

Children Order Advisory Committee's Multi-Disciplinary Newsletter

Issue 10 Winter 2009

Introduction

I am pleased to introduce the tenth edition of the Children Order Advisory Committee's Multi-Disciplinary Newsletter. The aim of the newsletter is to share information relating to children and families that will assist professionals across a range of disciplines to discharge their responsibilities under The Children (Northern Ireland) Order 1995. The committee are keen to ensure that the newsletter is distributed widely to professionals. As such, if you know of any individuals or groups that would appreciate being included on the circulation list please send their email address to communicationsgroup@courtsni.gov.uk.

Recently the newsletter has been expanded to include a new section providing the opportunity to exchange information and to share new developments within the work of agencies and disciplines associated with the Children Order Advisory Committee. In this edition we have an article overviewing the new Guide to Case Management in Public Law Proceedings. As usual the newsletter continues to provide details of recent judgements and new publications of relevance and interest to child care professionals in Northern Ireland.

The newsletter is divided into three sections. The **first section** lists the content with links to the more detailed summaries contained in the next two sections. The second section contains the information exchange whilst the **third section** contains the summaries of key literature. The material in this section is arranged under four subject headings: Law reports; Child Welfare; Medicine and Psychology; and, Youth Justice.

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Where possible the summaries contain hyperlinks to the original material. In other instances professionals will need to make arrangements within their own organisation to access full copies of the material listed. For example, professionals working within Health & Social Care can access journal articles and books through the Health on the Net Northern Ireland (<http://www.honni.qub.ac.uk/>) and the Medical Library at Queen's University.

I am pleased to welcome Dr Dominic McSherry to the newsletter editorial committee, as a new contributor to the Child Welfare section. Most of you will be aware of Dominic's research into Care Pathways at the Institute for Child Care Research at Queen's University where he is a Senior Research Fellow.

We welcome all comments about how the newsletter could be improved and any recommendations from readers of material to include in future editions. Please send these to alicebeggs@courtsni.gov.uk.

Previous editions of the newsletter are also available to download or view at: http://www.courtsni.gov.uk/en-GB/Publications/Family_Law_and_Childcare_Literature/

His Honour Judge Derek Rodgers
Chair of the Multi-Disciplinary Literature Sub-Committee



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Alaggia, R., Lambert, E. and Regehr, C. (2009) Where is the Justice? Parental Experiences of the Canadian Justice System in cases of child Sexual Abuse. *Family Court Review* 47(4) 634-649.

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(Compiled by Fionnuala Leddy)

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Fabricated or Induced Illness by Carers (FII): A Practical Guide for Paediatricians (October 2009) Royal College of Paediatrics and Child Health



The Differential Diagnosis of Hyponatraemia in Children, with Particular Reference to Salt Poisoning: An evidence based guideline (September 2009)

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Youth Justice

(compiled by Michael Heaney)

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Hogue, A. and Liddle, H.A. (2009) Family-based treatment for adolescent substance abuse: controlled trails and new horizons in services research. *Family Therapy* 31(2) 126-154

Mahoney, P. (2009) The Risk Factors Prevention Paradigm and the Causes of Youth Crime: A Deceptively Useful Analysis? *Youth Justice* 9 (2) 99-130

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Stone, N. (2009) Raised Expectations, Flawed Discretion and Abuse of Process in Diversion and Provision of Accommodation *Youth Justice* 9 (1) 77-86

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Waples, S., Gill, M. and Fisher, P. (2009) Does CCTV displace crime?

Criminology and Criminal Justice 9(2) 207-224

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Burney, E. (2009) *Making People Behave (2e): Anti-social behaviour, politics and policy*. Willan Publishing, Cullompton.

Case, S. and Haines, K. (2009) *Understanding Youth Offending: Risk factor research, policy and practice*. Willan Publishing, Cullompton.

Eriksson, A. (2009) *Justice in Transition: Community Restorative Justice in Northern Ireland*. Willan Publishing, Cullompton.

Forthcoming Events

Conferences

20 years of the United Nations Convention on the Rights of the Child

SECTION TWO

New Developments

The Guide to Case Management in Public Law Proceedings

The fundamental objective in Public Law proceedings is to achieve a solution, or if none is available, an outcome, which is in the best interests of the child without delay. In relation to delay it is important to bear in mind two factors. First a young person's timescale is different from that of an adult's. Second that delay in reaching decisions about a child's future almost invariably adds to the stress and anxiety being experienced by the child, particularly if in addition the child experiences a threat, actual or imagined, of separation from those to whom he is attached. Avoidable delay can be described as system induced harm inflicted by adults who participate in public law proceedings, either as parties or as professionals, on children. The Guide to Case Management in Public Law Proceedings is a tool devised to assist in achieving a number of objectives though in a sense they can all be brought back to the fundamental objective of achieving an outcome in the best interests of the child without delay.

There are 6 key stages set out in the guide. **Key stage 1** is the pre proceedings stage. It is a requirement at that stage, except where it is not possible to do so consistently with the best interests of the child or where immediate intervention is required, that a letter be sent by the Trust (or other applicant) to any prospective party prior to the issue of proceedings setting out the detailed concerns which lead the Trust to believe that the child has suffered or is likely to suffer significant harm and what exactly the Trust proposes ought to be done to protect the child from suffering such harm in the future. In short the letter tells (usually) the parents exactly what is perceived to be wrong and exactly what the Trust perceives should be done. It gives the Trust, the parents, (usually with the benefit of legal advice) and the children a structure in which to work towards a resolution at a pre proceedings meeting, and, if resolution is secured, it avoids all proceedings.

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Accordingly at key stage 1 in achieving the objectives of providing necessary information to the prospective parties, identifying important issues, encouraging co operation and encouraging prompt resolution, the guide gives a structure to seeking to achieve the fundamental objective of achieving a solution in the best interests of the child without delay at the pre proceedings stage.

The guide does not differentiate in importance between each of the key stages. The guide recognises that each stage is of crucial importance and it demands equal attention to each stage. **Key stage 2** deals with the issue of proceedings. It requires the Trust to bring clear definition to its case and to provide documents. It crucially covers the appointment of a representative for the child. Thereafter it is incumbent on the child's representative to immediately and actively enter the arena on behalf of the child. Temporary arrangements for the child may not be ideal. It is a false assumption that those temporary arrangements may not become permanent. For the child's advocate to achieve for instance the same temporary placement for all siblings might be a significant contribution to the permanent outcome for the children concerned. Issues such as this should be addressed by the child's advocate at **Key stage 3**, the first directions hearing. At that stage directions are being given to bring definition to what is being said on behalf of the parents and on behalf of the child. The parents are required to respond at a much earlier stage than has previously been the practice in order to ensure early identification of the important issues and elimination or resolution of the less or unimportant issues. Also the guardian ad litem on behalf of the child has an obligation at an earlier and therefore at a more effective stage to pro-actively identify the issues and to provide an initial analysis. There is a shift in emphasis in respect of those who represent the child from re-action to the evidence of others, once complete, to pro-action. I would also highlight that at this stage all the parties should have a fairly clear view as to the direction and shape of the issues in the case so that they can deal effectively with matters such as the commissioning and preparation of expert evidence. The timetable for the proceedings should be set, not in general terms, but through to a date for **key stage 6**, the trial.

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Key stage 4 is the case management hearing which is expected to occur by day 45. By this stage the evidence should be complete or almost complete and the target is that this hearing should deal with all outstanding case management issues. One of the tasks to be undertaken by the court at this stage is the consideration of what issues should be capable of resolution in advance of the full trial at an issues resolution hearing. **Key stage 5** is the final review hearing. This is the last opportunity before **key stage 6**, the trial to ensure that the case is ready for trial and that the trial will be able to focus sharply on the real issues.

The strength of the Guide is that it has emerged out of our experiences in this specific jurisdiction and also out of an extensive pre-implementation consultation process, an essential component of which was consultation with those who represent children. Though initially prompted and informed by the Public Law Outline in England & Wales its final form is significantly different. It has emerged from the lengthy and extensive consultation process as a guide devised by, in its final form as a guide approved by and crucially as a guide for all those who participate in these proceedings in Northern Ireland. As a result those who have the responsibility for implementing its procedures can have confidence that the guide is an appropriate tool to be used pro actively to assist in achieving the fundamental objective of achieving an outcome in the best interests of the child without delay.

I end with an acknowledgment of and thanks for the considerable work undertaken by all those involved in the consultation process. One particular individual has played a very significant role and I would like to pay particular tribute to Michael Long Q.C. to whom we are all especially indebted.

The Hon Mr Justice Stephens

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SECTION THREE

Law Reports

(Compiled by Siobhan Keegan)

SUMMARY

The Guide to Case Management has become effective from 1st October 2009 and it is the subject of Mr Justice Stephens's decision in *Florence Mc T & Others*. In the case of *re Luiz* the issue of a step mother application is also dealt with. In *RE LS Mr Justice Weir* refused two freeing applications and comments on the issue of further rehabilitative attempts. Another important decision in Northern Ireland is *Re Arthur* which deals with the proper procedure for non molestation applications involving children .

Re Luiz (Application For A Residence Order by a Northern Irish Step Mother in Respect of a Brazilian Child) 2009 NI FAM 16


In this case Mr Justice Stephens deals with an application by a step mother for a residence order and prohibited steps order. The child was seven years of age. The father and step mother had married and brought the child from Brazil to live with them. On the breakdown of the marriage the father wanted to take the child back to Brazil to live among his family. The natural mother was joined to proceedings and supported the father's claim. The step mother disputed the father's case. The Judge had to decide on credibility which he did in favour of the step mother. He also applied the welfare tests as set out in the decided authorities.

Florence McT and Others (Proposed Guide to Case Management: Role of Guardian ad Litem) 2009 NI FAM 13

This case involved a number of children who were subject to interim care orders. Rehabilitation had been ruled out. The Judge made full care orders for three children and interim care orders with a concurrent plan for the youngest twin children. He also made specific reference to the role and duties of the Guardian ad Litem as follows:

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[14] The new proposed guide to case management places emphasis on early identification of issues with pro-active involvement of the Guardian ad Litem at the earliest possible stage. I expressly make clear my sympathy for the task with which the particular Guardian was presented in this case and my support for her and the dedication, professionalism and experience which she demonstrated. I intend these remarks only be helpful for the future and as to the nature of the change in the system driven by the court's proposed guide to case management which change is to be implemented by the agency. The Guardian in this case was working within a system which does not appear to place sufficient emphasis on the early pro active role of the Guardian. The present system involves the Guardian commenting on all the evidence once complete so that if there is any delay in gathering any of the evidence then an inevitable consequence is that the Guardian's contribution is delayed. That in turn has the potential to delay a hearing and most significantly delays the valued input of the Guardian at an earlier and therefore more effective stage. A shift in emphasis is required from re action to pro action. Such a shift is contained within the proposed guide to case management.

