

# Principal Social Worker's Practice and Learning Bulletin



## Welcome to the Novembers edition of the bulletin

### Hello everyone

In this edition I am focusing on the Voice of the Child as we have been doing a lot of work around improving how we evidence that children are the focus of all of our work, central to our assessments, plans and interventions and that we understand their experiences and hear their voices.

Also included is pre-birth assessments and learning from complaints and development opportunities.



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

Just a reminder that reading this bulletin can contribute to your CPD record which is especially vital for those of you who need to register your CPD with Social Work England. Additionally, I hope that you are discussing the contents of this in your team meetings; this may generate interesting conversations about practice and learning.



Best wishes

**Traci Taylor**

**Principal Social Worker/Service Manager**

“Childrens voices should be the heartbeat of any type of documentation”

Alina Dan, Alina Dan Consultancy

Over the past month I have sent you different resources and guidance to support you to listen to and capture children and young people’s voices in the work that you do. I hope you have found this to be useful.

This is intended to be a summary of the work you have been doing over the month of October to strengthen our practice in this area and it is hoped that our audit activity will show an increase in the quality of our work in this area.

Children’s voiced are central to all of our work, their daily experiences need to be understood by us including and understanding of how their experiences are affecting them (impact) positively and negatively. It is important that we do not just focus on the things that may be a worry or concern but also that we have a good understanding of what is positive in a child’s life, be that friends, hobbies, family etc.,

Key questions we have to be able to answer is “**how is the child?**” “**what is happening in their life?**” to be able to answer this we need to be able to communicate effectively with children across a range of different ages and abilities; from none verbal, pre-verbal to older teenagers; children who have disabilities and children whose first language is not English and therefore, we need to be able to find ways to communicate effectively and understand the importance and the power of relationships to find ways to overcome any communication barriers.

Communication does not just refer to talking, when we refer to communication in our roles it will also involve being creative in how we communicate and our ability to use a range of different methods such as play, sign language, Makaton, body language, drawing, and specific tools such as work sheets “all about me”, “my world” all age appropriate.

Research tells us that children want to be listened to and that they want people working with them to be honest, reliable and consistent , to listen to them, care about them and to be fun (taken from Munro 2011).

Children’s own voices are the most powerful tool we have to do our jobs properly and make a difference.

### **What does this look like in practice?**

In Bradford we identify a child’s voice in our records by recording in blue - where possible this should be in the child’s own words or a good summary of what they said.

Our assessments and other documents have a section that represents the child’s voice - this should relate to the concerns we have about them so that we understand what this means for them.

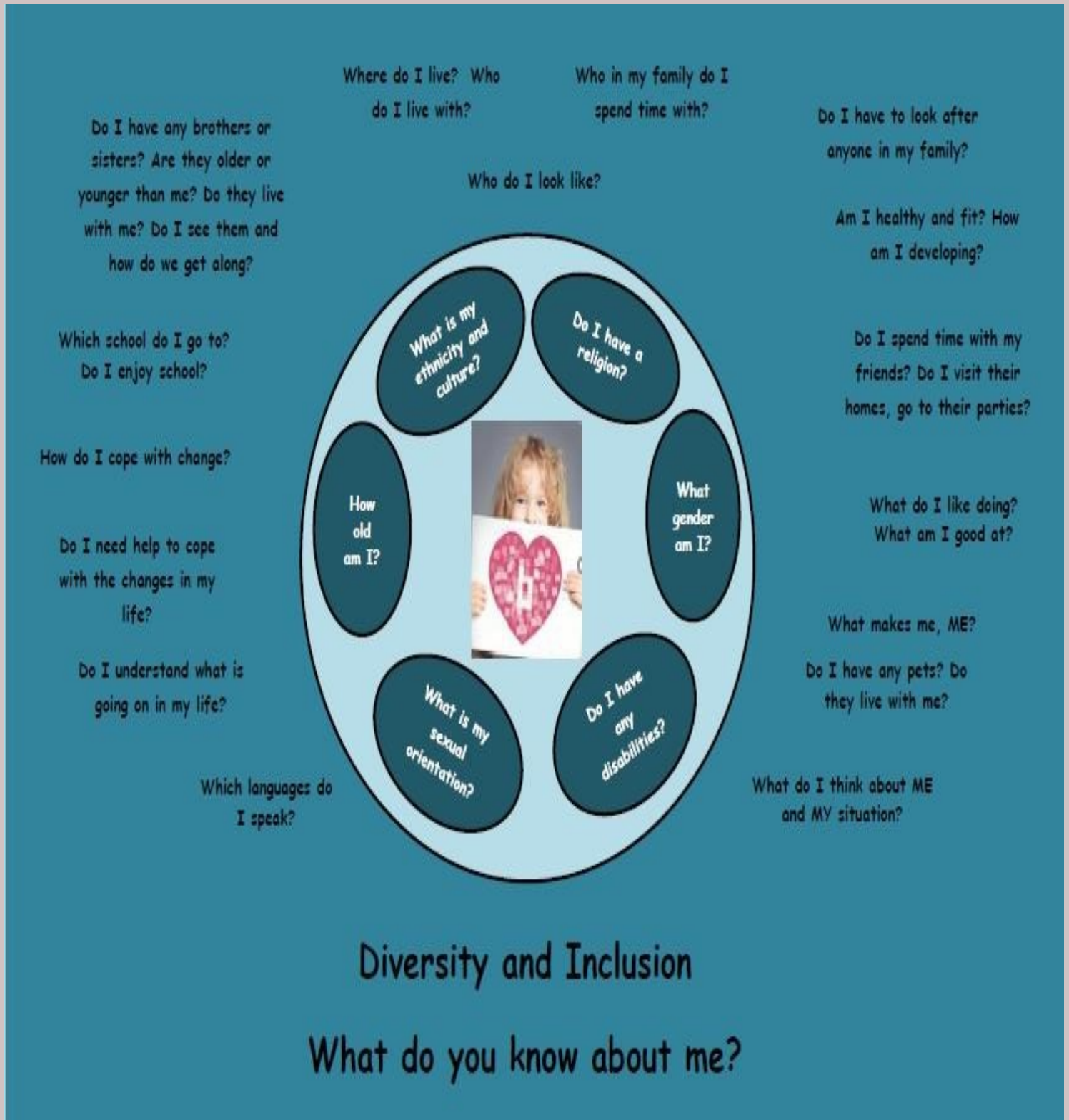
We need to regularly seek a view from the child or young person to help us understand how their personalised plan is making a difference in their life (progress report) and record that.

