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Effective Supervision & Risk Management in Child Protection/Safeguarding

Participant's Workbook
Day 2

HANDOUTS

Attachment and getting stuck: What's the link?

The first point to make is we all have attachment responses that are triggered in the workplace when we feel threatened, distressed or isolated.

- How do you as a supervisor respond when your attachment strategies are triggered in the workplace? How well do you know yourself?
- What would your supervisees notice, especially if they are a part of the trigger?

Secondly, the four attachment strategies can help supervisors think about what is happening when there are concerns about the workers performance or the worker is getting stuck. When workers get stuck this is often because they are:

- Anxious about or over-involved in the task
- Flooded or fearful about the emotional content
- Chaotic or rigid in their thinking

This produces a situation in which the worker is temporarily unable to tolerate the responsibility of his/her role. The 'stuck' behaviour functions in a self-protective manner to reframe the worker's role so as to reduce the anxiety or perceived threat. Crittendon (2000) defined the function of purpose of attachment behaviour as solving four problems. In the context of workers and their responses I have added a fifth function:

1. How to achieve safety when under threat?
2. How to elicit comfort when distressed?
3. How to find proximity or closeness when alone?
4. How to achieve predictability or regain control when the context is unpredictable or feels out of control
5. How to reframe job responsibility in a way that is tolerable?

Anxiety may also be triggered by the supervisors need to draw attention to the fact that the worker is not concerned about something that s/he ought to be concerned about. Either way, appreciating how the supervisee deals with anxiety, and achieves comfort, predictability, control and role containment is fundamental to understanding the purpose of behaviour and to addressing it. Attachment theory suggests that faced with the same stress or anxiety, four supervisees may respond in four very different ways in order to regain a sense of safety, control and role containment.

(Morrison, T - 2005)

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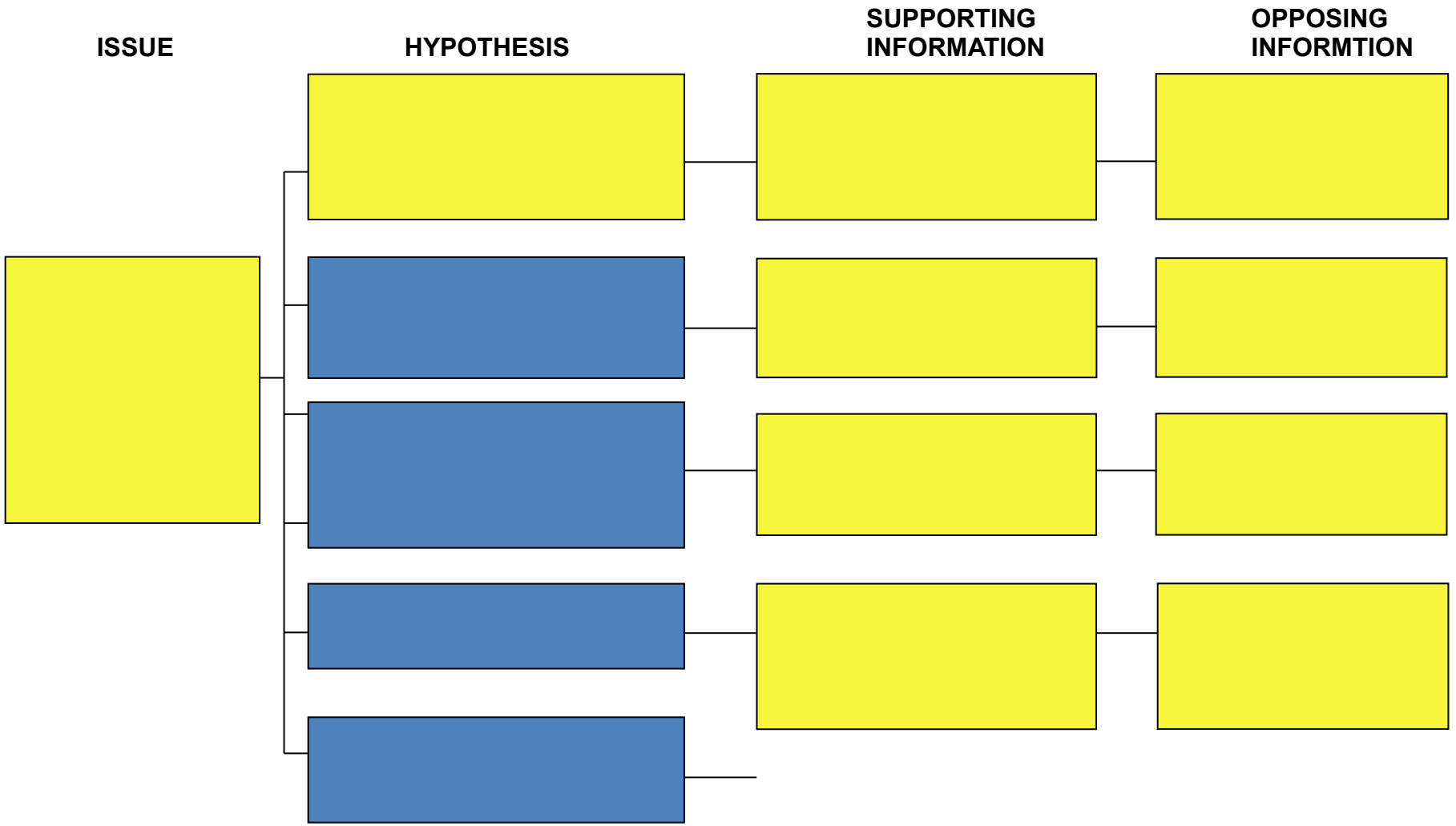
Checklist: Understanding the function of 'Stuck' behaviour

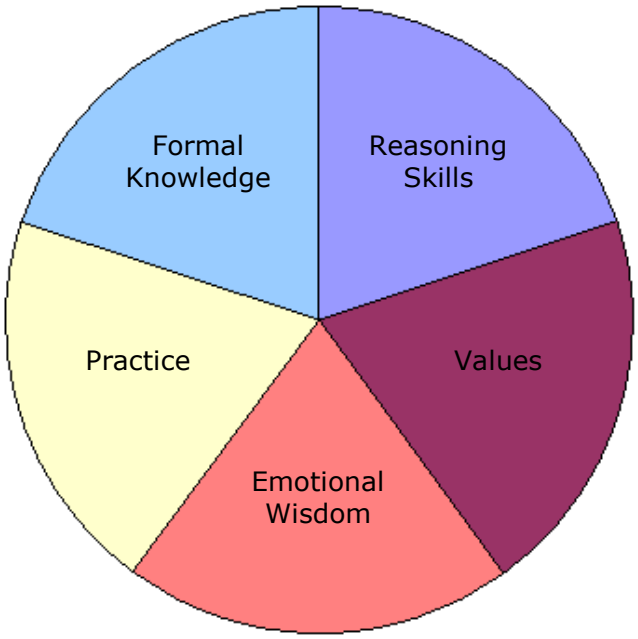
Use the following questions to consider patterns and processes in situations where the worker might be stuck

- What dominates in the worker's presentation: thinking, feeling or doing?
- Is the worker seeking to take too much/ too little responsibility
- Is the worker pulling the supervisor towards/ away from her? E.g. is she/he seeking or rejecting contact?
- Is the worker moving towards dependence or autonomy?
- Is the worker wearing more of a professional or personal hat?
- What role is the worker in: adult, parent or child? What role is the supervisor being recruited into?
- What needs, assumptions, actions is the supervisor being invited to agree with in order to be seen as supportive by the worker?
- If the user was listening to the worker's story what would their reaction be?
- Which of the 4 stakeholders (agency, worker, user and multi-agency) are included/ excluded in the worker's story? What is the function of this?

Test What would happen is the supervisor began to fill in the missing pieces eg probed feelings where they are silent, e.g. put in the voice of the absent stakeholder, e.g. asked for the untold part of the story, e.g. draws the worker into the supervision process where the worker is pulling away?



A Model of Expertise



Values: all practice takes place within an ethical framework including, for example, consideration of the balance of rights and needs and awareness of discrimination in all it's forms.

Reasoning skills: ability to reflect critically on one's practice and reason from a basis of experience an knowledge. Ability to understand the balance between intuition and analysis in one's own decisions. Ability to make a conscious appraisal of risks and benefits flowing from actions.

Emotional wisdom: awareness of the emotional impact of the work on oneself and others and the ability to deal with this and use it as a source of understanding about behaviour of children, families, self and other professionals.

Practice wisdom: folk psychology, social norms, cultural diversity. A combination of everyday skills and wisdom with enriched skills drawn from training and practice experience.

Formal knowledge: law, policies and procedures and theories. Empirical research evidence drawn, for example, from training and dreading.

Source: Munro, E (2002) adapted by Ruth Dalzell & Emma Sawyer in Putting Analysis into Assessment (2011)

Competence Matrix

Conscious Competence

- What I *know* I know and can do
- Clear transferable skills
- Can be explained to others

Firm ground zone

Conscious incompetence

- Areas of openly acknowledged gaps or weaknesses

Challenge zone

Unconscious competence

- What I know or can do without being conscious of how I know it
- Hard to explain to others
- May be lost in conditions of turbulence, or disruption

Development zone

Unconscious incompetence

- Things which I am unaware I don't know
- Other may see these gaps or weaknesses but I do not
- Roots of performance problems

Danger zone

Attachment Theory

This is essential in understanding the behaviour of the children and families we work with. It can also be useful in helping supervisors to understand their supervisee's and their own responses. Attachment theory suggests that we develop coping strategies at a very early age which stay with us throughout our lives. The type of response depends partly on the quality of the care we receive as very young children.
"Attachment is a life-long inter-personal strategy to respond to threat/danger which reflects an intra-personal strategy for processing information." (Crittenden, 200, in TM, 2010)

Tony Morrison suggests the 5 functions of attachment behaviour are to ensure:

1. Safety when threatened.
2. Comfort when distressed/anxious
3. Closeness when isolated
4. Predictability and control when outside is chaos
5. To contain responsibility when things are overwhelming.