[15] Under the new guide at the first directions hearing by day 8 (or, in the case of proceedings in the Family Proceedings Court, by the next possible sittings of the court thereafter) a timetable would be set to reflect in particular the needs of the children. In this case such a timetable would have taken into account, if there was no available foster placement for all three children, the adverse effect on the sibling bond of the children being in separate foster placements. Regrettably in the event, as matters have now transpired, the three siblings will never be in the same household. The timetable would also have taken into account that the children had already been in foster care for 10 months. I would also observe that a timetable for the children of 2½ years since they were placed in separate foster homes would never have been contemplated at such a first directions hearing. The guide requires the Guardian to protect the interests of the children by reference to the original timetable or any proposed revision of it.

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[16] The new guide requires the parties to identify the issues at the earliest stage. In this case, as I have indicated, the threshold criteria were never really in issue. The guide requires that Form C1, by which the proceedings are commenced, includes an initial summary of threshold facts. At the first directions hearing a standard direction, which must be completed by day 40 at the latest, is for the filing of a response by each parent to the allegations made in Form C1. Accordingly the parents must respond to the threshold facts. Similarly at the first directions hearing a standard direction is that each party files by at the latest day 40, a case summary indicating which issues the filing party considers to require determination (including any outstanding issues as to transfer and the retention of expert witnesses) and which issues have been or will be agreed between the parties (subject to the approval of the court).


[17] Accordingly by at the latest day 40 there should be sufficient clarity to determine for instance whether there is or is not any issue in relation to the whole or any part of the threshold criteria. If there is no issue in relation to the whole or at least some of them, then that should be recorded. If there is a dispute of small compass its relevance should be considered and if relevant and capable of early determination then that should occur.

[18] The guide requires that the Guardian's initial analysis has to have been filed in time so that it is available for consideration by day 45. That analysis should include consideration of the following matters (unless any is inapplicable);

- i. the adequacy or otherwise of each of the threshold criteria proposed by the applicant.
- ii. all possible placement options.
- iii. any family members who might care for the child if rehabilitation were not to be considered a viable option whether for the present or at all;
- iv. the views of the child.
- v. risk issues and safety planning.
- vi. analysis of key issues.

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- vii. applicant's social work and plans, including any further work or planning needed.
 - viii. recommendations for next steps in the conduct of the application (including the timetable).
 - ix. any need for expert evidence/advice, and, if there is such a need, the identities of relevant available experts and advice as to the time within which each expert could report.

Accordingly in this case under the new guide to case management by at the latest day 45 the Guardian would have been proactively dealing with the two different foster placements for these three children, the need for further assessments of the mother with a view to rehabilitation, together with concurrent planning. Thus the Guardian's assistance would have been provided at an earlier and accordingly more effective stage.

At paragraph [19] The Judge also refers to the Guardian's report and the need to avoid repetition and to focus on the main issues.

South Eastern Health & Social Care Trust-V- LS & Anor 2009 NI FAM 14.

This case involved freeing applications brought by a Trust in relation to two children. The children were in separate placements at the date of hearing .During the hearing a joint placement was ruled out and so the plan was to place the two children separately. The mother could not care for the children on her own. Her partner who was not the natural father wanted to take on the parental role and the issue was whether together they could offer good enough parenting. A home based assessment gave some positive results. Unfortunately the partner was not altogether honest about his drinking in his evidence. However the Judge decided that he should be given an opportunity with his partner to parent the children. The freeing applications were refused and the Judge recommended a residential assessment .The Judge also commented on the possibility of considering one child for rehabilitation and on the need to use suitable experts in cases such as this.

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Arthur (Non Molestation by a Child) 2009 NI FAM 19

This is an important decision by Mr Justice Stephens in relation to the bringing of non molestation proceedings in relation to children. A non molestation application had been brought by a child acting through his mother as next friend against his father. Ultimately the Judge disapproved of the process and various procedural matters. Firstly leave had not been granted in accordance with the rules and as such there was no consideration of the child's understanding. Also no statement was provided. The child was not seen by his Solicitor until after proceedings were commenced. The Judge considered that the mother was clearly inappropriate to act as next friend given her conflict with the father. In appropriate circumstances the Official Solicitor could act. The Judge also rejected the need for transfer to the High Court. Finally he pointed out that the mother could have brought an application to protect the child and he expressly disapproved of a multiplicity of applications grounded in the same facts. The Judge required the parties to negotiate on issues of contact and indicated that he would dismiss the non molestation case due to lack of evidence regarding the child's understanding.

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Child Welfare

(Compiled by Dominic McSherry, Robyn McCready and John Devaney)

Peer Reviewed Journal Articles

Alaggia, R., Lambert, E. and Regehr, C. (2009) Where is the Justice? Parental Experiences of the Canadian Justice System in cases of child Sexual Abuse. *Family Court Review* 47(4) 634-649.

Research concerning child victims of sexual abuse in the judicial system cites largely negative experiences and outcomes. However, few investigations focus on parental experiences of the justice system. Using a grounded theory method this Canadian study explored parental experiences of legal and judicial processes for child sexual abuse victims. Nineteen in-depth interviews with parents encountering the justice system, as well as interviews with professionals working in those systems were analyzed. Results show a wide range of experiences, with parents reporting predominantly negative outcomes that potentially impede healing for children, indicating earlier judicial reforms have not been realized. Recommendations call for structural changes in the judicial system and more provision of parent-focused supports.

Barnes, J., and MacPherson, K. (2009) The utility of volunteer home-visiting support to prevent maternal depression in the first year of life. *Child: Care, Health, and Development* 35(6) 807-816.

Maternal depression can be detrimental to infant development. Structured home visiting initiated either in pregnancy or soon after the birth by a professional has led to better outcomes for mothers and their children but some vulnerable families may respond more favourably to a local volunteer. The value of volunteer support provided in the UK by Home-Start for maternal well-being is noted in qualitative studies, but there is no evidence of its impact from trials. The support is not structured and both the frequency and content of visits may vary. A cluster randomized study allocated Home-Start local schemes to intervention or control conditions. Mothers in all areas were screened at routine health checks in late pregnancy. In intervention

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areas names of those scoring 9+ on the Social Disadvantage Screening Index were passed to Home-Start to be offered a volunteer. Not all those offered the support accepted the offer. In control areas no support was offered. Research assessments were conducted at 2 and 12 months. The outcomes were major or minor depression occurring between 2 and 12 months (Structured Clinical Interview for Diagnostic and Statistical Manual – Third Edition – Revised) and depression symptoms at 12 months (Edinburgh Postnatal Depression Scale). Three groups were compared: supported, case-matched controls and those offered but not receiving support. Almost one-third experienced depression during the time period. Volunteer support had no identifiable impact on the emergence of maternal depression from 2 to 12 months or on depression symptoms when infants were 12 months. The major predictor of both was depression identified at 2 months. It was not found that informal support initiated following screening for disadvantage in pregnancy reduced the likelihood of depression for mothers with infants.

Campbell, K., Squires, J., Cook, L.J., and Berger, R.P. (2009) Disparities in the medical examination of children in the home of a child with suspected physical abuse. *Child Abuse and Neglect* 33(9) 612-617.

In 2005, over 2/1000 children in the United States were identified victims of physical abuse (U.S. Department of Health & Human Services, 2007). Many of these children shared a home with other children. Prior research indicates that 30–60% of siblings of abused children are reported for suspected abuse in the months to years following an initial finding of abuse in the household ([Alexander et al., 1990], [Ellaway et al., 2004], [Hamilton-Giachritsis and Browne, 2005], [Hicks and Gaughan, 1995], [Jean-Gilles and Crittenden, 1990] and [Rivara, 1985]). It is unknown how many of these children have signs of abuse at the time of referral of another child in the home.

A national survey of child abuse physicians was conducted by the research team in 2006 and reflected high concern for possible abuse in contact children sharing a home with a physically abused index child (Campbell, Bogen, & Berger, 2006). In hypothetical case scenarios, participating physicians often felt that medical examinations of contact children should be a part of the investigation of suspected

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child physical abuse. Forty percent of respondents described frequent disagreement with child protection services (CPS) related to the medical examination of contact children.

There are no established guidelines related to the decision to seek a medical evaluation for children living with a physically abused index child. Child protection service (CPS) caseworkers may bring contact children for medical evaluation, whether because of perceived abuse risk or for physical examinations related to foster care placement. Physicians may recommend evaluations in contact children perceived to be at high risk for abuse, but have no evidence to understand the true risk of abuse in these children. Finally, caregivers may independently seek medical evaluation for contact children who they perceive to be at risk, or to alleviate suspicions of abusive parenting.

The study objective was to identify factors associated with medical examination of a contact child after a report of suspected physical abuse in an index child. A review of all index children reported for suspected physical abuse from the Children's Hospital of Pittsburgh (CHP) was conducted, and all contact children identified and examined in the course of the evaluation of the index child. The a priori hypotheses were that medical examination for abuse exposure would be more common in young contact children, in contacts of more severely injured index children and in contacts with additional household risk factors (intimate partner violence, substance abuse, mental health concerns or previous CPS involvement) identified in the referral.

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Connell, C.M., Vanderploeg, J.J., Katz, K.H., Caron, C., Saunders, L., and Tebes, J.K. (2009) Maltreatment following reunification: Predictors of subsequent Child Protection Service contact after children return home. *Child Abuse and Neglect* 33(4) 218-228.

This study examined risk of maltreatment among children exiting foster care using a statewide sample of children reunified between 2001 and 2004 in Rhode Island. The objectives were: (1) to compare rates of maltreatment following parental reunification for youth in care as a result of maltreatment with those in care for other reasons; and (2) to assess the effects of child, family, and case characteristics on rates of re-maltreatment among children placed in foster care due to maltreatment. A longitudinal dataset of all reunified cases was matched with state records of substantiated Child Protective Service (CPS) investigations. Two Cox proportional hazards models were tested. The first model compared rates of subsequent maltreatment for two groups: children in foster care as a result of maltreatment, and those in care for other reasons. The second model investigated the effects of child, family, and case characteristics on re-maltreatment rates for those in care as a result of maltreatment. Children in foster care due to maltreatment were significantly more likely to be maltreated following reunification. Among children in foster care due to maltreatment, factors that raised risk for re-maltreatment included a previous foster care placement, exiting care from a non-relative foster home, and removal due to neglect. Older adolescents had lower rates of re-maltreatment than infants. Child neglect was the primary type of recurrent maltreatment that occurred following reunification. Supports are needed for families about to be reunified, particularly when the removal was prompted by incidents of abuse or neglect. Incidents of neglect are particularly likely and appropriate services should specifically target factors contributing to neglect. Cases involving youth with a history of repeated foster care placement or in which non-relative placements are utilized may need additional supports. This study suggests that services should be developed to minimize the risk for recurrent maltreatment following reunification. Services would be most useful for high-risk cases prior to reunification and during the first year following reunification. Understanding the risks associated with maltreatment will help guide development of appropriate interventions.

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Cousins, J. (2009) Disability: Still taboo in family placement? *Adoption & Fostering* 33(2) 54–65.

