

Principal Social Worker's
Practice and Learning Bulletin
January 2022



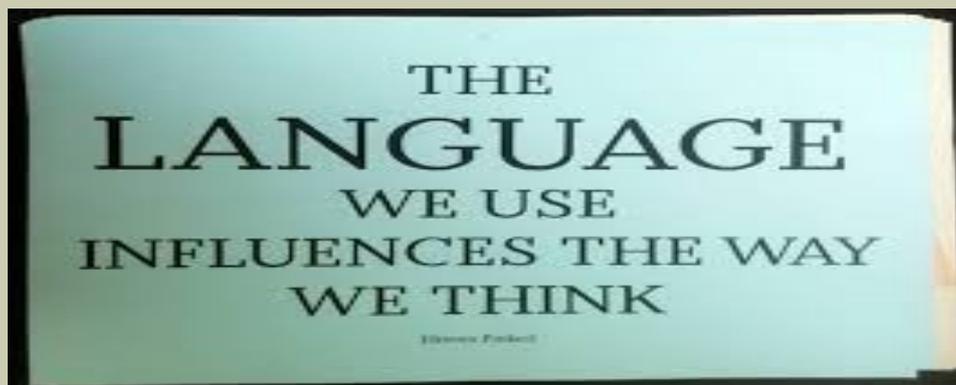
**Welcome to January's Edition of the
Practice and Learning Bulletin - the first of 2022**

In this edition I am focusing on the use of our language in conversations and written records. Language is very powerful; it can influence how we think and how we see the world and others. Therefore, it is really important that we think about how we speak and record information about the children, young people and families we work with. Without thinking we can blame individuals for their circumstances ('victim blaming') and we can describe the presentation and behaviour of individuals negatively without thinking about how their experiences have affected them (trauma informed practice).

The following articles are also included.

- Ecomaps - how they can improve practice and support safety planning
- Harmful sexual behaviour
- Learning from practice reviews - harmful sexual behaviour.

As usual there is lots of training available - listed on the back page - book a date!



As always please let me know if you want to see something in the bulletin or want to contribute.

Best wishes

Traci Taylor

Principal Social Worker/Service Manager

Language that Cares

Our model of practice is built on the importance of relationships with others; relationship building starts with good communication as the foundation. Language is a really powerful tool which can be supportive and encouraging but sometimes the way we use language can create a barrier with others, for example when we use jargon.

Additionally, some of the language we use in reports and discussions can 'victim blame', create stigma and cause harm for those we are there to support. This happens in all areas of our work and is a way that we have reduced complex situations into words that need little explanation such as 'challenging behaviour'; this makes it easier for us to record, a neat term. However, it does not explain the complexities or give a true account of the situation.

The following are just some of the ways that the way we use our language can have a negative impact.

Victim Blaming - as the term suggests this is a way of placing the blame on the victim rather than on the perpetrator or the circumstance; this ignores the act of abuse or crime. This language is often used in relation to abuse against women and young people who have or are being exploited. This is often done without any malice but is damaging for the individual as it forms a judgement of the individual whether that is conscious or sub-consciously. Phrases such as "they put themselves at risk", "they are in a relationship or having underage sex with an older male/female" are seen in reports or in descriptions of young people being exploited. Terms we use in our reports follow children and young people and can define them as somehow being responsible for their abuse.

Victim-blaming language may reinforce messages from perpetrators around shame and guilt. This in turn may prevent the child or young person from disclosing their abuse, through fear of being blamed by professionals. When victim-blaming language is used amongst professionals, there is a risk of normalising and minimising the child's experience, resulting in a lack of appropriate response. **APPROPRIATE LANGUAGE: CSE GUIDANCE FOR PROFESSIONALS**

Other areas of 'victim blaming' is often seen when working with victims of domestic violence. We may be critical of (mainly) women who do not leave their abusive partner; but the focus here is wrong, why are we focusing on the victims 'responsibility' and not on the perpetrators act? Similarly we use phrases such as "failure to protect her children" when she is the victim of abuse and is likely to be scared and powerless and is then blamed. If you turn this on its head who is the person in this situation who has failed to protect the children? It is the perpetrator.

