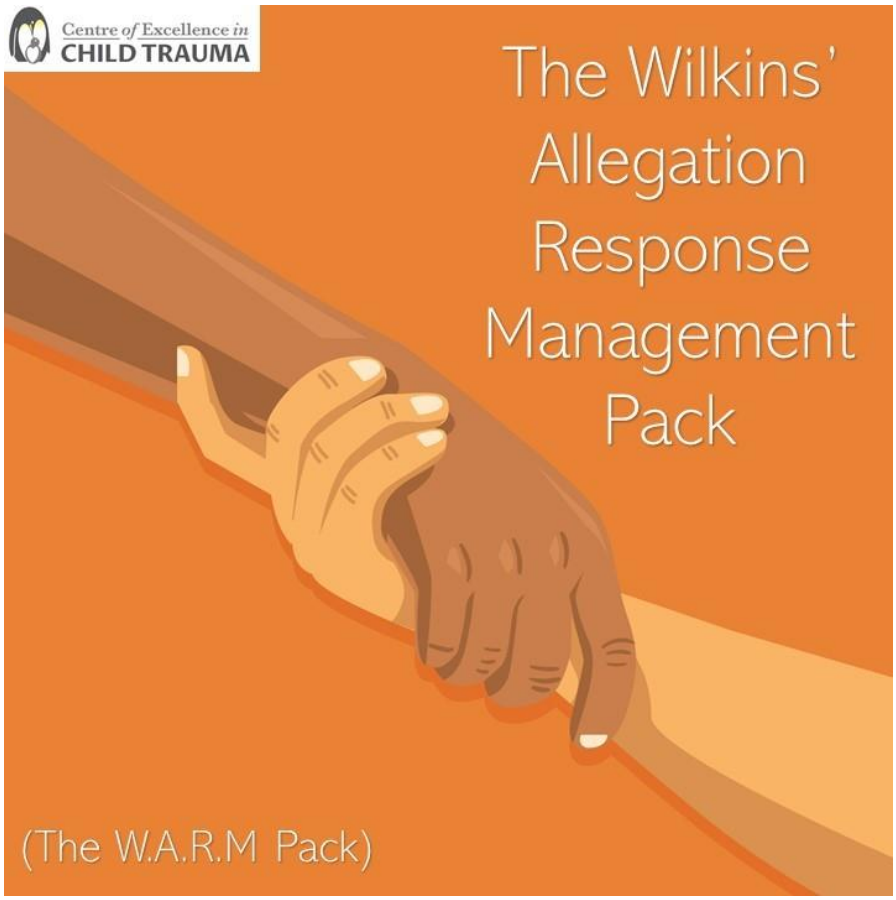

This Allegation Support Pack has been created in Memoriam of Mike Wilkins to help to prevent further deaths and so that families know where to find guidance and support if they are accused falsely.

Created and delivered by The Centre of Excellence in Child Trauma to help therapeutic parents and supporting professionals, caring for children from trauma, when there is an allegation.

Centre of Excellence in CHILD TRAUMA

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Why do we need an Allegation Support Pack?

It is a fact that children in care make allegations. Sadly, sometimes these are well founded and current. However often these allegations are actually memories of past experiences re-emerging under stress. Whichever of these it is, having an allegation made against you is an extremely stressful event.

Children that have suffered from Adverse Childhood Experiences (trauma such as neglect and abuse) can have muddled memories that mean that they experience past events as happening in the here and now, so a false allegation may be in fact a disclosure of a historical event. Alternatively, a false allegation may be made from anger or an unconscious need to reject the foster/ adoptive parents.

Parents that have suffered from false allegations frequently report lack of support, care or understanding in the handling of these allegations. At CoECT we are committed to making a change and raising awareness of all the issues around false allegations.

For more information about this or if you have been affected by this issue, please contact the NATP at the Centre of Excellence in Child Trauma. 01453 519000 natp@coect.co.uk

How the W.A.R.M Pack came about

The National Association of Therapeutic Parents (part of Centre of Excellence in Child Trauma), were contacted by Sam Wilkins following her husband Mike's

death. We provided support to her family throughout the drawn-out inquest proceedings. Sam and Mike's story is at the end of this pack.

How are you feeling?

Firstly, it's really important to check on how YOU are!

