

Learning Outcomes

- Explain and apply the latest research and knowledge to inform best practice
- Demonstrate through discussions and practice, and an advanced understanding of current child protection issues
- Demonstrate an awareness of the emotional dimension of safeguarding work
- Explore different perspectives on assessment and observation, including dimensions of risk management
- Describe your role in the multi-agency process, and be able to work confidently with professionals from other agencies
- Facilitate respectful, safe and realistic environments in which to engage and communicate with parents/carers where there are safeguarding concerns
- Utilise relevant tools to support structured professional judgment
- Create and utilise opportunities for reflective practice and critical thinking
- Know how to respond using Barnardo's policies on recording, escalation, managing allegations and information sharing

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Outline of Two Days

Day 1:

- Context and current issues
- Acquiring and applying knowledge to inform our practice (*Attachment and Child Development*)
- The 'toxic trio' and other risk indicators
- Understanding the emotional impact of this work

Day 2:

- Using Kolb cycle in work with families and young people
- Communicating Effectively
- Process of Reflection
- Understanding Analysis
- Making Plans and moving forward

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Introductory Exercise

Who we are?
What is our job?
What have we left
behind?



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Exercise 2
Personal Goals

- *What do I want to get out of these two days?*
- *What can I do to make sure this happens?*
- *What do I need from the trainer and other colleagues?*



Session 1

Current Issues in Safeguarding

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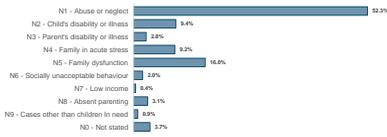
Safeguarding & Child Protection

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. It is defined as:

- Protecting children from maltreatment (CP processes)
- Preventing impairment of children's health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- Taking action to enable all children to have the best outcomes

Abuse and Neglect is still the most common reason for referrals to Social Care: 2016-17

Figure J: Percentage of children in need at 31 March 2017, by primary need at assessment England, 2017



DfE Statistical First Release
Stats 2016-17

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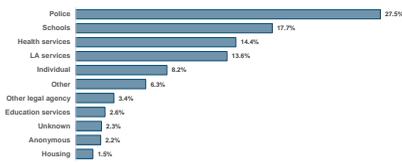
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Source of Referral: 2016-17

Figure I: Percentage of referrals in the year ending 31st March by source of referral England, 2017



DfE Statistical Release: 2016-17

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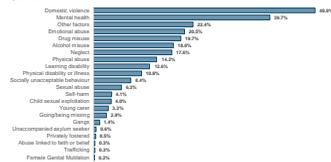
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Factors identified in assessments: 2016-17

Figure K: Percentage of children in need at 31 March 2017, by factors identified at the end of assessment England, 2017



DfE Statistical Stats: 2016-17

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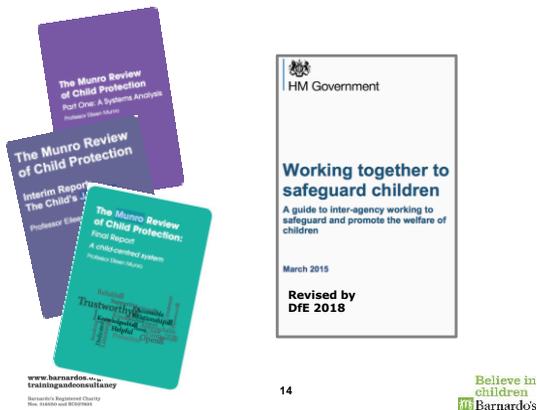
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When children die at the hands of parents, family members or perpetrators their tragic deaths hit the headlines. Government and local authorities will often spring into action....





Serious Case Reviews

‘Statutory guidance is very clear in its expectation that when things go wrong for children, through death or serious injury from maltreatment, there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved in order to reduce the risk of future harm to children. There is an expectation that these processes known as Serious Case Reviews (SCRs) should be transparent with findings of reviews shared publicly’.

*s14 Children Act 2004
Working Together to Safeguard Children 2015. HMSO (Revised in April 2018)*

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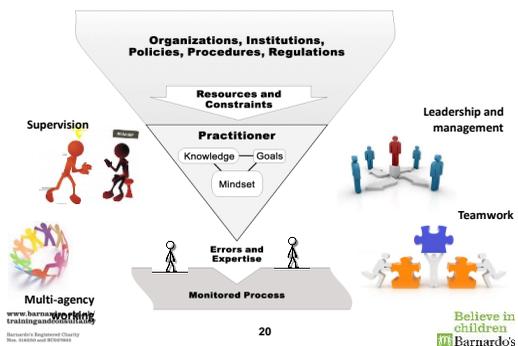
Exercise 3



Table Discussion

Why do you think these practice issues continue?