When any of the above 5 conditions are triggered the worker will feel anxious and is likely to fall back on early patterns of coping with stress/threat. This can happen in child care work context when, for example, a worker feels:

- Under stress (e.g. when their workload is too big for their capacity, when working with a chaotic family),
- Threatened (e.g. when working with domestic abuse, aggressive older teenagers)
- Criticised (e.g. for their practice, by other agencies)
- Isolated (poor support from their team and supervisor)
- Out of control (working with complex and chaotic families, not understanding what is expected of them)
- Overwhelmed by responsibility for their work
- Ask for help but does not avoid personal responsibility

Four aspects of the 'A' strategy

Functions of the strategy for the person	**Cognitions or pre-conscious mental 'rules'** (normative to endangering)	**Behaviours** (normative to endangering)	**The 'story' that accompanies the 'A' strategy** (normative to endangering)
Over-regulate / control own negative emotions and **deactivate** attachment behaviours in order to… **Increase attachment figure's acceptance**, proximity and responsiveness, via… **Compliance, care-taking or self-sufficiency.** Plus: Use self-representations that self is **strong** and **invulnerable**, and **defensively exclude** internal world (feelings and emotions), in order to… **Avoid negative emotions** that create discomfort.	Be good.	Superficial / socially facile / people-pleasing.	I didn't need comfort – everything was fine.
	Follow the rules.	Inhibited / withdrawn.	My childhood was perfect, but don't ask me for examples.
	I'm responsible.	Compulsive care-giving.	There was a problem in my childhood but my parents were not to blame.
	Don't ask, don't challenge, don't feel. (Feelings are dangerous.)	Compulsive compliance.	I solved the problems because I looked after my parents or by being such a good boy/girl.
	You can't hurt me / I don't need comfort / This is just business / just sex.	Compulsive social or sexual promiscuity (can lead to emotionally callous behaviour).	There were problems and my parents were lousy, but I left home and decided I could go it alone.
	I don't need other people / Do as I say and don't cause me to feel uncomfortable emotions.	Compulsive self-reliance (can lead to bullying / controlling behaviour to minimise and avoid negative feelings).	There were serious problems, but I protected myself by anticipating every danger (because no-one else was there to protect me).

Four aspects of the 'C' strategy

Functions of the strategy for the person	**Cognitions or pre-conscious mental 'rules'** (normative to endangering)	**Behaviours** (normative to endangering)	**The 'story' that accompanies the 'A' strategy** (normative to endangering)
Hyper-activates attachment behaviour via… **Exaggerating** 'poor me' feelings (cry, whine, etc) or anger in order to… **Increase attachment figure's predictability** and **availability,** Whilst feeling **resentful** at attachment figure's unpredictability. Plus: **Anxious** that attachment figure will withdraw, but **resists comfort and so**… Remains in **under-regulated, emotionally aroused** state and… **Cognitively disconnects:** no link between attachment figure, words and actions.	Feelings rule, and I am angry!	Threatening.	I cannot predict other people's behaviour or control my own.
	It's not my fault. Things happen to me.	Disarming / sulking / clinging / coy.	Let me tell you everything I can think of. It's too complicated, so I cannot draw conclusions about responsibility.
	Pay attention to me or else I will…	Aggressive / coercive.	There was a problem and my parents were to blame.
	Look after me or I will be hurt by…	Feigned helpless.	I am angry / helpless because I am still waiting for them to fix it.
	How dare you…	Punitive / defiant / oppositional.	Other people can't help me, or they hurt me and must be punished (including you).
	Don't hurt me…	Seductive / bullied	Here is a pseudo-problem that I want you to struggle with (not the real problem) and that can never be solved, but I need to keep people attentive to me. I will seduce or tantalise or scare you into not giving up on me.

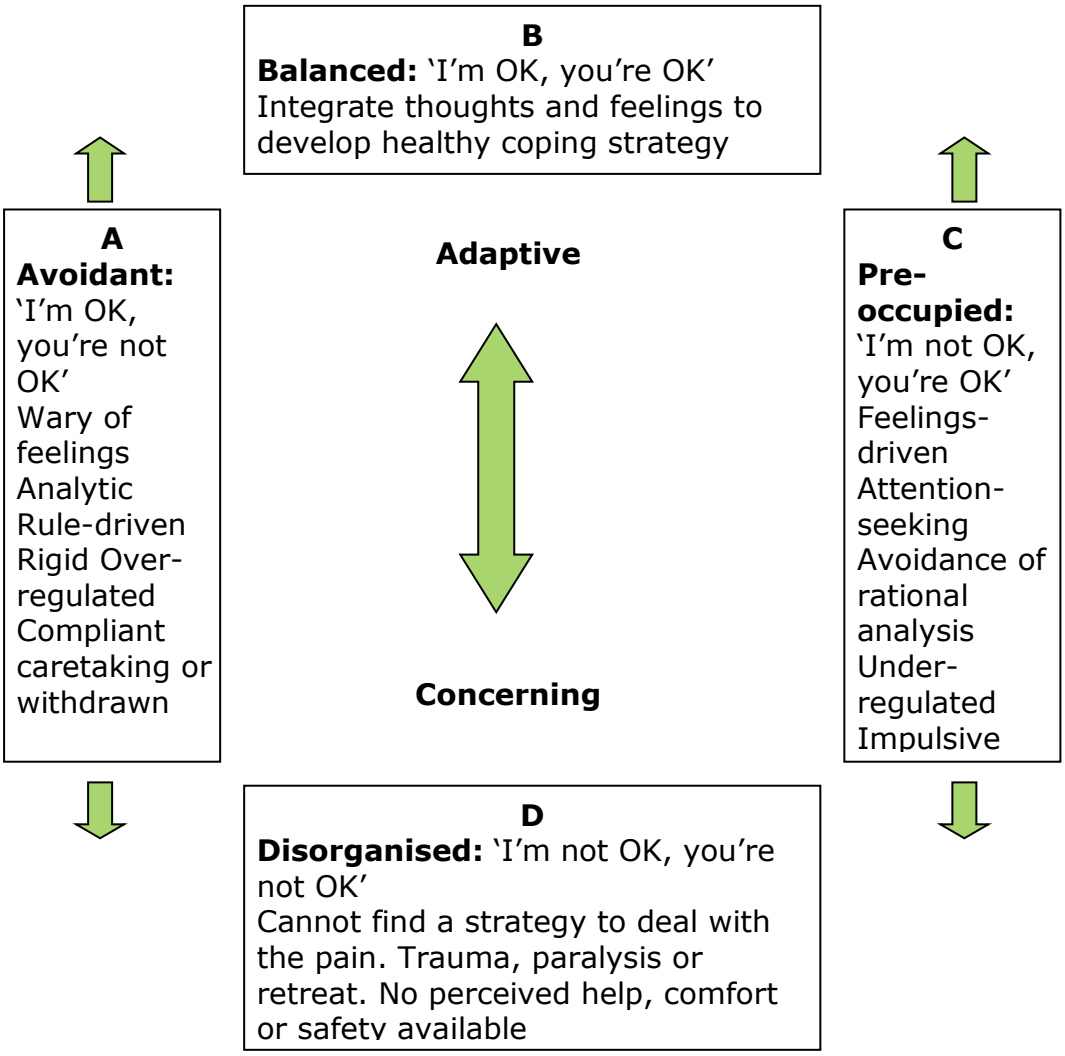
Summary and comparison of the three strategies

The table below presents a series of distinctions in the psychological functioning among the balancing ('B'), distancing ('A') and preoccupied ('C') attachment strategies. While this table makes clear distinctions for the purposes of explanation, in reality people often have a blend of strategies. This arises from the fact that they may use different strategies with different attachment figures in different circumstances and with variation over time.

	Distancing Strategies – 'A'	**Balanced Strategies – 'B'**	**Preoccupied Strategies – 'C'**
Internal Strategies	Cognitively organised: 'My *thinking* will keep me safe and help me survive.' More concerned with *what* happened than how they *felt* about it.	Integrates affect and cognition.	Affectively organised: 'My feelings will keep me safe and help me survive.' Less concerned with *what* happened than how they *felt* about it.
	Organised to avoid danger in a consistently dangerous environment.	Organised to act adaptively.	Organised to maximise safety in an environment that is unpredictable.
	Omits or dismisses negative affect (fear, sadness, desire for comfort, anger), or gives false positive affect.	Integrates and balances negative and positive affect. Owns true feelings.	Dominated by and exaggerates anger, fear, sadness or desire for comfort.
	Exaggerates predictability; believes that by controlling their behaviour they can regulate future outcomes.	Predicts whilst accepting uncertainty.	Omits / falsifies predictability; does not believe that they can regulate the future by their behaviour.
	Distances the past.	Retains past but not stuck in it; retains what is relevant from past.	Retains / gets stuck in past; keeps past alive and close – may confuse past and present to know how to respond based on feelings.
	Trauma: retains too little information. For example: blocks, displaces or dismisses the information / memory about the incident. Prioritises other people's perspectives, so may speak of someone else's trauma but not their own.	Trauma: takes forward information relevant to future; leaves behind redundant information, ie. information that was specific to that event but which is not relevant to protecting oneself in the future.	Trauma: retains too much information; does not move forward; preoccupied with past trauma or anticipates / imagines future trauma.
	Minimises / obscures problems; observes problems at distance.	Acknowledges and evaluates problems.	Maximises / highlights problems; overly engrossed in problems.