This article is based on the second annual BAAF lecture, delivered by Jennifer Cousins to the organisation's AGM on 18 November 2008. The article explores the place of disabled children in the context of adoption and foster care. The starting point for this exploration is the belief that when children in need are portrayed, the picture is one of a generic, not-disabled child; that disabled children have an untouchable status which profoundly affects their life chances; that they are at the margins of our consciousness; and that, in some measure, disability is still taboo in family placement. The influences on these perspectives are discussed, starting with a wide-ranging sweep through different cultures and historical periods before looking at how the continued marginalisation of disabled people is affecting family-finding services for children in the UK. The principal argument is that disabled children are not a separate group, but are the responsibility of everyone engaged in working on behalf of young people. The taboo must be lifted.

Coy. M. (2009) Moved around like bags of rubbish nobody wants : how multiple placement moves can make young women vulnerable to sexual exploitation. *Child Abuse Review* 18(4) 254-266.

This paper discusses findings from an exploratory study that sought to identify how local authority care places young women at risk of sexual exploitation through prostitution by unpicking the culture of care, and focuses on frequent placement moves and the role of discontinuity. The author's experience of working with sexually exploited young women in local authority care, and women in street prostitution, provides a backdrop for the study. Findings are drawn from life story interviews with 14 young women with backgrounds of local authority care and prostitution and the ethical dimensions are also discussed. Young women reported that multiple placement moves within care were profoundly destabilising. Their capacities to develop trusting relationships with others and feel settled were limited by frequent placement breakdowns, leading to a kaleidoscope of ways in which they became vulnerable to sexual exploitation through prostitution.

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Dowling, M. and Brown, G. (2009) Globalization and international adoption from China *Child & Family Social Work* 14(3) 352-361

Since the mid-1990s, China has become one of the major countries from which children are adopted overseas. This paper examines ways in which globalization has contributed to the development of international adoption from China and explores cultural and historical attitudes to population growth, child abandonment and adoption. How China's social, economic and welfare policies have affected adoption policies and practices are discussed, with reference to ethnographic fieldwork undertaken by the authors between 2001 and 2007. Interviews and group discussions were conducted with UK, Chinese and American adoptive parents, directors of social welfare institutes, Chinese welfare officials and staff of non-government organizations working in the area of adoption and fostering in China. While globalization has affected, and continues to affect inter-country adoption, its influence in China is analysed using Masson's value positions on international adoption – abolitionists, promoters and pragmatists. China's pragmatic approach to international adoption is considered in relation to policies that reflect the best interests of children in China and overseas.

Farmer, E. (2009) How do placements in kinship care compare with those in non-kin foster care: placement patterns, progress and outcomes? *Child & Family Social Work* 14(3) 331-342

As the use of kinship care is set to rise in England, it is important that policy and practice developments are based on firm evidence about kin placement outcomes and how these compare with those in stranger foster care. The research reported in this paper was based on case file reviews of 270 children, half in kin placements and half in stranger foster care, and on interviews with a sub-sample of 32 kin carers, social workers, children and parents. Kin carers were found to be significantly more disadvantaged than stranger foster carers: more kin carers were lone carers, with health problems, living in overcrowded conditions and had financial difficulties. The children, in contrast, were remarkably similar in the two kinds of placement. The main differences between the children in the two settings are examined in the paper. The children's progress and outcomes in terms of placement quality and disruption were

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very similar in the two settings, but kin placements lasted longer, mainly because fewer were planned as interim placements. However, because kin carers persisted with very challenging children and yet received fewer services than stranger foster carers, they were more often under strain. The implications for policy and practice are examined.

Gleeson, J.P., Wesley, J.M., Ellis, R., Seryak, C., Talley, G.W. and Robinson, J. (2009) Becoming involved in raising a relative's child: reasons, caregiver motivations and pathways to informal kinship care. *Child & Family Social Work* 14(3) 300-310

Interviews with 207 informal kinship caregivers in the United States describe a dynamic process that influences how children come to live with a relative other than their parent. This process involves three overlapping and often simultaneously occurring factors: (1) the reasons the children's parents were unable to care for them; (2) the caregiver's motivation for assuming responsibility for the child; and (3) the pathways or routes that children took to the caregiver's home. Understanding these factors and their mutual and simultaneous influence is important as we shape policies, programs and interventions to support families as they consider whether to care for a relative's child and once they assume this responsibility.

Havnen, K.S., Jakobsen, R. and Stomark, K.M. (2009) Mental Health Problems in Norwegian School Children Placed Out-of-home: The Importance of Family Risk Factors. *Child Care in Practice* 15(3) 235-250

The main aim of this article is to explore the association between mental health problems in children placed out-of-home and family risk factors reported as reasons for placement. The sample consisted of 109 Norwegian children aged 6-12 years. Mental health problems were assessed by the Revised Rutter scales reported by the parents and the teachers shortly after placement. On the basis of the reported reasons for placement, three risk indexes were constructed: parental risk, interactional risk, and child neglect and abuse risk. The analyses showed that 70% or more of the placed children had symptoms of mental health problems, boys more often than

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girls. Parental risk and interactional risk each accounted for a significant part of the variance in the children's mental health, while child neglect and abuse did not. Our data, however, indicated that children placed out-of-home mainly due to parental risk had less mental health problems than other children, while children placed due to interactional risk or child neglect and abuse had more problems. The study indicates that family-related reasons for placement reported by the child welfare workers are important indicators for assessing mental health problems in children placed out-of-home.

Hicks, L., Gibbs, I., Weatherly, H. and Byford, S. (2009) Management, Leadership and Resources in Children's Homes: What Influences Outcomes in Residential Child-Care Settings? *British Journal of Social Work* 39(5) 828-845

This article provides an overview of research, originally funded by the Department of Health, about the internal management and use of resources in residential child care. It explores ways in which children's homes are managed and leadership is established and the relationship of these to their use of resources and the outcomes for young people in their care. The paper examines variations in the functioning of a sample of 45 non-specialist children's homes drawn from local authority and independent sectors in England. Utilising both qualitative and quantitative analyses including an economics component, the functional relationships of structures, processes, resources and service user outcomes are investigated. The results of multi-level modelling analysis, used to draw together the different strands of the research, are discussed. Main findings indicate that the influence which the process of providing care has on the kind of outcomes experienced by young people is of paramount importance. The paper relates findings to areas for development in practice and its management, specifically in terms of training and policy arenas.

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Hill, C.M., and Edwards, M. (2009) Birth family health history: adopters' perspectives on learning about their child's health inheritance. *Adoption & Fostering* 33(2) 45–53.

Birth family health history is shared with prospective adopters to help them understand a child's future possible health risks. But guidelines for health professionals indicate that such third-party information should not be shared without the consent of birth parents. In practice, this can be difficult to achieve. This survey of 57 adoptions sought to explore the views and experiences of adopters about the value of this information to both themselves and their child. Absence of information, particularly with respect to paternal history, was a common experience and resulted in adverse consequences for children and an impoverished sense of identity. Adopters felt that lack of information also limited their understanding of the child and therefore their ability to offer therapeutic parenting; they were 'parenting in the dark'. A majority expressed strong views that it was their child's right to have this information; a minority felt that confidentiality of birth family health information should remain a paramount consideration. These data furnish the debate with an important missing dimension from those whose lives are potentially enriched or impaired by the quality of information shared.

McIntosh, J.E. (2009) Legislating for Shared Parenting: Exploring some underlying assumptions. *Family Court Review* 47(3) 389-400.

In 2006, the Australian parliament introduced new family law legislation about substantively shared overnight parenting arrangements between divorced couples. Other countries and state legislatures are currently debating the merits of similar legislation. A largely unquestionable premise underpins this reform, namely that the majority of children from separated families demonstrably benefit from the ongoing, warm and available involvement of both parents, in a climate of well-managed interparental conflict. The Australian legislation moves beyond encouragement of shared parenting in divorce cases with adequately functioning parents; it extends into grey areas which, to date, remain poorly serviced by credible research, including

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its application to children of all ages and to parents experiencing significant levels of ongoing conflict. Drawing on data from a longitudinal high-conflict divorce sample, this article challenges three assumptions that underpin a legislative preference for shared parenting, that shared parenting is viable and sustainable for divorced parents in conflict, that shared care enables improved cooperation between parents, and that as a result children will be less affected by their parents' conflict. The article further explores the influence of the mediation process on the choice and durability of shared parenting arrangements.

Meltzer, H., Doos, L., Vostanis, P., Ford, T. and Goodman, R. (2009) The mental health of children who witness domestic violence. *Child & Family Social Work* 14(4) 491-501

There is now considerable evidence that witnessing domestic violence can have adverse consequences for children. Our aim is to present the socio-demographic correlates of children witnessing domestic violence and its association with childhood mental disorders. The biographic, socio-demographic and socio-economic characteristics of 7865 children and their families and measures of traumatic events including witnessing domestic violence were entered into a logistic regression analysis to establish the strength of association between witnessing severe domestic violence and childhood disorders. About 4% of children had witnessed severe domestic violence according to parent reports. Factors independently associated with a greater likelihood of a child witnessing domestic violence were: older age group, mixed ethnicity, physical disorder, several children in family, divorced parents, living in rented accommodation, poor neighbourhoods, the mother's emotional state and family dysfunction. Witnessing severe domestic violence almost tripled the likelihood of children having conduct disorder but was not independently associated with emotional disorders. There is a growing need for more research on the consequences of witnessing domestic violence to increase the awareness of social workers and policy-makers to identify the needs of children who witness domestic violence.

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Osborne, C., Norgate, R., and Trill, M. (2009) The role of the educational psychologist in multidisciplinary work relating to fostering and adoption.

Adoption & Fostering 33(2) 13-25.

Fostered and adopted children form a vulnerable group with a diverse range of educational, social and mental health needs, and are likely to benefit from input from a range of professions, including educational psychology. This article reports on the results of a questionnaire sent to all educational psychology services in England, with a view to clarifying the nature and level of educational psychologists input into this area of work. Sixty-nine per cent of services were involved to some extent in such work, with a skew in favour of work with fostered rather than adopted children. A wide range of work was carried out, and was considered to have led to improved communication between agencies, enhanced working arrangements and a greater understanding of factors relating to fostering and adoption. Despite this, the level of current service involvement was generally lower than desired, and in response to this, some services highlighted the need for further research into the value of educational psychologists input into this area of work.

Riggs, D.W., Delfabro, P.H. and Augoustinos, M. (2009) Negotiating Foster-Families: Identification and Desire. *British Journal of Social Work 39(5) 789-806.*

Foster care systems across Australia are widely recognised as being 'in crisis'. Problems of both supply (a lack of appropriate placements for children) and demand (increasing numbers of child protection notifications) are central to this crisis. Addressing these problems requires an approach to social work practice that encourages greater support for existing foster carers, and that in so doing, helps to attract new carers to the system. One of the ways in which this may be achieved is through an emphasis on foster care as a form of family based care that holds the potential to meet the needs not only of children, but of adults seeking to engage in familial relationships with children. Drawing upon a psychoanalytically-informed approach to social work, this paper presents and analyses data from a national research project examining existing Australian foster carers' experiences of care provision. The results demonstrate that despite considerable adversity (which often takes the shape of foster families not being recognised as such), foster carers

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continue to form unique, supportive families with children. Implications are drawn from this for a social work practice that acknowledges diversity in family forms and which validates the identifications and desires that circulate within foster families.