Frontline workers do not work in isolation



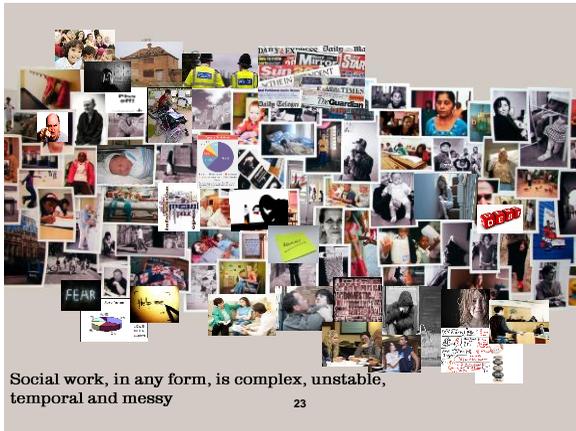


Session 2

Acquiring and applying knowledge to inform our practice

(Attachment and Child Development)

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Knowledge & Skills

1. Relationships and effective direct work
2. Communication, Observation, listening and assessment skills
3. Child Development
4. Adult mental ill health, substance misuse, domestic abuse, physical ill health and disability
5. Abuse and neglect of children
6. Analysis, decision-making, planning and review
7. The law and the family and youth justice systems
8. The importance of supervision
9. Organisational context

Exercise 4



Exercise in Pairs

'What it means to be human'

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As humans, most of us seek

- **Safety** when threatened
- **Comfort** when distressed
- **Closeness** when isolated
- **Predictability/control** when outside it is chaos
- **To contain responsibility** when things are overwhelming

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Human Babies

- Born helpless
- Dependent on the care of other humans for their survival
- Must quickly learn to elicit the best responses from their carers



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Attachment Theory

The study of human **relationships**

Attachment behaviour as survival behaviour

Early attachment relationships serve as a template for later emotional functioning

Language, cognitive and moral development linked with early attachment relationships

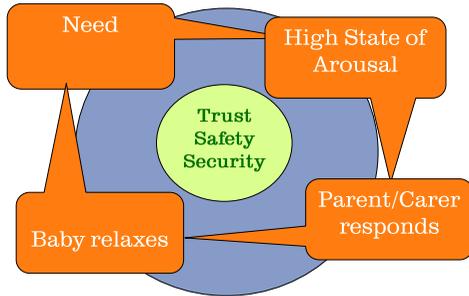
Bound by our evolutionary ancestors
Shaped by our brain structure



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The 'Arousal-Relaxation' Cycle

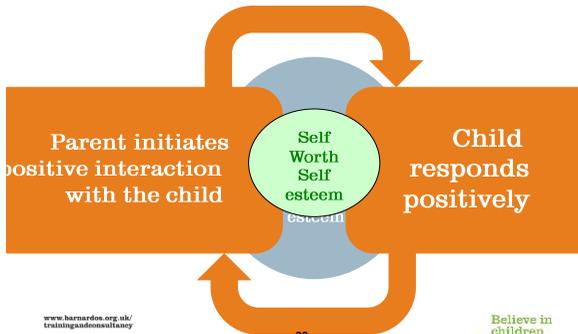


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The 'Positive-Interaction' cycle



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Exercise 5



Exercise in Small Groups

Match the different types of attachment to the behaviours on the card. Discuss any children who you know whose behaviours are similar. Present back to group.

Secure & Insecure Attachment

"A securely attached child is likely when faced with potentially alarming situations to tackle them effectively or seek help in doing so"

Children whose needs have not been adequately met see the world as 'comfortless and unpredictable and they respond by **either shrinking from it or doing battle with it.**'

Bowlby (1980) Attachment and loss Vol. 3 and Bowlby (1973) Attachment and loss Vol. 2



Secure attachment

'Adults are reliable and helpful'

'I know that I can trust you to meet my needs; you're there for me. I find it easy to trust you and others. I don't like it when you leave me and I want your comfort when I return. I am OK if you are with me or busy doing other things. You find me relatively easy to relate to.'