	Distancing Strategies – 'A'	Balanced Strategies – 'B'	Preoccupied Strategies – 'C'
Interpersonal Strategies	Dismisses self; takes other's perspective and organises behaviour accordingly.	Can take both own and other's perspectives.	Takes own perspective and organises behaviour according to own feelings.
	Blames self, takes responsibility for own and AF's behaviour; blames situations rather than people or relationships.	Takes / allocates appropriate responsibly among self and others.	Takes no responsibility and blames other people for his / her problems.
	Minimises interpersonal problems.	Maintains an appropriate focus and balance on relevant interpersonal problems.	Emphasises interpersonal problems.
	Boundaries firm but attachment figure(s) are pushed out and strangers are included.	Diverse and appropriately differentiated boundaries.	Boundaries loose or collapsed; no differentiation
	Sees victims as responsible and abusers as not to blame (because they may still blame themselves for what was done to them as a child.)	Appreciates that victim and abuser behaviour can co-exist within one person.	Sees victims as totally innocent and abusers as totally responsible; tends to see self as victim even when perpetrating violence or abuse.
	Idealise others / negate self; takes others' perspectives and forsakes own.	Balances view of self / others.	Dismisses others / preoccupied with self; poor at taking others' perspectives.
	Fear of closeness; intimacy is sacrificed.	Seeks appropriate intimacy; able to trust intimate partners; integrates both impulses – intimacy and autonomy.	Fear of abandonment; autonomy is sacrificed.
Note: 'AF' refers to 'attachment figure'.			

The Adaptive Continuum



Blocked Cycle Pre Questions

Before you talk to the worker, ask yourself:

- What exactly has the worker not been doing and for how long?
- Is the worker aware of what they should be doing?
- Does the worker have:
  - The necessary knowledge and skill?
  - The confidence?
  - The time and resources?
- What are the payoffs for performing/not performing?
- What quality of supervision has been offered?
- Has poor performance been tackled before? If so, with what results?

Strategies when the worker is stuck in reflection

- Clarify the worker's understanding of the task
- Make clear your expectations about what has to be done
- Check what skills, knowledge and experience the worker needs to do the task. Identify any training needs
- Ask the worker how the task is similar to something else they have managed previously
- Explore what happened when the worker performed a similar task, identifying the positive and negative outcomes. Check whether these were related to issues of race, gender etc
- Break the task down into manageable parts that are within the worker's own perception of competence, and prioritise what needs to be done
- Check out what the worker's worst fear or fantasy is about what could happen
- Give feedback pointing out the worker's strengths and experience
- Identify processes which may be unhelpful or disempowering to the worker in the way s/he is either thinking or behaving
- Suggest colleagues who can share some of the task or co-work
- Offer the chance to observe an experienced worker doing the task
- Set time limits on getting things done, specifying how the work is to be recorded
- Ensure your availability to see the worker soon after they have done the task
- Ask the worker to specify the help s/he wants from you or anyone else
- Arrange a rehearsal of the task
- Ask the worker how s/he will feel once the task is completed
- After completing the task, help the worker analyse what they did well, and areas for further work

Pitfall: Do not focus too much on feelings. This is where the worker is stuck!

Strategies when the worker is stuck in analysis

- Check out what feelings the worker has around the task
- Note and give feedback if questions about feelings are answered with thoughts, theoretical responses or generalisations. This may have a gender-mediated element
- Pursue 'feelings' answers to 'feelings' questions
- Ask the worker to undertake a process record of a task in order to raise their awareness of the experience they are engaged in
- Check out what fears or fantasies the worker has about doing the task and whether these are related to factors of race, gender etc
- Maintain focus on the issue and avoid being drawn into generalisations or intellectualisation
- Acknowledge the validity of different theoretical/political perspectives but point out agency, ethical or legal obligations to the task or user
- Schedule other times to discuss these more general issues which are of concern to the worker
- Clarify the exact nature of the task, break it down and prioritise what needs to be done when. Set a review date
- Identify what help the worker would like to complete the task
- Set up rehearsal opportunities
- Identify training needs
- Check whether being stuck like this is familiar to the worker. It may be rooted in an earlier bad experience, or in a more fundamental realisation that the nature of the job is in conflict

with moral or political convictions. If so, offer time to review the worker's career options and aspirations

Pitfall: Avoid entanglement in or competition over intellectual debates

Strategies when the worker is stuck in action

- Ensure full attendance at supervision sessions
- Check out about how the worker is feeling about his/her work and the pressures of the job
- Be prepared for considerable defensiveness. The worker may fear any examination of his/her work is an attempt to invalidate al the hours they have put in. The 'busy-ness' may be masking personal needs, and require sensitive handling
- Recognise the worker's commitment and abilities
- Identify examples of good work and use them to help the worker compare these with less competent work in order to highlight areas for change
- Find a positive rationale for the changes which you are seeking, for example, you are concerned about working too hard or that the worker's skills can be used more productively
- Ask the worker to summarise plans, goals and rationale for involvement in a particular case. Avoid long anecdotes about what the worker has done. Request written summaries with case plans for cases
- Check the condition and whereabouts of case files
- Identify training or re-training needs
- Analyse the worker's time-management. This should include a look at his/her agency diary. It is agency, not personal, time that the worker is managing
- Clarify expectations about accountability and reporting arrangements to you

- Consider whether there are any needs for counselling and, if so, how the agency should support such a need

- Assess whether they can, with help, continue to do the current job. If not, explore with the agency other options

Pitfall: Ensure that, whilst being sensitive, you maintain a clear boundary as supervisor and do not become drawn into being friends, counsellor or rescuer

Strategies when the worker is stuck in experiencing

a. Where some form of burn-out is suspected

- Seek information about the symptoms of burn-out

- Check sickness and lateness records

- Ascertain how the worker is feeling about work, levels of satisfaction/ dissatisfaction, sense of progress, future hopes and aspirations. Be prepared for denial or anger

- Review worker's caseload and commitment. Are they excessive?

- Identify training or retraining needs

- Clarify that the worker is clear as to roles and responsibilities

- Sensitively check out if there is anything else going on in the worker's life which may account for his/her presentation

- Audit files and performance carefully. Someone who is burnt out may be desensitised to areas of risk and the needs and distress of service users. Check that the worker's accounts are accurate

- Give specific feedback about attitudes and behaviour you have observed which have made you suspect burn-out

- Discuss the issues with your supervisor/personnel department and consider the need to seek a medical opinion. There can be important but hidden physiological signs associated with burn-out which will require medical help. A medical examination is a staff care intervention and can help the

worker to see what is happening. A significant rest from work may be required.

- In the light of all the above, review with the worker the ability to continue in the current post, either temporarily or in the long-term. Prepare possible options in consultation with your manager/ personnel department

Pitfall: Be careful not to be so concerned about the staff care aspect in dealing with burn-out that accountability issues are neglected.

b. Where the worker appears to be frozen or immobilised
Many of the strategies for those who are stuck in reflection also apply here

- Clarify the worker's perception of role and responsibilities
- Clarify the worker's expectations as to skill, knowledge and experience. These may be inflated and unrealistic
- Check out in detail the worker's training and development needs
- Identify what the worker feels confident about
- Check out whether there has been a specific incident or event that has caused distress or loss of confidence
- Discuss how you will provide constructive feedback and ask how the worker can best use supervision to build confidence
- Negotiate gradual build-up of responsibility with regular review points. There can be a tension between the worker's wish to return to work and your judgement about whether the worker is ready.
- Check out previous agency and supervisory history. Is there anything unresolved that is 'blocking' the worker? Pay particular attention to experiences of discrimination or previous incidents of distress which were insensitively handled
- Explore the worker's understanding of the work, the agency and the decision to join your team. Is the worker sure this is the right job or post?

Note: It will be important not to exclude the possibility of this being the initial stages of burn-out and therefore some of the strategies mentioned above may be relevant. However, the worker here is more likely to be more fearful or diffident than cynical and negative. There may not be any obvious precipitating incident.

Pitfall: Don't assume that because you have reassured the worker of their ability to do the job, that the worker can internalise your positive feedback – i.e. is able to believe you.

Motivating Staff

- Ensure workers are clear about their roles and responsibilities and what is expected of them
- Reinforce positive behaviours and improvements in performance, and enable staff to see how they contribute to the achievement of the team's goals
- Set up situations where workers can experience success and build their self-efficacy
- Critically appraise performance – many workers complain that they are not sufficiently stretched in supervision
- Model positive behaviours and attitudes, especially in terms of anti-discriminatory practice
- Wherever possible, allow workers to make their own decisions and set their own goals. Flexibility, choice and participation are rewarding; encourage responsibility
- Face up to difficult issues with workers
- Demonstrate an interest and confidence in each worker as an individual. Workers need to feel important and personally significant.
- Ensure workers have an appropriate workload
- Establish a climate of trust and open communication
- Listen to and investigate legitimate employee complaints, especially about discrimination
- It will be far easier to address performance issues if staff know that you regularly identify their positive and skilled behaviours
- Who does this for you?
- How often do you do this for your staff?

Supervision contracts

Benefits of supervision contracts

- Creates a secure environment in which supervisee can express their anxieties and explore options hence enabling development to take place.
- Clarifying roles, responsibilities and accountability,
- Negotiation of issues of power/authority,
- Contributes to professional development and evidences this
- Demonstrates quality of supervision
- Demonstrates that Barnardo's takes supervision seriously to service users and commissioners.

Contracts have three elements which all need to be in place. They are:

1. Administrative – frequency, location, recording, etc
2. Professional – purpose, focus, principles, accountability
3. Psychological – motivation, commitment, ownership, investment.

There are three elements which need to be considered in drawing up a supervision contract:

1. Mandate – this comes from Barnardo's policy and establishes the responsibilities and boundaries of supervision.
2. Engagement – the supervisor will have to work to engage the worker over time; full psychological engagement is not a given. The supervisor may need to explore the supervisee's past experiences of supervision (supervision history), their learning style, their beliefs, values and attitudes, and their professional approach.
3. Ambivalence – this is often an emotional response to a situation, e.g. over-identification with a service user, moral disgust, frustration/anger.