There is a lot of work being undertaken in various sectors about reframing our language in social care. There is a suggestion that the term 'Service Users' is derogatory and demeaning; it is suggested that we should use the term 'people who use our services'.

I have written a lot in past bulletins about the use of our language, such as using names instead of Mum and Dad in case recordings, brothers and sisters instead of siblings, family time instead of contact, children instead of cases. You may know that I have been trying to stop the use of 'failed to engage' from our language; this does not take into account that it is our responsibility to form relationships with people (our Practice Model) or that those individuals may not be in a place that is conducive to working with us because of their experiences, past and current.

Please be mindful when you are speaking to, or about the people that use our services and how you record information about them - use empathy and how you would like to be spoken and written about.



What is it and how to we use this in practice?

An Ecomap is a tool that we can use to show the relationships of an individual on a personal and social level; it helps to understand all the systems at play in an individual's life. An Ecomap differs from a genogram which is a visual picture of the family and shows the child or young person's network, including support networks from outside of the family.

Ecomaps give a very detailed picture of:

- o Family dynamics
- o Important relationships for the child or adult
- o The support network that is in place
- o Where the gaps in support are

Completing an Ecomap can be seen as an 'intervention' in its own right. It is a strength based, person centered piece of work that can be done in direct work with children, young people and adults. It helps to build relationships between practitioners and individuals as it promotes working together through discussion and exploration to identify current support in place and the strength of those existing relationships. It can be used across all of our services in all areas of our work and is not a social work specific tool.

As a visual tool it can help practitioners, children, young people, parents/carer's to see who they can go to for help and support and also promotes discussions around family's and other important people to help you, the practitioner to have a better understanding of children and young people's lived experiences and why someone is important to them. This assists us as practitioners with our early planning and interventions especially where there is limited support but also helps us to formulate safety plans

Here are some examples of how they can be used:

Parents/carers: when we are developing safety plans as it helps them to think about what support they have around them which is wider than the immediate family. The use of open questions will help promote the thought process so, rather than asking "***Do you have anyone to support you***" which will promote a yes or no response, asking "***in an emergency who would you ask to pick the children up from school***" will promote a different response.

Children: This can be used in a direct work session as it will help you to understand the relationships/support that the child see's themselves as having; by asking the right questions you will get an insight into the child's world. Questions could be "***if you wanted help with your reading who would you ask?***" "***If you hurt yourself who would make you feel better?***".

The ecomap allows you to think about relationships and support in a number of different scenario's. For example, if you wanted to write a safety plan for a child who was living with domestic abuse you could ask "***Who would make you feel safe if your Dad was shouting at your Mum (or vice versa)***".

