

Welcome to March's Edition of the Bulletin - Spring is finally on it's way.

I hope that some of you managed to attend the conference for World Social Work Day 2021. The School of Rock and Media (SORM) filmed the conference so hopefully this will be available later in the year to access. SORM also put together a video celebrating their work and incorporating pictures of practitioners holding up signs to say why they chose this career path; it was very inspiring. For those of you that have not heard of SORM they run a music studio but have the ethos of using the power of music to bring people together from all walks of life; they specially target NEET, and young people and adults with learning disabilities to help build skills, aspirations and tackle worklessness. We have worked in conjunction with them on a lot of projects.

In this months edition of the bulletin we are continuing to focus on improving practice. April is all about Case Summaries. I have included an article about case summaries which was originally in one of the bulletins last year. Also included this month;

- Induction
- The role of the Early Help Coordinator
- Injuries to non mobile babies
- Learning from complaints and serious case reviews: Working with Teenagers with Complex Needs

I thought this was poignant quote for us presently; we are still standing our ground and moving ahead with positive changes and aiming for the end result of improving the service we offer to the children, young people and families in Bradford.



Traci Taylor

Principal Social Worker



ON PRACTICE

CASE SUMMARIES

The purpose of the case summary is:

- ♦ To provide a summary of the work that we have undertaken with a child/young person that gives an overview of any history of involvement, why we are involved now, what we have done and the impact.
- ♦ To offer an opportunity to reflect on the work undertaken and consider what action needs to be taken next.
- ♦ Provide a snapshot of key information for colleagues and supervisors in the absence of the case holder.
- ♦ Provide a brief overview of the child's experiences.
- ♦ Provide a snapshot of key information for colleagues and supervisors in the absence of the case holder.
- ♦ To provide an updated overview prior to a transfer to another worker, service or case closure.

Our Practice Standards sets out the expectation that every open case will have a case summary that is updated at least every 3 months (sooner if there is a significant event). The Practice Guidance outlines the purpose of and how the case summary should be written. Please make sure that you read these documents and be clear about your responsibility.

The case summary should be succinct, reflective and pertinent and be written under the following headings:

- ♦ Child's Profile
- ♦ Background Information
- ♦ Purpose of Involvement
- ♦ Progress made/Case Update
- ♦ Case Goals/What Needs to Happen Next?
- ♦ Involvements

Some services may have some additional pertinent information such as contingency plans/contact etc.

Our Mandatory workshops are running throughout the month of April, where the above will be discussed in detail looking at what makes a good case summary and the information that needs to be included. For those who have Practice Supervisors they will be leading on a discussion in team meetings.

Please see the link to the practice guidance on case summaries held in Tri-x.

The importance of a good induction



INTRODUCING OUR NEW INDUCTION PROCESS FOR NEW STARTERS

Induction is a vital process as part of any organisational structure. It supports new staff, students on placement, or staff returning from a long periods of absence. Inductions help new employees to settle into their position and understand how the organisation works through policy and procedures, key documents about working practices, who is in the organisation and what they do. A good induction will also help new employees to know where and how to seek support.

A good induction can also help staff retention as they have get off to a good start with the organisation. This is as important for our agency staff as it is for permanent employees.

In Children's Services we have reviewed our induction process and have written inductions for all the different roles within our service; while some of the content will be the same throughout they have also been individualised to meet the needs of specific roles.

The Workforce and Learning Service will take the lead in ensuring that all new staff and their immediate line manager will get a copy of the induction process for that role. There is practice guidance for managers to support this process.

In addition to reading key documents, meeting teams and shadowing fellow practitioners there are key activities; mandatory training is part of the new induction as follows:

Case Management

Working with Children

Working with Adults

Assessment and Risk

Signs of Safety

Trauma Informed Practice.

For some teams there will also be a legal process and court module.



The Role of the Early Help Co-ordinator

The role of the Early Help Coordinator (EHC) is a new and developing role introduced as part of the Council's drive to improve and extend the Early Help offer to children and families in Bradford in response to the vast number of No Further Actions (NFA's) from contacts made at the Front Door.

A large part of the role involves working closely with schools and other local partners, such as the police and health, to support and improve their engagement with the Early Help process and develop their confidence and skills in taking on the Lead Practitioner role. The role centres around supporting partners who are working with families who sit within level 2 of the Continuum of Need (Universal Plus – additional support which may or may not require multi agency work with other professionals).