Insecure: Avoidant

'Adults are rejecting or intrusive'

'So when I am with you, I will avoid and ignore you and look after myself. I won't be asking you for help no matter what I face. I know its not OK to be emotional. Love? Care? Why would I trust you? You have no idea what I need.'

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Insecure: Ambivalent

'Adults are unpredictable sometimes caring and sometimes not'

'I have to draw attention to myself to get you to notice me and to make sure I get my needs met, even if it's just some of them. I can't rely on you working out what I need and when. Sometimes you will feel like I'm in your face but you've got to understand that I can't bear to be ignored – that terrifies me. I want comfort but when I get it, it doesn't help me.'

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Insecure: Disorganised

'Adults are either frightening by being abusive or frightened because they seem so scared or helpless most of the time'

'I don't know whether to approach you or run away from you. I feel confused by you and others. I'm bad. I'm frightened. Why should I trust you? But then I need you sometimes. I need to stay in control and be ready. Who knows what will happen next.'

*'It's like being starving, but faced with a 'poisoned cake''
(Hopkins, 1990)*

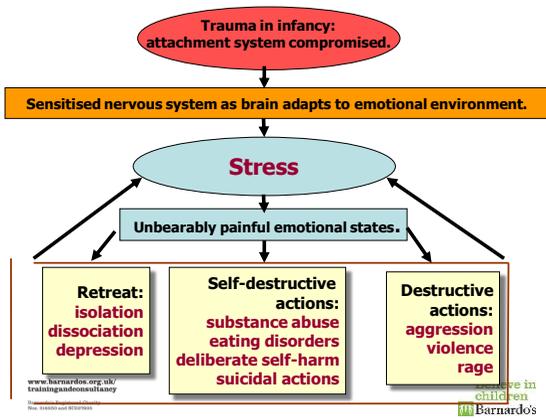
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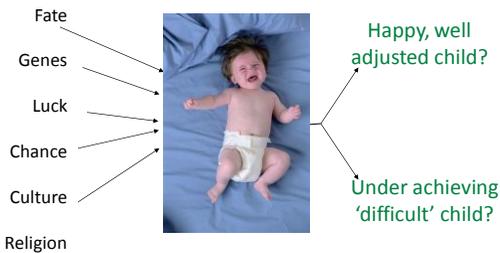
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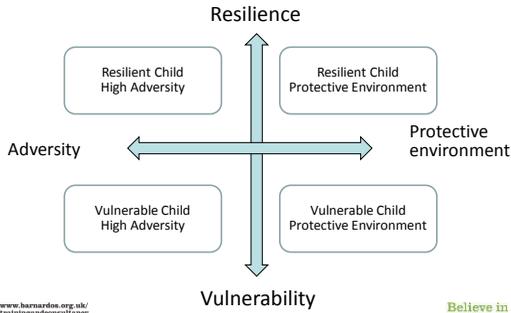
In Essence...

- Attachment needs are activated during times of perceived stress (discomfort, environmental, danger, fatigue, illness)
- The child must either have these attachment needs met or find other ways to cope.



Child Development – What counts?







Session 3

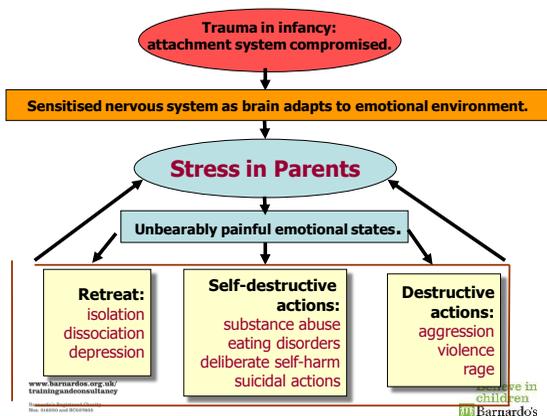
The Toxic Trio and known risk indicators

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This will be the longest session



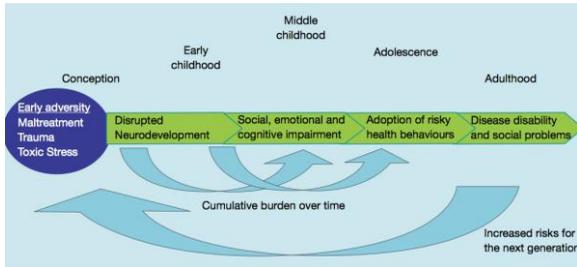
**Families with multiple needs:
parental mental ill-health,
substance misuse and domestic
violence**