Rushton, A., and Monck, E. (2009) Adopters' experiences of preparation to parent children with serious difficulties. *Adoption & Fostering* 33(2) 4-12.

A selected group of adopters coping with very troubled children recently placed from care was asked about their satisfactions and dissatisfactions with the preparation for parenting that had been provided. Although some aspects were well received, most thought that the preparation had not been helpful in developing the parenting skills for managing difficult behaviour. It was notable that the child's level of disturbance still came as a surprise to many. The study throws up the question of how to deliver a service that meets the need both for general preparation to adopt and preparation to parent the specific child eventually placed. Fresh consideration needs to be given to the best means, and timing, of parenting preparation and support.

Salveron, M., Lewig, K. and Arney, F. (2009) Parenting groups for parents whose children are in care. *Child Abuse Review* 18(4) 267-288

Excluding very severe child abuse cases, biological parents are usually encouraged to maintain contact with their children in care. Parent-child contact is often considered important because it can maintain the child's psychological identity and well-being. It can also maintain parent-child attachment and in some cases facilitate reunification. Improving parenting skills is viewed as an important method by which contact between children and their biological parents can be enhanced. However, mainstream parenting groups are often unsuitable for parents whose children are in care for a number of reasons. There is stigma involved with having children in care, such parents have very complex lives and there are reduced opportunities to practise skills learnt with their children. Groups designed specifically for parents whose children are in care appear to be a promising approach to improving the quality of contact between these parents and their children. This paper will review group-based approaches to working with biological parents whose pre-school-aged children have been placed in care. The



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paper will also report the findings of a research project in Australia designed to identify key facilitators and barriers to parental involvement in a group-based programme which includes contact between parents and their children who have been placed in care.

Sayfan, L., Mitchell, E.B., Goodman, G.S., Eisen, M.L., and Qin, J. (2008). Children's expressed emotions when disclosing maltreatment. *Child Abuse and Neglect* 32(11) 1026-1036.

The goal of the research team was to examine children's expressed emotions when they disclose maltreatment. Little scientific research exists on this topic, and yet children's emotional expressions at disclosure may inform psychological theory and play a crucial role in legal determinations. One hundred and twenty-four videotaped forensic interviews were coded for children's emotional displays. In addition, children's trauma-related symptoms (depression, dissociation, and PTSD) and global adaptive functioning were assessed, and abuse type and frequency were documented. Most children in the sample evinced neutral emotion during disclosure. However, stronger negative reactions were linked to indices of psychopathology. Number of abuse experiences was inversely related to negative emotional displays. Fact finders may profit from knowing that maltreated children do not necessarily cry or display strong emotion when disclosing maltreatment experiences. Nevertheless, predictors of greater negative affect at disclosure can be identified: fewer abuse experiences; higher global adaptive functioning; and for sexually abused children, greater dissociative tendencies. Although further research is needed, practitioners should consider that children who disclose abuse may display relatively neutral affect despite having experienced maltreatment.

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Schofield, G. and Beek, M. (2009) Growing up in foster care: providing a secure base through adolescence. *Child & Family Social Work* 14(3) 255-266

As the UK Government White Paper, Care Matters: Time for Change, suggested, foster children need the care system to provide them with good quality foster family care that will help them through childhood to success and fulfilment of their potential in adult life. This paper draws on the third phase of Growing Up in Foster Care, a longitudinal study of 52 children in planned, long-term foster care (1997–2006). It aims to increase our understanding of the transformational power of foster family relationships over time and particularly in adolescence. It shows how a secure base parenting model, using concepts from attachment and resilience, can be applied to foster care of adolescents. The paper uses case material to demonstrate each dimension of this secure base model and to emphasise how, even when adolescents have had stable and effective placements, they are likely to need support through into adulthood.

Winter, K. (2009) Relationships matter: the problems and prospects for social workers' relationships with young children in care. *Child & Family Social Work* 14(4) 450-460.

One of the key lessons learnt in the UK from the Laming Inquiry into the death of Victoria Climbié was the importance of social workers developing consistent and long-term relationships with young children in whose lives they are involved. This issue is now informing policy developments, including the proposed Social Work Practices which, based on a similar model to General Practitioner practices, aim to provide a lead professional to act as a parental figure and an advocate for every child in care. This paper begins by confirming the importance of developing relationships between social workers and young children, but questions the ability of the new policy developments to facilitate these. Drawing upon data from research involving interviews with social workers in Northern Ireland, the paper outlines the factors which hinder social workers' relationships with young children and argues that while the new proposals address some of the more surface structural and organizational factors, they do not address the deeper factors regarding attitudes, values and emotional competence which are crucial if social workers are to successfully build relationships with young children in care.



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Wood, M. (2009) Mixed ethnicity, identity and adoption: research, policy and practice. *Child & Family Social Work* 14(4) 431-439

Mixed ethnicity children are over-represented in the care system and constitute a significant group of those seeking adoption placements. Social workers are presented with a specific set of concerns in seeking to find adoption placements for mixed ethnicity children as they come from two or more cultural backgrounds. Practitioners face uncertain principles concerning how to respond to these issues, especially in light of social and political pressures, and within the realm of existing debates around 'transracial' adoption. There is a danger that among these uncertainties the individuality of the child will be lost as his or her identity needs become viewed narrowly. Social workers may seek to simplify and classify the identities of mixed ethnicity children in the adoption process through pressures that they feel to find 'matched' placements. This paper explores how theories concerning identity can provide some insight into the difficulties practitioners face and may help to inform social work practice in this area.



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Reports

Allnock, D., Bunting, L., Price, A., Morgan-Klein, N., Ellis, J., Radford, L. and Stafford, A. (2009) **Sexual abuse and therapeutic services for children and young people - The gap between provision and need.** Edinburgh: NSPCC.

http://www.nspcc.org.uk/Inform/research/Findings/sexual_abuse_therapeutic_services_summary_wdf67005.pdf

This is research carried out by the NSPCC and the University of Edinburgh into the availability and accessibility of therapeutic services for children and young people who have experienced sexual abuse in England, Wales, Northern Ireland and Scotland. The research involved searches of local and national information resources on services; a survey of service providers; follow-up interviews with providers and commissioners of services; and focus groups with young people.

DHSSPS (2009) Regional Review of Residential Child Care Services. DHSSPS, Belfast.

<http://www.dhsspsni.gov.uk/showconsultations?txtid=36196V>

In 2007 the Children Matter Taskforce commissioned a regional review of residential childcare. The aim was to review the strategic direction of residential child care services as outlined in the 2000 Children Matter document and to produce a strategy for reform in residential child care services. The review was completed in December 2008 and proposed the development of a range of policy and practice initiatives designed to improve the quality and standard of residential child care services and ultimately the care experience. The Department has considered the review and have decided to take the recommendations of the review forward in a number of ways through draft policies and guidelines:

- Protocol On The Use Of Physical Restraint In Children's Residential Homes
- Misuse Of Substances Policy For Children's Homes

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- Children's Resource Panel
- Child Protection Policy For Children's Homes
- Anti-Bullying Policy For Children's Homes
- Admission Policy and Procedure Process To Residential Care

DHSSPS (2009) *Developing Services to Children and Young People with Complex Physical Healthcare Needs*. DHSSPS: Belfast.

http://www.dhsspsni.gov.uk/developing_services_to_children_july_2009.pdf

The Department of Health, Social Services and Public Safety (DHSSPS) commissioned the University of Ulster to undertake a research and development project focused on children with complex physical healthcare needs so that a better understanding could be obtained of their needs and to assist in identifying promising service responses. This involved gathering information from, and consulting with, a wide range of stake-holders: families, service practitioners and commissioners.

Fostering Network UK (2009) *The Age of Foster Care*. Fostering Network: London.

http://www.fostering.net/sites/www.fostering.net/files/public/resources/reports/age_of_foster_care.pdf

The UK is heading for a crisis in foster care due to an impending rise in the shortage of foster carers, with this report showing two-thirds of the workforce is approaching potential retirement age.

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Joseph Rowntree Foundation (2009) *Monitoring poverty and social exclusion in Northern Ireland*. JRF: York.

<http://www.jrf.org.uk/sites/files/jrf/monitoring-poverty-northern-ireland-2009-summary.pdf>

The New Policy Institute has produced its 2009 edition of indicators of poverty and social exclusion in Northern Ireland, providing a comprehensive analysis of trends.

Joseph Rowntree Foundation (2009) *A minimum income standard for Northern Ireland*. JRF: York.

<http://www.jrf.org.uk/sites/files/jrf/minimum-income-northern-ireland-full.pdf>

The report presents the views of the Northern Irish public on the incomes that different families need to afford an acceptable minimum standard of living. The innovative project design blends the views of ordinary people with input from experts on nutrition, housing, fuel and analysis of household spending.

NI Policing Board (2009) *Human Rights and Professional Standards Committee's Thematic Inquiry on Children and Young People*. NIPB, Belfast.

http://www.nipolicingboard.org.uk/terms_of_reference_c_yp_thematic_final_version_12_may_.pdf

The Northern Ireland Policing Board is conducting an inquiry into issues concerning policing with children and young people from a human rights perspective. The inquiry will specifically consider the policing of anti-social behaviour; the Community Safety Strategy that proposes dispersal zones, parenting support orders, parental compensation orders, family intervention projects and powers to close premises (which may include residential premises and youth centres); and alternative to prosecution such as diversionary disposals and community restorative justice.

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Statistics

DHSSPS (2009) Northern Ireland care leavers 2007/08. DHSSPS: Belfast.

http://www.dhsspsni.gov.uk/index/stats_research/stats-cib/stats-cib_pubs/stats_research_cib_oc1.htm

The Department of Health, Social Services and Public Safety has published a statistical bulletin summarising information on young people aged 16 & over who left care in Northern Ireland during the year ending 31 March 2008.

DHSSPS (2009) Former Care Leavers in Northern Ireland 2007/08. DHSSPS: Belfast.

http://www.dhsspsni.gov.uk/oc3_bulletin_2008.pdf

The Department of Health, Social Services and Public Safety today published a statistical bulletin summarising information on young people formerly in the care of Health and Social Care (HSC) Trusts, who reached their 19th birthday during the year ending 31 March 2008.

DHSSPS (2009) Outcome indicators for looked after children in Northern Ireland year ending 30 September 2008. DHSSPS: Belfast.

<http://www.northernireland.gov.uk/news/news-dhssps/news-dhssps-04092009-publication-of-outcome.htm>

The Department of Health, Social Services and Public Safety today published a statistical bulletin summarising information on children in care.

Key Facts and Figures

- At 30 September 2008, 1,626 children and young people had been looked after continuously for at least 12 months in Northern Ireland; of which 842 (52%) were boys and 784 (48%) were girls.