There are 12 (FTE) coordinators – 3 assigned to each of the family hubs. Each EHC has a number of allocated schools and Health Visitors to work with within their hub area. South hub are taking responsibility for colleges.

There are 3 key aspects to the role:

1. Work directly with partners

This involves:

- a. Providing advice on cases
- b. Supporting the Lead Practitioner (Launched in Sept) to undertake Early Help Assessments and Team Around the Family (TAF) reviews and co-ordinate services involved with the family
- c. Quality assuring EHA and TAF reviews to ensure consistency
- d. Training and Peer Support
- e. Information sharing in order to provide update information on services and resources

2. Follow up on NFA's

This can involve

- a. Liaising with current services involved with the family to offer support such as simple referrals for parenting, mental health services, benefit or housing support and other signposting – where the service working the family may not be aware of the family's needs
- b. Contacting practitioners linked to the families who have had referrals put through to the front door to see if there is any additional support they can offer the family as a result of the referral
- c. This can also involve supporting the practitioner's currently working with the family to carry out a holistic Early Help Assessment to identify the needs of the whole family

3. Attend multi-agency Panels (Allocations meetings and Early Help Lead Practitioners Panel Meeting)

This can involve:

- a. Allocation Panels – providing advice on the most appropriate Early Help for a family when a case is being stepped down from CSC. (For example, Lead Practitioner Early Help Assessment, referrals to other services, keyworker, parenting programmes). This ensures the family continue to have some support to complete any outstanding actions once the case is stepped down from CSC.
- b. Early Help Lead Practitioner Panels – provide support when a Lead Practitioner is stuck with a case. The Lead Practitioner will present the case to the multi-agency panel who will offer advice on next steps and agree if the case should be stepped up for a keyworker if needed.

Early Help Coordinators are available if you are working with a family and want to discuss what the next steps are. Please give them a call!

Team	Hub Manager	EH Co-ordinator	Contact details
East	Julie Greene/ Derek Lawrence	Uzma Awan	07971 774888
		Shelia Truman	07582 102514
		Charlotte Marlowe	07812490753
		Lindsay Armitage	07970 827043
South	Manjit Cheema	Mohammed Shamrez	07970834577
		Laura Davison	07970836790
		Kathryn McCauley	07970829280
West	Lisa Bray (Tahmima Tahir from September)	Ashiya Collector	07582 106776
		Lisa Best	07582109750,
		Joanne Belgrave	07582101020
Keighley / Shipley	Elke Crunden	Sarah O'Brien	07976 792791
		Beverley Yates	07582 101142
		Lisa Graham	07582 101053



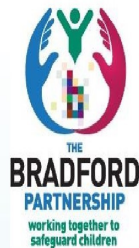
LEARNING FROM BRADFORD REVIEWS INJURIES TO NON-MOBILE BABIES

This briefing follows a review of practice undertaken by Dr Ruth Skelton following injuries to 4 babies in Bradford and is designed to be a learning tool and a reminder that bruising in immobile babies is rare and should be fully investigated.

1

BACKGROUND

Bruising in immobile babies is rare. Literature highlights "Sentinel" injuries; apparently minor injuries which may precede more serious assault / death. A review of severely injured babies showed learning identical to that in a previous review (Alice). Despite local/national reviews professionals continue to underestimate the significance of minor injuries in infants and poorly assess their risk. [NSPCC SCR Repository](#)



7 Minute Briefing – Bruising in Non-mobile Children

2

WHY IT MATTERS

Bruising is strongly related to mobility. It is unusual in a baby who is not mobile and should prompt suspicion of abuse.

Abuse to babies also has implications for the future. Reviews of complex abuse/exploitation show that this often follows earlier physical abuse/neglect. Good early attachment reduces vulnerability

7

Why do we not learn from previous reviews?

We are not sure why the same issues recur but we can suggest some areas to help. This is complex and difficult work and can be draining. Good support and self-reflection is important. Do emotional factors in your approach to work block your assessment? Are you over optimistic or missing disguised compliance? Seek appropriate supervision. **Keep the baby.**



3

KNOW PREVIOUS LEARNING

Previous lessons about risks to babies were not known to workers. Learning points from previous case reviews are available. It is good practice for new workers / managers to familiarise themselves with Bradford's recent learning.

Learning from previous case reviews is available for planning training / supervision (see Resources below).

[Safer Bradford Website](#)

6

RESPONSE - Follow child protection procedures

Possible serious harm - call 999. Any injury or mark which may be an injury, bruise or burn, in a immobile baby should result in an immediate referral to The IFD (01274 435600) / urgent paediatric opinion. [Bradford MARE](#). You cannot make the judgement alone.