The supervision contract must:

- Be in writing
- Negotiated
- Identify how specific issues will be addressed
- Co-signed and dated
- Copied to supervisor and supervisee
- Recorded
- Reviewed at least annually

Specimen Supervision Contract

Between Team Manager: ……

and

Team Member: ……

Agency expectations:

The agency expects workers to be supervised at …… intervals as a minimum, for periods of ……., and that they key areas to be addressed are:

1 To enable the worker to perform to the standards specified by the agency (see agency documents ……..);

2 To ensure that the worker is clear about his/her roles and responsibilities

3 To ensure accountability for the work undertaken by the worker;

4 To assist in the worker's professional development;

5 To be a primary source of support for the worker;

6 To provide regular and constructive feedback to the worker on their performance;

7 To review the supervision contract annually.

Arrangements agreed for supervision:

Frequency: ……

Length: …….

Location: …….

Recording of supervision: ……

Purpose for which supervisory record may be used: …….

……..

Storage of supervision record: ……..

……

How we will agree the agenda for sessions: ……..

……

Interruptions will only be permitted if: ……..

……..

Content and focus of supervision will be based on:

- Agreeing the agenda;
- Reviewing your work via discussion, reports, observation;
- Agreeing and monitoring action plans;
- Development of your skills, knowledge and value base by reflecting on your performance;
- Identifying your developmental needs, interests, goals and action plans;
- Providing space for you to reflect more generally on your experience of, and feelings about, the work;
- Reviewing this supervision agreement, including your feedback about the progress of supervision

Making supervision work - what each agree to contribute:

What I want from you as my supervisor: ……..

……..

What I will contribute as the supervisor to make this work: ……..

……..

What I want from you as a supervisee: ……

……..

……..

What I will contribute as the supervisor to make this work: ……..

……..

……..

Permissions that we have agreed:
(*e.g. the supervisor does not always have an answer; 'It's ok for me as the worker to say I am stuck*.')

……..

……..

……..

What we will do if there are difficulties working together: …….

……..

……..

Signed: ……

Print name: .....

This agreement to be reviewed at (frequency): ……

……

Appendix One Supervision Agreement Form

Supervisee:		**Date:**
Supervisor:		**Review Date:**

Purpose of Supervision

Barnardo's requires that all volunteers receive supervision on a regular basis from their supervisor, to ensure:

1. Work has clear purpose and delivers good outcomes.
2. The safety of children, young people, families and adults at risk using Barnardo's services.
3. The talents of staff, as and when workers and volunteers are developed.
4. Individual members of staff, as and when workers and volunteers are supported.
5. Supervision will be undertaken in accordance with Barnardo's Children's Services Supervision Policy and Procedure.

Structure of Supervision

1. Supervision will take place every [*weeks*] and will last [*hours*].
2. Supervision will be held in an appropriate private meeting room at a mutually convenient time.
3. Sessions will be recorded by [*name*] and saved on the electronic [*staff / as and when worker / volunteer file – delete as necessary*]. Confidentiality will be maintained in accordance with the Children's Services Supervision Policy and Procedure.

Agenda for Supervision

1. Agreement that record of previous supervision is accurate, if there are any areas of disagreement these should be identified and and recorded on the current supervision notes.
2. Update on actions from previous supervision.
3. Purpose of work, review and evaluation of outcomes (to include compliance issues with Barnardo's policies and procedures; regulatory requirements; professional standards, as relevant).
4. Safeguarding, protection and health and safety issues.
5. Equalities and diversity issues.
6. Performance appraisal (the extent to which [*Annual Appraisal / Volunteer Reviews – delete as appropriate*] and other performance objectives are being met; any difficulties in performance and/or conduct and/or any other organisational or other issues that are impacting on individual's practice/performance).
7. Learning, development and support needs.

8. Additional agenda items brought by either the supervisor or supervisee.

What I want from you as my supervisor

[*volunteer/supervisee comments, which might include for example constructive feedback, support, workload management, open discussion, joint problem solving,*]

What I am willing to contribute as the supervisee

[*volunteer/supervisee comments, which might include for example talk openly and honestly, be prepared for supervision and be focused, share experiences*]

What I want from you as a supervisee

[*supervisor comments, which might include for example feedback, be prepared and focused, no interruptions unless an emergency occurs*]

What I am willing to contribute as a supervisor

[*supervisor comments, which might include for example feedback, time, preparation*]

Third Party Support/Input and/or Resolving Issues

The input from a third party can provide positive support in progressing specific issues as well as supporting the resolution of any difficulties. In this instance, [line manager's manager's name], as [supervisee's] Line Manager will be asked to provide support.

Any specific arrangements for supervision

Record any specific arrangements including any reasonable adjustments if the supervisor or supervisee is disabled, use of telephone or video conferencing, provision of external conultant/clinical supervision or group supervision in addition to individual supervision.

Arrangements for contact outside of supervision sessions [*delete if not appropriate*]

[*supervisor/supervisee comments*]

Signed (supervisee)
Signed (Supervisor)

Supervision Agreements Contract

1.1 Setting up a Supervision Agreement/Contract [1]

Action: All Managers and Supervisors

1. Establish a supervision agreement/contract for all staff, as and when workers and volunteers in their first supervision session to provide a structure and framework for supervision using the template provided in Appendix One.
2. Supervision agreements/contracts should be stored in the staff/volunteer electronic file. (If, for regulatory requirement purposes or any other reason approved by the line Assistant Director, hard copies of supervision minutes are to be maintained, a note should be placed on the electronic file identifying where the supervision minutes are stored).

Action: All staff/as and when workers/volunteers

1. Ensure that you have a supervision agreement/contract in place.
2. If you do not, you should speak to your supervisor to arrange this.

1.2 Reviewing Supervision Agreements/Contracts

Action: All managers/supervisors

1. The Supervision Agreement/Contract must be reviewed at least annually.

1."Contracts set out what either party can expect from supervision and gives the agency an opportunity to audit and monitor supervision performance. They can also encourage innovative and thoughtful work." (SCIE Practice Guidelines, 2004).

Rights & Responsibilities Checklist

Because the distinction between rights and responsibilities is, in practice, very fine, they have been combined here. Thus, while some items are more clearly one or the other, most are as much a responsibility as a right. As supervisors reading this list, please consider it in relation to your roles as both supervisor and supervisee. There may be other items you wish to add.

- To accept the mandate to be supervised/accountable;
- To negotiate a supervisory contract;
- To attend regularly and on time, and to have minimal interruptions;
- To have an agenda and to participate actively;
- To be open and share information;
- To promote anti-oppressive practice and behaviour;
- To have permission for one's feelings and to be listened to;
- To be active in the pursuit of own development;
- To give and accept constructive feedback;
- To have an opinion, to disagree, to learn from mistakes and to be unsure or not know;
- To have experience and contribution acknowledged;
- To reflect, think through and explore options

How many of those whom you supervise would be clear about these rights and responsibilities?

Do some of these rights need to be made explicit if supervisory agreements are to be based on informed consent?

How clear are you with your manager about these issues for you?

RISK

Assessing risk involves making a judgement about whether the child is suffering, or is likely to suffer, significant harm. If the decision is that this is a possibility, the child must be referred immediately to the local authority Children's Services as per Barnardo's safeguarding procedures.

Munro defines risk assessment as relating to the future: *"… a risk assessment aims to predict the probability of a child's suffering from abuse if the situation continues unaltered"* (Munro, 2010). It also concerns the present – is the child being harmed now? In addition, it needs to take into account possible changes in the situation, e.g. what if a "risky male" joins the household?
Getting the balance right is difficult. The pressure on workers is to overestimate risk (false positive) and refer unnecessarily – this is seen as the 'safer' option, but it may not always be the best outcome for the child. The opposite – underestimating risk (false negative) also has its drawbacks: the child might not be referred when it should be and be placed at further risk.

Barnardo's workers are unlikely to undertake full risk assessments but they need to know when to refer a child to local authority Children's Services and they may be able to contribute information to them. Risk assessments include the following:

- A holistic approach which encompasses all the areas outlined on Core 2
- They are based on listening to, and observing, the child and their parents
- Acknowledge 'risk factors' and their impact on the care of the child
- Acknowledge resilience and protective factors
- Take into account past and present behaviour

Munro suggests five stages:

1) What is or has been happening?
2) What might happen?
3) How likely are these outcomes?
4) How undesirable are they?
5) The overall judgement of risk – a combination of the **likelihood** and the **seriousness**

(Munro, 2010)

The risk assessment must also take account of 'risk factors' although these must be treated with caution. These do not, in and

of themselves, definitively predict risk. Munro: "*A risk factor for abuse is a feature found more often in abusive families than in the general population.*" (Munro, 2010). Brandon et al's SCR research highlights several important features which occur frequently in families where children have been killed/seriously injured, notably the 'toxic trio' of domestic violence, substance misuse and adult mental illness. However, these problems do not automatically indicate that a child will be harmed, as Murphy and Harbin sum up in relation to substance misuse:

"*Substance misuse **will** have an impact on the individual adult, which **may** have an impact on their parenting capacity, which in turn **might** effect the development of the individual child."*
(Murphy and Harbin, 2003).

There are different methods for assessing risk. Sometimes workers will act intuitively. While this can be a good way of 'thinking on your feet', i.e. making quick, short-term decisions, it is limited in its theoretical basis and open to distortion by individual beliefs. It is useful to combine it with a more analytic method, which is based on a wider range of theory and tested methods. (Eileen Munro's work highlighted that people previously relied heavily on expert judgement and have increasingly moved from this to a position which has relied upon risk assessment instruments to support risk assessment and inform decisions. In effect actuarial tools are now considered more accurate than clinical judgement.)

An important message is that it is not possible to predict risk with certainty, e.g. abuse can be concealed. Munro: "*risk management cannot eradicate risk: it can only try to reduce the probability of harm*" (Munro Report, 2011). Munro argues that we need to be realistic and aim to be "risk sensible" not "risk adverse".

LEARNING FROM SERIOUS CASE REVIEWS – KEY MESSAGES

Introduction

This is the national analysis produced by Marian Brandon's team of serious case reviews (SCRs). The team analysed 184 SCRs for the period April, 2009 - March, 2011, and 115 of these (from the single year 2009-10) in greater depth.[1] It's findings both reinforce some of the messages of their earlier reviews and provide new insights.