From our own experience of supporting parents of traumatised children (children that have been subjected to Adverse Childhood Experiences) we know that these are the common feelings identified by families under extreme stress:

Signs and Symptoms of Stress and Anxiety

- Isolation
- Misunderstood
- Blamed
- Exhausted
- Unable to access empathy for the child
- Depression
- Extreme anxiety
- Sleeplessness

IF THIS DESCRIBES YOU PLEASE SEEK HELP NOW!

Please go to the Centre of Excellence in Child Trauma Website (coect.co.uk) where you will find ways to contact the National Association of Therapeutic Parents (NAoTP) for help, advice, and a listening ear; and the Haven where you will be able to access wellbeing and therapeutic sessions to help you to overcome your trauma.

Compassion Fatigue

Compassion fatigue is that feeling you get when you are disconnected from the child you are trying to care for. You may feel like you have reached the end of your tether and that your empathy is gone.

Our research with The Hadley Centre at The University of Bristol, found that compassion fatigue (sometimes referred to as 'blocked care'), is very common in people who are caring for children who have experienced trauma. When there is an allegation, it is MUCH MORE likely that you will feel this way.

Don't worry. You have not suddenly turned into a bad parent! Compassion fatigue is a real physiological condition which takes place in the brain. It's the way your brain responds to stress and tries to protect you from further trauma.

In fact, in our survey in August 2019, over 90% of therapeutic parents said they had suffered from compassion fatigue at some stage.

You can read more about this here

http://www.bristol.ac.uk/news/2016/november/foster-carers.html

Self-Care

The importance of self-care cannot be over emphasised. In looking after children from trauma, the parent will often be overwhelmed by the challenges presented by a child that is unable to connect emotionally with the parent- unable to show affection and give the psychological rewards that we rely on as parents.

Self-care needs to be embedded in everyday life by using some of the following:

- Natural breaks – resting and doing things for yourself when children are at school.
- Identifying someone that can support you, especially if you are a single parent.
- Joining support groups – we run an online peer support page and face to face listening circles (or virtual listening circles) at NAoTP.
- Give yourself treats.
- Timetable in evenings out from the beginning.
- Ask for support from your Supervising Social Worker
- Short breaks where the child stays away from home
- Training and education

Child Protection

It is important to remember that these structures are in place to prevent further trauma happening to children that have been subjected to ACE's. It is everyone's responsibility in the community to protect children and therefore everyone's responsibility to report abuse or suspected abuse to the relevant agencies.

The two agencies that investigate reports of abuse are the police and social services. Once an allegation has been made to relevant agencies, they have a legal duty to investigate whether a child is safe and well.

What to expect during an investigation?

The duties and responsibilities to YOU.

There is a framework in place to support parents that are undergoing an investigation of significant harm.

