical evidence, but also be capable of being falsified by such evidence’ (1993: 23).

In determining the effectiveness of any therapeutic service, the indicators for success or failure must be clearly delineated (Gilbert 1993). It was also necessary to take account of the approaches taken to previous research that I might use for comparative purposes, as well as what results would be meaningful to other interested professionals and families.

2) HYPOTHESIS ONE

It is possible to successfully protect children in families where carers deny responsibility for abuse to children (*as measured by comparison to other re-abuse rate studies*).

The issue of children being protected is of fundamental importance as it provides the raison d’être for the Resolutions service. In order to prove / falsify the hypothesis it was necessary to elicit information as to whether children had been protected following the cessation of the families’ work at the NSPCC. The results could then be compared to other re-abuse rates as considered in Chapter Two - Section Three.

i) Method chosen to test hypothesis

I decided that in order to ascertain information regarding children's safety I would consult child protection registers and, with families' permission, access their Social Services files. Pro-formas were drawn up to enter the relevant data. Consideration was given to asking the families themselves whether their children had been harmed further. However, on reflection it was thought it would not be realistic to rely upon self-report in such a sensitive area, given the repercussions such disclosure might bring.

ii) Reasons for method chosen

The existing government guidance regarding child protection concerns is outlined in Working Together (1991) and states that each local authority should draw up its own procedures for the reporting of concerns regarding children in their area. The Avon Child Protection Procedures (used both before and after Avon County Council ceased to exist in March 1996) directs that any professional (or member of the public) having concern about a child should report that concern to the local authority social services department. Whilst these concerns may be reported in the first place to other agencies such as the police, health authorities, teaching staff, NSPCC etc, the procedures direct that the information should then be passed on to the social services department, whose files become the locus for information about such children. The Procedures also direct that checks should be made with the Area Child Protection Register, which keeps a log of telephone calls and written information expressing concerns about a child. Experience has indicated that consulting child protection registers and viewing local authority files is more likely to bring to light fuller information (Jones 1991).

iii) Gathering the information

All of the families living in three of the local authorities concerned (a total of seven families) gave written permission for the NSPCC to access information from their social services files and from the child protection registers. Permission was not gained from two of the ten families in the other local authority and those families' social services files were not viewed. However, the local authority concerned took the view that as the NSPCC is a member of the local child protection agency system, we could access information from the child protection register without families' permission. This raised ethical issues regarding consent and privacy (Gilbert 1993), but on balance the local authority took the view that as the research endeavoured to enhance the welfare of children it would be acceptable to gather such information without parental permission. I was therefore assured that there would be a 'bottom line' of information that would be obtained in respect of all the families, as any significant incidents of harm to a child should be notified to and recorded at the Child Protection Register.

Whilst re-abuse rates are very meaningful for the children concerned, they can be seen as a fairly crude measure of children's welfare. Firstly, they only tell you of abuse that has come to light. Secondly, they give limited information as to the child's overall well-being. Even where a child has not suffered abuse, it may not be enjoying a good standard of care. However, within the scope of this dissertation it was not possible to gather wider information about children's well-being. In addition some information was not very recent as the local authority had ceased involvement with the family and closed their file.

iv) Influencing factors

Whilst this information is primarily quantitative in nature, it has to be recognised that what is recorded by child protection registers is dependent upon a range of subjective factors. This includes how individual social workers and team managers decide to categorise possible incidents of concern regarding children (Cleaver and Freeman 1995). Whilst guidance is given by child protection procedures there is some discretion

for team managers in deciding whether an individual case is classified as child protection or a child in need.

With regard to viewing social services files, families were assured that all information gathered would be in confidence and told how it would be used. However, I was aware that not all families might be agreeable for me to view their SSD files, and this would give different levels of information across the study. Even where files were accessed I knew it was likely that there would be considerable disparity in how and what was recorded, influenced by differences in style and level of recording amongst workers. The way that professionals categorise abuse can appear a fairly arbitrary process, and one that does not always reflect the child's reality. Abuse types are administrative labels to a large degree, and not an accurate description for all the abuses and neglects that befall children (Jones 1991). As Fuller and Petch (1995) say:

“The use of case records must be treated with caution; it is a second-order analysis of data which is already a selected record of the incident or activity under scrutiny.” (1995: 53).

At the commencement of this dissertation all the families lived within the County of Avon. During the research, local boundary changes meant the County of Avon ceased to exist and four new unitary authorities were set up in its' place. Liaison with all four authorities was necessary, given the geographical distribution of the families. There was a period of approximately ten months between these new authorities coming into being and my accessing the families' files and the respective child protection registers. It is possible that some variation might have begun to appear in how each local authority defined abuse and decided to register it. This is likely to have been minimal, however, as these authorities continued to use the previous Avon County Procedures for all or most of this period.

3) HYPOTHESIS TWO

The establishment of co-operation / partnership with families is a major factor in making the Resolutions work possible.

i) Method chosen to test hypothesis

To substantiate or falsify the hypothesis it was decided to interview carers individually wherever possible (twenty three interviews undertaken). A semi-structured interview schedule was used to ascertain this information (Appendix 2). Questions were drawn up to allow interviewees to comment on their experience of the quality of relationship with the Resolutions workers, the components of the Resolutions programme and its effects. Four pilot interviews were undertaken i.e. male and female carers from two families. The results from these pilot interviews were included in the results, as only minor changes were subsequently made to the interview schedule.

Where service users were unwilling to be interviewed (nine carers) they were offered the opportunity to complete a simplified postal questionnaire based upon the interview schedule (Appendix 3). The wording of the questions in both the interview schedule and the questionnaire attempted to avoid sexist language (Eichler 1989).

ii) Reasons for method chosen

Interviews are indicated when the aim is to gather in-depth data relating to individual perceptions or experiences (Fuller and Petch 1995). Researchers also have a clear duty to ensure the user's perspective is incorporated into their methodology (Tunstall and Atherton 1996).

“There should be little argument with the assertion that details of the user response are essential if a service is to be effective and accountable” (Fuller and Petch 1995: 41).

However, research evidence suggests that crude enquiries regarding consumers level of satisfaction, will generate positive responses in the order of 80% (Fuller and Petch 1995). The semi-structured interview tries to be a led conversation with the schedule itself only a guide (Fielding 1995). Such interview schedules often elicit rich detailed materials that can be used in qualitative analysis. Other perspectives, such as largely quantitative approaches were considered but rejected as inappropriate, fitting with neither my basic beliefs or those of the Resolutions work itself. I took the view that the context in which research data are generated is intrinsic to an understanding of that data (Fielding 1993). As the Resolutions work attempts to empower and support the non-abusing carer, usually women, it was deemed especially important to hear women's experience (Harding 1987). A stance was taken, therefore, of allowing respondents to use their own particular way of defining the world. As May (1993) says:

‘To concentrate on subjectivity we focus on the meanings that people give to their environment, not the environment itself.Our central interest as researchers, is now focussed upon people's understandings and interpretations of their social environments’ (1993: 8).

iii) Gathering the information

Most of the interviews were conducted by a white male colleague with an understanding of the Resolutions programme and experience of conducting research interviews. He was not an NSPCC employee and had no previous contact with the families. It was hoped that talking to somebody independent of the NSPCC would increase the likelihood of respondents being able to share their perceptions and counter the known difficulties of attempts at rationalisation, putting feelings into words, overpoliteness, and being shy or overanxious (Fielding 1993). I conducted a limited number of interviews with families where I had not been the lead worker to fulfil the requirements of the MSc and because of the limited availability of my colleague.

Both my colleague and myself had an awareness that our own history and role was a fundamental part of the research process, believing the experience of the researched and the researcher are important (May 1993). This being so especially in my own case as I had invested much of the previous five years in helping develop the Resolutions service.

For the pilot interviews I interviewed two carers individually from one family and my colleague two carers from the other. We were both present during these interviews to observe each others' interviewing style, with a view to harmonising them as far as possible. However, as Selltiz and Jahoda in Gilbert (1993) say:

‘Much of what we call interviewer bias can more correctly be described as interviewer differences, which are inherent in the fact that interviewers are human beings and not machines’ (1993: 147)

Carers were interviewed separately to counter any effect of influencing each other, especially given the power dynamics in many of these families where the alleged abusers can be very dominant. Conducting repeat interviews was not a possibility and so the results are a snapshot of carers' views at a given moment, making it impossible to determine whether these changed over time. The interval between the interviews and the families ceasing the Resolutions programme varied from seven months to three and a half years (*see Fig. 2*).

By agreement, all the interviews took place at families' homes, primarily to increase the likelihood of co-operation (Bell 1987). In total, twenty three interviews were conducted which included at least one carer from fourteen of the seventeen families. All those interviewed for the pilot and subsequent interviews gave permission to be audiotaped (Fielding 1993). Two families consisted of single mothers who had been suspected of abusing their child/ren and who had been the only carer when the work was undertaken. In one case Resolutions had been asked by the court to work with the mother and her child despite our assessment that it was too dangerous for this child to return home. This went against our usual policy of only working where, on a balance

of probabilities, there is a non-abusing carer. She was willing to be interviewed. The work with the other single carer had been largely a piece of assessment work which had contained elements of the Resolutions programme. This carer was not willing to be interviewed or to complete a questionnaire. Two carers that were still together declined to be interviewed but completed questionnaires.