New Findings

Neglect
Neglect is identified as a significant issue. Although it is rarely the cause of death, it is a feature in the majority of cases where children are killed/seriously harmed:
"…neglect was an underlying feature in at least 60% of the serious case reviews. Past or present neglect was a factor in eleven out of fourteen suicide cases." (p.3)

Child Development

The review found that many professionals have very poor knowledge of child development, despite the fact that this is essential in child protection work, for example, accidental bruising will be different at different ages and all bruising on pre mobile babies needs to be investigated.

It emphasises the importance of observing the child's responses to its parents and the parent's responses to their child. We need to ask: *"What does the child mean to the parent and what does the parent mean to the child?"* (p.96)

There is a tendency to misinterpret positive behaviour in young people as resilience and not see the impact which abuse has had on them: *"Pockets of good development in maltreated young people do not necessarily signal resilience." (p.94)*

Children aged 5 – 10 years

Whereas it has been thought up to now that primary school age

[1] **Numbers of children dying as a result of maltreatment**
It is estimated that the number of children dying as a result of maltreatment is about 85 per year. Of these, "around 50-55 are directly caused by violence, abuse or neglect, and there are a further 30-35 in which maltreatment was considered a contributory factor, though not the primary cause of death". These are considered to be the "tip of an iceberg" and that "many more children and young people suffer from lower levels of abuse or neglect".

children are less vulnerable to abuse, there is some evidence that they may be subject to "hidden adversity" (p.4), even when they appear to present well. *"Indicators of physical and emotional harm may be harder to detect"* and staff need to be alert to changes in behaviour, what children say, etc. and be prepared to explore them further.

Parental separation, especially where this is acrimonious and/or involves domestic violence, can have a significant impact on the emotional health of the child at this age and should trigger a Section 47 Enquiry.

Filicide (parent killing their child) appears to be more likely to be committed by a mother on children aged less than 12 months (often associated with severe mental health problems) and by a father on older children (usually associated with violent behaviour and domestic violence).

Improvement?

Fewer children who were the subject of Child Protection Plans (CPPs) were killed/seriously harmed in this period, despite a rise in the number being placed on CPPs. Also, there were fewer babies who were the subjects of SCRs.

SCR recommendations

Recommendations are more focussed but there continue to be a large number (an average of 47 per review in the in depth sample) and attempts to make them SMART have resulted in *"a further proliferation of concrete or procedural tasks…"* (p.2). Furthermore and worryingly*, "the type of recommendations which are the easiest to translate into actions and implement may not be the ones which are most likely to foster safer, reflective practice...Adding new layers of prescriptive activity leaves little room for professional judgement."* (ps.133-5)

Characteristics of the families[2]

Age continues to be an indicator for vulnerability, with just over a third (36%) of SCRs relating to a ***baby under 12 months***. Within this there is a continuing correlation, with babies aged under 3 months being most vulnerable and rates of harm decreasing with age.

These numbers are less (by more than 10%) than in previous years but it is not known if this represents an improvement in awareness and practice or relates to changes in when to undertake an SCR.

[2] As such, these may be regarded as vulnerability factors.

Adolescents are the second highest group, a factor that is compounded by agencies being less willing to become/stay involved with them.

Youngest child – two thirds of the cases concerned the youngest child – a finding replicated in earlier studies.

The ***age of the mother*** when she has her first child may also be significant: almost 60% of the mothers were under 21 years old.

Gender
Boys appear to be more vulnerable than girls, especially under 12 months.

Ethnicity
Children who are black/black British are over represented in the SCRs.

Disability
12% of the children were disabled and a significant finding is that:

"There was evidence from a number of cases involving children with a disability that the risk of significant harm went unrecognised, including in some cases where the family presented as loving and cooperative." (p.34)
Professionals still tend to see the disability rather than the child and have a "different and lower standard of parenting" expectations for them.(p94)

The review emphasises that, where there are communication difficulties, it is the professional, not the child, who has the responsibility to find a way of communicating.

Toxic Trio
Domestic violence, adult mental ill-health and substance/alcohol misuse continue to be major factors in families where children are killed/seriously hurt.

"*At least one of these characteristics was evident in the lives of the families at the centre of serious case reviews in 86% of the cases. Almost two thirds of the cases featured domestic violence, and parental mental ill health was identified in 60% of cases. Parental substance misuse*[3] *was evident in 42% of cases. All three factors*

[3] Drug misuse was identified in 29% families and alcohol misuse in 27%, with some families misusing both.

were present in just over a fifth of the cases and, as in our previous biennial reviews, we argue that it is the combination of these factors which is particularly 'toxic'."(p.30)

It is more common for these factors to exist in combination than singly[4] and it is this that *"poses a particular risk to the child's safety"* (p.37)

Professional Pitfalls

These include:

- Lack of *"curiosity"* – about the child's experience, who is living in the household, etc.
- Being too optimistic about a parent's abilities/intentions. Interpreting 'disguised compliance' as cooperation.
- Failure to "respectfully challenge" parents and professionals.
- Closing cases when parents were uncooperative/hard to engage instead of exploring different ways to work with them/referring to Social Care.
- Fixed views – for example, about fathers.
- Tendency to opt for 'mechanical' explanations rather than explore different explanations for what underlies behaviour. For example, poor or faltering weight gain is often viewed as a mechanical feeding problem rather than professionals exploring the *"emotional development, attachment and (quality of the) parent-child relationship"* (p.108)
- Making assumptions, for example, that a child is resilient, rather than exploring how the child feels/what they are experiencing.
- Failure to *"adequately engage with the children, and to see things from their perspective"* (p.63) and to explore what lies behind challenging or unusual behaviour: *"It is vital to understand and address the source of the behaviour rather than to focus on the behaviour as the problem." (p.65)*
- "Failure to act on or take seriously disclosures by the child…"(p.63)

[4] All three factors existed for 22% of the children in the study.

- Professional tolerance of unacceptably low levels of care and poor home conditions and community environments.
- Lack of "professionalism and critical thinking" (p.79)
- Limited access to good quality supervision, which is *"sufficiently probing or challenging" (p.80)* and which enables the practitioner to critically reflect.
- Taking the time to build a relationship with older children, understand how they see the world and fully assess whether they are meeting their developmental targets.
- "Downgrading of concern" – failure to recognise that the child is suffering significant harm. (p.99)
- Failure to take threats to kill children, commit suicide and/or self-harm seriously and assess the risk to children.

New Learning from Serious Case Reviews (July, 2012) - Brandon et al.

WHAT WORKS WITH FAMILIES? A SELECTION FROM RESEARCH

'Hard to Reach Families'

There is little research evidence regarding what 'resistant families' are or what works in terms of engaging them. It is unlikely that a checklist of key indicators of 'resistance' can ever be created or would even be useful and we need to 'think less about simple correlational research to enable assessment about causation'. Research (mostly based on US research and Brandon et al's SCR research) suggests some recurring characteristics in families where children have been seriously hurt:

- Families have a history of abuse (although it is important not to make assumptions by labelling such families)
- Multiple, simultaneous problems, e.g. domestic violence, substance misuse, mental health problems, criminal activity, lack of financial resources, low social support
- Lack of timely services and assessments

Note: Two indicators figure most frequently. These are: previous history and presence of substance misuse, domestic violence and/or adult mental health problems (the 'toxic three').

Brandon et al's 2005-2007 analysis of serious case reviews revealed that 75% of families were characterised as 'uncooperative', which

included hostility, avoidance, disguised compliance and/or ambivalence. But other studies vary so there are no definitive indicators of prevalence.

Disguised compliance

NSPCC factsheet

March 2010

Our factsheet briefly explains what 'disguised compliance' refers to, when it occurs and what professionals can do to identify and counteract it.

More briefings and factsheets

Child protection news

Learning from case reviews involving disguised compliance

What is 'disguised compliance'?

'Disguised compliance' involves a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.

The term is attributed to Peter Reder, Sylvia Duncan and Moira Gray who outlined this type of behaviour in their book *Beyond blame: child abuse tragedies revisited* :

"Sometimes, during cycles of intermittent closure, a professional worker would decide to adopt a more controlling stance. However, this was defused by apparent co-operation from the family. We have called this disguised compliance because its effect was to neutralise the professional's authority and return the relationship to closure and the previous status quo." (Reder et al, 1993, pp 106-7).[1]

Examples of disguised compliance would be a sudden increase in school attendance, attending a run of appointments, engaging with professionals such as health workers for a limited period of time, or cleaning the house before a visit from a professional.

References

1. Reder,P., Duncan, S. and Gray, M. (1993) **Beyond blame: child abuse tragedies revisited.** London: Routledge.

When does disguised compliance occur?

Disguised compliance occurs when parents want to draw the professional's attention away from allegations of harm. It is often highlighted as a theme in Serious Case Reviews. A biennial analysis of serious case reviews 2003-2005 identifies disguised compliance as a theme:

"Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted. Where parents ...engineered the focus away from allegations of harm, children went unseen and unheard." (Brandon et al, 2008a).[2]

Apparent compliance can affect the professional's engagement with families and children. Brandon et al's analysis talks about patterns of co-operation and the effect disguised compliance has on child protection workers:

"Disguised or partial parental compliance also wrong-footed professionals. Apparent parental co-operation often prevented or delayed understanding of the severity of harm to the child" (Brandon et al, 2008b).[3]

References

2. Brandon, M. et al.(2008a) **Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005. Research Brief DCSF-RB023 (PDF)**. London: Department for Education and Skills (DfES).

3. Brandon, M. et al.(2008b) **Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005. Research Report DCSF-RR023 (PDF)**. London: Department for Education and Skills (DfES).

How can social workers identify and counteract disguised compliance?