Traumatised & Traumatizing Parents

- Parents with unresolved traumatic attachment issues and histories of maltreatment/neglect
- Range of issues and conflicts when they attempt to parent – from anxiety to avoidance to repetition
- Opportunity for the prevention of disturbed parenting and abuse

Adverse Child Experiences



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TED Ideas worth spreading*



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High Risk Parenting

- Parenting relationships which impact adversely on child development and particularly on security of attachment
- Spectrum of parenting behaviors, emotional responses, attitudes and conflicts (conscious and unconscious) which are traumatising for the child and result in disorganization of attachment and impact on emotional and behavioral regulation
- Influenced by parental attachment history, reflective capacity and mental state

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'The Toxic Trio'

- Research shows that the environment in which a child lives is crucial to his or her health, safety and well-being.
- The term 'Toxic Trio' has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people
- Work in this area has shown that there is large overlap between these parental risk factors and cases of child death, serious injury and generally poorer outcomes for children across all ages (Brandon et al, 2008)
- Parents with Learning Disabilities are now featuring more in SCRS

Parental Mental Ill-Health



Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk



'Parent' may refer to biological and non-biological parents, carers including grandparents, pregnant women and their partners and any adult who has regular responsibility for the care of a child or young person (this may not necessarily mean that the adult in this context has Parental Responsibility in legal terms)



The term "mental ill health" is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder

❖ 50,000 to more than 2 million children are affected by parental mental ill-health

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Domestic Abuse



Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: Psychological, Physical, Sexual, Financial, Emotional. It also includes so called 'Honour' based violence, female genital mutilation (FGM) and forced marriage, and it is clear that victims are not confined to one gender or ethnic group.



Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

❖ 1,796,844 children in England live in households where there is a risk of domestic violence

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Session 4

Importance of understanding the emotional content of the work and the impact on workers

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Exercise 8



Table top exercise

Am I worried?

Exploration of specific scenarios and professional judgement

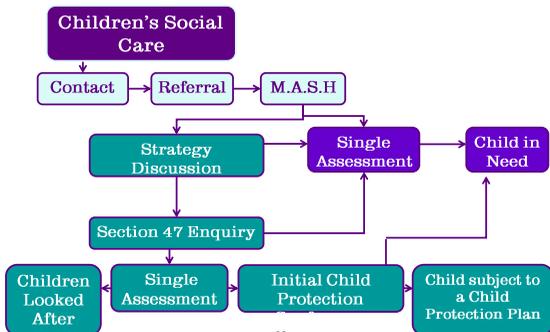
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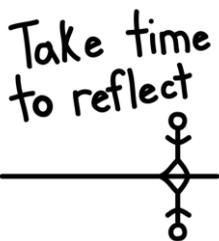


The Safeguarding System

(will vary slightly from area to area)



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Exercise 9



Exercise in Threes

Discuss how you cope, how you manage emotions, what issues has Day 1 identified for you?



See you tomorrow, have a nice evening...

Linda Richardson
Safeguarding Consultant



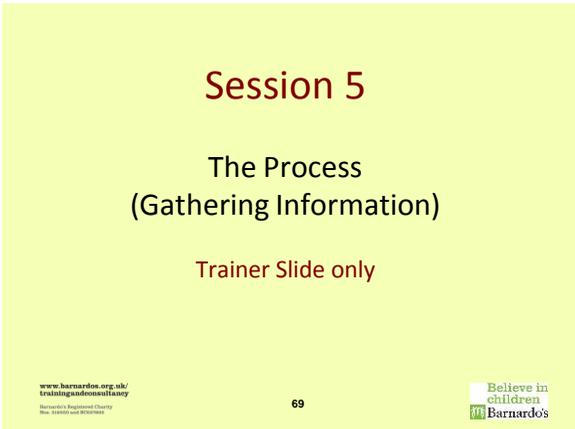
LET'S RECAP...