Advise carers that a referral to Children's Social Care and an urgent medical is protocol for all babies with injuries. Provide leaflet. Be open and honest, unless this may put the child at further risk. [Injuries to Non-mobile children leaflets](#)

5

RESOURCES

West Yorkshire Procedures protocol –

[Multi Agency Protocol for the Assessment of Bruising Burns and Scalds in Non Mobile Babies](#)

Pre-birth Assessment Guidance - [Pre-birth assessments](#)

NSPCC Core Information bruising [NSPCC Bruises in Children](#)

Bradford Continuum of Need - [Continuum of Need and Risk Assessment](#)

4

ASSESSMENTS

Robust analysis is critical in assessing risk to a baby. Consider: 1. Cumulative risk; this episode in the context of previous, not as a single isolated episode. 2. All in the home; invisible males, other adults / children. 3. Other agencies e.g. adult mental health services. 4. Voice of the baby; consider their lived experience, needs, feelings, ability to form attachments. 5. Appropriate documented challenge if you are concerned about a baby. [Professional Disagreements](#)

Learning from Complaint and Serious Case Reviews

This month's learning is related to **Teenagers: Learning from Case Reviews; Summary of key issues and learning for improved practice around working with teenagers February 2021**

Published case reviews highlight that practitioners sometimes struggle to work with teenagers who are experiencing complex issues. Interventions can focus on tackling challenging behaviour, rather than exploring the underlying causes and risk factors. This sometimes causes practitioners to lose sight of the fact that teenagers are children in need of protection. The learning from these case reviews highlights that practitioners need to listen to teenagers and balance each young person's wishes with their best interests.

Learning for Improved Practice

Listening to young people: Agencies need to ensure that the child's voice and views form a key element of the decision-making process. The child's opinions should be captured and recorded. Practitioners should remember that anyone aged under 18 is legally a child and should be protected as such. The child's best interests should be a priority at all times.

A holistic multi-agency approach to mental health: Young people who are struggling with their mental health require a coordinated, multi-agency, holistic response which considers all the factors that might have caused their difficulties, including abuse and neglect and exploitation.

Practitioners need to be trained to understand the impact of adverse childhood experiences such as emotional, physical, or sexual abuse or neglect, and understand how a young person's experiences in early childhood can impact their mental health in the present day.

General Practitioners (GPs) and child and adolescent mental health services (CAMHS) should work holistically with schools and all other agencies involved in a child's life to make sure the child is getting all the support they need.

Hospital discharge letters and appointment confirmations regarding treatment for mental health issues should be copied to a young person's GP and the school nurse so they are aware of what is happening in a child's life and can provide support in a joined-up way.

Where multiple agencies are involved with a child, there should be a written agreement about who is taking the lead, and what each agency is accountable for.

Disclosures from young people about suicidal thoughts and concerns about self-harm should be taken seriously, and prompt an immediate multi-agency response. This should include taking practical steps to keep the child safe and listening to what the young person is saying about the support they need.

Risk assessments for self-harm and suicidal thoughts should include all the factors in a child's life that might be causing mental health problems, and be linked to a clear multi-agency support plan.

Schools should have a policy in place for supporting young people when transitioning from primary to secondary school if they are known to be vulnerable to abuse and neglect and/or have mental health issues

All organisations that work with young people should have regular discussions with them about the opportunities and risks of the online world. This should include talking about harmful content on topics such as self-harm and suicide, how this might affect a young person's mental health, and what they should do if they are ever worried or upset by anything they see online.

If a young person takes their own life their digital footprint should be reviewed immediately to identify if any other young people may be at risk of harm

Local suicide and self-harm prevention strategies should consider the impact of harmful internet and social media content on young people's mental health.

Considering what lies behind a young person's behaviour

Professionals need to consider everything going on in a child's life that may be causing a young person to display challenging behaviour, rather than focusing solely on the behaviour itself.

If a young person is involved in sexual activity, this should be viewed as a possible indicator of sexual abuse and/or exploitation. When working with a young person who is at risk of sexual exploitation, practitioners should remember the young person may have been groomed and coerced into an exploitative relationship and may not realise they are being abused and controlled. This might include a relationship where there is an imbalance of power.

Practitioners should be trained to understand the links between children going missing and criminal and sexual exploitation. Agencies should regularly review their arrangements to identify, record, and share information about all instances where children go missing, to ensure they are effective.