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- Over three quarters (77%) of these children were of school age, and of these; 23% had a statement of SEN, 1% had a permanent exclusion, 8% had been suspended from school and 9% had missed at least 25 days of school within the academic year.
- In 2007/08, over half of looked after children eligible to be assessed at Key Stage 1 achieved level 2 or above in English (51%) and in Maths (52%).
- Between 2005/06 and 2007/08, the percentage of looked after children achieving level 2 or above in Key Stage 1 English decreased by 4 percentage points, whilst the proportion achieving level 2 or above in Key Stage 1 Maths decreased by six percentage points.
- Almost 3 in 10 children looked after eligible to be assessed at Key Stage 2 achieved level 4 or above in English (27%) and in Maths (30%) during 2007/08.
- Since 2005/06, the percentage of looked after children achieving level 4 or above in Key Stage 2 English has increased by 3 percentage points, whilst the proportion achieving level 4 or above in Key Stage 2 Maths increased by 9 percentage points.
- One quarter (25%) of looked after children eligible to be tested at Key Stage 3 achieved level 5 or above in English and Science, whilst almost 3 in 10 (29%) achieved level 5 or above in Maths.
- Half (50%) of looked after children eligible to sit GCSE/GNVQ examinations in 2007/08 attained at least 1 GCSE/GNVQ at grades A*-G, compared with 98% of the general school population in Northern Ireland and 66% of looked after children in England.
- One in 10 (10%) children looked after aged 10 & over had been cautioned or convicted of an offence whilst in care during the year ending 30 September 2008.
- Half (50%) of those children who had completed Year 12 at school in 2007/08 were in full time education at 30 September 2008, 6 percentage points higher than in 2006.

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NSPCC (2009) Key Child Protection Statistics in Northern Ireland. NSPCC: Belfast.

http://www.nspcc-online.org.uk/Inform/factsandfigures/statistics/key_child_protection_statistics_in_northern_ireland_pdf_wdf48712.pdf

This is an overview of official Northern Ireland statistics on key areas of child protection.

NSPCC (2009) Child protection register statistics - Northern Ireland 2004-2008.

NSPCC: Belfast.

http://www.nspcc-online.org.uk/Inform/factsandfigures/statistics/northernireland_wdf49859.pdf

NSPCC has published their annual summary of the most up-to-date child protection register statistics for Northern Ireland.

Medicine and Psychology

(Compiled by Fionnuala Leddy)

Peer Reviewed Journal Articles

Blair P S, Sidebotham P, Evason-Coombe C, Edmonds M, Heckstall-Smith E M A, Fleming P (2009). Hazardous cosleeping environments and risk factors amenable to change: case-control study of SIDS in south west England. *BMJ* 339:b3666

Objectives: To investigate the factors associated with sudden infant death syndrome (SIDS) from birth to age 2 years, whether recent advice has been followed, whether any new risk factors have emerged, and the specific circumstances in which SIDS occurs while cosleeping (infant sharing the same bed or sofa with an adult or child).

Design: Four year population based case-control study. Parents were interviewed shortly after the death or after the reference sleep (within 24 hours) of the two control groups.

Setting: South west region of England (population 4.9 million, 184 800 births).

Participants: 80 SIDS infants and two control groups weighted for age and time of reference sleep: 87 randomly selected controls and 82 controls at high risk of SIDS (young, socially deprived, multiparous mothers who smoked).

Results: The median age at death (66 days) was more than three weeks less than in a study in the same region a decade earlier. Of the SIDS infants, 54% died while cosleeping compared with 20% among both control groups. Much of this excess may be explained by a significant multivariable interaction between cosleeping and recent parental use of alcohol or drugs (31% v 3% random controls) and the increased proportion of SIDS infants who had coslept on a sofa (17% v 1%). One fifth of SIDS infants used a pillow for the last sleep (21% v 3%) and one quarter were swaddled

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(24% v 6%). More mothers of SIDS infants than random control infants smoked during pregnancy (60% v 14%), whereas one quarter of the SIDS infants were preterm (26% v 5%) or were in fair or poor health for the last sleep (28% v 6%). All of these differences were significant in the multivariable analysis regardless of which control group was used for comparison. The significance of covering the infant's head, postnatal exposure to tobacco smoke, dummy use, and sleeping in the side position has diminished although a significant proportion of SIDS infants were still found prone (29% v 10%).

Conclusions: Many of the SIDS infants had coslept in a hazardous environment. The major influences on risk, regardless of markers for socioeconomic deprivation, are amenable to change and specific advice needs to be given, particularly on use of alcohol or drugs before cosleeping and cosleeping on a sofa.

Byater, T., Hutchings, J., Daley, D., Whitaker, C., Tien Yeo, S., Jones, K., Earnes, C. and Tudor Edwards, R. (2009) Long term effectiveness of a parenting intervention for children at risk of developing conduct disorder.

***The British Journal of Psychiatry* 195 318-324**

Background: The typical pattern for intervention outcome studies for conduct problems has been for effect sizes to dissipate over time with decreasing effects across subsequent follow-ups.

Aims: To establish whether the short-term positive effects of a parenting programme are sustained longer term. To observe trends and costs, in health and social service use after intervention.

Method: Parents with children aged 36-39 months at risk of developing conduct disorder (n=104) received intervention between baseline and first follow-up (6 months after baseline n=86) in 11 Sure Start areas in North Wales. Follow-ups two (n=82) and three (n=79) occurred 12 and 18 months after baseline. Child problem behaviour and parenting skills were assessed via parent self-report and direct observation in the home.

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Results: The significant parent-reported improvements in primary measures of child behaviour, parent behaviour, parental stress and depression gained at follow-up were maintained to follow-up three, as were improved observed child and parent behaviours. Overall, 63% of children made a minimum significant change (0.3 standard deviations) on the Eyberg Child Behaviour inventory problem scale between baseline and follow-up (using intention-to-treat data), 54% made a large change (0.8 standard deviations) and 39% made a very large change (1.5 standard deviations). Child contact with health and social services had reduced at follow-up three.

Conclusions: Early parent-based intervention reduced child antisocial behaviour and benefits were maintained, with reduced reliance on health and social service provision, over time.

Conron KJ, Beardslee W, Koenen KC, Buka SL, Gortmaker SL (2009)

A longitudinal study of maternal depression and child maltreatment in a national sample of families investigated by child protective services.

***Archives of Pediatric Adolescence* 163(10):922-30**

Objective: To assess whether a change in depression predicts a mother's change in maltreatment.

Design: Observational, repeated measures study.

Setting: National Survey of Child and Adolescent Well-being, 1999 to 2004.

Participants: Mothers who retained custody of a child aged 0 to 15 years following a maltreatment investigation and completed at least 2 of 3 surveys (n = 2386).

Main exposure: Change in depression status between baseline and 18- and 36-month follow-ups, assessed with the Composite International Diagnostic Interview Short Form.

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Main outcome measures: Change in psychological aggression, physical assault, and neglect between baseline and 18- and 36-month follow-ups, assessed with the Conflict Tactics Scale Parent-Child version.

Results: One-third (35.5%) of mothers experienced onset or remission of depression. Onset of depression was associated with an increase of 2.3 (95% confidence interval, 0.2-4.4) psychologically aggressive acts in an average 12-month period, but was not statistically significantly associated with change in physical assault or neglect.

Conclusion: Depression is positively associated with maternal perpetration of psychological aggression in high-risk families.

Hobson, R.P., Patrick, M.P.H., Hobson, J.A., Crandell, L., Bronfman, E. and Lyons-Ruth, K. (2009) How mothers with borderline personality disorder relate to their year-old infants. *The British Journal of Psychiatry* 195, 325-330.

Background: Women with borderline personality disorder have conflictual interpersonal relations that may extend to disrupted patterns of interaction with their infants.

Aims: To assess how women with borderline personality disorder engage with their 12 to 18 month-old infants in separation-reunion episodes.

Method: We videotaped mother-infant interactions in separation-reunion episodes of the Strange Situation test. The mothers were women with borderline personality disorder, with depression, or without psychopathological disorder. Masked ratings of maternal behaviour were made with the Atypical Maternal Behaviour Instrument for Assessment and Classification.

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Results: As predicted, a higher proportion (85%) of women with borderline personality disorder than women in the comparison groups showed disrupted affective communication with their infants. They were also distinguished by the prevalence of frightened/disoriented behaviour.

Conclusions: Maternal borderline personality disorder is associated with dysregulated mother-infant communication.

James-Ellison M, Barnes P, Maddocks A, Wareham K, Drew P, Dickson W, Lyons R A, Hutchings H (2009). Social health outcomes following thermal injuries: a retrospective matched cohort study. *Archives of Disease in Childhood* 94:663-667

Introduction: Over 50% of children admitted with burns are aged under 3 years. US studies suggest that up to 26% of childhood burns are non-accidental, although UK reports are lower (1–16%).

Objectives: To determine the social health outcomes of burned children as regards the number of children abused, neglected or “in need” before the age of 6 years compared with matched controls.

Methods: A retrospective matched cohort study. 145 children aged under 3 years admitted for burns in 1994–1997 were matched with controls for sex, age and enumeration district and followed up until 2003. Electronic routine databases provided study data on local authority care episodes and Social Services referrals by age 6 years.

Results: 89.0% of cases had accidental burns and four cases (2.8%) had non-accidental burns. No case was attributed to neglect. By their sixth birthday cases were statistically more likely to have been referred to Social Services with 14 (9.7%) of the burned children having been abused or neglected versus two (1.4%) controls (95% CI 0.030 to 0.13, $p = 0.004$). Forty six (32%) cases versus 26 (18%) controls were defined as “in need” (95% CI 0.047 to 0.23, $p = 0.006$).

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Conclusion: Although most burns were deemed accidental, 2.8% were categorised as non-accidental at presentation. Almost a third of the burned children went on to be “in need”. Children with a burn appear to be at higher risk of further abuse or neglect compared with controls. A burn therefore could be a surrogate marker indicating need for closer supervision and follow-up by professionals.

Johnston, C. (2009) Overriding competent medical treatment refusal by adolescents: when “no” means “no”. *Archives of Disease in Childhood* 94:487- 491

In 2007 the General Medical Council (GMC) published 0–18 years: guidance for all doctors¹ which briefly sets out the relevant ethical and legal principles for medical treatment of young people under 18 years of age. It recognised that “Children and young people are individuals with rights that should be respected” (paragraph 7) and that they should be engaged in dialogue about their care. However, a dilemma for both the medical and legal communities is whether a young person’s refusal of medical treatment should be respected where this would put him/her at risk of death or serious harm. The GMC guidance states that “You should seek legal advice if you think treatment is in the best interests of a competent young person who refuses” (paragraph 31). The aim of this article is to explain the legal position and to demonstrate the views of professionals involved with young people, gained through interviews, about the balance between respecting autonomy and acting in the young person’s best interests.

Kemp A, Joshi A, Mann M, Liu A, Tempest V, Holden S, Maguire S (2009). Spinal injury in physical child abuse. *Archives of Disease in Childhood* 94: A44 - A45.