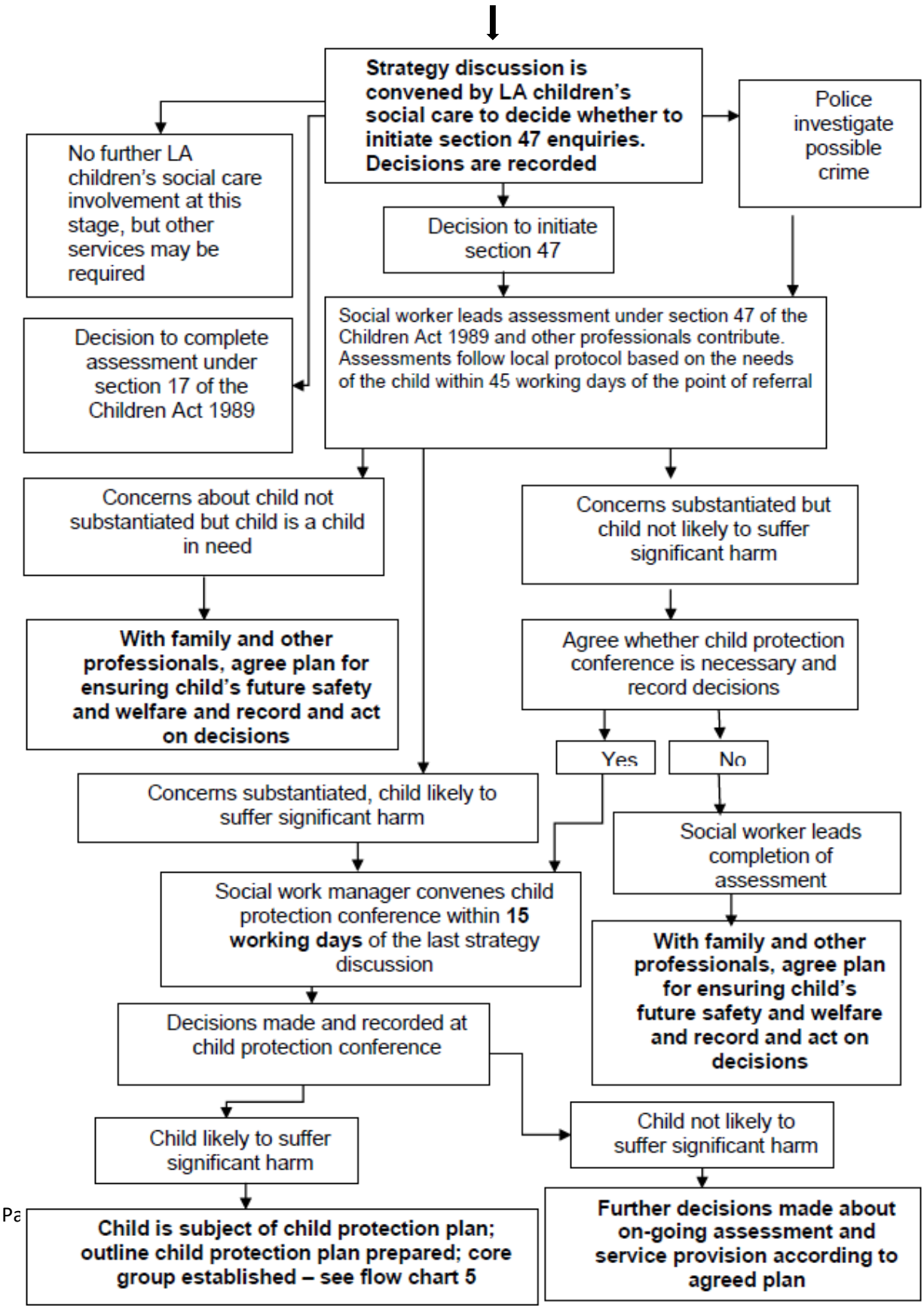
National Minimum Standards 22.12 states:

"During an investigation, the fostering service makes support, which is independent of the fostering service, available to the person subject to the allegation and, where this is a foster carer, to their household, in order to provide:

a. *Information and advice about the process*
b. *Emotional support, and*
c. *If needed, mediation between the foster carer and the fostering service and/or advocacy (including attendance at meetings and panel hearings)"*

An allegation may be made by any person that believes that they have cause for concern about a child or may be made by the child themselves.

On the next page you will find a flow chart explaining the process.



Why some children make false allegations

Extreme trauma which impacts on your prospects of survival is stored differently but this memory can be quickly reactivated by sensory triggers which bring the memory flooding back. These children live in the "now" with no real sense of past present or future, and they literally experience the memory as if it is happening in the here and now.

Trauma impacts on memory and often traumatised children can confuse what has HAPPENED with what is HAPPENING.

The Sympathetic Face

Children from trauma have learned to survive against the odds, and one thing that they respond to is a sympathetic face. In order to maintain the soothing feelings produced by being presented with this expression, they may also invent things to maintain that feeling – for instance, maybe they eat all their food on the way to school, because they are having a worry that day. They saw someone that looked a bit like a member of their birth family on the way and it got them feeling stressed, so they ate all their lunch because food is a way for them to regulate themselves. When they get into school it is noticed that they are stressed, and the sympathetic faced teacher asks if they are ok?

'No,' they say, 'I am really hungry'.

They go onto say in answer to further sympathetic questions that they never are given breakfast, and have not been given lunch, keeping that attention centred on them as long as possible and possibly earning a food reward in form of a snack.

Clearly, allegations must be investigated, but by following a process, understanding the history, working in partnership with parents and Social Workers and understanding trauma and the child's history, many cases of false allegations which lead to family breakdowns and further trauma for the child and the families involved can be avoided.

This is NOT conscious or malicious on the part of the child, who is simply trying to stay alive. I know that sounds rather extreme, but for the child it is literally all about survival.

This is easier to understand if you imagine the plight of the baby whose needs are rarely met, and who is unable to do anything for themselves. Their survival absolutely depends on somehow getting the attention of an adult to help them and they will do whatever they need to achieve this. If smiles and cooing don't work, then screaming until you are hoarse might, and negative attention that ensures you survive is better than no attention at all, and so the lesson is learned, and this strategy is hardwired into the developing brain.