Any issues from yesterday

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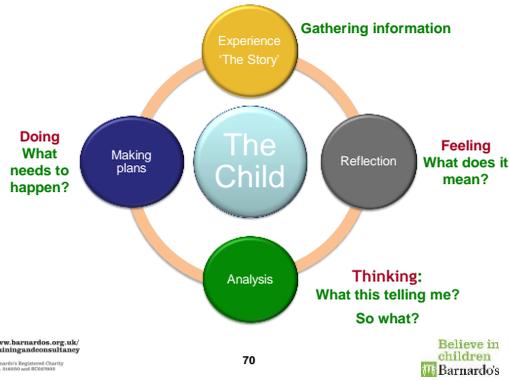


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Kolb, D 1984, Learning Cycle, Single Loop







Exercise 10



Using case studies can be problematic as different services are represented on these days. I think 3 different case studies could be offered

Exercise in Threes

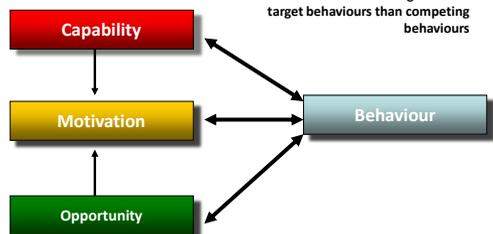
Using the case study, part 1, what information do you need and how will it be gathered?

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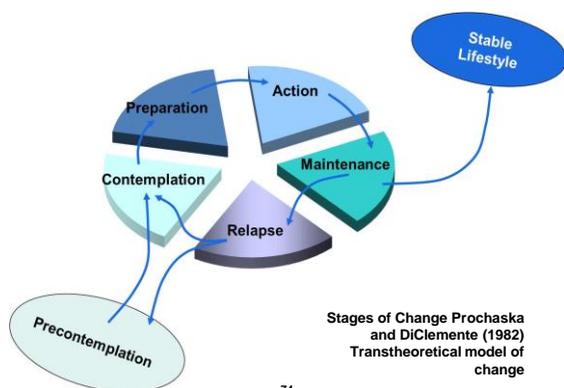
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1. Capability, motivation and opportunity must all be present
2. They all interact as part of a system
3. Motivation must be stronger for the target behaviours than competing behaviours



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Resources: Programme Training
BNS 18/03/17 and 18/03/18

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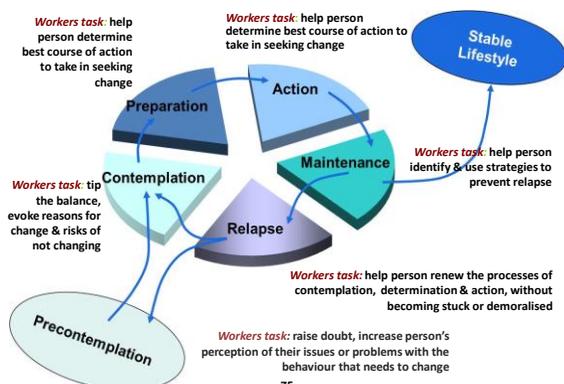


Stages of Change Prochaska and DiClemente (1982)
Transtheoretical model of change

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Resources: Programme Training
BNS 18/03/17 and 18/03/18

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Resources: Programme Training
BNS 18/03/17 and 18/03/18

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Session 6

Communicating Effectively

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Relationships

Good quality relationships are essential for good outcomes for children





The Introductory Conversation



Exercise 12: Case Study of Karen from earlier

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Motivation Is:

- A state of readiness or eagerness to change
- Not a personality problem or character trait
- A state that can be influenced by external factors
- The 'probability that a person will enter into, continue, and adhere to a specific change strategy'

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Directing Style



- The worker provides the expertise, often as advice or maybe a plan of action
- There is a problem solving quality to the interaction
- The worker usually takes the lead

Message is: 'I have ideas about how to solve this situation.'

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• Rosengren, 2009
• Rollnick et al, 2008
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Following Style



- The worker follows the clients lead as the client explores an area
- The client primarily leads the conversation
- The worker listens well and tries to understand
- The worker avoids giving advice
- The conversation moves at the clients pace and direction

Message is: 'I trust your wisdom about yourself and I'll let you work it out in your own time at your own pace.'

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Rollnick, 2008

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Guiding Style



- The worker and the client work collaboratively as a team
- The worker and the client 'walk together' the worker pointing out routes and options
- Together the worker and client think about options, resources and possibilities
- The client chooses the way forward

Message is: 'I can help you to solve this for yourself.'

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Practicing OARS

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Key MI Skills - OARS

- Open-ended questions
- Affirmations
- Reflective listening
- Summarize

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Exercise 13



In Pairs: A and B

Each person to think of a challenge or difficulty you are currently experiencing at work and the change you would like to see take place.