Helping young people access services

If children are not brought to or do not attend appointments, practitioners should find out the reasons for this rather than assuming the young person chose not to attend. Cases should not be closed purely on the strength of non attendance.

Practitioners should persevere to ensure that they are able to engage with a young person and provide the services each child needs. If a child isn't attending a service practitioners should share this information with multi-agency partners.

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PAUSE - WHAT IS IT?

Pause is an innovative service designed to work with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care.

The purpose of Pause is to prevent the damaging consequences of thousands more children being taken into care each year. The programme gives women the chance to 'pause' and take control over their lives, breaking a destructive cycle that causes both them and their children deep trauma that will have a lasting impact on their lives.

THE PAUSE MODEL

Pause provide intense support over a prolonged period of time and help women to rebuild their lives. The relationship between the women and their Pause Practitioners supports them to find new ways to overcome the problems of the past, meet the challenges of the present and build a better future.

INFLUENCING

Pause works to amplify the voices of the women to make things better. Our influencing aims to harness the expertise, insight, and experience of women and practices to influence and bring about positive changes to services and systems.

OUR PARTNERSHIPS

Pause works closely with partners; each Pause Practice is funded by and based within a charity or public sector organisation, and through our ongoing support and training, we maintain a strong bond with the practices.

A LEARNING ORGANISATION

At Pause we are keen to learn from and share experience, whether it's across our network of practices or with partners and stakeholders. We learn from each other and we learn from the women too.

Pause Bradford has now gone live

The service in Bradford is being run by our Barnardos colleagues. The team consists of a Team Manager (Blair Beach), a practice coordinator (Rosie Orford) and three practitioners (Claire McCann, Rebecca Donnelly and Philippa Seager).

The team can work with up to 24 women currently and are in the process of prioritising women to work with. You may hear from the practitioners over the coming weeks as they begin to make contact with some of the women. The team manager (Blair) is also in the process of arranging to come into some team meetings to talk more about the service



Despite the lack of face to face training there are still lots of training opportunities available for everybody to access. It is really good to see that services are also looking for learning and development opportunities in their services.

I have attended site meetings in West and Keighley and Shipley recently, and last week I was lucky enough to attend a fantastic Away Day in the East organised by Philippa Holmes, HOS for her service

The event was called

Placing Themselves at Risk ?????.....are they??? How Can We Make a Difference?

Guest Speakers were: Karol Papis who is a psychologist that works with us in Bradford. His presentation was **Evidenced Based Psychology when Working with Young People**.

Rosie Flatman who has experienced exploitation and abuse in varying forms. She uses her experience to educate practitioners to improve services offered to those who have experience trauma. Her presentation was **I'm just a child, don't put the blame on me**.