Although there was an order to the questions this was not always strictly adhered to. For example, in answering a question respondents sometimes went on to elaborate their answer which addressed issues in later questions. It was assumed that no fixed sequence of questions was suitable to all respondents and it also allowed respondents to raise considerations that the interviewer had not thought of (Fielding 1993). This approach had the additional benefit of being congruent with the Resolutions social / personal constructionist approach of wanting to hear service user's narratives throughout the work. The interview schedule also allowed for follow-up probing, which attempted to be as neutral as possible so as not to incline the respondent to a particular response. It tried to encourage the respondent to give as full an answer as the format allowed (Fielding 1993).

The questionnaire followed the general outline of the interview schedule but was simplified to try to enhance the return rate (Bell 1987) and accompanied with a covering letter explaining the purpose of the research (Fuller and Petch 1995). It was sent to carers who were not willing to be interviewed. With primary carers' permission, letters were sent to two alleged abusers who had separated from their partners and children, requesting interviews and enclosing questionnaires should they not wish to be interviewed. One did not respond but the other completed and returned the questionnaire. One female carer refused any contact with us. I did not send her ex-partner a questionnaire as she had separated from him because of domestic violence and he was not having contact with the ex-partner or child. In total I received four completed questionnaires. (*See Figs. 6 and 7 for fuller details*).

Consideration was given to ascertaining the views of children as to whether they now felt safer since the completion of the Resolutions programme. Whilst it seemed

desirable that the service users for whom the service had been set up primarily should have a voice, it was reluctantly decided not to involve them. The reasons for this were that:

- i) For many of the children they would have no memory of attending the NSPCC, being babies or very young children during the work.
- ii) Others were involved for a limited number of sessions two or three years before and would be likely to have only a vague recollection of the work. There were some young people who had been worked with more recently that could have provided a meaningful response, but it would have been difficult to see this as representative of children / young people from the overall study.
- iii) Asking children questions or to complete a questionnaire could have brought back painful issues for some of them about previous abuse. I did not believe this should be done without appropriate follow-up services that we were not in a position to provide.

iv) Influencing factors

Being an NSPCC employee is likely to have influenced the responses of some of the interviewees. even though I did not interview any carers where I had been the lead worker. These carers may well have given different answers had they perceived the interviewer as being totally independent of the NSPCC.

Although my colleague was more independent it would have been preferable to have had a female interviewer to achieve a gender balance, especially as some interviews were with lone female carers. Unfortunately this option was not available. It is likely that having two male interviewers will have influenced the responses given, as it is difficult for male researchers to “take the role” of female interviewees (Millman and

Kanter 1987). As Eichler (1989) points out, this can be the case especially in sensitive areas such as incest, abuse, domestic violence, sexual behaviours and male / female relationships in general. Other characteristics such as race, age, and social class have also proven to have an impact which has to be allowed for (Fielding 1993).

Where carers had separated I only attempted to interview or send a questionnaire to the carer not living at home with the permission of the children's carer. In the one case where permission was not given it was recognised that this deprived the other carer of the opportunity to comment on his experience of the Resolutions programme. However, as relations between the carers may have been under strain, it was felt that the safety of the children and the non-abusing carer should be paramount (Hester and Radford 1996). It has to be acknowledged that this may have slightly skewed the feedback received, as it is likely that this alleged abuser could have been among the most critical of the service and therefore partly falsified the hypothesis of co-operation / partnership (Gilbert 1993). As the Resolutions work attempts to empower the non-abusing carer, alleged abusers may feel that the work at the NSPCC undermined their position and power within the family, leading to their exclusion.

4) THE SAMPLE

Research into re-abuse rates has indicated that re-abuse tends to become significant from 2-3 months after initial injuries (Levy 1995). During the families' work at the NSPCC no further injuries were registered despite the work often taking a year or more to complete. For the purposes of the research I decided that I would follow up families that had completed the Resolutions programme at least six months previously. As this involved seventeen families in total I was able to follow up all of them, thereby removing the issue of sampling. Letters were written to carers giving details of the research and asking whether they would be willing to co-operate. All the families were white, although from a range of socio-economic backgrounds. The profile of interviewees and questionnaire respondents show an interesting difference in ages between female and male carers (*see Fig. 1*). In the oldest age groups, 45 - 49 years

and 50 - 55 years, women outnumber men four to one. At the other end of the scale in the youngest two age groups 20 - 24 years and 25 - 29 years, men outnumber women six to four. One can only speculate whether this is of significance regarding the nature of families referred to the Resolutions service.

Although all the families participated in the Resolutions programme, the work has evolved over the last five years, and each family's experience will have differed in some respects. The programme for each family was broadly similar, but tailored to meet the needs of the children and carers concerned. This means that not all experienced the full range of methods and techniques used in the programme.

Similarly, the abuse history of the children involved varied. In total there were thirty eight children in the sample, fifteen of whom were known or thought to have been abused prior to the Resolutions work. The abuse ranged from broken limbs, ribs and subdural haematoma to serious sexual abuse. In the sexual abuse category there were ten families containing twenty six children. In the category of physical abuse there were seven families with twelve children.

Resolutions has also been asked to work with families where the present children in the household have not been abused as far as is known, but where they are felt to be at serious risk. This may be where carers have previous Schedule One offences or where abuse has happened to children no longer living at home. This includes children who are being looked after long term by local authorities and others who are now young adults and have left to live independently. Where children have been abused, most of the carers in the study denied causing these injuries. In two cases there was an acceptance of responsibility, although with significant minimisation. One of the families differed from the rest in that the abuser was a relative, not a primary carer. The work was with the child's carers and extended family to help protect the child from this relative. What characterised all these families was either a denial of past abuse to their children and / or a denial that they posed a serious risk to them at present or in the future. The Resolutions approach was used with all these families.

Given the sensitive nature of this area of work, ethical responsibilities to research participants assumed an added significance (Hart and Bond 1995). The time when they were working with the NSPCC was, for many, the most traumatic period of their lives. Families were given the assurance that no names or addresses would be used in the research findings and that every effort would be made to ensure individual families could not be identified. Carers were informed that the audiotaped interviews would be erased after the research was completed. Each family was given a code number and each carer a code letter. These were used on the interview schedules and audiotapes. Families were written to following interview thanking them for their co-operation and offering them an opportunity to discuss any issues that might have arisen for them during or following the interview.

(See Fig. 1 for profile of sample)

Fig. 1 - Profile of interviewees / questionnaire respondents

For the 23 carers interviewed this data was obtained by self-report. In the case of the four questionnaire respondents the information was extracted from NSPCC files.

Female carers interviewed	13
Male carers interviewed	10
Female carers completing questionnaire	2
Male carers completing questionnaire	2

Age in Years of interviewees and questionnaire respondents

	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 55
Female	2	2	3	3	1	2	2
Male	1	5		2	3	1	

Relationship to children

Mother	15
Father	4
Stepmother	0
Stepfather	3
Mother to some of the children / stepmother to others	0
Father to some of the children / stepfather to others	5

Ethnicity

	Female	Male
White UK	15	12
Other	0	0

Carers suffering from any health problems that made it difficult to look after their children.

	Yes	No
Female carers	1	14
Male carers	2	10

CHAPTER FIVE

THE RESULTS

1) **INFORMATION FROM CHILD PROTECTION REGISTERS**

The information gathered indicated that only one child had been abused since the families had completed their Resolutions programme. This child had been from the group of fifteen that were known / or suspected to have been abused prior to the Resolutions programme. The child was removed into foster care by the local authority but later returned home to the female carer after she separated from her male partner.

When the statistics were collected only eight children remained on child protection registers.

2) **INFORMATION FROM SOCIAL SERVICES FILES**

No additional information came to light from social services files regarding further abuse to any of the children in the study beyond the one child identified from consulting the child protection registers. At the time the files were viewed social services were no longer involved with twelve of the seventeen families and had closed their files.