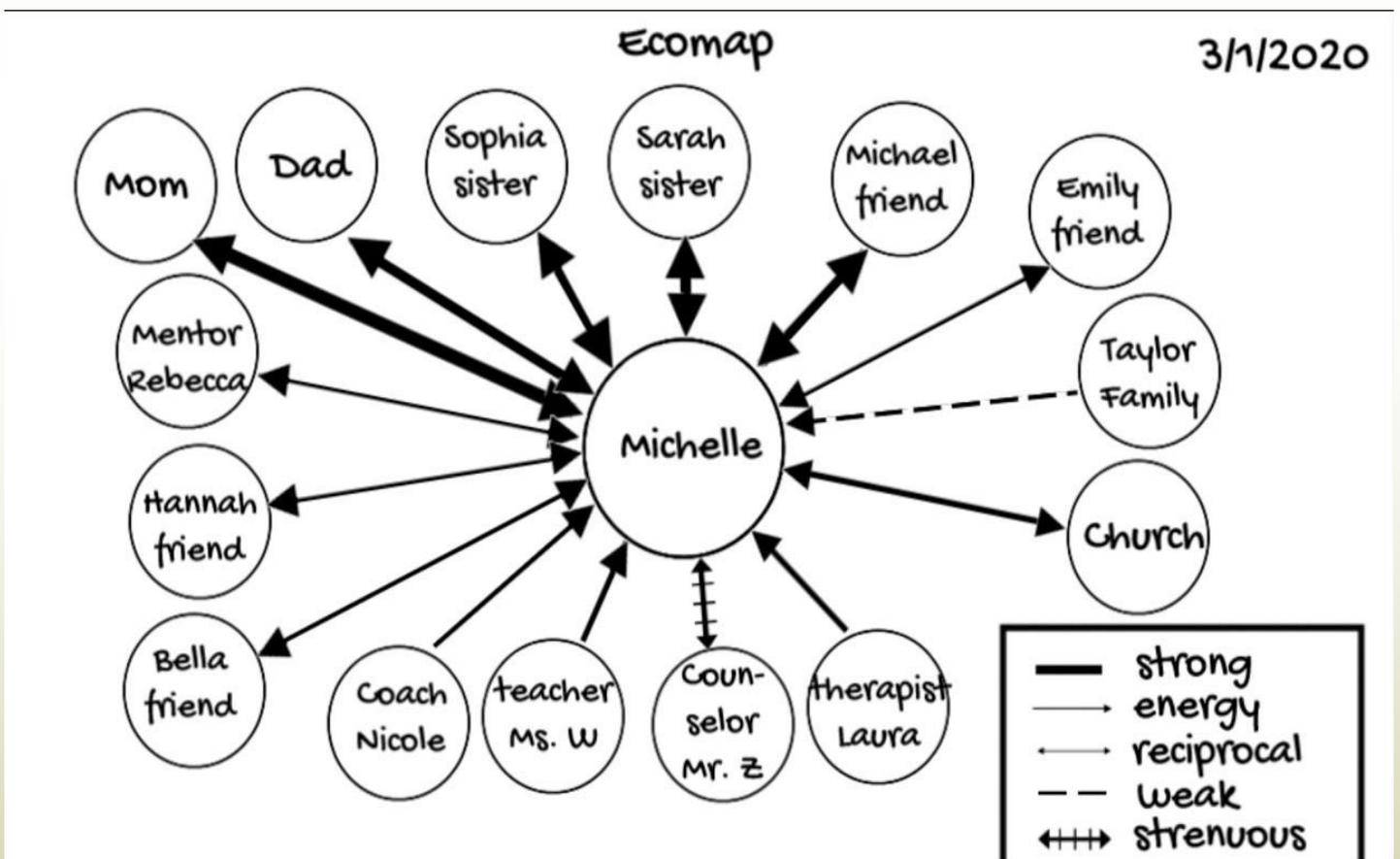
The post 16+ Care Leavers Service is embedding the use of Eco maps in their work with young people so that can be supported to identify a support network.

An Ecomap can be of particular benefit when working with young people as it helps them to work out the type of support they want and need. Sometimes young people may feel alone but this tool can help them to understand who is already around them. It also assists the young person to identify where they don't have the support they need and help you as a practitioner to look at where the support is lacking in order to strengthen this.

Information often put on an ecomap can include:

- o Extended Family Members
- o Friends
- o Sources of income and financial status
- o Medical and health care information
- o Employment details
- o School
- o Religious affiliations
- o Services involved
- o Recreation interest and hobbies
- o Neighbourhood details

Example of an Ecomap



For more information about Ecomaps and how to use them there is Practice Guidance in Tri-x



HARMFUL SEXUAL BEHAVIOUR

Harmful sexual behaviour (HSB) is described as **‘developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive.** It may also be referred to as sexually harmful behaviour or sexualised behaviour. It can be displayed towards younger children, peers, older children or adults, and is harmful to the children and young people who display it, as well as the people it is directed towards.

Sexual behaviours range from those that are developmentally expected, consensual and exploratory to those that are violent and highly abusive, with many types of behaviours in between. Be as specific as possible when describing the nature of the behaviour under discussion, rather than resorting to overly generalised terms. The following continuum shows the range and definitions within the umbrella term harmful sexual behaviour.

To work with HSB it is important to understand the continuum of behaviours and be able to identify problematic and harmful/abusive behaviour.

Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected	Single instances of inappropriate behaviour	Problematic and concerning behaviours	Victimising intent or outcome	Physically violent sexual abuse
Socially acceptable	Socially acceptable behaviour within peer group	Developmentally unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Context for behaviour may be inappropriate	No overt elements of victimisation	Coercion and force to ensure victim compliance	Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
Shared decision making	Generally consensual and reciprocal	Consent issues may be unclear	Informed consent lacking, or not able to be freely given by victim	Sadism
		May lack reciprocity or equal power May include levels of compulsivity	May include elements of expressive violence	

When determining what constitutes HSB it is important to view behaviours in the context of a child's age and stage of development. Providing a measured, appropriate and effective response to behaviour, which appears to be sexually inappropriate, is crucial to support the health, wellbeing and protection needs of the child.

Evidence from research and practice suggests that many children with harmful sexual behaviour have experienced adverse childhood experiences, (Gobaith 2019). In that context our responses to the child must therefore take the child's own life experiences and recovery needs into account as well as the need to prevent further incidents of harmful behaviour.



FROM SERIOUS CASE REVIEWS

In December 2021 The NSPCC published a briefing based on the identified learning from 12 case reviews since 2018 where **harmful sexual behaviour (HSB)** was a significant issue.

The learning from these reviews highlights that HSB should be recognised as a potential indicator of abuse. Practitioners should work together to look for the reasons behind a child's behaviour and consider appropriate child protection responses.

Key issues

The children and young people in these case reviews had complex lived experiences which included a range of challenges and risk factors. These included:

- learning difficulties
- difficulty forming friendships with a peer group
- emotional distress
- displaying behaviour that adults perceived to be risky or challenging
- parental mental health problems
- parental substance misuse
- exposure to adults' sexualised behaviour
- exposure to adults perceived by professionals to be 'risky'
- domestic abuse (including sexual violence)
- sexual abuse and/or exploitation
- neglect

Practice Issues highlighted

- Sometimes practitioners prioritised certain needs over others and HSB was overlooked.
- Sometimes a child's sexualised behaviour was assessed in isolation, without taking wider contextual information into account. As a result, the behaviour was wrongly assessed as being developmentally typical and the child didn't receive appropriate support for HSB
- Schools and foster carers weren't always prepared or equipped to respond appropriately to a child's level of need, which sometimes led to the child being excluded or a placement breaking down. If adults are unable to build a long-term trusting relationship with a child, this can make them less able to spot concerning patterns of behaviour and take protective action.

Confusion about who needs support and protection

- HSB can involve several children. Sometimes the needs or behaviour of one child can distract practitioners' attention away from the needs of another.
- Sometimes children who displayed HSB were placed in foster care with no assessment of how they might interact with other children in the placement. As a result, HSB sometimes escalated and other children in the placement became at risk.
- In situations where one sibling displayed HSB towards another (intra-familial HSB), practitioners sometimes over-relied on parents to protect all their children. This extra pressure could overload parents and make them less able to care for the whole family safely.
- Some practitioners also prioritised providing support to parents, taking an adult focussed approach and overlooking the needs of the children in the family.
- Sometimes the concern about a child's risk to others overshadowed the risks they were being exposed to. This meant the child wasn't appropriately protected. It's important for practitioners to keep parents and carers informed about and on board with the support being provided to their family. However practitioners sometimes found it difficult to balance this with the need to ask questions of parents and carers and be curious about what's going on in a child's life.

Voice of the child

- Practitioners didn't always seek to understand the individual lived experience of all children involved in HSB and tailor support to their needs.
- Parents and carers sometimes spoke on behalf of their children and acted as a gatekeeper in deciding whether to accept or decline support.
- Sometimes parents and carers blamed children who had disclosed experiencing intra—familial HSB for 'causing trouble' for the family. This made the children feel less able to speak out about what was happening to them.