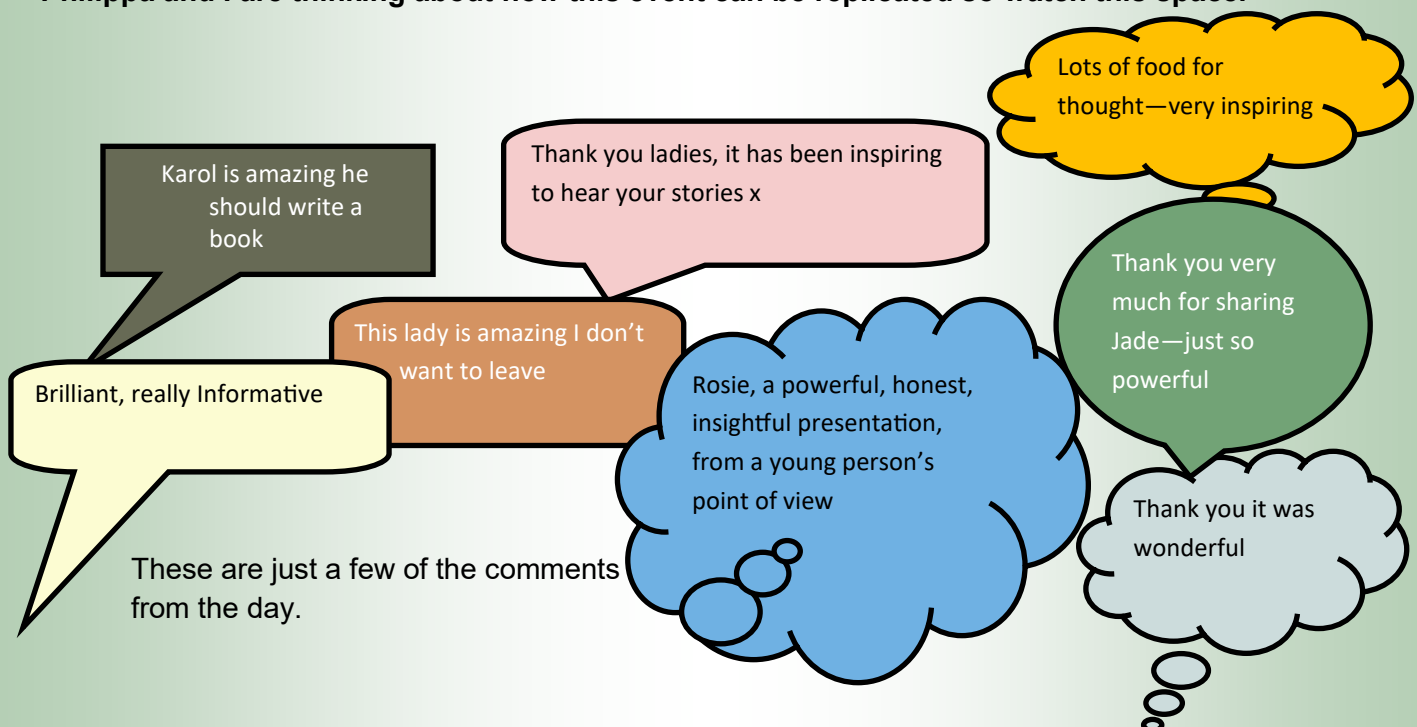
Jade Hargreaves who has had very similar experiences to Rosie, did a presentation called **Through the eyes of a child (the only 9 out of 10 I didn't want to be)**.

It was a raw personal insight into how it feels to be sexually exploited, physically and emotionally abused and the long lasting trauma this has had and continues to have on Rosie and Jade's lives.

One of the key messages is the importance of the relationship with key workers who become involved with children and young people and that one person can make all the difference.

The language used with them and about them was highlighted , something that one of my breakfast bites about case recording has also highlighted. Language that can be blaming, i.e. **Placing herself at risk, ignoring the risks etc**. By understanding the impact of our language on the children and young people we work with will help us to build better relationships. When young people read or hear those things said about them can re-traumatise them. It is our responsibility to make sure that this does not happen. **Please think about what you say and record**.

Philippa and I are thinking about how this event can be replicated so watch this space.





These are just some of the learning opportunities available

Recommended

As well as the mandatory sessions being offered by the Workforce and Learning Service the following training can be accessed via Evolve:



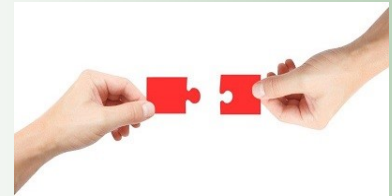
Bradford Infant Mental Health Service are offering virtual training on

Tuning in to Parent Infant Relationships : invaluable insight into how you can promote this through your work.

Date: 15.07.21 Time: 1.00pm to 3.30pm

There are 3 mandatory eLearning modules on domestic abuse that everyone needs to complete as well as a virtual training course on domestic abuse that will be offered through April by the Workforce and Learning Service.

- Domestic Abuse, why people stay and myth busting.
- Domestic Abuse, responding
- Domestic Abuse, Marac Briefing



Workshops and Briefings

Bradford Practice Model : I have run a series of workshops to introduce our new practice model including attending site meetings. If you have missed these and want me to deliver to a team or service please let me know.

Richard Fawcett, Assistant Director is offering some briefings around Adoption in his role of Agency Decision Maker. These may have appeared in your outlook; if not and you would benefit from attending a session please let me know. There will also be the opportunity to do some training with One Adoption West Yorkshire coming up and I will send out information when the dates have been confirmed.

David Stephens, Service Manager and his service will be offering Private Law Clinics starting on the 14th April 2021. The flier will be in the practice team meeting agenda, providing further information on dates and times.

FINALLY a Webinar not to be missed! Ben Ashcroft is presenting **CARE TO CARE** on 14.04.21. Ben will be talking about his experiences of being in care, custody and going straight. The webinar is offered through Children's Social Work Matters - to book go to the website.

www.childressocialworkmatters.org/events



As always, please send me your feedback and any suggestions for the bulletins. Contributors are also very welcome.

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Thank you for taking the time out of your busy day to read this extra long bulletin.

Traci