(See also Figs. 2, 3, 4, and 5)

Fig. 2 - Duration of time in months from date families finished Resolutions programme to information accessed regarding further abuse statistics

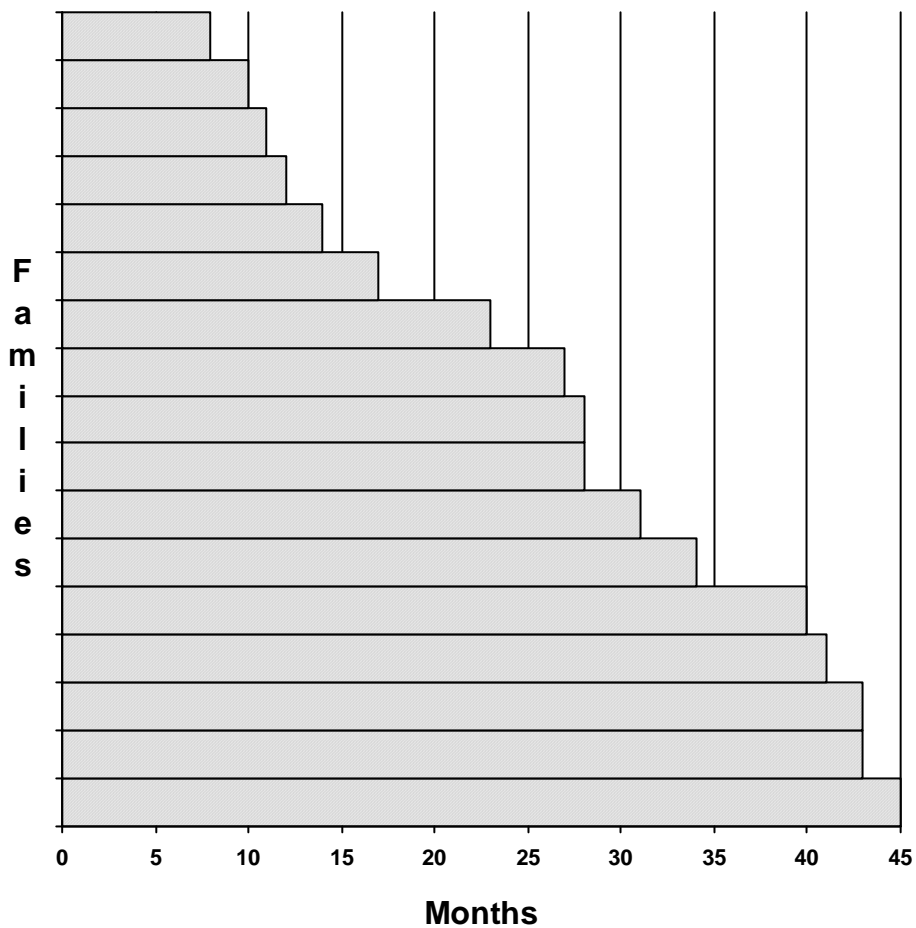


Fig. 3 - Further abuse statistics gathered from child protection registers, NSPCC and social services files in respect of the children in the study

Total number of children involved below 18 years in the seventeen families	38
Number of children in sexual abuse category	26
Number of children in physical abuse category	12

Number of children from total of 38 known / thought to have been abused prior to Resolutions programme	15
Number of these children in sexual abuse category	7
Number of these children in physical abuse category	8

Number of children from total of 38 not known to have been abused but thought to be at risk of significant harm prior to Resolutions programme	23
Number of these children in sexual abuse category	18
Number of these children in physical abuse category	5

Number of children abused after Resolutions programme from total number of 38	1
As a percentage	3%
Number of these children abused in sexual abuse category	0
Number of these children abused in physical abuse category	1

Number of children abused after Resolutions programme from group of 15 known/ thought to have been abused prior to Resolutions programme	1
As a percentage	7%

Number of children abused after Resolutions programme from group of 23 thought to be at risk of significant harm prior to Resolutions programme	0
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Number of children from total of 38 still on child protection registers when statistics collected	8
As a percentage	21%

Fig. 4 - Further abuse statistics gathered from child protection registers, NSPCC and social services files in respect of the families in the study

Total number of families in study	17
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Number of families where children known / thought to have been abused prior to Resolutions programme	14
Number of families where children not known to have been abused but thought to be at risk of significant harm prior to Resolutions programme	3

Number of families from total of 17 where children further abused	1
Number of families from total of 17 where children further abused as a percentage	6%

Number of families where social services still involved when research statistics collected	5
Number of families where social services had ceased involvement when research statistics collected	12

Source of information	Number of families
child protection registers	Seventeen
families' social services files	Fifteen

Fig. 5 - Further Abuse Percentages

Fig. 5.1 - % of children abused after Resolutions from group of 15 known / thought to have been abused prior to programme

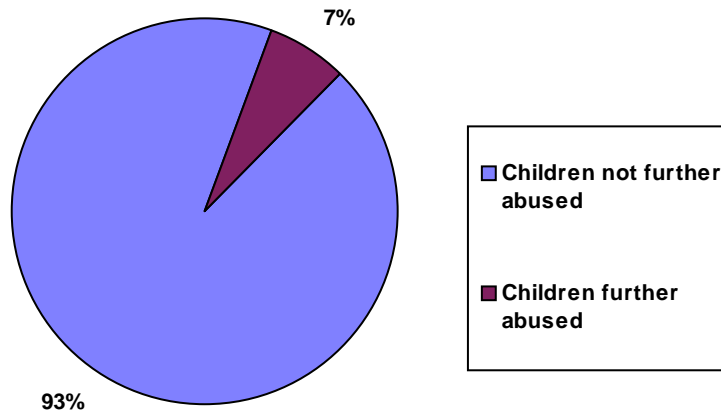


Fig. 5.2 - % of children abused after Resolutions work from total number of 38

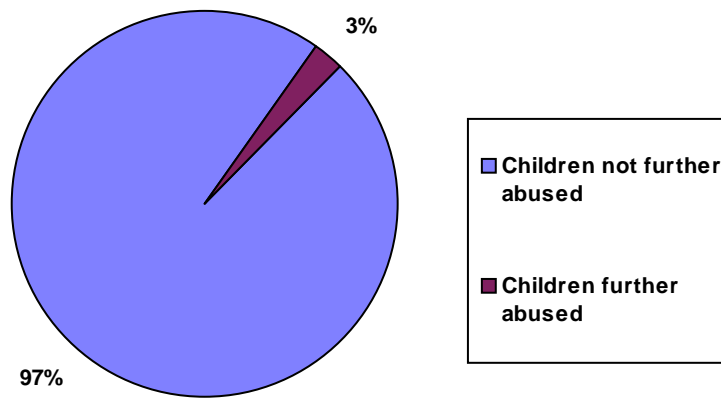
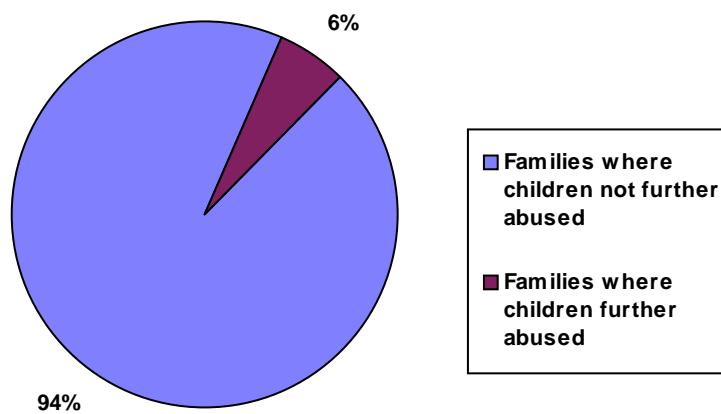


Fig. 5.3 - % of families where children further abused from total number of 17



3) INTERVIEWS AND QUESTIONNAIRES

The responses to each question are broken down into female and male respondents as the issue of gender is seen as important throughout the work. For example: “nine carers thought that this was the case (6F/3M).”

As there were only four completed questionnaires I have included their information with that of the interviews. The complete answers from the four questionnaires are included in full as Appendix 1

Q.1 Whose idea was it to go to the NSPCC?

Twenty four of the twenty seven carers interviewed / completing questionnaires (13F/11M) said that they were referred to the Resolutions programme via the local authority social services department, although this was from a variety of contexts, for example a child protection case conference or court. One female carer said that the Guardian ad Litem had suggested Resolutions, which was then endorsed by the local authority. One male carer thought the referral came via the court (although his female partner said it was by the local authority and subsequently approved by the court). One referral had been by a GP to the local health authority adult psychology service (this was the one case that was not worked with at the NSPCC premises, but was co-worked with a health authority psychologist using the Resolutions programme).

Q.2 What were you hoping to gain by going to the NSPCC?

Eighteen of the twenty three carers (9F/9M) mentioned some form of getting back together as a family. The particular details varied as in some families they were wanting children to return home who were being looked after by the local authority or staying within the extended family. In other situations the alleged abuser was living away from the home and the work was to allow him to move back home in a way that was safe for the children.

Six carers (3F/3M) said they hoped the work would lead to getting social services out of their lives, and one further carer (M) said to get all the child protection professionals out of their lives (including the NSPCC). Two carers (2M) said explicitly to get their children's names off the child protection register, although this may have been implied by most carers when they said they wanted social services out of their lives.

Other reasons given were:

- to keep their children safe (3F/1M)
- improving relationships between family members and / or parties involved (4F/2M)
- to move their situation on, which they felt had become "stuck" (2F/2M)
- getting an independent or different agency from social services involved (3F/1M)
- a chance to prove they were good parents (1F/1M)
- a greater awareness of what can happen in families regarding abuse (1F)
- finding an explanation of how injuries to their child had been caused (1M)
- only coming because of pressure from partner (1M)

There would appear to be little or no difference between female and male carers in advancing the main reason for coming to the NSPCC as wanting the family reunited. However, it is interesting to note that more female carers than male put forward reasons of wanting to keep their children safe and improve relationships between family members. This links with the aim of Resolutions to strengthen the bond between the non-abusing carer and the child/ren. Male carers motivation tended to be more concerned about getting child protection agencies out of their lives.

Q.3 Did the work at the NSPCC lead to the outcome you wanted?