Aim: Spinal injury is uncommon in children. Two infant abuse cases that hit the headlines had serious spinal injury. This systematic review of the international scientific literature addressed the question “What are the clinical and radiological features of spinal injury in physical abuse” and made recommendations as to which children should be investigated and how.

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Methods: An all-language literature search of 20 databases, using relevant keywords (1950–2008) in which potential studies were reviewed by two reviewers (a third on disagreement). Inclusion criteria: primary studies of spinal injury in physical abuse in children under 18 years; children who were alive on admission with musculoskeletal injury to the spine, with or without injury to the spinal cord (SC) and SC injury without radiological abnormality.

Results: 15 studies were included, describing 24 children who fell into two groups: Group 1: 14 children (median age 6 months) had cervical injury, nine of 14 had co-existent intracranial injury. All nine presented with neurological impairment, two had respiratory impairment, five were comatose. Five of these children died, two became quadriplegic and two made a full recovery. Of the five children without head injury two had spinal deformity and two neurological impairment. One of five of those without head injury sustained quadriplegia and one moderate disability. Four of 14 had musculoskeletal injury alone, five had musculoskeletal and SC injury, and five had SC injury without radiological abnormality.

Group 2: Ten older infants (median age 14 months) had thoracolumbar/sacral injuries. Seven of 10 presented with an obvious orthopaedic deformity (one presented late with kyphosis) and six cases had focal neurological signs specific to SC injury. Six of 10 sustained residual neurological deficit. The cause was confirmed in 17 cases. 14/17 had shaking or impact injury, all had cervical cord injury and intracranial injury. Two children with thoracolumbar injury were thrown and one sustained thoracolumbar hyperflexion. The diagnosis was missed initially in seven of 14 cases despite neurological symptoms or spinal deformity.

Conclusions: Spinal injury is a rarely reported injury in physical abuse. Magnetic resonance imaging (MRI) of the cervical spine should be performed in babies when inflicted head injury is suspected. Any child with unexplained spinal deformity, focal neurology or skeletal abnormality identified on a skeletal survey should have an MRI scan to exclude spinal cord injury.



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Koumellis P, McConachie N S, Jaspan T (2009). Spinal subdural haematomas in children with non-accidental head injury.

***Archives of Disease in Childhood* 94:216-219**

Objective: To examine the incidence of spinal pathology in infants with non-accidental head injury.

Methods: 18 infants with non-accidental head injury were investigated between 2000 and 2007 with dedicated MRI of the brain and spine. During the earlier years, the spine was imaged only when there were suspicious features on other imaging to suggest a spinal injury (seven cases). After 2005, all suspected cases of non-accidental head injury were routinely investigated with MRI of the whole spine in addition to the brain. The spinal imaging at initial investigation and at follow-up was reviewed.

Results: There was a high incidence (8/18 cases, 44%) of subdural collections in the spine. They were all clinically occult and in six cases large. All eight cases were associated with subdural haematomas in the supratentorial and infratentorial compartment. The signal characteristics were analysed and compared with those of the intracranial collections. One had a small epidural haematoma. Other depicted abnormalities and appearances at follow-up were also reviewed.

Conclusion: There is a high incidence of previously unsuspected spinal subdural haematomas associated with intracranial collections in children with non-accidental head injury. Further work is required to evaluate the clinical implications.

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Kretschmer, T. and Pike, A. (2009) Young children's sibling relationship quality: distal and proximal correlates. *Journal of Child Psychology and Psychiatry* 50(5) 581-589

Background: Relationships within families are interdependent and related to distal environmental factors. Low socio-economic status (SES) and high household chaos (distal factors) have been linked to less positive marital and parent-child relationships, but have not yet been examined with regard to young children's sibling relationships. The present study tested direct associations between these distal factors and sibling relationship quality, as well as examining parenting as a potential mediator and/or moderator.

Method: One hundred and eighteen families with children aged 4 to 8 years were interviewed and completed questionnaires during home visits. Children provided reports about the quality of their sibling relationships via a puppet interview, and mothers and fathers reported on household chaos and their exertion of harsh discipline. Researchers rated parental warmth towards the children. Finally, parental education and household density were assessed as indicators of socio-economic status.

Results: Using structural equation modelling, the authors found that lower levels of household chaos were related to better quality sibling relationships, and that this link was mediated by maternal warmth and paternal harsh discipline, as well as moderated by maternal harsh discipline.

Conclusion: Household chaos was more strongly linked to relationship quality between family members than SES, warranting further research and practical application. The study of children's sibling relationships should take into account inter-relations between proximal and distal environmental factors to fully reveal the complexity of family life.

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Mathews, B., Payne, H., Bonnet, C. and Chadwick, D. (2009) A way to restore British paediatricians' engagement with child protection. *Archives of Disease in Childhood* 94:329-332

Disciplinary actions brought by the United Kingdom General Medical Council (GMC) against doctors including the eminent paediatricians Sir Roy Meadow and David Southall have been monitored by concerned practitioners and scholars worldwide. In 2004 and 2005, the GMC made findings of serious professional misconduct against four doctors for their testimony in, and/or reporting of, cases of suspected child abuse, despite the doctors' actions being in good faith. This appears to have had damaging consequences for the paediatric profession and, worse, for child protection. Evidence suggests that because of these high profile cases and mounting numbers of complaints, paediatricians are less likely to report suspected child abuse or accept child protection roles. Anticipated by international experts in 2006,¹ this "chilling" of doctors' willingness to report suspected child abuse and to work in key child protection jobs is now well underway. Since the dangers of complaints and discipline remain, this adverse impact on child protection is likely to be unaffected by the finding against Meadow being overturned, and Southall's fitness to practise eventually being restored by the GMC on 21 September 2008 (a separate erasure appeal is still ongoing). These consequences may affect the general medical and nursing professions, and fields such as teaching, but even if they remain confined to paediatricians the problem still demands a solution. Drawing on international evidence, this article suggests how the chill can be thawed and child protection restored as a safe part of paediatricians' work.

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Moynihan S, Bunting H, Mann M, Watts P, Tempest V, Kemp A, Maguire S (2009). Could this retinal haemorrhage be due to seizures/ cardiopulmonary resuscitation/acute life threatening events or prolonged coughing? A systematic review of confounders in relation to abusive retinopathy. *Archives of Disease in Childhood* 94: A44 - A45.

Aims: Retinal haemorrhages (RH) carry both clinical and legal significance in suspected child abuse; however, other confounders are frequently proposed in court. We systematically reviewed the association between seizures, cardiopulmonary resuscitation (CPR), acute life-threatening events (ALTE), coughing and RH.

Methods: A literature search of 11 databases, conference abstracts and references from 1950 to 2007. Of 7894 potential studies, 315 underwent two independent reviews by paediatric, ophthalmology and pathology specialists, using standardised critical appraisal methodology. Inclusion: primary studies of live children less than 11 years of age examined for evidence of RH (by an ophthalmologist), due to explicitly confirmed non-abusive aetiologies (CPR, seizure, ALTE, coughing). Exclusion: mixed adult and child data, management or outcome.

Results: We included nine studies (six cross-sectional/three case series) published between 1990 and 2007, including 559 children. RH in association with seizure was only recorded in two of 219 children (aged 6 and 8 months) both in the posterior pole (one unilateral/one bilateral). Only one of 43 children developed diffuse punctuate RH post-CPR. There was no documented association of cough (123 studied) or ALTE (174 studied) as a cause for RH.

Conclusion: RH is a rare complication of seizures or CPR and appears to be confined to the posterior pole. RH has not been described in association with ALTE or coughing, when abuse is excluded. The published literature does not support these as confounders in abusive retinopathy.

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Moynihan, S., Webb, E. (2009). An ethical approach to resolving value conflicts in child protection. *Archives of Disease in Childhood* published online 15 Jun 2009

<http://adc.bmj.com/cgi/content/abstract/adc.2009.158667v1>

Child protection professionals working in diverse societies are regularly faced with value conflicts. Recognising these, and resolving them in the best interests of children, is a task that requires child protection specialists to make complex judgements and decisions.

In this paper we apply the philosophical concepts of absolutism and relativism to child abuse, and explore how this approach has practical relevance to solving ethical dilemmas in child protection. We conclude that children's interests are best served by erring towards an absolutist approach to the diagnosis and recognition of maltreatment and towards a relativistic approach in determining how services respond to a harmful incident or situation.

Absolutism and relativism are not alternatives, but part of a continuous process of recognising and negotiating ever-changing community, national, and global norms. At the service level the dichotomy transpires into the need to be culturally competent in handling the conflicting needs, rights and values of children, families, communities, and professionals, whilst retaining the skill of child advocacy.

Nijhof, K.S., de Kemp, R.A.T., and Engels, R.C.M.E. (2009) Frequency and seriousness of parental offending and their impact on juvenile offending. *Journal of Adolescence* 32, 893-908.

The present study investigated to what extent the frequency and seriousness of parental offending were related to their offspring offending. Police Officers in one Dutch province completed a form to register risk factors and the actions undertaken when they came into contact with offenders aged 8-14 years. These juveniles were followed for 18 months to establish whether or not they committed more crimes.

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In addition, the parents of these children were traced in the police criminal record systems. Data were gathered from 577 children and their parents. Of these children, 34% were exposed to parental criminality, of which 33 delinquents had two criminal parents and 163 had one criminal parent. If both parents were criminal, the child had the highest frequency of offending. Further, the frequency of parental offending was positively related to the frequency of the child's offending. Concerning the seriousness of juvenile crimes, the seriousness of the committed offences of the father showed a positive relation with the seriousness of his child's offending. Unexpectedly, a negative association was found between the seriousness of maternal offending and the seriousness of her child offending. These results offered a better understanding of the influence that parents with a criminal history have on their children. Further research is needed to identify mechanisms underlying this relationship in order to provide appropriate prevention and intervention strategies.

Onyon, C., Rabb, L., Debelle, G. (2009) Non-accidental injury and bone fragility disorders: the need for a multidisciplinary perspective. Child Abuse Review 18(5) 346-353.

A case is presented of a child who was initially diagnosed with osteogenesis imperfecta following a skull fracture. However, she later presented with multiple fractures and soft tissue injuries which were considered to be due to non-accidental injury. It can be perplexing distinguishing accidental and non-accidental injury in children where a bone fragility disorder has been suspected. A combination of a careful review of the history, a thorough examination and expert review of the radiology is imperative. DNA testing can be helpful. Multidisciplinary case review, taking into account the social history and any concerns professionals have about the family, is invaluable in informing a difficult diagnosis. In this context, there is a definite role for other agencies in challenging the diagnosis or exclusion of non-accidental injury. Professionals should be willing to challenge the exclusion of non-accidental injury when such exclusion is not evidence based.