Person A uses OARS approach to start an 5 minute conversation with B about their issue. After 8 minutes swap over and begin process again.

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Moving People On

- Open ended questions
- Reflective statements which “explore, elaborate and elicit meaning”
- Affirming reality and perceptions without agreeing with them
- Identify core beliefs, discrepancies and sources of ambivalence
- Summarise regularly
- Emphasise choice, gains and losses
- Engage in planning

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Session 7

The Process of Reflection

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Reflection



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Pitfalls in Reflection

- Start-again syndrome
- Downgrading of concern
- Lack of professional challenge
- Closing cases too easily
- Not taking threats seriously



Moving through the Process

1. Experience

What is the story for the child?
Gathering information

2. Reflection

What does it mean for the child? What are you
feeling about the situation?

3. Analysis (Conceptualisation)

What are the needs/desired outcomes? Where
are things now?

4. Plans and Action

What needs to happen?

Session 8

Understanding Analysis

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So what is this telling me?



Analysis - behaviour

- What possible explanations are there for the behaviour?
- What purpose might the behaviour serve?
- What benefit does the problem give & to whom?
- Does the problem allow people to avoid addressing a difficult issue?
- What would be different if the problem disappeared?
- Who would be better / worse off?
- What beliefs/values are involved and what impact are they having on the decision making process?

Analytic or Intuitive Reason?

- The way we think affects the way we gather and analyse information during assessments
- and
- the decisions we make

What is Risk?

- Uncertainty of outcomes.
- Balancing strengths and weaknesses, weighting them and then considering the type of intervention needed (Calder, 2002)
- Probability of a child suffering abuse if situation continues unaltered (Munro, 2010)

Munro's 5 Stages

- What is or has been happening?
- What might happen?
- How likely are these outcomes?
- How undesirable are they?
- The overall judgement of risk – a combination of the **likelihood** and the **seriousness**.

(Munro, 2010)

'Risk Sensible'

"...risk management cannot eradicate risk: it can only try to reduce the probability of harm."

(Munro, 2011)

Moving through the process.

1. Experience

What is the story for the child?
Gathering information

2. Reflection

What does it mean for the child? What are you
feeling about the situation?

3. Analysis (Conceptualisation)

What are the needs/desired outcomes? Where
are things now?

4. Plans and Action

What needs to happen?

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Session 9

Making plans and moving forward

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Making
plans

What's
the
plan?

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A plan should...

- respond to knowledge about concerns within the wider family
- draw on the family's 'real' understanding of risk and need
- have the child's needs as central
- draw on the family's natural resources and maximize resilient elements
- enable 'risky' and 'no-change' behaviours to be challenged
- enable the network around the child to organise itself and be able to respond to risk
- act as a practice map for professionals

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and therefore should state...

- What the concern is
- What needs to change, why and by when
- What will happen if there are no changes
- Who will do what to support the required change and by when
- What will professionals and parents 'see' if things are *beginning* to change and how this will be measured
- What are the agreed first steps towards this change

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Planning

Specific
Measurable
Attainable
Relevant
Timely



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Strengthening Families

Harm or Danger What is the risk, actual harm or danger and what this "looks like",	Strengths and Protective Factors What are strengths and protective factors that exist within the family	Grey Areas What information is missing and what do we need to clarify?
Complicating Factors What may get in the way of good enough parenting and impact on the welfare of the child? difficult to bring about change.	Child or Young Person's views, feelings, observations What is life like for them through their eyes? What do they say needs to happen to make things better for them?	

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Recording – general guidelines

- Focus on the *child's* needs
- Use clear, straightforward language
- Be *concise* and *accurate*
- Differentiate between *facts* and *opinions*
- Provide evidence for observations and source opinions
- Keep records up-to-date:
 - Child protection concerns: within 24 hours
 - Other contacts: within 5 working days.

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EXERCISE

- What has provoked the most reflection for you over the two days?
- What will you apply in practice?
- What do you need to do next?

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Support for staff

Various sources of support and advice are available within Barnardo's:

- Supervision
- Line management support via AD
- Barnardo's Employee Assistance Programme
- Local HR/People Team
- UNISON/Trade Union representation
- Your colleagues

Thank You!

*Please complete your evaluation forms and
Safe Onward Journey*