Twenty two carers (12F/10M) said the work at the NSPCC had led to the outcome they had wanted. Where interviewees expressed a view as to what had led to this outcome they cited a variety of factors:

- in whole or in part to the NSPCC work (10F/9F)
- support from family and solicitors (1F)
- joint effort by all the agencies (1M)

Four carers (3F/1M) said that the work had partly led to the outcome they wanted. One male carer said the work had not led to the outcome he wanted. (This was in the family where the child was further abused and his partner subsequently left him).

There were no significant differences by gender.

Q.4 How did you get on with NSPCC workers?

Twenty six out of twenty seven carers (15F/11M) said they got on well with the NSPCC workers, although to varying degrees. This ranged from:

“brilliantly”; “great”; “very, very well”

to

“they were OK”; “alright”; “difficult at first then became easier”

One male carer said he didn’t get on with the NSPCC workers, “they had already decided the outcome of their investigation before talking to us properly”. (It is worth noting that this questionnaire respondent had involvement with an NSPCC team in another county subsequent to completing the Resolutions programme. The work of the other NSPCC team was assessment focussed and followed further injuries to one of his partner’s children. It is unclear whether he has been able to discern between the Resolutions workers and the other NSPCC team, or whether his comments refer equally to both his experiences).

Twelve carers (9F/3M) expressed the feeling of being treated well, with respect and not feeling they were being judged. Comments included:

“very down to earth, acted like human beings, didn’t treat you like a criminal”

“didn’t look down their noses at us, treated us with respect”

“there for us as well as the children”

“treated us as if we were as important as the authorities”

Criticisms of the NSPCC workers were rare although one male carer said:

“they could wind you up”

and one female carer said

“I got the impression they were trying to blame one or the other (of us)”.

Eighteen carers (10F/8M) thought the NSPCC workers wanted them to get back together as a family. This ranged from a very clear belief:

“wanted us to get back together as a family”

to the expression of some doubt:

“at first they didn’t want us to get back together, that changed towards the end, did then want us to get back together”

One female carer thought that the NSPCC workers did not really want her male partner to rejoin her and the children:

“I think they wanted me to have the children on my own”

It was only in expressing the view of being treated with respect that there was any major gender difference in the answers given. There may be little significance in this as these comments were unprompted. It is not unreasonable to assume that other interviewees may have given answers indicating they were treated with respect, given all twenty three carers said they got on well with the NSPCC workers.

Q.5 How did you get on with NSPCC workers compared to workers from other child protection agencies?

Nineteen carers (11F/8M) said they got on better with the NSPCC workers than with their local authority social worker/s:

“NSPCC treated us like friends, social services like something you’ve trodden on”

“NSPCC were the first people we could trust”

This was qualified by six carers (3F/3M) who experienced more than one local authority social worker. Their relationships varied depending on how helpful they thought each social worker was and how much they could be trusted:

“later had different social worker, very nice, supportive and helpful”

What emerged was that even when they had a less than positive experience to begin with, a subsequent worker still had an opportunity to develop a positive partnership. This is in line with the finding of Farmer and Owen (1995) that a new worker being allocated can have a beneficial effect on carer / local authority relationships in child protection cases. One male carer felt his relationship with the same local authority worker had improved over the period he had worked with the NSPCC and subsequently.

Three carers (1F/2M) spoke very highly of local authority Community Care Workers. The carers appeared to value their involvement and to trust them most of all, despite being employees of social services:

“like member of the family, brilliant”

“brilliant, wish she was still coming, really trusted her - even more than the NSPCC”

“like part of the family, she was great, very supportive”

Five carers (3F/2M) thought that there was little or no difference in their relationship with the NSPCC and social services:

“about the same, I got on well with all the people we seen”

The only other agency mentioned to any extent was the police. Three carers (2F/1M) had not had positive experiences:

“police didn’t really help”

“police involvement wrangled”

Against this two carers (1F/1M) spoke positively about the police:

“police were OK - they were straight with us”

There seems little difference in the answers given by either male or female interviewees.

Q.6 The NSPCC usually has two or more workers involved when they work with families. How did you find this?

Twelve carers (6F/6M) said having at least two workers, including both male and female, didn't matter to them:

“mixed sex didn't make much difference really, boils down to the individual you've got, how at ease they make you feel”

Nine carers (6F/3M) said they felt it was a positive advantage having both male and female workers:

“male and female good, could see both sides of things”

“discovered my wife gets on better with men, I find it difficult to talk to men, easier to talk to women”

“useful having male and female, brought up different topics, useful having male perspective”

Nobody expressed the view that it would have been better with the workers being of the same gender.

Two carers (1F/1M) said they would have preferred to have been seen by only one worker:

“couldn't see the point of more than one worker, prefer it one to one”

“didn't like doing it, made me feel insecure”

Two female carers felt uneasy at first having more than one worker, but soon got used to it:

“felt strange first of all”

“initially daunting, but over the period we got to know them all and it seems a fairer way of doing things, more objective”

Twice as many women as male interviewees appreciated having workers of both sexes.

Q.7 How did you find the NSPCC workers use of the:

i) One way screen

Fifteen interviewees (10F/5M) said that they either found the screen helpful, did not mind it or got used to it, despite often feeling very uneasy about it to begin with.

“At first intimidating, after a while just like a window, helped”

“in the beginning it was horrible, felt like a goldfish, but you get used to it”

“didn’t find it threatening, preferable to all being in the room”

Two female interviewees said they had found it helpful being shown behind the screen:

“we had a look behind the screen, I enjoyed that”

Six interviewees (3F/3M) never became comfortable with the screen and often viewed it with suspicion:

“didn’t like it, like to see people’s faces, wanted them in the room”

“you’re not party to comments and writing they’re making”

“it was our distrust of the authorities, it’s the thing about being watched”

Despite the unusual experience of using a one way screen, it is interesting to note that the majority of interviewees (twice as many women as men) got used to it and even found it useful.

ii) Earpiece

Nineteen interviewees (11F/8M) thought the earpiece was helpful or didn’t object to its’ use.

“they always told us what was being fed through the earpiece, helpful having other worker’s views”

“most convenient way to ask extra questions”

“again it’s something you get used to”

One of these interviewees (M) said “got its’ uses” but thought also it “could have been to relay secret messages”

Three interviewees (2F/1M) did not like the use of the earpiece:

“no point, why?, I prefer them to ask it straight out”

“were they telling the truth about what they were saying, especially when the social worker was there - I didn’t trust him”

Several interviewees (5F/3M) commented on the poor equipment level concerning the ear piece:

“never fitted properly, always had problems”

“sometimes it didn’t work”

(The earpiece that these comments relate to has now been replaced by a new radio microphone which has eliminated the previous difficulties).

There were no significant differences by gender in the answers given.

iii) Videocamera

Eleven interviewees (6F/5M) were either happy with the use of the videocamera or got used to it:

“bit intimidating at first, later forgot it was there”

“didn’t really notice it that much, initial idea of it was the worst”

For eight others (4F/4M) the videocamera remained a source of unease:

“didn’t like that at all”

“hated it, every session got recorded”

“felt very uneasy, same way as I feel about tape recordings, you don’t know who is going to see them”

Video recording was not used with all families and four carers (3F/1M) thought it had not been used with them.

Two carers (1F/1M) complained that they had been promised they could view the videotapes but this had never been arranged:

“I asked to see some tapes but it never happened”

“I did ask if we could ever see the tapes, would still like to see the tapes”.

There were no significant differences by gender in the answers given.

iv) Workers taking time out

The vast majority of interviewees (11F/6) either saw Time Out as helpful, accepted the reasons for it or had no strong feelings either way:

“quite helpful, would tell us what they’d talked about”

“gives you a break, we would sit and discuss what had happened”

“husband used it as a cigarette break, good break for the rest of us, use the loo, let off steam”

Six carers (3F/3M) said they actively disliked Time Out.

When Time Out was taken workers would turn off the equipment (microphones / videocamera), draw the curtains across the screen and go off to another room. There was considerable suspicion (4F/4M) as to whether the workers had really gone off to another room and / or if the equipment was still recording:

“I was paranoid at that time, asked if the room was bugged”

“they said the video was off, but was it?”

“thought workers might still be listening, affected what we said to each other”

Two carers (1F/1M) commented that the feedback from the workers after Time Out was usually positive and supportive:

“they were very careful on the words they used, that was a plus point”

“they were never nasty, always positive, it was the enthusiasm we noticed”

(Time Out as used with most of these families is now rarely used by the Resolutions team. Instead the team behind the screen exchange rooms with the family and interviewer approximately three quarters through the session. The family then watch and listen from behind the screen to the team’s reflections on the session. The team and family then swap rooms again and the family have the opportunity to comment on the team’s reflection. As well as being more open it is believed that it helps equalise the power differential).

Almost twice as many female carers than male accepted the reasons for time-out or saw it as helpful.

Q.8 What was it like:

i) Role-playing a different family?