Disguised compliance can make it very difficult for social workers who are involved with a family to maintain an objective view of progress in safeguarding the welfare of a child (Brandon et al, 2008).[4]

Local Safeguarding Children organisations - LSCBs or (regional) Child Protection Committees - may produce guidance for social workers to ensure professionals are aware of the practice of disguised compliance and to alert them to the signs, for instance: there may be no significant change at reviews despite significant input from professionals; the child's account may differ from that of parents/carers; or parents/carers may put little effort into making agreed changes work (Peterborough Safeguarding Children Board, 2008).[5]

In the Victoria Climbié inquiry, Lord Laming (2003) suggested social workers needed to practice "respectful uncertainty", applying critical evaluation to any information they receive and maintaining an open mind.[6]

Guidance from the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) emphasises the need for professionals to constantly question all assumptions by playing the devil's advocate or bringing in a fresh pair of eyes. This can be supported through the provision of high quality supervision:

"…most commentators observe that the quality of supervision available is one of the most direct and significant determinants of practitioners' ability to develop and maintain critical mindsets and work in a reflective way" (C4EO, 2009).[7]

A knowledge review conducted early in 2010 for C4EO focuses on working with vulnerable children in families that are 'resistant to change'. The review analyses this complex description, but the fundamental concern is how child protection services can better intervene with families that cannot or will not engage.[8,9]

Articles by Easton (2009)[10] and McNabb (2009)[11] provide a discussion on the theories and practices used by social workers when confronted with disguised compliance and the circumstances in which they need to put these theories into practice.

References

4. Brandon, M. et al.(2008) **Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005. Research Report DCSF-RR023 (PDF)**. London: Department for Education and Skills (DfES).

5. Peterborough Safeguarding Children Board (2008) **Chapter F: Practice Guidance - working with hostile, non-compliant clients and those who use disguised compliance within the context of safeguarding children**. Coventry: Tri.x. In: Peterborough Safeguarding Children Board (2009) Procedures manual.

6. Laming, Lord, (2003) **The Victoria Climbie inquiry: report of an inquiry by Lord Laming (PDF)**. Norwich: TSO P205.

7. Burton, S.(2009) **The oversight and review of cases in the light of changing circumstances and new information: how do people respond to new (and challenging) information? C4EO Safeguarding: Briefing number 3 (PDF).** London: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).

8. C4EO (2010) **Safeguarding knowledge review: directors' summary 6 (PDF)**. London: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).

9. C4EO (2010). **Effective practice to protect children living in 'highly resistant' families (PDF).** London: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).

10. Easton, M.(2009) **Baby Peter and the uncertainty principle.** BBC News online.

11. McNabb, M.(2009) **CC Live: Risk Factor Live! Working with disguised compliance and intimidation in child protection.** Community Care website.

The Disconnected and extremely Insensitive Parenting Measure (DIP scale)

Author: Alice Cook
Publication Date: 19 February 2015
Photo: Gary Brigden
This step-by-step guide to a key assessment tool forms part of Community Care Inform's Quick guide: assessing attachment in adults and carers. Refer to the guide and the quick guides on understanding attachment theory and assessing attachment in children to see more examples of the role of disconnected and extremely insensitive parenting in maltreatment and disorganised attachment, and how this […]

http://www.ccinform.co.uk/guides/tool-disconnected-extremely-insensitive-parenting-measure-dip-scale/

Finally further resources re hard to reach families & disguised compliance:

- Engaging resistant, challenging & complex families (RIP, 2012)
- Community Care: Disguised compliance: Five tips for social workers, By Ruth Smith, editor on 20 June , 2012

In addition, link on you tube by Sue Woolmore:

- *http://www.safeguardingchildrenea.co.uk/safeguarding-news/sue-woolmore-talks-about-disguised-compliance-2/*

- **Other references:**
- Beyond Blame: child abuse tragedies revisited 1993, Peter Reder, Sylvia Duncan, Moira Gray
- A required mind-set for child protection practice: comments on Munroe (1999), Peter Reder and Sylvia Duncan
- Letter to the editor, Child Abuse and Neglect vol 24, No 4, pp 443-445, 2000
- Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005 Brandon et al
- Effective practice to protect children living in 'highly resistant' families Rebecca Fauth, Helena Jelicic, Diane Hart, Sheryl Burton, David Shemmings, Knowledge Review published by C4EO 2010
- The oversight and review of cases in the light of changing circumstances and new information: how do people respond to new (and challenging) information? Sheryl Burton , National Children's Bureau

- Avoidable and unavoidable mistakes in child protection work, Eileen Munroe, British Journal of Social Work (1996) 26, 793 – 808
- Community Care: Disguised compliance: Five tips for social workers By Ruth Smith, editor on 20 June , 2012
- How to…tackle disguised compliance: How does disguised compliance present itself within families? By Jayne Mumford on November 11, 2010

Davis (in *Safeguarding in the 21st Century – Where to Now* RIP, 2010) suggests that "*effective **partnership working** is characterised by:*

1) *Working closely together with active participation and involvement*
2) *Sharing decision-making power*
3) *Recognition of complementary expertise and roles*
4) *Sharing and agreeing aims and the process for how to achieve them*
5) *Negotiation of disagreement*
6) *Mutual trust and respect, openness and honesty*
7) *Clear communication*"

The **Family Partnership model** identifies some of the skills practitioners need to work in partnership with children/parents: "*respect, genuineness, empathy, humility, quiet enthusiasm, personal integrity, attunement and technical knowledge*." *(Safeguarding in the 21st Century – Where to Now* RIP, 2010)

Some of the factors that **C4EO** highlight from research include:

For parents:

- Having a positive relationship with the practitioners (although be careful about over identification with the parent)
- Being involved in decisions
- Practical help and social support
- Services that help to build their skills and empower them
- An honest and transparent approach

For children:

- Secure and stable relationships and consistency of staff
- Committed carers (who may not be parents) (C4EO)

The **Allen Review** highlighted the importance of early intervention and using methods that have been demonstrated to work well.

The **Strengthening Families Model**:

Principles:

- *Collaborative*: it aims to involve and empower the family as much as possible (while ensuring that the child is safe)
- *Strengths-based*: strengths and protective factors are looked at as well as concerns and risks
- *Prospective*: it looks beyond specific incidents at the wider context
- *Relationship-focused*: families are respected, listened to and involved. This is essential to building positive working relationships

It looks at the following areas:

- Current risks/concerns
- Historical context
- Complicating factors
- Safety and protective factors
- Strengths and positive factors
- Grey areas

These are then used to formulate a plan. The family is involved in this process.

The approach, which is similar to the Signs of Safety model, has been successfully used in Minnesota for the last seven years as part of their child protection process, and is currently being used in West Berkshire in their child protection conferences.

RESOURCES

Further Reading:

Barlow, Jane and Scott, Jane, 2010, *Safeguarding in the 21st Century – where to now, RIP*;
Brandon, M, Bailey, S, and Belderson, P, 2010, *Building on the Learning from Serious Case Reviews*;
Brandon et al. (July 2012) *New Learning from Serious Case Reviews.*
CWDC (2009) *NQSW Guide for Supervisors*;
Daniel, Brigid, and Wassell, Sally (2002) *The Early Years – Assessing and Promoting Resilience in Vulnerable Children 1; The School Years – Assessing and Promoting Resilience in Vulnerable Children 2; Adolescence – Assessing and Promoting Resilience in Vulnerable Children 3*; Jessica Kingsley, London. Set of 3 workbooks: ISBN 978 1 84310 045 4;

ECM *Common Core of Skills and Knowledge for the Children's Workforce, 2005;*
Gerhardt, Sue, June, 2004, *Why Love Matters*, Brunner-Routledge.
Horwath, J, (Ed.)2010, *The Child's World*, 2nd Edition, Jessica Kingsley, London;
Howe, D, *Child Abuse and Neglect – Attachment, Development and Intervention*, 2005, Palgrave MacMillan, Basingstoke;
Munro, Eileen, May 2011, *The Munro Review of Child Protection: Final Report*, DfE;
Munro, Eileen, 2010, *Effective Child Protection*. 2nd Edition, Sage, London;
Signs of Safety – A Comprehensive Briefing Paper, Dr Andrew Turnell, December, 2010);
Stevenson, Olive, 2007, *Neglected Children and their Families*, Blackwell;
Turnell, Andrew & Edwards, Steve (1999) *Signs of Safety*, Norton, New York.

Questions which focus on the child/young person:

- If this baby/child/young person could tell the story of the first three months of her/his life, what do you think s/he would say and what would be her/his strongest feelings?
- How does the child/young person's story support/challenge the parent's/carer's/other professional's story?
- How does each parent (or other significant family member) talk about the different children?
- What do you know about what s/he feels about living at home/returning home from school/other activity?
- What is a day in the life of this child/young person like?
- If this child/young person was given a magic wand and invited to change one thing about her/his family, what do you think s/he would choose?

Gathering Information – the Supervisors role

- **Ensuring quality by:**
  - Guiding the worker as to what information is needed.
  - Supporting the worker to chase up missing information appropriately (evidence from inspections suggests that often this is not done). Where and how, do they access relevant information? What do they do if they meet resistance? (Refer to Barnardo's Escalation policy)
  - Ensuring the worker uses all available means of gathering information, e.g. verbal and non-verbal clues, appropriate means of communication with disabled parents/children.
- **Focus on the child!** Both the worker and supervisor need to know what the child's experience is: what is it like for them to live in this family? (Ref. Core 2: Day in the Life of Tool). Is the worker using appropriate methods to communicate with the child, are there other methods they could try?
- Ensure that the worker's approach is **holistic** and takes into account the **context** in which the child/parent is living, including their **history**. (This must be recorded on the child's file, although some sensitive personal third party details should be referenced rather than included.)
  - Use of the relevant national assessment tool helps this process (CAF/GIRFEC/UNOCINI). Has the worker considered whether the child is reaching their developmental milestones, the extent to which the parents are meeting the child's needs and the wider environmental context of the family, e.g. the impact of low income.
  - It must also be ecological. People do not exist in isolation; we are all part of wider systems.
- Be aware of the impact of the worker within the worker-service user **relationship**. How the worker sees the child and its family and how s/he relates to them, will, in large part, be determined by the approach the supervisor takes and the quality of the relationship between supervisor and worker.
- Explore how the processes in the relationship might distort information. The quality of information is affected by the quality of the interaction between the worker and the source

of the information and this, in turn, is affected by the quality of the interaction between the supervisor and the worker. The impact of this will vary with the level of experience of the worker, but it is important to realise that if the supervisor doesn't ask, the information may not be sought.