More about- MIXED (TRAUMATIC) MEMORIES AND FALSE ALLEGATIONS

From Beacon House:

Memories before language are known as 'implicit', which means that while the child cannot later recall and talk about them, their body has stored the memories in its sensory systems. Because traumatised children are stuck in 'fear mode' as they grow up, their hyper-vigilance to signs of danger reduces their ability to filter out "irrelevant" sensory experiences such as background sights, sounds and textures. This can mean that the child's sensory system becomes overloaded and overwhelmed, and they feel there is danger imminent, even when they are completely safe. When a traumatised is child feeling stressed, they may have a sensory flashback which means that they re-experience the bodily feeling of immediate danger, with no way to make sense of it or communicate it verbally as the memory has no language 'attached' to it.

Dissociation

Amnesia from trauma- No memory of long periods of time in their childhood in day to day life, the child may have memory lapses for seconds, minutes or hours of time

In fact, dissociation is the child's brain keeping them safe by momentarily removing them from perceived threat in their day-to-day life.

From CoECT:

Childhood Trauma, Mixed Memories and False Allegations

Experience shows us that early disruption of attunement and lack of an attachment figure or abuse of a child has a direct effect on the development of the architecture of the child's brain. Specifically, in relation to the formation of ideas about self, others and the world we see children develop overriding schemas (Internal Working Model) in which they view themselves as unlovable, worthless, disposable; adults as untrustworthy and terrifying and the world as a hostile place. Children that have experienced relentless and repeated trauma such as violence, neglect, physical or sexual abuse are likely to form these core beliefs about themselves. We are now finding that science and research endorses this:

"*Children exposed to ongoing stress and trauma such as that associated with exposure to community violence may develop schemas of the world as a hostile place and experience changed attitudes about people, life and the future*"

(Cichetti &Lynch 1993 Terr, 1991 in Seigal D 2015

Our children from care have a very negative Internal Working Model which is as a result of their experiences and has been hardwired into their brain from their earliest age. Their expectation is that new adults that they encounter will behave like the abusing adults as this has been their primary experience. It takes a lot of time and patience to turn the situation around, and the more placements they have had the harder it becomes. Children also tend to subconsciously re-create their chaotic previous life by their actions – they are highly rejecting as a result of their fear of abandonment and this is a strategy which enables them not to get too close, avoiding being vulnerable and feeling

powerless or the pain of rejection. At least they have rejected you first! Attempting to build a relationship with such a child is hard as in their earliest days they did not have the experience of "serve and return" communication where adult and child are able to communicate backwards and forwards by words, actions and facial expressions showing their delight in the unfolding of their relationship. When families are disrupted by false allegations the child unwittingly replicates their trauma and consolidates their negative Internal Working Model. Paradoxically we often see that these disruptions occur at a point when the young person is beginning to attach and feel that they are claimed by and belong to a family. This experience of being claimed can make the child feel very vulnerable and produces intense fear of rejection causing the child to speak from their fear of what will happen (i.e. they will be abandoned and rejected again). This is classic fear-based anxiety driven behaviour, which we see over and over again.

In his article Memories of Fear, Dr Bruce Perry states that

"In the traumatized child, the narrated words are mere shadows of what is being communicated as they recall the event. ***The child's recall of a traumatic event involves not just the narrative shards as recalled using cognitive memory but also the intense fear of the emotional memory, the motor agitation of the motor memories and the physiological arousal (or dissociative response) of the state memory.*** *Yet the syntax, semantics and grammar of these non-cognitive narrations do not yet have the standing in court that the syntax, semantics and grammar of verbal language does. Learning the language of trauma and translating the verbal and non-verbal elements of this language will require many more years of investigation. Yet, as this investigation is underway, it is the task of all of us working with maltreated children to educate our peers and the rest of society that this language exists (e.g., Briere and Conte, 1993; Ceci and Bruck, 1993).*

To educate our society that traumatic events, like other experience, change the brain. ***Further, that the brain stores elements of the traumatic events as cognitive memory, motor memory, emotional memory and state memory, altering the functional capacity of the traumatized individual.*** *And, in the end, by robbing the individual potential of millions of children each year, childhood trauma and neglect robs the potential of our families, our communities and our societies."*