Carers' views of role-playing a similar but different family were extremely varied. Fourteen carers (8F/6M) found it silly, strange or difficult:

“felt a right pratt, didn't like it one bit”

“I found it so strange, it was unbelievable”

“weird, just weird”

“very difficult, it was tough”

Despite this, many of these carers, as well as some of the other carers thought it had been helpful. In total fifteen interviewees / questionnaire respondents (10F/5M) said they had derived some benefit from it:

“you could argue as if you weren't arguing, it was strange but good as well, it sorted things out, we learned to compromise”

“it felt like us and someone else too, it was good, it worked, it was like we could have the argument but not bring it home”

“in the end you got so they were part of you, it made you look into yourself more, solve problems, they took us to being grandparents - it made you think”

“seeing it from outside looking in, made it easier to talk about issues to each other”

“we did ask each other difficult questions which at the time we wouldn't have asked at home”

In contrast seven carers (3F/4M) thought it had not been useful and / or actively resented it.

“don't know why they did it, not going to act out there how you would do it at home”

“can't see any major benefit in it, personally didn't help or hinder”

“thought they were trying to get me to say who did it, as if they thought I knew, nothing good came out of it”

“trying to trick you or catch you out”

Role-playing had not been used with two of the interviewees (1F/1M).

There are some differences by gender regarding whether carers thought they had derived some benefit from role-playing. This could be influenced by the fact that the male carers were deemed on a balance of probabilities to be the most concerning carer, and as such role-played abusers. In contrast the female carers who role-played took the part of non-abusing carers. It may also be that more female carers felt able to use the exercise to say things to their partners that they were unable to do so in their everyday life.

ii) Drawing up Family Safety Guidelines

The sex of the carer has been given for particular quotes where I deemed it important.

Twenty one carers (13F/8M) thought the guidelines were either sensible or helpful to themselves / other members of their family, although sometimes with qualification:

“good idea, helpful, pictures good idea”

“could see some sense in it but felt ‘why the hell should I’, resented being told what to do”

“it really safeguards the children - safeguards me as well, a useful thing” (M)
“kept kids’ minds at safe level, we get on well now, put partner’s mind at rest having rules, saved me a lot of hassles”(M)

“children saw me as one in control rather than partner” (F)

Five carers (2F/3M) had little to say and/or did not think it was helpful:

“did part of it, we were forced to do it”

“may have made it difficult for daughter and father to develop good relationship” (F)

“it was instead of moving out of the home” (M)

“interfering in re-establishing relationships”

With regard to whether carers felt involved in drawing up the guidelines, fifteen (11F/4M) thought they had been to a significant degree. Eight (3F/5M) did not feel involved or thought the guidelines had been imposed:

“we were present, accepted the proposals put forward”

“they wrote it out, made all the suggestions, our involvement was quite a lot but the suggestions came from them”

“felt we were just given a list but we could talk about it and they would modify it”

The remaining carers could remember little or did not comment about how it had been drawn up.

“don’t remember much about it, was done to a situation”

(It has to be remembered that the guidelines are drawn up primarily with the alleged non-abusing carer and the children if of sufficient age. The alleged abuser is able to comment and make suggestions but is not involved to the same degree).

Where carers commented on whether the guidelines had been retained, seventeen carers (10F/7M) said that they were still being used either wholly or in part. In two of these cases the guidelines were followed until the male carer left the home:

“stuck by it, I still don’t bath the kids, play rough and tumble but I’m more careful”

“we were so involved in it, if that was the only piece that stuck - it sure did!”

“still use it, have the envelope with the pictures on”

“it becomes a part of your life - very much so”

“we’ve used it all, we always use it, still use it, was hard to live with but easy now”

A majority of both male and female carers interviewed thought the Safety Guidelines had been helpful. Although more women than men appreciated the Guidelines it would appear that male carers could appreciate their value to both their children and themselves.

Q.9 What difference, if any, did the NSPCC work with you and your family make?

i) Open Question

There is some overlap in this section and the next two sections. It was thought to be important, however, to ask interviewees an open question before asking more specifically about being a parent and partner relationships.

One female carer said the work at the NSPCC had made no difference to their situation.

One male carer said the work had partly resulted in the break up of his family and himself having a breakdown. (This was the respondent who had worked with another NSPCC team subsequent to the Resolutions work). Two questionnaire respondents (male and female partners) said the work had made little difference.

The remaining twenty three (13F/10M) thought it had made a difference. The main comments included improving relationships and communication between family members (5F/2M).

“partner wasn’t really interested in children, now he’s a proper dad”

“people say I used to be violent, I was more spiteful, definitely not now”

“helped us to talk, after sessions we’d work our way through it, difficult up to then due to all the blame business - they weren’t after that”

“brought us closer together, more open, able to talk to each other and explain things”

Four female carers said it had raised their awareness of child safety issues:

“made us more protective”

“made us realise how important it was to keep the children safe”

“made me take the children’s views more into account”

Three male carers said it helped them to appreciate the seriousness of the concerns:

“they made me look at it from other people’s point of view”

“helped me to know the seriousness of it all, of the situation that had arisen, how injuries can happen”

“made us feel we did have to do a few things within our family to satisfy other agencies to allow me to go home. The way the NSPCC made it allowed us to accept that we had to do that”

Getting the family back together (2F/1M) was mentioned specifically:

“helped us get our son back, this was a very important thing”

“brought us back together as a family”

Other responses included:

“this has changed the rest of my life, it has had a profound effect” (M)

“it’s allowed us to work in partnership with the schools, SSD” (F)

“moved situation on, would have been a ‘dead’un’ otherwise” (M)

The comments about child safety issues and improving family relationships show a gender difference that supports the finding of question 2, in that more female carers than male thought the work had helped in these areas.

ii) As a parent

Eighteen carers (10F/8M) said the work had helped make them better parents and/or had given them a better awareness of children's needs:

“smacking less, using other sanctions - up to their bedroom / pocket money etc”

“showed me how to be a better parent”

“knowing about children, seeing it from their point of view, thought about what was going through his mind” (child's)

“more aware, when children have baths I'm there, I take no chances” (F)

“helped focus on children's rights in family”

“I feel more confident dealing with the children”

“we had a little incident - daughter had helped herself to sweets in a shop, I caught her, without the NSPCC work I would have beaten her, I know that's wrong, I dealt with it well”.

Four carers (3F/1M) thought that their parenting had been adequate before the Resolutions work and they had not gained anything of significance:

“no not really, we've always been aware of the kids needs”

“no difference, what I've learnt I've learnt for myself, I made a lot of mistakes”

“didn't make any difference, I chatted to my own mum, all the help came from her”

One male carer thought that the work had been unhelpful in taking away his sanction of smacking the children:

“had good method of control (*smacking*) taken away, new methods not as good”.

(It would have been interesting to have known his child/ren's view of the change!)

iii) To your relationship with your partner

Eighteen carers (9F/9M) thought that the work had helped improve their relationship with their partner or led to better communication:

“more able to talk about the children's needs and when I was unhappy with the way my partner was caring for the children”

“don't argue as much, ain't violent any more, we get on really good, going to NSPCC did that”

“biggest difference was my partner becoming more assertive” (M)

“it was nice to see how my partner was feeling, we spoke about different things, the way she put things across, her strength of character came through”

“yes closer together, able to come straight out with things”

Five carers (4F/1M) thought there had either been no improvement or the work had made their relationship worse:

“didn't make any difference, in short term it impaired things”

“didn't make any difference, made it harder during the time, coping with the stress”

“didn't affect way we communicated given my ex-husband was not really trying”

In six of the families where there had been two carers involved, the carers had separated at some point after the completion of the Resolutions work.

Although there were nine female and nine male carers who thought there had been an improvement in their relationship, there were differences between partners' views. In six of the families where there both carers were interviewed, both agreed the work had

benefited them as a couple. However, three couples that were interviewed had one carer saying the work improved their relationship as a couple and the other carer saying not. In these three families it was one female carer and two male carers that thought the work had been helpful. In three families we were only able to interview one carer (all female). Two of these thought their relationship with their partner had improved, the other not.

One of the carers interviewed was a single parent during the work (and since).

Q.10 Were any of your wider family, friends or other people such as church or community leaders involved in the work?

Ten carers (6F/4M) said people in their family / social network were involved in the Resolutions work. These included carers' parents and step-parents, church friends and a church minister. This involvement appears to have been appreciated generally:

“involved right from the start, glad they were involved”

“good to have views from everybody”

“it was helpful having mother involved, we're as close as we've always been”

“yes wider family, deeply involved, just family, church involved as well (*minister*)”.

The exception was one male carer who resented his parents-in-law being involved:

“felt at first like another nail in the coffin, eventually they backed off when things started to go better”.

Q.11 How confident are you that you will be able to keep your children safe in the future?

In order to help interviewees answer this question they were asked to scale how confident they were both before and after the Resolutions work. The scale was 0 - 10 where 0 is no confidence and 10 is as confident as they could ever be.

Fifteen carers (11F/4M) thought they would be able to keep their children safer in future. Not all were able to provide a number for both before and after. The difference in number between before and after for this group varied from an improvement of one to seven points.

“before 1 now 8 - social workers had taken all my self-confidence away”

“before 6 now 9 - pretty confident, we are more careful now than the average family”

“before 2/3 now 10 - had quite a lot to do with NSPCC although other things have helped as well”.

Seven (2F/5M) thought their confidence had not changed:

“before and now the same”

Of these, six (1F/5M) said their confidence was at 10 before and after:

“before 10 now 10 - I'd never let anything happen to my kids”

One male carer thought his confidence had gone down after the work:

“before 8/9 now 8 - fairly confident, NSPCC did knock our confidence down”.