- Helping worker to organise and **record** information.

- Be aware of **pitfalls** in gathering information.

Pitfalls in gathering and analysing information

1. **Rule of optimism:** Professionals tend to want to believe that all is well for the child. Even when the indicators of abuse are visible there is a tendency to explain them away and be convinced that the child is safe. This is a form of denial and probably the most common form of dangerous practice.

2. **The Stockholm syndrome**: This theory is based on hostage situations where the people taken hostage begin to identify with the cause of the terrorists. It is a survival mechanism common in child abuse cases. In some cases, when a parent or abuser is powerful, intimidating and perhaps critical of professionals, the worker will begin to see the adult's point of view rather than the child's. It is one way that the worker can feel safe but it is at the expense of the vulnerable child.

3. **Professional accommodation syndrome**: The worker may mirror the child's retraction of abuse, deny the reality of the abuse and be keen to be persuaded that any allegation by the child must be suppressed. Any other possible reason for the abuse will tend to become accepted in preference to considering the possibility that abuse has occurred.

4. **Exaggeration of hierarchy:** Adults of low status who report abuse may not be heard or taken seriously even though they may be close to the child e.g. neighbours, friends or a nursery worker. A psychiatrist, lawyer or paediatrician will probably get their opinions heard more readily by other professionals. For example: in one child abuse scandal the cook in the children's home had a wealth of information about the child abuse taking place but was not interviewed by the inquiry.

5. **Concrete solutions**: Professionals respond swiftly to abuse situations with practical solutions such as housing, washing machines, money, rather than by investigating and attempting to verify the alleged abuse.

6. **Assessment paralysis:** Sometimes professionals feel helpless and incapacitated. It might be thought that change is hard to achieve because the family have always lived in an abusive way and it is just their way of life. Chronic neglect and inter-generational sexual abuse are often ignored because of this attitude.

7. **Stereotyping:** Professionals may make assumptions about how families bring up their children. These may include cultural stereotypes. For example: in one case the stereotype of the black grandmother being able to cope with every situation falsely portrayed her as a protector of the child against a powerful and abusive adult within the family.

8. **False compliance**: Parents may be able to convince professionals that they are co-operating to protect the child and professionals may become so enmeshed with the family and so collusive with the carers that they do not see the needs of the child.

9. **Omnipotence:** Professionals believe that they know what is in the best interests of the child and will not revisit their perceptions in the light of new evidence.

10. **Closure:** Families may shut out professionals. Calls go unanswered, appointments are missed, curtains are closed and doors locked. Child deaths from abuse are often preceded by closure. This dynamic may be mirrored by professionals avoiding contact with the family. This has been picked up as an issue in Barnardo's IMR's. Wales are developing a risk assessment tool to complete whenever a case is closed for reasons such as non-co-operation

11. **Role confusion:** Professionals may be unclear about tasks and assume that someone else is responsible for protecting the child. In child protection everyone has responsibility for the safety of the child. Clarity of decisions is essential. For example: in one case a health visitor said she would see the baby and the social worker assumed that the health visitor was visiting the home. Instead, she was seeing the baby at the clinic and no-one saw the appalling conditions in the home.

12. **Children unheard or parent and carers unheard:** Every child abuse inquiry highlights the central importance of listening to the child. Although children do find it hard to speak of abuse it has been shown that, prior to a tragic death, children have often forewarned someone in authority about the risk. Similarly prior to fatally harming a child, carers often raise the alarm by telling a professional that they are afraid of hurting the child or that they cannot cope.

13. **Start Again Syndrome:** Inquiries often demonstrate that agencies have great deal of historical knowledge about actual or potential harm to the child but new information has not been

examined in the context of historical facts. Also, sometimes information which is emotional, recent and vivid takes precedence over historical information. The importance of chronologies to facilitate analysis cannot be over emphasised. This information must be transferred as a family moves between authorities.

14. **Non-compliance with statutory procedures:** Inquiries commonly report that legislation, policy and practice are sound but that professionals don't implement them. When child protection procedures are followed, such as conferences and strategy meetings, children are generally safer. Formal procedures allow for collation and analysis of all available information.

15. **Unsafe Practices:** Professional is unclear about Safe Working Practices. Examples could be using their own home as a venue to meet the child, giving children gifts based on favouritism, using personal 'e' / 'online' spaces or mobile phones to contact children, discussing their own sexual relationships, having inappropriate physical contact (e.g. 'Horseplay') or visiting a child's house unannounced to see the child alone, not recording contacts, not letting managers know when another member of staff does not follow procedures. Staff should comply with Barnardo's Code of Conduct and Professional Boundaries policies.

Checklist for involving children in assessment: 'Child's Voice- The Child's World' (Munro)

How well do you know the child and to what extent do you know their views, feelings and wishes?	This includes describing your relationship with them, how you think they perceive you, how often you have seen them and in what context – where and who else was present?
Which adults (including professionals) know the child best and what do they think the child's key concerns and views are?	What is their relationship like – how well-placed are they to represent the child's views?
What opportunities does the child have to express their views to trusted or 'safe' adults?	Does the child know how to access people, what would be the barriers and what have been done to ensure they know where to go if they want to talk to someone?
How (if at all) has the child defined the problems in their family/life and the effects the problems are having on them?	This includes the child's perceptions and fears: and what they themselves perceive as the primary causes of pain, distress and fear. What opportunities has the child had to explore them?
When the child has shared information, views or feelings, in what circumstances has this occurred and what if anything did they want to happen?	This should only be stated if known (can be clearly demonstrated). Assumptions should not be made about a child's motivations for communicating something.
What has been observed regarding the child's way of relating and responding to key adults, such as parents and foster carers? Does this raise concerns about attachment?	This would include describing any differences in the way the child presents with different people or in different contexts. And, where conclusions are being drawn about the child's attachment, the reasons for such conclusions should be clearly demonstrated.
What is your understanding of the research evidence in relation to the experiences this child is thought to have had, and how they might affect them? How far is what you know of this particular child consistent with the above?	What are the likely or possible impacts on children who experience (the specific issue at hand, such as parental alcohol misuse, domestic violence). This includes a consideration of potential harm along with resilience factors.

What communication methods have been employed in seeking the views and feelings of the child; and to what extent have these optimised the child's opportunity to contribute their views?	This includes considerations of whether equipment, facilitators, interpreters, the use of signs or symbols, play, and storybooks could be helpful and whether the child's preferences are known.
How confident are you that you have been able to establish the child's views, wishes and feelings as far as is reasonable and possible for the child? How much sense are you able to make of the information you do have?	This would include considerations of things that may have hindered such communication, such as pressure from other adults, time limitations, language barriers or lack of trust in the child-social worker relationship.

Questions to assist in developing and testing hypotheses

What different hypotheses exist about this situation? *Try to think widely and develop a number even if you can discount them quickly.*			
What are the different hypotheses based on? *For example: observation, reports, evidence base, theory, assumptions.*			
What methods will you use to test out the hypotheses? *Avoid a narrow focus by using a variety of methods.*			
When tested, do the hypotheses stand up or have they been discounted? *Be rigorous and try not to favour evidence which supports your original idea.*			
Have any new hypotheses emerged during the assessment process? *If so, give details here.*			
What further actions need to be taken to disconfirm or substantiate new or existing hypotheses?			
What conclusions can be drawn in relation to the different hypotheses? *What does this indicate for the recommendations of the assessment?*			

(Putting Analysis into Assessment, NCB, 2011)

Intuitive Analytic Distinction

Benefits of INTUITIVE METHOD	Disadvantages	Benefits of ANALYTIC METHOD	Disadvantages
Can process speedily especially in conditions of urgency	Over-confidence in 'my gut feeling' leads to poor judgements	Good when a complex or contested decision is required	Takes time and effort
Better for immediate/short-term decisions	Relies on personal experience	Ensures systematic data collection and analysis	Requires training
Validates emotions and hunches as important information	Limited by information capacity of short-term memory	Maximise options and alternatives	Can be perceived as cold and mechanical
Values contribution regardless of status or experience	Short-term focus results in lack of contingency plans	Based on formal probability theory	Can be hard to engage busy practitioners and managers
Can be very accurate for modest effort	Generates low-level theory with limited application	Can generate higher-level theory with wider application	Can be used to bolster elitist/expert attitudes
Values life experience and practice wisdom	We seek to confirm our own beliefs despite the evidence	Supports public explanation of decision	Can be manipulated to justify decisions as scientific or objective

Note: It can be helpful to combine intuitive and analytic methods.