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Saperia J, Lakhanpaul M, Kemp A, Glaser D (2009). When to suspect child maltreatment: summary of NICE guidance. *BMJ* 339:b2689

This is an article outlining the recently published guidance from the National Institute for Health and Clinical Excellence for professionals in England and Wales with regard to child maltreatment. This guidance aims to raise the awareness of healthcare professionals to the alerting features of child maltreatment. It also aims to support healthcare professionals who are not specialists in child protection in identifying children who may be being maltreated and who require further multiagency assessment to confirm or exclude child abuse or neglect. The guidance recognises that child maltreatment is a sensitive and emotive subject. Healthcare professionals face many obstacles to recognising and responding to possible maltreatment. This guidance aims to empower and help them to overcome these obstacles, to encourage the appropriate course of action to protect the child or young person from further harm, and to reduce both delay in timely action and the high cost of abuse and neglect to individuals and to society. Support, supervision, education and training of 'front line staff' is highlighted as essential if this guidance is to be implemented successfully. Improving the quality of recognition should result in the right child being referred to specialist services for further assessment and protection from further maltreatment. The scope of the guidance does not cover family and social risk factors, which may in themselves be alerting features. The guidance should not be used as a definitive diagnostic tool to prove or disprove maltreatment. This article summarises key points in the NICE guidance.

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Silverstein M, Augustyn M, Young R, Zuckerman B (2009) The relationship between maternal depression, in-home violence and use of physical punishment: what is the role of child behaviour? *Archives of Disease in Childhood* 94:138-143

Background: The combined impact of maternal depression and in-home violence, and how their relationship with physical punishment varies with child behaviour are unknown.

Objectives: To determine the combined impact of maternal depression and violence exposure on smacking and explore the role of child behaviours in this relationship.

Methods: Multivariable regression analysis of a sample of kindergarten children. Maternal depressive symptoms, violence exposure and smacking were measured by parent interview. Child behaviours were reported by teachers.

Results: 12 764 mother-child dyads were examined. The adjusted odds ratio (aOR) for smacking among depressed mothers was 1.59 (95% CI 1.40 to 1.80), mothers exposed to in-home violence 1.48 (95% CI 1.18 to 1.85) and dually exposed mothers 2.51 (95% CI 1.87 to 3.37). Adjusting for child self-control or externalising behaviour did not change these associations, and no effect modification by child behaviour was detected. Among mothers smacking children, depression was associated with increased smacking frequency (adjusted incident rate ratio (aIRR) 1.12; 95% CI 1.01 to 1.24), but became borderline significant after adjusting for child self-control or externalising behaviour (aIRRs 1.10; 95% CI 1.00 to 1.21). Depressed mothers exposed to violence demonstrated higher rates of smacking (aIRR 1.29; 95% CI 1.09 to 1.53); this remained stable when adjusting for child behaviours.

Conclusion: Maternal depression and violence exposure are associated with smacking, particularly when depression and violence co-exist, when they are also associated with smacking frequency. Child self-control and externalising behaviour do not substantially impact the association between maternal depressive symptoms, violence exposure and smacking.

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Sidebotham P, Pearson G (2009) Responding to and learning from childhood deaths. *BMJ* 338:b531

New procedures for reviewing child deaths should improve support for families and enable action to reduce mortality. Although child mortality has fallen significantly over the past century, there is still scope for improvement. In 2005, over 3200 infants (5 per 1000 live births) and 1200 children under the age of 15 (14 per 100 000 population) died in England and Wales, with large discrepancies in mortality between different areas and between different socioeconomic and cultural groups. Many of these deaths are preventable—whether they are from external causes or from natural conditions that are not normally fatal. Several studies have concluded that as many as 29% of child deaths may be preventable or contributed to by potentially avoidable factors. It is important, therefore, to examine the causes of child death and learn from them.

The Child Death Review process will collate and analyse information about child death with a view to identifying: any case giving rise to the need for a serious case review; any matters of concern affecting the safety and welfare of children in the area of the authority; and any wider public health or safety concerns arising from a death or from a pattern of deaths in that area. The child death review panels also aim to provide ongoing support to families by providing them with information and linking into sources of bereavement support.

Skelton R, Hobbs C (2009). More nosebleeds in infants. *Archives of Disease in Childhood* 94: A44 - A45.

Aims: Recent publications have increased awareness of the significance of oronasal haemorrhage in infants. We reviewed experience in our inpatient population of infants (aged 0–1 year) with oronasal haemorrhage, including any associations and likely causes.

Methods: All paediatricians in one hospital trust notified the named doctor for child protection prospectively of cases meeting the above criteria. Information relating to associated symptoms, likely cause and background risk factors for maltreatment were extracted from case notes.

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Results: Seven cases were notified over 1 year, giving an estimated annual local incidence of 12/10 000. Two additional cases with apparent abuse from an adjoining trust are included for descriptive purposes. Eight infants were aged between 2 and 9 weeks, one was 11 months. Aetiology: viral upper respiratory tract infection (one); isolated haemorrhage, cause unknown (three); haemorrhage with respiratory symptoms, cause unknown (one); fraenum tear, respiratory symptoms (one); accidental suffocation (one); deliberate suffocation (two).

Investigations: Two had normal skeletal survey/computed tomography/ ophthalmology, all had normal standard clotting screen, three normal extended clotting screens. Four of seven had a history of domestic violence and other social concerns. All were well on follow-up. Of two presenting with severe respiratory distress plus haemorrhage, one had multiple fractures on skeletal survey, one major social risk factors.

Conclusions: Oronasal haemorrhage in infants, although uncommon, may occur more frequently in an inpatient population than a previous report suggests. McIntosh et al reported 16 infants under 2 years (eight infants aged 0–1 year) over 10 years attending hospital emergency departments or admitted (incidence of 0.94/10 000 per year), all over 7 weeks of age. Our study included only inpatient infants and suggests a higher incidence and younger age. Frequent social concern and suspected maltreatment in some cases highlights a potential high risk for such infants. The study supports the need for careful assessment to establish the cause of oronasal haemorrhage in this age group.

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Waterston, T. (2009). Teaching and learning about advocacy. *Archives of Disease in Childhood - Education and Practice* 94:24-28

This article published in the education and practice supplement of *Archives of Disease in Childhood* (February 2009) focuses on the advocacy role that paediatricians can play in children's lives. It identifies advocacy as an essential skill in the practice of paediatrics, where much of the work covers aspects of health as well as disease and where cross-agency work is common. Focusing on the training needs of paediatricians it proposes that advocacy is best taught using a competency based approach with the key knowledge, skills and attitudes being defined. Central to the knowledge field is the evidence base for advocacy, and the UN Convention on the Rights of the Child. It recognises that it is desirable for advocacy skills to be learned through experiential learning and examples are offered including letter writing campaigns, an advocacy journal club and keeping a diary of cases seen in the clinic. Means are suggested for including advocacy training in the core teaching of paediatricians, through a combination of theoretical teaching and practical experience. It proposes that it will be necessary to include advocacy topics in examinations, if there is to be genuine prioritisation of this area of practice.

Wilson, H.W., Smith Stover, C. and Berkowitz, S.J. (2009) Research review: The relationship between childhood violence exposure and juvenile antisocial behaviour – a meta-analytic review. *Journal of Child Psychology and Psychiatry* 50(7) 769-779

Background: The connection between childhood violence exposure and antisocial behaviour in adolescence has received much attention and has important implications for understanding and preventing criminal behaviour. However, there are a limited number of well-designed prospective studies that can suggest a causal relationship, and little is known about the magnitude of the relationship.

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Methods: This meta-analysis provides a quantitative comparison of 18 studies (N= 18,245) assessing the relationship between childhood (before age 12) violence exposure and adolescent antisocial behaviour. An overall effect size (Cohen's d) was calculated for each study, an average for the 18 studies, and averages for subsets of analyses within studies.

Results: Results indicated a small effect from prospective studies ($d=.31$) and a large effect from cross-sectional studies ($d=.88$). The effect for victimization ($d= .61$) was larger than for witnessing violence ($d= .15$).

Conclusions: Effect size varied across studies employing different methodologies, populations, and conceptualisations of violence exposure and antisocial behaviour. These findings do not support a simple, direct link from early violence exposure to antisocial behaviour but suggest that many factors influence this relationship.

Woolley, S. (2009) The rights of Indigenous children around the world – still far from a reality. *Archives of Disease in Childhood* 94:397-400

The principle of “all children, all rights” is still much too far from being a reality. (General Kofi Annan).

There are approximately 300 million Indigenous peoples, defined as those peoples who “consider themselves distinct; and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity in accordance with their own cultural patterns, social institutions and legal systems”, and they live in nearly every country on earth. In some countries they are a majority and in others, a minority.

Recognising their special status, international law entitles Indigenous peoples to specific rights and protection including the rights to enjoy their culture, religion and language, and to preserve their collective identity. International awareness of Indigenous peoples' rights has increased significantly in recent years, yet Indigenous

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children remain amongst the most marginalised groups in society. With higher birth rates than national populations, children make up a higher proportion of Indigenous populations and, wherever they live, Indigenous children share the common bond of social disadvantage. Compared to non-Indigenous children, they have lower birth registration rates, lower vaccination rates, a higher incidence of malnutrition, higher mortality rates, lower rates of school enrolment, higher rates of school dropout and a greater chance of being placed in the child protection system.

This article examines the status of Indigenous children internationally and reviews the human rights instruments available to protect them. Discussion on all children's rights is complex and immense. This article focuses on some of the basic rights that all children are entitled to.

Books

Hughes, L. and Owen, H. (Eds) (2009) *Good Practice in Safeguarding Children: Working Effectively in Child Protection*. Jessica Kingsley Publishers, London.

Good Practice in Safeguarding Children considers how front-line professionals can keep the best interests of the child at the heart of their work when statutory guidance, the way agencies are integrated and the delivery of services are changing. The authors have drawn together contributors' experiences of working with safeguarding children on a broad range of issues, including neglect, trafficked children, parents with learning difficulties and child protection supervision. The contributors discuss current dilemmas in safeguarding children work and provide models of good practice, including case scenarios and exercises. This book explores how changes in the system offer an opportunity to enhance the quality of service provision, to achieve better outcomes for children and their families.

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Cleaver, H., Cawson, P., Gorin, S. and Walker, S. (Eds) (2009) *Safeguarding Children: A Shared Responsibility*. John Wiley and Sons Ltd, Chichester.

This book features a multi-professional approach to safeguarding children, which accompanies the Department of Health's new training courses. It focuses on the methods of identifying children at risk and details what happens at each stage of the social work process, and presents a fully multi-disciplinary approach as to how professional groups and services should co-operate to safeguard children.