Dr Bruce Perry (https://childtrauma.org/wp-content/uploads/2014/12/Memories_of_Fear_Perry.pdf)

Effect of Trauma on Memory states

Dan Seigal (2015) suggests that elements occurring during an overwhelming event such as amygdala discharge and noradrenaline secretion in response to massive stress may increase encoding of implicit (subconscious) memory. Explicit memory may be inhibited by cortisol (blocking hippocampus functioning) and therefore affecting subsequent recall. Memories of trauma may be triggered by sensory input which will activate the firing of the amygdala and the fight flight response. For the child suffering from developmental trauma with memories of abuse this can mean that specific sensory triggers will immediately activate their amygdala and mediate a Fight Flight response which will feel as though it is happening in the present.

Sarah Naish developed an analogy for this – imagine yourself filing – this stands for encoding memories in your hippocampus. The items you are filing are date stamped, sequential and in a system that allows them to be retrieved. (this is your day-to-day experience of encoding memory in your explicit memory). Suddenly there is a major incident, and the fire alarm goes off (a trauma occurs, and your amygdala fires, which sends the hippocampus offline) Unable to remember how to file, you stuff all the papers in the safe (implicit memory) and run. Later, after the event, you cannot remember what you did with those files, they are not accessible. However, the next time the fire alarm goes off, the implicit memory is once again triggered, and you retrieve the information.

Naoki Higashida describes how this feels for him in his book "The Reason I Jump" (2013)

"*We do remember what we did, when, who we did it with and things like this, but these memories are all scattershot and never connected in the right order. The trouble with scattered memories is that sometimes they replay themselves in my head as if they had only just taken place – and when this happens, the emotions I felt originally all come rushing back to me, like a sudden storm".*

"I know I have lots of pleasant memories, but my flashback memories are always bad ones, and from our of the blue I get incredibly distressed, burst into tears or just start panicking. Never mind that it's a memory from ages ago – the same helpless feeling I had then overflows and floods out and it just won't stop".

Talking about narrative memory, Naoki says:

"I imagine a normal person's memory is arranged continuously, like a line. My memory, however, is more like a pool of dots. I'm always "picking up" these dots"

Sarah Naish refers to this as a memory carousel, capturing the essence of the memories which flit into consciousness only to become inaccessible once more when the moment has passed.

False Allegations

The significance of this for children that are in care is that sensory data which is imperceptible to others may literally cause them to feel that they are back in the situation of trauma, and this will be exacerbated when the child has high circulating cortisol due to stress such as approaching an anniversary (for instance of a move or transition, birthday, Christmas, anniversary of a traumatic event). In that moment, a fleeting facial expression, a sound, a smell or an action may be misinterpreted. The child remembers the incident but experiences it in the present and makes a disclosure such as "my mum hits me". However, they may be referring to a historic incident, which may or may not be previously known.

Related Research:

The CDC-Kaiser ACE study

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviours. (https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html)

The study found that there are 3 direct and 6 indirect experiences that have an impact on childhood development. The more adversity a child experiences the more likely it is to impact upon their mental and physical health. Evidence suggests children exposed to 4 or more adverse experiences are more likely to participate in risk taking behaviours and find it more difficult to make changes and consequently, have poorer health outcomes.

Direct:

- Verbal Abuse
- Physical Abuse
- Sexual abuse

Household/environment:

- Domestic Violence
- Parental separation
- Mental Illness
- Alcohol abuse
- Drug abuse
- Incarceration

(Adverse Childhood Experiences – Public health England)

Helping Children to Recover – Developing a narrative.

It is a good idea to have a narrative to use with children to help them to understand why they can suddenly get overwhelmed by emotional states that they are scared by and have no idea where they came from.

For instance, in the case of Carrie, whose adopted daughter Jasmine has problems every Christmas, she explained to me that she remembered that her Jasmine was removed from birth home mid-December, moved to Foster Parents and then moved on to Adoptive Mum Carrie in January. Carrie realised that this was significant even though Jasmine was only around a year old at the time. She suffered the loss of her birth mum, a major transition, the loss of her Foster family and a further transition all around Christmas time when the sensory elements are at the highest point of the year with bells, smells, carols, tastes etc which will all serve to trigger her intensely painful implicit or "state" memories of this time. There will almost certainly have been additional trauma even before this happened. So, the narrative goes like this: *"A lot of bad things happened to you when you were a baby, and your baby brain could not cope with what was happening, so it hid the memory deep in your mind where you did not have to try and manage it all the time. But memory is strange, and if you see, hear, smell or taste something that reminds you of that time in your life it wakes your baby brain up again, and makes you feel the same way that you felt when you were going through it as a baby. You were moved from your home, into foster care, and then to me over Christmas time. I think that every Christmas your baby brain gets woken up because of all the lights, sounds, smells, and tastes, and you feel like you did back then – scared, angry and powerless. I am so sorry that you felt so helpless and were so unhappy and scared. I am so sorry that I cannot take that hurt away from you. But I do love you."*

This can be amended to include relevant history, if known, in a sensitive and developmentally appropriate way.