Professional attitudes

- Not all practitioners understood the reasons why children display HSB. This meant children were sometimes viewed as the instigators rather than the victims of their behaviours and circumstances.
- HSB was sometimes seen as a behavioural problem rather than an indicator of abuse. This meant practitioners focussed on responding to individual incidents of HSB rather than looking at patterns of behaviour and the reasons behind it.
- Practitioners didn't always understand that children disclose abuse in a range of ways, including through their behaviour. Although they were concerned about a child displaying HSB, they didn't always think they could take child protection action unless there was physical evidence of abuse or the child directly spoke out about it.
- Some practitioners believed that if children didn't directly disclose abuse it was because they didn't want support.
- Sometimes practitioners assumed that sexual behaviour between two children was consensual. This meant HSB wasn't recognised or reported and information about patterns of behaviour wasn't shared.
- Some professionals normalised HSB by referring to the children involved as 'boyfriend' or 'girlfriend'.
- Some professionals judged children with complex backgrounds according to their past behaviour, for example if they had previously been involved in a consensual sexual relationship. This meant children weren't always taken seriously if they did speak out about having experienced HSB.
- Professionals sometimes made or accepted assumptions and generalisations without investigating further. In one situation an incorrect assumption was made that because a young person had displayed HSB towards their sister, their behaviour posed no risk to boys. Sometimes it was assumed that children from the same family would have the same needs, but this was not always the case.

Learning for improved practice

Recognising and responding to indicators of abuse

- All adults working or volunteering with children should be trained to recognise and respond to the Indicators of child abuse and neglect. This includes being able to recognise changes in or patterns of behaviour that could suggest something isn't right in a child's life
- Adults should never wait for a child to verbally disclose abuse before they raise a child protection concern, particularly if other indicators are present. They should understand and be alert to the range of ways that children might consciously or unconsciously try to communicate what's happening to them, and be aware of the barriers to speaking out.
- Practitioners should look for the reasons behind behaviour they perceive to be 'risky' or 'challenging'. Interventions should focus on understanding and reducing the causes of distress rather than changing behaviour.
- Different agencies within a local area should be trained to have a shared understanding of the terminology and language for HSB, to make it easier for them to share information to protect a child.

Supporting children and families with complex needs

- Practitioners should have a child-centred approach, working with children to find out their lived experience, what risks they are exposed to and what their needs are.
- Any care agreements with parents and carers should be tailored to the needs of the family and consider how HSB might affect the whole family.
- When working with families that have complex needs, particularly in cases of intra –familial HSB, practitioners should receive regular, high quality management support and supervision.

Assessing risk and need

- As soon as there are concerns about practitioners should review their previous involvement with the child and family. Any judgement about current needs and risks should be in the context of what is known about a child's history.
- Practitioners should carry out holistic, multi-agency assessments, taking all risk factors within the family, community and environment into account. It's vital that assessments are informed by the voice of children and young people, to help ensure children feel listened to and interventions are appropriate. Decisions should be fully evidence-based and rationales should be recorded.
- Local authorities should review assessment tools to ensure they are providing the right contextual information to inform decision making.

Resources:

[Protecting children from harmful sexual behaviour | NSPCC Learning](#)

[Harmful Sexual Behaviour – Safe4Me](#)

[Harmful sexual behaviour framework | NSPCC Learning](#)

[Stop It Now harmful sexual behaviour prevention toolkit Oct 2020.pdf \(stopitnow.org.uk\)](#)



Book for Induction in February: through Evolve

Day 1 - Wednesday 2 February 09.30am – 3.30pm

Day 2 – Wednesday 9 February 09.30am – 3.00pm

Day 3 – Wednesday 16 February 09.30am – 3.00pm

Court Skills – Writing Court Statements

Thursday 24 February 1.00 – 2.30pm

Wednesday 9 March 1.00 – 2.30pm



Working with Men

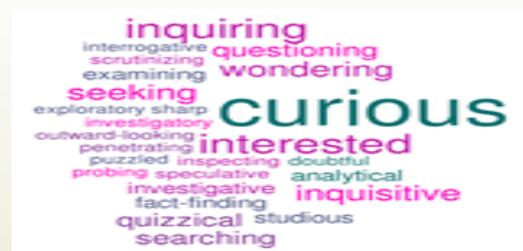
Tuesday 8 February 1.30-3.00pm

Monday 14 March 10.00 – 11.30am

Professional Curiosity

Thursday 3 February 9.30 – 11.00am

Tuesday 22 March 9.30 – 11.00am



Understanding Impact

Tuesday 8 February 9.30 – 11.00am

Friday 21 January 9.30 – 11.00am



MY CAREER IN BOOKS

Rachel Curtis, Service Manager has worked in Bradford Children's Services for a number of years and is passionate about good practice for all children and young people but with a specialist interest in Children in Care and working with European communities ensuring that we are supporting marginalised communities and supporting them to get settled immigration status.