In considering these results it has to be remembered that many carers (nearly all male) had been accused of either abusing children or posing a risk to them. On their part, many female carers thought they were seen as not being able to protect their children. This may account for the significant gender difference in feeling more able to keep children safe in the future. As most of the male carers denied abusing children or

posing a risk to them they may have felt a need to portray confidence in keeping their children safe both before and after the work.

Q.12 Have the children that were living with you when you finished working at the NSPCC continued to live with you at home?

Twenty one carers (12F/9M) answered yes to this question, although in some cases they themselves had subsequently left the home. Two older children amongst this group had moved on to independent living situations.

One male carer had split up from his partner with the youngest two children staying with their mother and the eldest son going to stay with him. This teenage boy subsequently moved on to independent accommodation.

One carer (F) said that her daughter was received into foster care for eight months due to further injuries sustained that were thought to be non-accidental. The daughter was returned to her when she left her male partner.

Q.13 Is there anything else you would like to say about working with the NSPCC?

The majority of comments (11F/9M) under this section were complimentary about the work at the NSPCC and the way they were treated:

“I wish that we’d worked with someone like that before we’d had a problem”

“it was their not being after reasons, other people told you you were lying, this (Resolutions) was helpful, not pushing at you for reasons”

“if I could convey to anybody it’s the way they treat the children, how well it was run, if there’s anywhere people can relax it’s there, they will help you right across the board with everything”

“nothing else other than it’s a breath of fresh air”

“they was helpful, very good with us, patient, tolerated anything we said, it wouldn’t worry them, it was fun as well - it was fun actually, it was different”.

Of the ten carers (5F/5M) who commented whether they would recommend the service to other families in their position, all said they would:

“to other people in the same position I’d have said ‘get your social worker to send you to NSPCC’ ”

“very helpful, people nice, would recommend it to other families”

“go for it”.

One female questionnaire respondent said:

“we just want to get on with our lives always keeping in mind our daughter’s safety and put all this behind us and to be left to get on with it”.

One male questionnaire respondent said:

“They should take more time to listen and try to understand what the parents / step-parents are trying to tell them, also they should not try to wind people up”.

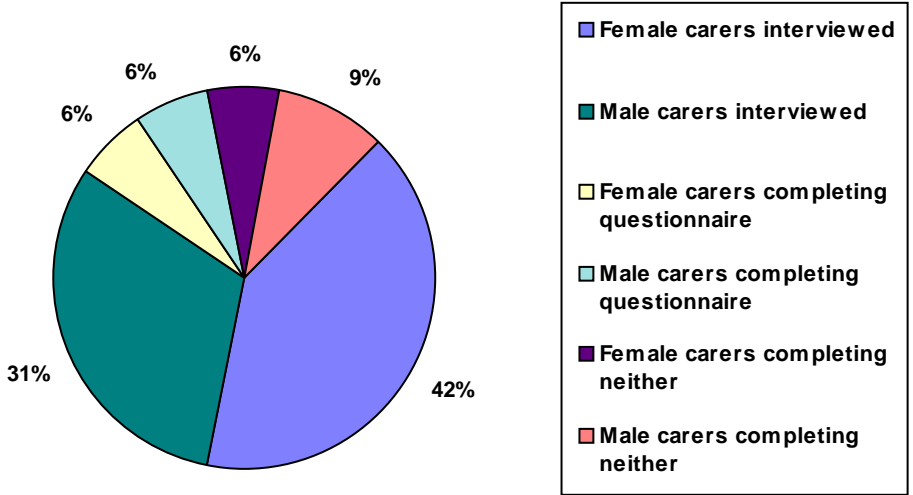
(This was the respondent who had worked with another NSPCC team subsequent to the Resolutions work).

Fig. 6 - Interview / Questionnaire Details

Total number of families in study	17
Number of families with one carer when Resolutions programme undertaken	2
Number of families with two carers when Resolutions programme undertaken	15
Number of two carer families who have separated since Resolutions programme	6
Number of separated families where male carer still in contact with children	4
Total number of carers in study	32
Number of female carers	17
Number of male carers	15
Total number of carers interviewed	23
Number of female carers interviewed	13
Number of male carers interviewed	10
Total number of carers completing questionnaire	4
Number of female carers completing questionnaire	2
Number of male carers completing questionnaire	2
Number of families where at least one carer interviewed or completed questionnaire	15

Number of families where no interview or questionnaire completed	2
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Fig. 7 - % of carers interviewed / completing questionnaire from total of 32 carers



CHAPTER SIX

CONCLUSIONS

With regard to the first hypothesis, the results regarding further abuse compare favourably with other studies. I have presented the percentages in various ways (*Fig. 5*) and all are substantially lower than the “norm” of 25 - 33% recorded in most other studies. As already outlined, there are difficulties in trying to compare re-abuse statistics, but given the nature of the families worked with the results must be seen as encouraging. Despite this there is an obvious need for caution given the low number of children and families involved in the study and the relatively short time span since work with the families was completed.

One important factor regarding the child that suffered further abuse was that this family was the only one to have moved a significant distance to another part of the region. Resolutions places great stress upon helping construct a protective

environment around children to keep them safe. When this family moved much of this environment was left behind. This research indicates that where a wider network of people were involved, this was almost unanimously viewed as positive, despite carers sometimes having misgivings at the outset. Further thought may need to be given as to how this difficulty can be addressed should other families move significant distances.

As Resolutions often involves wider family, friends and other agencies in helping to keep children safe, much of the success of the work is due to the conscientious way that these people appear to have provided support in taking the concerns seriously. Another factor to be borne in mind is the finding from previous research that the experience of workers is related to the likely success of therapeutic services (Jones 1991). The Resolutions workers each have between fifteen to twenty five years post-qualification practice experience. There is also the difficulty of knowing whether any change or improvement will be maintained, there is research evidence that would put this in doubt (Jones 1991).

Concern has been raised that the Resolutions work may place additional burdens and responsibilities on the non-abusing parent, usually mothers. Whilst there is substance in this view, there is the reverse argument that without the work carers may not get back together and the non-abusing carer is then left with the full care and responsibility of the children (although without the possible worry of the alleged abuser in the home).

The results from the interviews and questionnaires lend support to the second hypothesis that the establishment of co-operation / partnership with families is a major factor in making the Resolutions work possible. The NSPCC workers were nearly always successful in making meaningful partnerships with carers. This attains greater significance when the context of the families is taken into account. Many have been in conflictual relationships with the local authority and other child protection agencies. Some have been involved in court proceedings, usually civil but sometimes criminal. Nearly all believe that they are under significant pressure, if not compulsion, to attend the NSPCC. These circumstances are not the most conducive in which to develop genuine partnerships. On the positive side many families do see the NSPCC as an

independent agency and separate from the local authority. The Resolutions workers also have the advantage of not having been involved in Children Act 1989 Section 47 investigations and possible removal of children.

It is of interest that for most questions there is little significant difference in reply by gender. This would seem to indicate that the Resolutions workers are equally successful (and sometimes equally unsuccessful) in engaging female and male carers and working with them.

What is perhaps more remarkable is that partnership appears to be established despite using a way of working that in itself can be viewed as strange and intimidating. The presence of more than one worker (often 4 or 5), and the use of screens and video equipment proved unsettling for many carers in this study. Coupled with techniques of role-playing a similar family where abuse has been admitted, it is surprising the level of co-operation that the families demonstrated. The NSPCC workers believe it is not just what is done, but how it is done that is important. They agree with the assertion in “Messages from Research” (DoH 1995a) that the single most important factor in helping protect children is the quality of the relationship workers are able to make with families. They also agree that this is usually possible in even the most difficult child protection cases provided workers are open and honest with carers and show appropriate respect. This is reinforced in the Resolutions work by deliberately seeking to build on existing strengths, whilst not losing sight of the concerns (Edwards and Turnell 1995). The Resolutions workers believe that actively involving carers in future plans to protect their children makes it more likely that these will be successful, as well as being appropriate to the particular needs of the children. Whilst many of these points would seem obvious, experience shows that they are not present in much child protection practice (Thoburn et al 1995, DoH 1995b).

This study has focussed on the first seventeen families worked with. All carers and children in these families were white UK, although several black families or families with black members have been worked with more recently. There is evidence that the work can adapt to different family structures and cultures as families are asked to

design changes and policies themselves (Macdonald 1991). This helps ensure it is appropriate to their own culture and family, gives them ownership of the changes, as well as addressing the professional concerns. Significant religious elders and family friends are readily included, which accommodates extended kinship systems.

The relatively small scale of this study does not allow sweeping conclusions to be made about the effectiveness of Resolutions, but it does lend encouragement for its continuance and development. Given the known difficulties of working with denial in child protection, and the paucity of other successful treatment approaches, it holds significant implications for practice. Perhaps its biggest contribution is in questioning the orthodoxy regarding denial and its determination to work for a better outcome for children. It is hoped that Resolutions will act as a catalyst for other workers to develop innovative approaches in this area of work. Professionals need to constantly question current paradigms and practice to ensure appropriate and effective support is available to children and their families.