CoECT have developed tools for identifying trauma triggers and creating strategies and the training for this will shortly be made available. Please see CoECT website for updates on the Reactive to Proactive process.

More about the Process for Investigating Allegations: Section 47 Enquiry

1. Initiating Section 47 Enquiries

Where information gathered during a Referral or an Assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer Significant Harm, a Strategy Discussion Meeting should be held to decide whether to initiate enquiries under Section 47 of the Children Act 1989. Strategy Discussions/Meetings should be held as soon as possible, bearing in mind the needs of the child.

A multi-agency assessment is the means by which Section 47 Enquiries are carried out. The assessment will have commenced at the point of referral and must continue whenever the criteria for Section 47 Enquiries are satisfied. While the timescale within which the assessment must be completed is 45 working days the outcome of enquiries under Section 47 must be available in time for an Initial Child Protection Conference which (if required) must be held within 15 working days of the Strategy Discussion/Meeting where the enquiries were initiated.

A Section 47 Enquiry is carried out by undertaking or continuing with an Assessment in accordance with the guidance set out in this chapter and following the principles and parameters of a good assessment.

Local authority social workers have a statutory duty to lead Section 47 Enquiries. The police, health professionals, teachers and other relevant professionals should support the local authority in undertaking its enquiries. The Children's Social Care Manager has responsibility for authorising a Section 47 Enquiry following a Strategy Discussion.

The Section 47 Enquiry and assessment must be led by a qualified social worker from Children's social care, who will be responsible for its coordination and completion. The social worker must consult with other agencies involved with the child and family to obtain a fuller picture of the circumstances of all children in the household, identifying parenting strengths and any risk factors. Enquiries may also need to cover children in other households with whom the alleged offender may have had contact. All agencies consulted are responsible for providing information to assist.

2. Purpose of Section 47 Enquiries

A Section 47 Enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. The enquiry is carried out by undertaking or continuing with an assessment in accordance with the guidelines set out in this chapter and following the principles and parameters of a good assessment (see Assessments Procedure for further details).

3. Conducting Section 47 Enquiries

Social workers with their managers should:

- Lead the Assessment in accordance with this guidance.
- Carry out enquiries in a way that minimises distress for the child and family.
- See the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly.
- Interview parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child.
- Systematically gather information about the child's and family's history.
- Analyse the findings of the Assessment and evidence about what interventions are likely to be most effective with other relevant professionals to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help; and
- Follow the guidance set out in Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of any criminal investigation.

The social worker, when conducting a Section 47 Enquiry, must assess the potential needs and safety of any other child in the household of the child in question. In addition, Section 47 Enquiries may be required concerning any children in other households with whom the alleged abuser may have contact.

In determining which professionals should be involved in a Section 47 Enquiry, consideration could include who are the family most likely to cooperate with. In all cases where there is a known propensity to violence within the family household, consideration should be given to the strategy to be adopted, with Police advice or assistance if appropriate, about how to reduce the risks before any visits take place.

The child must always be seen and communicated with alone in the course of a Section 47 Enquiry by the Lead Social Worker, unless it is contrary to his or her interests to do so. The Strategy Discussion Meeting will plan any interview with the child. The Record of Section 47 Enquiry and Reports to Child Protection Conferences should include the date(s) when the child was seen alone by the Lead Social Worker and, if not seen alone, who was present and the reasons for their presence.

Before a child is seen or interviewed parental permission must be gained unless there are exceptional circumstances that demonstrate that it would not be in the child's interests and to do so may jeopardise the child's safety and welfare. Relevant exceptional circumstances would include:

- The possibility that a child would be threatened or otherwise coerced into silence.
- A strong likelihood that important evidence would be destroyed; or
- That the child in question did not wish the parent to be involved at that stage and is competent to take that decision.