Be careful not to fall in to the trap of only getting updates from parents/carers or other professionals.

As per the resources sent out in bite size learning there are lots of different ways to work with children and young people (see resources sent). The Learning and Development Service will be running some development sessions around direct work starting in 2023.

Remember that as part of understanding a child/young person's life we need to also understand how any difference or diversity is impacted. Please see the diversity wheel adapted for this purpose which is in Tri-x

## Diversity Wheel to use in Assessments





Our practice evolves from learning from what we do well but also when we have had a complaint about our practice and this has been looked at to see whether the complaint was valid. Stage 2 complaints are completed independently and there is usually an action plan for practice development if it is considered that any part of the complaint can be upheld after investigation. This month we have learning from two Stage 2 complaints.

**A complaint from a father was upheld on the following points with key areas of learning.**

Information was not readily understood by the father despite this being explained a number of times on the phone and in person.

**Action:** CSC to consider writing to people where there are communication difficulties especially where serious allegations have come to the attention of the department.

Information recorded in the records should be accurate in respect of health conditions and needs to be more specific in respect of whether an individual should be referred for drug treatment or alcohol treatment. There is a need for improved recording of information – information recorded should not be contradictory.

**Action:** It is important to check information so that you are recording factually correct information; health conditions should either be verified by a health professional or recorded as being self reported. Additionally it should be specified whether someone is a drug or alcohol user or both; i.e. specify if they are undergoing drug treatment or alcohol treatment.

That address information is verified with the individual directly.

**Action:** Ensure that correct addresses are recorded on children's files including for individuals who are significant to them.

Any addresses should be verified with the individual to ensure that any mail addressed to them arrives and is not sent to the wrong address as this is a breach of GDPR.

**A complaint from a Mother was upheld on the following point with a key area of learning**

Ongoing CSC should ensure that there are records on case files of formal meetings held.

**Action:** Ensure that that when meetings take place that there is a formal record that this has taken place and that the minutes are recorded or uploaded on the records in a timely manner.



## THE IMPORTANCE OF PRE-BIRTH ASSESSMENTS

A pre-birth assessment can be described as a pro-active way to assess and analyse potential risks to a new born baby and usually takes place where there are previous or current concerns about the pregnant woman and/or the birth father and may also include the current partner and immediate family.

Findings from a number of Serious Case Reviews involving babies highlight the vulnerability of infants to maltreatment and neglect and that a high percentage of babies under 3 months of age are killed by their parent/s. Reviews in these cases identified that there were failings in the pre-birth assessment process. The learning identified:

- No pre-birth assessment completed;
- Delay in the pre-birth assessment being started;
- Over-optimistic pre-birth assessment;
- Poor quality pre-birth assessment.

Parenting starts in pregnancy with:

- Pre-natal behaviours that protect and promote the well-being of the foetus
- The bonding process that starts in the second trimester.

We can learn a lot from pre-natal behaviours and that is why pre-birth assessments are important and why we have separate policies, practice guidance and development sessions for this complex area of work. It is complex because you are assessing the likelihood of what could or will happen to the baby when born without being able to observe the parent with the child but also because this is an extremely sensitive time for pregnant parents.