CHAPTER SEVEN

BIBLIOGRAPHY

Adcock, M. et al, Significant Harm, Croydon, Significant Publications, 1991.

Aderman, J. and Russell, T., *A constructivist approach to working with abusive and neglectful parents*, Family Systems Medicine, 1990, 8(3), p 241- 250.

Bagley, C. and King, K., Child sexual abuse: the search for healing, London, Routledge, 1991.

Barrett, M. and Trepper, T., *Unmasking the incestuous family*, Networker, 1992, May / June, p 39-46.

Beckett, R., *Cognitive-behavioural treatment of sex offenders*, in Morrison, T., Erooga, M. and Beckett, R. (eds) in Sexual offending against children, London, Routledge, 1994.

- Bell, J., Doing your research project, Milton Keynes, Open University Press, 1987.
- Bentovim, A., Elton A. and Tranter, M., *Prognosis for rehabilitation after abuse,* Adoption and Fostering, 1987, Vol 11(1), p 26-31.
- Berliner, L., *Treating the effects of sexual assault*, in Murray and Gough (eds), Intervening in child sexual abuse, Edinburgh, Scottish Academic Press, 1991.
- Borthwick, S. and Hutchinson, B., *The confidential doctor system*, in Batty, D. and Cullen, D. (eds), Child protection: the therapeutic option, London, BAAF, 1996.
- Boscolo, L., Cecchin, G., Hoffman, L. and Penn, P., Milan systemic family therapy: conversations in theory and practice, New York, Basic Books, 1987.
- Boushel, M., *The protective environment of children: towards a framework for anti-oppressive, cross cultural and cross national understanding*, British Journal of Social Work, 1994, 24, p 173-90.
- Broad, B. and Fletcher, C., Practitioner social work research in action, London, Whiting and Birch, 1993.
- Cleaver, H. and Freeman, P., Parents' perspectives in cases of suspected child abuse, London, HMSO, 1995.
- Cooper et al, Positive Child Protection, Lyme Regis, Russell House Publishing, 1995.
- Corby, B., Working with child abuse, Milton Keynes, Open University Press, 1987.
- Cowburn, M. and Wilson, C., Changing men: a practice guide to working with adult male sex offenders, Nottingham, Nottinghamshire Probation Service, 1992.

Dale, P., Davies, M., Morrison, T. and Waters, J., Dangerous families: assessment and treatment of child abuse, London, Tavistock, 1986.

Dale, P., *Dangerous families revisited*, Community Care, 14th November 1991.

Dare, C., *Denial and childhood sexual abuse*, Journal of Forensic Psychiatry, 1993, Vol 4(1), p1-4.

De Shazer, S., Clues, investigating solutions in Brief Therapy, New York, WW Norton, 1988.

DoH, Protecting Children: a guide for social workers undertaking a comprehensive assessment, London, HMSO, 1988.

DoH, Patterns and outcomes in child placement, London, HMSO, 1991.

DoH, Children Act report 1993, London, HMSO, 1994.

DoH, Child Protection: Messages from research, London, HMSO, 1995a.

DoH, The Challenge of Partnership in Child Protection: Practice Guide, London, HMSO, 1995b.

Driver, E. and Droisen, A., Child sexual abuse: feminist perspectives, London, Macmillan, 1989.

Edwards, S. and Turnell, A., Signs of safety: the work book, Perth, Centrecare, 1995.

Eichler, M., Nonsexist research methods: a practical guide, London, Unwin, 1989.

- Elton, A., *Assessment of families for treatment*, in Bentovim, A., Elton, A., Hildebrand, J., Tranter, M. and Vizard, E., Child sexual abuse within the family, London, Wright, 1988.
- Essex, S., Gumbleton, J. and Luger, C., *Resolutions: working with families where responsibilities for abuse is denied*, Child Abuse Review, 1996, Vol 5, p191-202.
- Essex, S., Gumbleton, J., Luger, C. and Lusk A, *A suitable case for treatment?*, Community Care, 20-26 February 1997, Issue 1159.
- Faller, K., *What happens to sexually abused children?*, Children and Youth Services Review, 1991, Vol 13, p 101-111.
- Farmer, E. and Parker, R., Trials and tribulations: Returning children from local authority care to their families, London, HMSO, 1991.
- Farmer, E. and Owen, M. Child Protection Practice: Private risks and public remedies, London, HMSO, 1995.
- Ferleger, N., Glenwick, D., Gaines, R. and Green, A. H., *Identifying correlates of re-abuse in maltreating parents*, Child Abuse and Neglect, 1988, 12, p 41-49.
- Fielding, N., *Qualitative Interviewing*, in Gilbert, N. (ed), Researching social life, London, Sage, 1993.
- Freud, A., The ego and the mechanisms of defence (revised edition), London, Hogarth Press Ltd, 1966.
- Finkelhor, D., Child sexual abuse: new theory and research, New York, Free Press, 1984.

- Fuller, R. and Petch, A., Practitioner research: the reflexive social worker, Buckingham, Open University Press, 1995.
- Furniss, T., The multi-professional handbook of child sexual abuse: integrated management, therapy and legal intervention, London, Routledge, 1991.
- Furniss, T., *Family process in the treatment of intrafamilial child sexual abuse*, Journal of Family Therapy, 1993, Vol 5, p 263-278.
- Furniss, T. and Bingley Miller, L., *Working with abusing families*, in Wilson, K. and James, A. (eds), The Child Protection Handbook, London, Bailliere Tindall, 1995.
- George, E., Iveson, C. and Ratner, H., Problem to solution, London, BT Press, 1990.
- Giaretto, H., Integrated treatment of child sexual abuse: a treatment and training manual, Palo Alto CA, Science and Behaviour Books, 1982.
- Gilbert, N. (ed), Researching social life, London, Sage, 1993.
- Gillies, G., *Parents united programmes*, in Murray, K. and Gough, D. (eds), Intervening in child sexual abuse, Edinburgh, Scottish Academic Press, 1991.
- Gocke, B., Tackling denial in sex offenders, Norwich, Probation Monographs, 1991.
- Gough, D., *Child abuse interventions: a review of the research literature*, London, HMSO 1993.
- Hallett, C., *From investigation to help*, in Batty, D. and Cullen, D. (eds), Child protection: the therapeutic option, London, BAAF, 1996.

- Harding , S., Feminism and Methodology, Milton Keynes, Open University Press, 1987.
- Hart, E. and Bond, M, Action research for health and social care, Buckingham, Open University Press, 1995.
- Heatherington, R., *Prevention and éducation in work with children and families*, in Batty, D. and Cullen, D. (eds), Child protection: the therapeutic option, London, BAAF, 1996.
- Herman, J., Father-daughter incest, London, Harvard University Press, 1981.
- Hester, M. and Radford, L., Domestic violence and child contact arrangements in England and Denmark, Bristol, The Policy Press, 1996.
- HO, DoH, DES & W0., Working together under the Children Act 1989, London, HMSO, 1991.
- Hooper, C., Mothers surviving child sexual abuse, London, Routledge, 1992.
- Jenkins, A., Invitations to responsibility, Adelaide, Dulwich Centre Publications, 1990.
- Jones, D., *The untreatable family*, Child Abuse and Neglect, 1987, Vol 11, p 409-420.
- Jones, D., *The effectiveness of intervention*, in Adcock, M. et al, Significant Harm, Croydon, Significant Publications, 1991.
- Jones, J., *Child abuse: developing a framework for understanding power relationships in practice*, in Ferguson, H., et al, Surviving childhood adversity: issues for policy and practice, Dublin, Social Studies Press, 1993.

- Kempe, R. and Kempe, C., Child abuse, Cambridge MA, Harvard University Press, 1978.
- Laflen, B. and Sturm, W., *Understanding and working with denial in sexual offenders*, Journal of Child Sexual Abuse, 1994, Vol 3(4), p 19-36.
- Lethem, J., Moved to tears, moved to action: solution focussed brief therapy with women and children, London, BT Press, 1994.
- Levy, H., *Re-abuse rates in a sample of children followed for five years after discharge from a child abuse inpatient programme*, Child Abuse and Neglect, 1995, Vol 19, p 1363-1377.
- Lusk, A., The significance of denial in child abuse work: the professional construction of risk, MSc dissertation, University of Wales College of Cardiff, 1996 (unpublished).
- Macdonald, S. All equal under the Act?, London, Race Equality Unit, 1991.
- Marneffe, C., The Confidential Doctor Centre: a non punitive , therapeutic response to child abuse and neglect, Paper presented at the hearing of the U.S. Advisory Board on Child Abuse and Neglect, Chicago, 29.8.92. (unpublished).
- Marshall, W.I., Ward, T., Jones, R., Johnston, P. and Barbaree, H., *An optimistic evaluation of treatment outcome with sex offenders*, Violence Update, 1991, Vol 1, No 7.
- Masson, H. and O'Byrne, P. (1990), *The family systems approach: a help or a hindrance?*, in The violence against children study group, Taking child abuse seriously, , London, Unwin Hyman.