Professional Guidance

National Institute for Health and Clinical Excellence. (2009) *When to suspect child maltreatment*. (Clinical guideline 89.) www.nice.org.uk/CG89

Understanding Parent's Information Needs and Experience where professional concerns regarding non-accidental injury were not substantiated. A RCPCH Research Report (June 2009)

<http://www.rcpch.ac.uk/Policy/Child-Protection>

Fabricated or Induced Illness by Carers (FII): A Practical Guide for Paediatricians (October 2009) Royal College of Paediatrics and Child Health

<http://www.rcpch.ac.uk/Policy/Child-Protection>

The Differential Diagnosis of Hyponatraemia in Children, with Particular Reference to Salt Poisoning: An evidence based guideline (September 2009)

<http://www.rcpch.ac.uk/Research/CE/RCPCH-guidelines>

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Youth Justice

(compiled by Michael Heaney)

Peer Reviewed Journal Articles

Berry, V., Little, N.A. and Cusick, G.R. (2009) An Evaluation of Youth at Risk's Coaching for Communities Programmes. *The Howard Journal* 48(1) 60-75

Anti-social behaviour by young people is recognised as a social problem with wide-reaching effects. Many of the programmes aimed at reducing anti-social behaviour, however, have not been subject to rigorous evaluation. This article presents the findings from completed experimental evaluation of an intervention for young people displaying low-level anti-social behaviour. The evaluation randomly allocated young people to an intervention (n=32) and control (n=31) group. The study investigated whether the programme significantly altered a number of intermediate and ultimate outcomes. In addition to conclusion about the programmes effectiveness, the article outlines the potential for extending and enhancing the reach and impact of the programmes (and programmes like it).

Hogue, A. and Liddle, H.A. (2009) Family-based treatment for adolescent substance abuse: controlled trails and new horizons in services research.

***Family Therapy* 31(2) 126-154**

This article provides an overview of controlled trails research on treatment processes and outcomes in family-based approaches for adolescent substance abuse. Outcome research on engagement and retention in therapy, clinical impacts in multiple domains of adolescent and family functioning, and durability and moderators of treatment effects is reviewed. Treatment process research on therapeutic alliance, treatment fidelity and core family therapy techniques, and change in family processes is described. Several important research issues are presented for the next generation of family-based treatment studies focusing on delivery of evidence-based treatments in routine practice settings.

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Mahoney, P. (2009) The Risk Factors Prevention Paradigm and the Causes of Youth Crime: A Deceptively Useful Analysis? *Youth Justice* 9 (2) 99-130

The risk factors prevention paradigm (RFPP) is currently the dominant discourse in juvenile justice, exerting a powerful influence over policy and practice in the UK, Ireland and other countries. This article argues that the predominance of the RFPP is in many ways an obstacle to a fuller understanding of, and more effective response to, youth crime. Part of the problems is the often over-simplified assumptions and exaggerated claims of the RFPP literature, which translate the findings of risk-focused research for policy makers and for popular consumption, but largely ignores the caveats of the scientific researchers themselves. Moreover, the RFPP has intrinsic, but generally neglected, methodological and theoretical shortcomings, which mean that context, psychological motivation and the human rights dimension.

McAdam, E. and Mirza, K.A.H (2009) Drugs, hopes and dream: appreciative inquiry with marginalised young people using drugs and alcohol. *Family Therapy* 31(2) 175-193

Drugs and alcohol misuse in young people is a major public health problem with substantial levels of morbidity and mortality. Social, economic and cultural factors play a major part of the initiation and maintenance of substance misuse in young people. Many young people who misuse drugs have multiple antecedent and co-occurring mental health problems, unrecognised learning difficulties, family difficulties and deeply entrenched social problems. Given the heterogeneity of the patterns of substance misuse in these young people, and the potential for persistence of serious problems into their adult lives, a range of intervention should be developed to address the risk factors across biological, psychological and social domains. Family/systemic interventions provide the best outcomes for young people with substance misuse, though even the most intensive forms of systemic therapies may fall short of producing enduring changes, especially for marginalised young people and communities. Appreciative inquiry (AI) is one of the most significant innovations in action research in the past decade and a method of producing long-last changes to the larger social system. AI is an attempt to generate a collective image of a new and better future by exploring the best of what is and has been. We describe an anecdotal experience of

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using AI in producing long-lasting changes in group of marginalised young people in South Africa, who were engaged in drug and alcohol misuse and antisocial behaviour. The principles and practice of AI are described in detail, followed by a discussion of the implications of these findings for a UK population.

Moore, S.A. and Mitchell, R.C. (2009) Rights-based Restorative Justice: Evaluating Compliance with International Standards *Youth Justice* 9 (1) 27-43

The authors' aim is to promote compliance with international legal standards by articulating intersections between young people's human rights and restorative justice principles – for legal theorists through transdisciplinary thinking and for practitioners by introducing the Rights Based Restorative Practice Evaluation Toolkit developed through this conceptual framework (Moore, 2008). This comprehensive approach was developed within the Canadian legal, social policy and youth justice contexts. Notwithstanding potential bias stemming from cultural or political milieu, the authors argue that rights-based restorative justice could contribute to the advancement ethical practice in many UN- member states attempting to adopt these common frameworks.

Murray, C. (2009) Typologies of Young Resisters and Desisters. *Youth Justice* 9(2) 115-129.

The *Quest for Identity* study explores how young people maintain their resistance to offending and it argues that for some this entails active resistance, rather than merely reflecting an innocence often associated with childhood non-offending. Two qualitative methods were used in the study to elicit young people's own perspectives. Secondary analysis was conducted on 112 semi-structured interviews with teenagers, 62 of whom who had never offended ('resisters') and 50 of whom had offended and then ceased ('desisters'). Additionally, primary data were gathered by means of peer led focus groups conducted with 52 resisters. A key contribution of the study is the development of typologies of young resisters and desisters. The article outlines the two resister types, namely innocents and streetwise resisters and the three desister types: reformed characters, desisters on the margins, and quasi-resisters (desisters who retain a resister identity) which were developed during the analysis. It also considers the implications of the findings for policy, practice and research.

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Stone, N. (2009) Raised Expectations, Flawed Discretion and Abuse of Process in Diversion and Provision of Accommodation *Youth Justice 9 (1) 77-86*

This two part Commentary revisits issues that have generated further authoritative judicial attention, each proving a continuing source of confusion, misunderstanding and potential unfairness one in the context of whether a young person will be prosecuted or dealt with by diversionary means; the other concerning the interpretation of a child's accommodation needs.

Waples, S., Gill, M. and Fisher, P. (2009) Does CCTV displace crime? *Criminology and Criminal Justice 9(2) 207-224*

Crime displacement is a concern often raised regarding situational crime prevention measures. A national evaluation of closed circuit television camera (CCTV) has provided an interesting test-bed for displacement research. A number of methods have been used to investigate displacement, in particular visualization techniques making use of geographical information systems (GIS) have been introduced to the identification of spatial displacement. Results concur with current literature in that spatial displacement of crime does occur, but it was only detected infrequently. Spatial displacement is found not to occur uniformly across offence type or space, notably the most evident spatial displacement was actually found to be occurring within target areas themselves. GIS and spatial analysis have been shown to complement more typical crime analysis methods and bring a much needed dimension to the investigation of displacement.

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Books

Barry, M. and McNeill, F. (2009) *Youth Offending and Youth Justice*. Jessica Kingsley, London.

How is the modern world shaping young people and youth crime? What impact is this having on the latest policies and practice? Are current youth justice services working? With contributions from leading researchers in the field, this book offers an insightful, scholarly and critical analysis of such key issues.

Youth Offending and Youth Justice engages constructively with current policy and practice debates, tackling issues such as the criminalisation and penalisation of youth, sentencer decision-making, the incarceration of young people and the role of public opinion. It also features an applied focus on professional practice.

Drawing on a wide range of high-quality research, this book will enrich the work of practitioners, managers, policy-makers, students and academics in social work, youth work, criminal justice and youth justice in the UK and beyond.

Burney, E. (2009) *Making People Behave (2e): Anti-social behaviour, politics and policy*. Willan Publishing, Cullompton.

'Anti-social behaviour' has become a label attached to a huge range of nuisance and petty crime, and rarely out of the headlines as tackling this problem has become a central part of the British government's crime control policy. At the same time 'anti-social behaviour' has provided the lever for control mechanisms ranging from the draconian to the merely bureaucratic, most notably in the shape of the Anti-Social Behaviour Order or ASBO.

This book seeks to explain why anti-social behaviour, as a focus of political rhetoric legislative activity and social action, has gained such a high profile in Britain in recent years, and it provides a critical examination of current policies of enforcement and exclusion. It examines both the political roots of variety of new measures which have been introduced and also deeper social explanations for the unease expressed about anti-social behaviour more generally.



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This updated new edition of *Making People Behave* takes full account of recent legal and policy changes, including the 'Respect' agenda, as well as relevant research on the subject. It also contains two wholly new chapters, one of them devoted to the expanding web of behaviour controls, the other on Scotland which provides an alternative to the enforcement-oriented approach evident in England and Wales – complementing the wider coverage in the book of development in North America and Europe.

Case, S. and Haines, K. (2009) *Understanding Youth Offending: Risk factor research, policy and practice*. Willan Publishing, Cullompton.

This is the first systematic critical review of risk factor research and therefore the whole edifice of youth justice work employed in the US and UK that is based on this research. As such it may well contribute to bringing the whole edifice crumbling down because of the ways in which the book forensically dissects and successfully exposes the shaky foundations on which this edifice is built. At the very least, the authors provide plenty of reasons why the evidence for current youth justice assessment and intervention should be treated with considerable caution. This is an important and necessary book. All youth justice academics, practitioners and managers should take note.

Eriksson, A. (2009) *Justice in Transition: Community Restorative Justice in Northern Ireland*. Willan Publishing, Cullompton.

This book provides a unique account of the high-profile community-based restorative justice projects in the Republican and Loyalist communities that have emerged with the ending of the conflict in Northern Ireland. Unprecedented new partnerships between Republican communities and the Police Service of Northern Ireland have developed, and former IRA and UVF combatants and political ex prisoners have been amongst those involved.



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Community restorative justice projects have been central to these groundbreaking changes, acting as both facilitator and transformer. Based on an extensive range of interviews with key players in this process, many of them former combatants and unique access to the different community projects this book tells a fascinating story.

At the same time this book explores the wider implications for restorative justice internationally, highlighting the important lessons for partnerships between police and community in other jurisdictions, particularly in the high-crime alienated neighbourhoods which exist in most western societies, as well as transitional ones. It also offers a critical analysis of the roles of both community and state and the tensions around the ownership of justice, and a critical, unromanticized assessment of the role of restorative justice in the community.



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Forthcoming Events

Conferences

20 years of the United Nations Convention on the Rights of the Child

Date: 26 January 2010

Organisers: Child Care in Practice

Venue: Culloden Hotel, Hollywood

This international conference aims to mark twenty years of the passing of the UNCRC and to examine its impact in promoting children's rights. The conference will coincide with the launch of a special edition of the *Child Care in Practice* journal and will explore the Convention's core themes of provision of services, participation and protection.

The conference is aimed at professionals working in the areas of law, social work, youth justice, children's rights, education and health, and will include presentations by *Gerison Lansdown*, founding Director of the Children's Rights Alliance for England, *Patricia Lewsley*, Commissioner for Children and Young People and *Professor John Pinkerton*, Chair in Child & Family Social Work at Queen's University Belfast.

Further Details:

Web: <http://www.childcareinpractice.org/events.htm>

Email: childcareinpractice@qub.ac.uk