It is also important to remember that a good and thorough pre-birth assessment does not just ensure the baby's safety but also ensures that parents who are vulnerable or in any difficulties have their support needs identified and receive the right kind of support and service so that they can safely care for their baby. Good practice would be that this support starts immediately in pregnancy so that it can make a healthy contribution to the pre-birth assessment outcome, reducing risk factors and improving or changing any concerning parental behaviours for when the baby is born. This reduces the need for unnecessary removals of babies from their parents.

Ultimately there will be times when the outcome of a pre-birth assessments determines that the risks to the born baby are too high; this decision needs to be made as a multi-agency approach to the assessment. Our pre-birth assessment guidance gives a step by step guide to how to conduct a pre-birth assessment including tools to use. Additionally are Safeguarding Partnership has a multi-agency pre-birth policy which all partners are signed up to.

A good pre-birth assessment enables us to:

- Make informed decisions about the risk to a new born
- Allows parents to understand the concerns that the pre-birth assessment identifies
- Work with parent/s and other agencies to consider what support is need to allow parent/s to safely care for their baby; and,
- Make alternative and timely plans for the care of the baby if the pre-birth assessment concludes that the risk is too high for the baby to be cared for by their parent.

### **Timeliness of a pre-birth Assessment:**

It is important to start the pre-birth assessment early in pregnancy; this is one of our practice areas to improve on. Starting a pre-birth assessment in a timely way allows the concerns to be discussed with parents, support put in place and time to assess whether that support has made a significant difference to eliminate or reduce factors. It gives the parent/s a fair chance at changing their behaviour. When we start pre-birth assessments late in pregnancy we are not giving the parent/s a fair chance and this could be described as oppressive practice.

There are times when this is unavoidable, for example, denied or concealed pregnancy and in those cases decisions need to be made quickly about the safety of the unborn.

**A concealed pregnancy** is described as one in which a woman knows that she is pregnant but does not tell anyone, or those who are told collude and conceal the fact from health professionals.

**A denied pregnancy** is when an expectant mother is unaware of or unable to accept the existence of her pregnancy. Physical changes to the body may not be present or be misconstrued; they may be intellectually aware of the pregnancy but continue to think, feel and behave as though they were not pregnant.

**Action Required** Where a pregnancy is revealed to be concealed or denied it is vital the circumstances are explored fully and the guidance followed. Where there is strong suspicion of a concealed or denied pregnancy, it is necessary to share this irrespective of whether consent to disclose has been given. If a birth is suspected to have taken place, immediate steps need to be taken to confirm the whereabouts and wellbeing of the baby or foetus.

There may be a number of reasons why a pregnancy is concealed or denied, including, but not limited to; fear of stigma or shame, in cases of rape, sexual or domestic abuse, forced or sham marriage, in cases of rape, sexual or domestic abuse, forced or sham marriage, fear of a child being removed or asylum seekers and illegal immigrants who may be reluctant to come to the attention of authorities. In some cases the woman may be truly unaware that she is pregnant. In some cases an expectant mother may be in denial of her pregnancy because of mental illness, as a result of substance misuse or as a result of a history of loss of a child or children (Spinelli, 2005).

The implications of concealment and denial of pregnancy are wide-ranging. Concealment and/or denial can lead to a fatal outcome, regardless of the mother's intention. Lack of antenatal care can mean that potential risks to mother and child may not be detected. An unassisted delivery can be traumatic and very dangerous for both mother and baby. An implication of concealed or denied pregnancy could be a lack of willingness or ability to consider the baby's health needs, or lack of emotional bond with the child following birth.



**Here are some of the learning and development opportunities in December available to you.**

6<sup>th</sup> December – Induction

7<sup>th</sup> December – Trauma 3 (Taking Care of Ourselves)

7<sup>th</sup> December – Relationships Matter (Promoting Healthy Relationships, Reducing Parental Conflict)

8<sup>th</sup> December - Courageous conversations

13<sup>th</sup> December – NEW Pre-birth Assessment

14<sup>th</sup> December - Professional Curiosity

14<sup>th</sup> December – Voice of the Child

15<sup>th</sup> December – Trauma 1 & 2 (What is Trauma & Trauma Informed Practice)

15<sup>th</sup> December – Social Work Level 3 Progression Drop In

20<sup>th</sup> December - Chronologies

21<sup>st</sup> December – NEW Pre-birth Assessment

22<sup>nd</sup> December – Supervision for Managers

**All courses can be booked via Evolve unless otherwise stated.**

You can access lots of useful resources and development opportunities by setting up accounts with the links below.

**Research in Practice:** [www.researchinpractice.org.uk](http://www.researchinpractice.org.uk)

**Children's Social Work Matters:** [www.childrensocialworkmatters.org](http://www.childrensocialworkmatters.org)

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.

**WE APPRECIATE  
YOUR FEEDBACK  
THANK YOU!**