- May, T., Social research: issues, methods and process, Buckingham, Open University Press, 1993.
- McCallum, S., *Participative case planning*, Children Australia, 1992, Vol 17(1), p 5-9.
- Millman, M. and Kanter, R., *Introduction to another voice: Feminist perspectives on social life and social science*, in Harding, S., Feminism and methodology, Milton Keynes, OUP, 1987.
- Morrison, T., *Change, control and the legal framework*, in Adcock, M. et al, Significant Harm, Croydon, Significant Publications, 1991.
- Murphy, J., Bishop, S., Jellinek, M. and Quinn, D., *What happens after the care and protection petition?: Re-abuse in a court sample*, Child Abuse and Neglect, 1992, Vol 16, p 485-493.
- Nelson, S., Incest: fact and myth, Edinburgh, Strathmullion, 1987.
- O'Donohue, W. and Letourneau, E., *A brief group treatment for the modification of denial in child sexual abusers: outcome and follow up*, Child Abuse and Neglect, 1993, Vol 17, p 299-304.
- O'Neil, D. and McCashen, W., *Competency-based family support: brief therapy as a tool in goal setting and family valuing in child protection work*, Family Therapy Case Studies, 1991, Vol 6 (2), p 3-12.
- Parker, R., *Summing up the research aspects*, in Gibbons, J. (ed), The Children Act 1989 and family support: principles into practice, London, HMSO, 1992.
- Payne, M., Modern social work theory, Basingstoke, Macmillan Education, 1991.

- Ravenette, A. T., *Personal construct theory: an approach to the psychological investigation of children*, in Bannister, D. (ed), New perspectives in personal construct theory, London, Academic, 1977.
- Robinson, J., *Social workers: investigators or enablers?*, in Batty, D. and Cullen, D. (eds), Child protection: the therapeutic option, London, BAAF, 1996.
- Sabotta, E. and Davis, R., *Fatality after report to a child abuse registry in Washington State 1973-86*, Child Abuse and Neglect, 1992, Vol 16, p627-635.
- Salter, A.C., Treating child sexual offenders and victims: A practical guide, London, Sage, 1988.
- Sgroi, S., Vulnerable populations: Volume 2, Lexington (Mass), Lexington Books, 1989.
- Sharland, E. et al, *Professional intervention in child sexual abuse*, in DoH, Child Protection: Messages from research, London, HMSO, 1995.
- Smith, G., *Parent, partner, protector*, in Morrison et al (eds), Sexual offending against children, London, Routledge, 1994.
- Stogdon, M., Working with men in family therapy, Norwich, Social Work Monographs-UEA, 1995.
- Thoburn, J., Lewis, A. and Shemmings, D., Paternalism or partnership? Family involvement in the child protection process, London, HMSO, 1995.
- Thompson, A. and Newman, S., *Mortality in a child welfare population: implications for policy*, Child Welfare, 1995, Vol LXXIV, August, p 843-858.

- Tucci, J., *Dangerous families and beyond: an interview with Peter Dale*, Child Australia, 1995, Vol 20 (2), p 31-35.
- Tunstall, J. and Atherton, C., *Family support and partnership*, in Batty, D. and Cullen, D. (eds), Child protection: the therapeutic option, London, BAAF, 1996.
- White, J., Essex, S., and O'Reilly, P., *Family therapy, systemic thinking and child protection*, in Carpenter, J., and Treacher, A. (eds), Using family therapy in the 90's, Oxford, Blackwell, 1993.
- White, M., Selected Papers, London, BT Press, 1989.
- White, M. and Epston, D., Narrative means to therapeutic ends, New York and London, W.W. Norton and Co., 1990.
- Wolfe, S., A multifactor model of deviant sexuality, Paper presented at Third International Conference on Victimology, Lisbon, 1984.
- Wyre, R., Working with sex abuse - understanding sex offending, Birmingham, Perry Publications, 1987.

CHAPTER EIGHT

APPENDICES

Appendix 1

ANSWERS TO QUESTIONNAIRES

As there were only four questionnaires completed (2F/2M) I have included the answers in their entirety. The respondents answers are always presented in the same order and their sex indicated. Respondents one and two (F/M) are partners. It is worth noting that the fourth respondent (M) had involvement with an NSPCC team in another county subsequent to completing the Resolutions programme. The work of the other NSPCC team was assessment focussed and followed further injuries to one of his partner's children. His partner left him soon after. It is unclear whether he has been able to discern between the different work offered by ourselves and the other NSPCC team.

1 - Whose idea was it to go to the NSPCC?

- F Social Services.
- M Social Services.
- F Social worker.
- M Social Services.

2 - What were you hoping to gain by going to the NSPCC?

- F A clearer understanding of all parties.
- M Communication by all parties.

- F A greater awareness of what can happen in a normal family that is not right.
M (Left blank.)

3 - Did the work at the NSPCC lead to the outcome you wanted?

- F Yes.
M Yes.
F Partly.
M No.

4 - How did you get on with the NSPCC workers compared to workers from other child protection agencies, such as social services, police, health authorities?

- F OK.
M OK.
F Very well, they were very understanding, even when things were a bit down.
M I didn't, they had already decided the outcome of their investigation before talking to us properly.

5 - During the work you were asked to role-play a different family. How did you find this?

- F Not applicable..
M Not applicable.
F A bit embarrassing but quite helpful.
M Left blank.

6 - A Family Safety Policy was drawn up with your family to suggest guidelines as to how family life might be changed to keep your child/ren safe. What was your view of this?

- F We agreed and continue to keep a Family Safety Policy.
M We agreed to this and it is still kept and followed.
F I thought it was a good policy, I think every family should have some kind of policy like this.
M The Family Safety Policy was not drawn up together, we were presented with a policy and told if we didn't stick with it then the work would not continue.

7 - What difference, if any, did the NSPCC work with you and your family make?

- F Very little, we had already put into practice what NSPCC suggested through our Church Welfare programme and were already keeping to it.
M Not a great deal as we were implementing our own safeguards from the moment things came to light.
F Before the work with you (NSPCC) started there were a lot of secrets, after the session there were no more secrets.
M Partly resulted in the break up of the family and myself having a breakdown, trying to commit suicide and spending Christmas of 95 in hospital.

8 - Is there anything else you would like to say about working with the NSPCC?

- F No, we just want to get on with our lives always keeping in mind our daughter's safety and put all this behind us and to be left to get on with it.
- M Left blank.
- F You're never made to feel pressured into working with them, but they make you feel that you can talk openly.
- M They should take more time to listen and try to understand what the parents / step-parents are trying to tell them, also they should not try to wind people up.

Appendix 2

NSPCC "RESOLUTIONS" RESEARCH **INTERVIEW SCHEDULE**

INTERVIEWER: AL / JG

DATE OF INTERVIEW:

PLACE OF INTERVIEW: Family home / NSPCC / Other:

INTERVIEWEE

Family number / individual letter:/..... (A - Non-abusing carer / B - Alleged abuser)

PREAMBLE:

- 1) Introduction of self.

- 4) **How did you get on with the NSPCC workers?**
(Prompt - What is your view of whether they wanted you to get back together as a family?)
- 5) **How did you get on with the NSPCC workers compared to workers from other child protection agencies, such as social services, police, health authorities.**
- 6) **The NSPCC usually has two or more workers involved when they work with families. How did you find this?**
(Prompt - how was it having both a male and female worker present?)

7) (As appropriate) How did you find the NSPCC workers use of the:

i) One way screen?

ii) Earpiece?

iii) Videocamera?

iv) Workers taking time out?

8) (As appropriate) What was it like:

i) Role playing a different family?

ii) Drawing up a Family Safety Policy?

(Prompt - How much did you feel involved in this?, How much of it has been retained?)

9) What difference, if any, did the NSPCC work with you and your family make?

i) Open question.

ii) As a parent (Prompt - knowledge of children's needs, style of parenting, keeping children safe).

iii) To your relationship with your partner (where appropriate).

Where Appropriate

Do you give your permission for us to send a questionnaire to your ex-partner

Yes No

Address:

.....

10) Were any of your wider family, friends or other people such as church or community leaders involved in the work.

Yes

No

If yes, how did you find this.

11) How confident are you that you will be able to keep your children safe in the future? (General comments + Scale 1-10)

Now: 1 2 3 4 5 6 7 8 9 10
Before work at NSPCC: 1 2 3 4 5 6 7 8 9 10

12) Have the children that were living with you when you finished working at the NSPCC continued to live with you at home?

Yes No (If no, where have they moved / reasons for this)

13) Is there anything else you would like to say about working with the NSPCC?

PROFILE OF INTERVIEWEE: (Self defined)

1) Male

Female

2) Age:

Under 20

20-24

25-29

30-34

35-39

40-44

5-50

50-55

3) Relationship to children in family:

4) Ethnicity

5) Do you suffer from any health problems that make it difficult to look after your child/ren?

Yes

No

Details:

Appendix 3

NSPCC RESEARCH QUESTIONNAIRE

1) **Whose idea was it to go the NSPCC?**

2) **What were you hoping to gain by going to the NSPCC?**

3) **Did the work at the NSPCC lead to the outcome you wanted?**

Yes

No

Partly

Comments:

Do you still make use of it? Yes No To some degree

7) What difference, if any, did the NSPCC work with you and your family make?

8) Is there anything else you would like to say about working with the NSPCC?

Are you: Male Female

Thank you for completing this questionnaire.