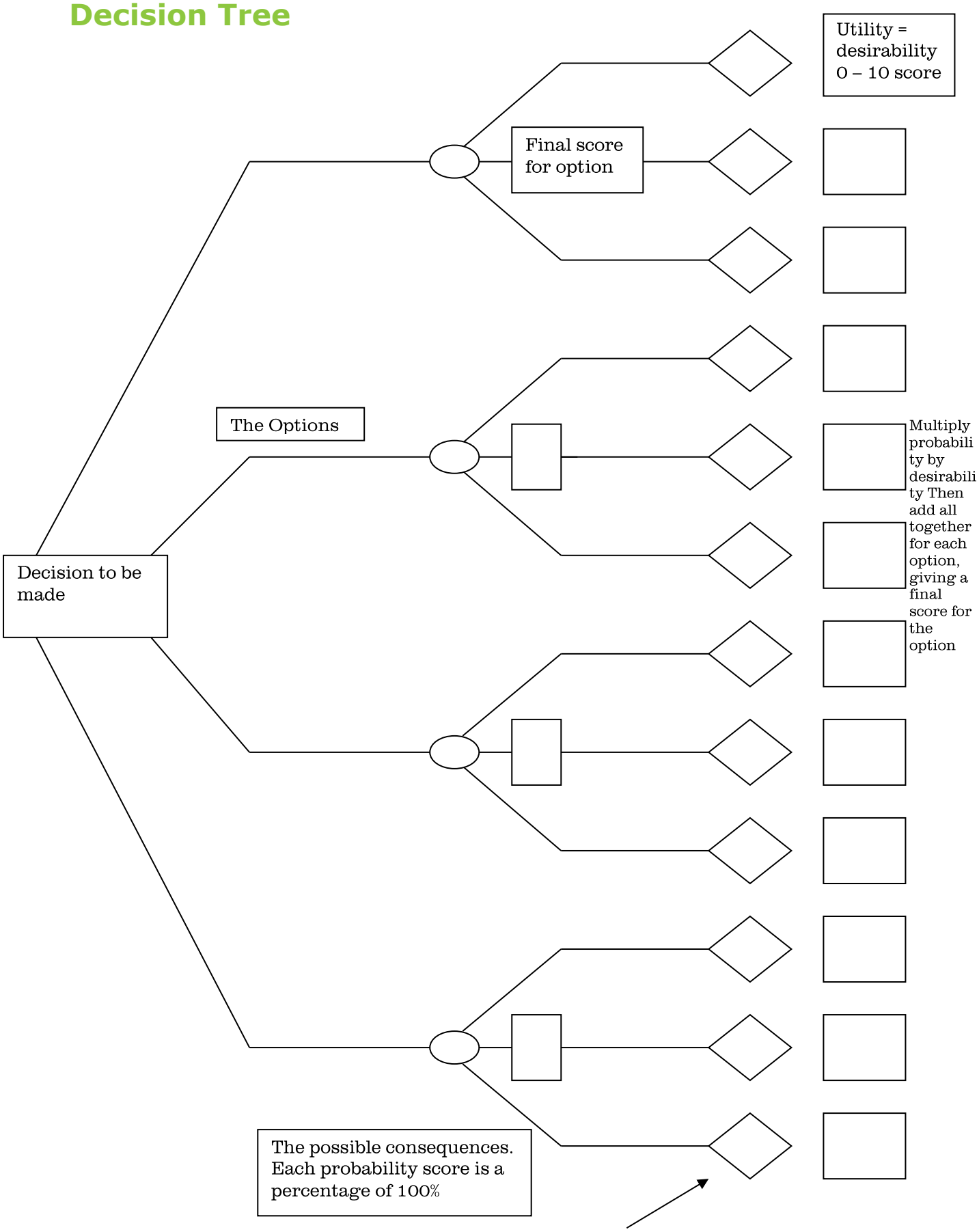
(Adapted form CWDC, 2009)

'Defensible decision making'

In practice this means **to make a defensible decision you must**:

- Ensure decisions are grounded in the evidence.
- Use reliable risk assessment tools.
- Collect, verify and thoroughly evaluate information.
- Record and account for your decision making.
- Communicate with relevant others, seek information you do not have.
- Stay within agency policies and procedures.
- Take all reasonable steps.
- Match risk management interventions to risk factors.
- Maintain contact with individual/family at a level commensurate with the level of risk of harm.
- Respond to escalating risk, deteriorating behaviour, and non-compliance.

Decision Tree



EXERCISES

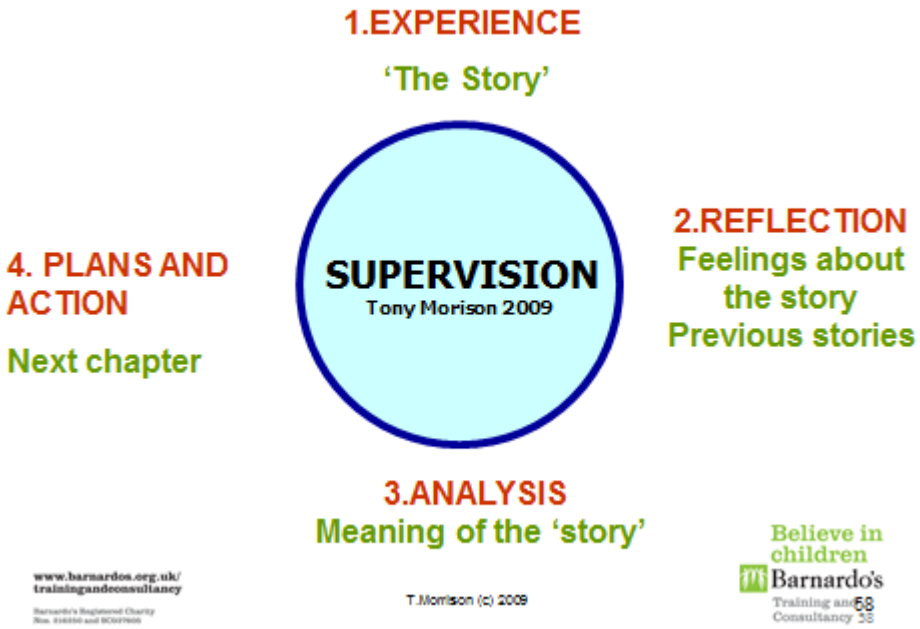
Exercise: Reflective Practice

Putting learning into practice using Kolb:

Think of a story a practitioner may bring to you as their manager that relates to a safeguarding issue re a child/young person.

Exercise in three's:

- Practitioner/supervisee
- Manager/supervisor
- Observer (feedback what supervisor facilitated with practitioner)



Four Part Exercise:

Roles:

- Observer: identify questions, tools, skills & knowledge demonstrated by the supervisor
- Supervisor: Respond to the practitioner who comes to you in supervision to raise a safeguarding concern
- Practitioner: Use supervision as a model to gain & access the supervisor role in supporting you with the safeguarding concern you have

Four Stage Process (using Kolb):

1.Experience (Present your concern about a child)
What is the story for the child?
Gathering information.

2. Reflection (Enable practitioner to reflect on the story- reflect on intuition)
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?
Keeping it 'SMART':

- Specific
- Measurable
- Achievable
- Realistic
- Timescales

The Functional Cycle/Collaborative Organisational Environment (Green Circle)

The supervisee must experience supervision as a safe place to bring anxieties and questions. Supervision must also be able to contain these and facilitate exploration of them. The functional cycle can be enhanced by organisational factors, e.g. a clear supervision policy and procedures, clear thresholds, structures for inter-agency work. Within it:

- Power relations are explicit
- Diversity is valued
- Roles and responsibilities are clear
- Anxieties and risks can be openly acknowledged
- Uncertainty, feelings and difference can be expressed
- Problems and mistakes are opportunities for learning, not punishment

- Risks are taken and innovation is possible
- Limits are recognised
- Theory and research can be applied to practice
- Staff are supported and do not feel alone.

This climate encourages insight and innovation. Staff confidence and competence is developed. They are able to focus on the organisations primary task – children's welfare – consequently outcomes for children will be better.

The Compromised Environment (Red Circle)

In this environment, supervision does not provide a safe supportive place where the worker can bring anxieties and concerns. Features:

- Anxiety perceived as weakness/not coping. It is suppressed, often through flight or flight mechanisms, resulting in conflict, sickness and high turnover.
- Fear of being exposed leads to defensiveness, scapegoating and avoidance (a feature exacerbated by media witch-hunts when something does go wrong).
- Denial of challenging or uncomfortable information and feelings. Difference perceived as a threat, rather than an opportunity, and denied.
- Lack of trust, increase in checking
- Projection and blaming (avoiding responsibility)
- Minimising concerns
- Clinging to the familiar, even when this is not helpful
- Increase in tension
- Highly dependent staff
- Persistently inappropriate or discriminatory humour and oppressive practices not challenged
- Unsafe working and work allocated to staff who are not qualified/experienced enough to do it
- Users perceived as threatening and demanding

- Supervisor feels totally responsible for staff but struggles to engage them.
- With service users, staff may replicate the poor behaviour within the supervisory process, e.g. by denying feelings, not listening, or colluding.

Exercise:
End of day 2 & preparation for day 3:

Using the Barnardo's Leadership & Management Framework (July 14) three sub headings:

- *Think Strategically*
- *Leading & Engaging*
- *Driven to Deliver*

- Identify what effective behaviours you can demonstrate that promote your role as an effective manager in managing safeguarding
- Produce a case study of a supervisee where this has occurred
- Consider how you implemented Kolb to facilitate this & describe any strategies to unblock the supervisee if they got stuck

Behaviours Demonstrated:
Effective behaviours you can demonstrate that promote your role as an effective manager in managing safeguarding when:

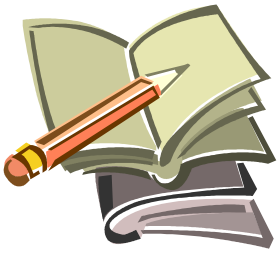
Thinking Strategically	Leading & Enabling	Driven to Deliver

Produce a case study of a supervisee where this has occurred:

Consider how you implemented Kolb to facilitate this & describe any strategies to unblock the supervisee if they got stuck; i.e.
'*that promote your role as an effective manager in managing safeguarding*'

Learning Log

Name: **Session: Day 2 (am)**



Key areas of learning from the session

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-
-
-

What will I do to put this learning into my practice?

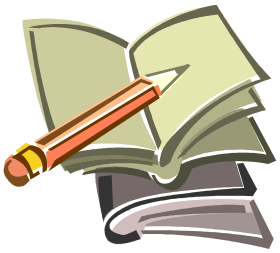
-
-
-
-

What are my ongoing learning needs from issues raised in this session:

-

Learning Log

Name: **Session: Day 2 (pm)**



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-
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-

Record of learning logs:

LEARNING LOG NO:	SESSION: Day 2 (am/pm)	LEARNING GAINED