In such circumstances, the social worker must take legal advice about how to proceed and whether legal action may be required, for example through an application for an Emergency Protection Order or a Child Assessment Order.

The police should:

- Help other agencies understand the reasons for concerns about the child's safety and welfare.
- Decide whether or not police investigations reveal grounds for instigating criminal proceedings.
- Make available to other professionals any evidence gathered to inform discussions about the child's welfare.
- Follow the guidance set out in Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and

guidance on using special measures, where a decision has been made to undertake a joint interview with the child as part of the criminal investigations.

Health professionals should:

- Undertake appropriate medical tests, examinations, or observations, to determine how the child's health or development may be being impaired.
- Provide any of a range of specialist assessments. For example, physiotherapists, occupational therapists, speech and language therapists and child psychologists may be involved in specific assessments relating to the child's developmental progress. The lead health practitioner (probably a consultant paediatrician, or possibly the child's GP) may need to request and coordinate these assessments; and
- Ensure appropriate treatment and follow up health concerns.

All involved professionals should:

- Contribute to the Assessment as required, providing information about the child and family; and
- Consider whether a joint enquiry or investigation team may need to speak to a child without the knowledge of the parent or caregiver.

4. Outcomes of a Section 47 Enquiry

Local authority social workers are responsible for deciding what action to take and how to proceed following Section 47 Enquiries. The outcome of a Section 47 Enquiry must be endorsed by the team manager.

A Section 47 Enquiry may conclude that the original concerns are:

- Not substantiated; although consideration should be given to whether the child may need services as a Child in Need.
- Substantiated and the child is judged to be suffering, or likely to suffer, Significant Harm and an Initial Child Protection Conference should be called.

4.1 Concerns not substantiated

Social workers with their managers should:

- Discuss the case with the child, parents and other professionals.
- Determine whether support from any services may be helpful and help secure it; and
- Consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this.

All involved professionals should:

- Participate in further discussions, as necessary.
- Contribute to the development of any Plan as appropriate.
- Provide services as specified in the Plan for the child; and
- Review the impact of services delivered as agreed in the Plan.

Outcomes may be:

i. No Further Action
Enquiries have revealed that there are no causes for concern. The child may be a Child in Need, but the family do not wish for services to be provided, in which case the case will be closed;

ii. Family Support to be provided
Enquiries have revealed that there is no evidence that the child is suffering, or is likely to suffer, significant harm but there are needs that could be met by the provision of services either under section 17 of the Children Act 1989 or by signposting the family to another agency. The family are willing for a package of support to be provided, or continue to be provided.

Where services are to be provided under Section 17 of the Children Act 1989, the social worker/team manager should convene a Child in Need Planning Meeting within 7 working days to agree a Child in Need Plan - see Child in Need Plans and Reviews Procedure.

4.2 Concerns of Significant Harm Are Substantiated And The Child Is Judged To Be Suffering, Or Likely To Suffer, Significant Harm

N.B. Where immediate protective action is required, the advice of Legal Services should be sought.

Social workers with their managers should:

- Convene an Initial Child Protection Conference. The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. It should take place within 15 working days of a Strategy Discussion, or the Strategy Discussion at which section 47 enquiries were initiated if more than one has been held. The request to convene the conference must be supported by a team manager.
- Consider whether any professionals with specialist knowledge should be invited to participate.
- Ensure that the child and their parents understand the purpose of the conference and who will attend; and
- Help prepare the child if he or she is attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an Advocate, friend or supporter.

All involved professionals should:

- Contribute to the information their agency provides ahead of the conference, setting out the nature of the agency's involvement with the child and family.
- Consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when; and
- Attend the conference and take part in decision-making when invited.

For the detailed procedure in relation to Child Protection Conferences, see Halton Children and Young People Safeguarding Procedures, Child Protection Conferences.

5. Recording Section 47 Enquiries

The social worker should record the information gathered and actions during the course of the enquiry and its outcomes on a Record of Section 47 Enquiries, which should be approved by the team manager.

6. Dispute Resolution

If the local authority decides not to proceed with a Child Protection Conference then other professionals involved with the child and family have the right to request that a conference be convened, if they have serious concerns that a child's welfare may not be adequately safeguarded. In the event of a continued difference of opinion, the Pan Cheshire Multi Agency Escalation Policy should be followed.