Rachel is due to retire in March and will be sadly missed; I was lucky enough to be managed by Rachel who, I can honestly say has had a significant influence on my own practice. She has written an article for this bulletin about the books that have influenced her own practice.

What books have helped you in your development and practice as a social worker?

"I have recently been following a social worker called Richard Devine on Twitter, and after reading an excellent blog post he wrote recently

[\(https://richarddevinesocialwork.com/2021/12/06/5-points-about-the-tragic-death-of-arthur-labinjo-hughes-we-are-unlikely-to-hear-in-the-media/](https://richarddevinesocialwork.com/2021/12/06/5-points-about-the-tragic-death-of-arthur-labinjo-hughes-we-are-unlikely-to-hear-in-the-media/)

I signed up for his regular blog. Last week he has sent an email a day, talking about the books that he finds have supported his social work practice the most, and explaining why. I am somewhat in awe of this, as though I have been a social worker a long time, I am the first to admit I don't regularly read social work books. But I do read all sorts of things that support my practice.

The 5 books Richard has identified as '5 books every front-line social worker should read in 2022 to make better decisions, build effective relationships, and improve the lives of children and families' are as follows:

1. Working with Denied Child Abuse by Andrew Turnell and Susie Essex (2006)
2. Effective Child Protection by Eileen Munro (2020)
3. The Boy who was Raised as a Dog and Other Stories from a Child Psychiatrists Notebook – What Traumatized Children can Teach us About Love, Loss and Healing by Bruce Perry and Maia Szalavitz (2007)
4. Raising Parents by Patricia Crittenden (2016)
5. Motivational Interviewing For Working With Children and Families: A Practical Guide for Early Intervention and Child Protection By Donald Forrester, David Wilkins, and Charlotte Whittaker (2021)

To find out what Richard has to say about each of these books go to his blog <https://richarddevinesocialwork.com/>

Of these books I have looked at the work of Andrew Turnell and Susie Essex, especially how this is linked into Signs of Safety as a practice model. And I have read some of the 'The Boy who Was Raised as a Dog', which is particularly useful if you are working with children in care. I haven't seen Raising Parents so this sounds really interesting to me - anyone who knows me, knows I will question any assessment that doesn't talk about the parents history. I'm going to look at this one. And Motivational Interviewing seems to have some very useful, practical tools to use.

But what books have I found useful?

I qualified as a social worker in 1981 - an awful lot has happened in the world of social work since then! I still have a box of books from when I was studying - Helping Troubled Children by Michael Rutter (1975) and Child Abuse by Ruth S Kempe and C Henry Kempe (1978), alongside Radical Social Work and Practice by Mike Brake and Roy Bailey (1980). Probably all worth dipping into all these years later.

Some books I have read that have informed my practice in recent years include Protecting Children: A Social Model by Brid Featherstone, Anna Gupta, et al (2018), The Brightness of Stars: Stories from Care Experienced Adults to Inspire Change by Lisa Cherry (recent updated version 2022) and Creating Loving Attachments: Parenting with PACE to Nurture Confidence and Security in the Troubled Child (2015).

A film I recommend to everyone, particularly as it is Bradford based, is The Arbor by Clio Barnard (2011).

Finally a book I read last year (a novel - not a SW text book) that I would recommend for its portrayal of the voice and world of a child and his relationship with his substance-abusing parent is Shuggie Bain by Douglas Stuart (2021). I loved it. "

Rachel Curtis



If you have not already done so please set up your learning accounts with the following; both are excellent sources of information, resources and webinars.

Research in Practice: www.researchinpractice.org.uk

Children's Social Work Matters: www.childrensocialworkmatters.org

As a learning organisation feedback is really important to us to make sure that we are getting things right. Please have your say about the training and development being offered via your evaluation forms as we are using this feedback to adapt our workshops.

Thank you to everyone who has sent responses, feedback and suggestions for Practice and Learning Bulletins.

Keep them coming in.

**WE APPRECIATE
YOUR FEEDBACK
THANK YOU!**