(Source: Halton Children's Services Procedures: Section 47 Child Protection Enquiries (Section 47) (proceduresonline.com) accessed 02.12.20)

Helpful Websites

- **Centre of Excellence in Child Trauma:** Wellbeing, Training, Support, Education and more: www.coect.co.uk
- **National Association of Therapeutic Parents:** www.naotp.com
- **Coram family law advice:** www. childlawadvice.org.uk
- **CoramBAAF:** www.corambaaf.org.uk
- **Cruse:** www.cruse.org.uk
- **False Allegations Support Organisation** (FASO) www.false-allegations.org.uk
- **Family Law:** www.thefamilylawco.co.uk/information/is-legal-aid-available
- **Finding help:** www.citizensadvice.org.uk/law-and-courts/legal-system/finding-free-or-affordable-legal-help
- **Legal aid:** www.gov.uk/legal-aid
- **Rees Centre - University of Oxford:** www.fosterline.info/wp-content/uploads/2019/01/Allegations-report-launch-final-July-2016.pdf
- **Samaritans:** www.samaritans.org

Mike's Story

This story has been written under the direction of Sam Wilkins, Mike's Widow

Mike Wilkins was a lovely family man held in high esteem by those that knew him. He and his wife were foster parents and had care of a child that was exhibiting extreme and dangerous behaviours. The couple had an impeccable record of fostering having looked after many children and this child had been cared for by the Wilkins for some years, however the behaviours escalated significantly in 2018. The Local Authority were aware that the family were not coping, and review notes show that they identified their duty of care and recognised that Michael and his wife did not have the skills required for this highly traumatised young person.

Violence in the home Sam and Mike endured death threats and extreme physical attacks – Mike was thumped and kicked by the child when recovering from an operation, for example, as well as being subjected to verbal abuse daily. Sam's teenage son slept with his window open so that he could escape if he was attacked in the night.

Despite pleas for help and acknowledgement of the extreme stress they were under and the fact that they had served notice several times to the Local

Authority (asking for the child to be removed) they were left to manage on their own over several weeks including Christmas. Sam remembers this as a terrible and immensely stressful time, when she was unable to see extended family due to the extreme nature of the behaviours exhibited.

An impossible situation –. The young person concerned was eventually removed as a result of the family's attempt in desperation to show the situation they were living in when they took a photograph during an episode in early January 2019 and sent this to the Social Worker in charge. At this point the young person was removed very quickly (remember that this had been requested by the parents three times previously and had not been possible). On the journey away from the foster home, the young person made a list of allegations against the family. This resulted in an investigation and police involvement.

Impact of allegations – The investigation dragged on and the family were unsupported and isolated for months. They were not told of the full allegations, just that they were serious. The strain affected the whole family and took a toll on Michael's mental health. On 22nd April 2019 he writes in his diary "serious allegations: We get serious mental torture". He saw his GP for medication. His mental health deteriorated further. On 30th April, the couple were asked to attend the police station in a few days for interview. Michael was saying he did not think he could go through with it. He committed suicide in the family home sometime in the early hours of 1st May 2019. He was found by his wife in the morning.

Guilty until proved innocent – Sam feels strongly that she and Mike's family were deemed guilty until proved innocent. The strain of the process - during which they were unsupported for many months proved to be too much for Michael to manage. They also experienced bullying from their Social Worker who wanted them to "own up" to the allegations. Mike's mental health deteriorated and in the end, he chose to end his life rather than live with the stress any longer. After his death, the police closed the investigation. The allegations were unfounded.

Mike Wilkins committed suicide in May 2019 as a direct result of false allegations made against him and his wife by a child in the care of the family. His widow, Sam, firmly believes that his death could have been avoided if the

correct support and advice had been given. She also is very clear that had the family had the right interventions and help from the Social Services team in the months before the allegation when the family were dealing with a child whose behaviours were escalating by the day, that the situation need not have occurred. In fact, they were left to manage this life changing allegation almost in isolation.

The situation led to a deterioration in Mike's mental health and he was unable to manage despite medication and the love and support of his family.

Michael leaves behind a wife, daughter, son, grandchildren, godchildren, and past foster children as well as siblings and other family and friends. His family feel strongly that they were failed by the very services that are there to protect families. Furthermore, the family feel disenfranchised as they have been unable to get representation in a legal sense whereas of course the police and Social Services have their own legal departments. Instead, the family have been reliant on a not-for-profit organisation (NATP) for help and support, and only contacted them after Michael's death through a Facebook site for parents