WOKINGHAM
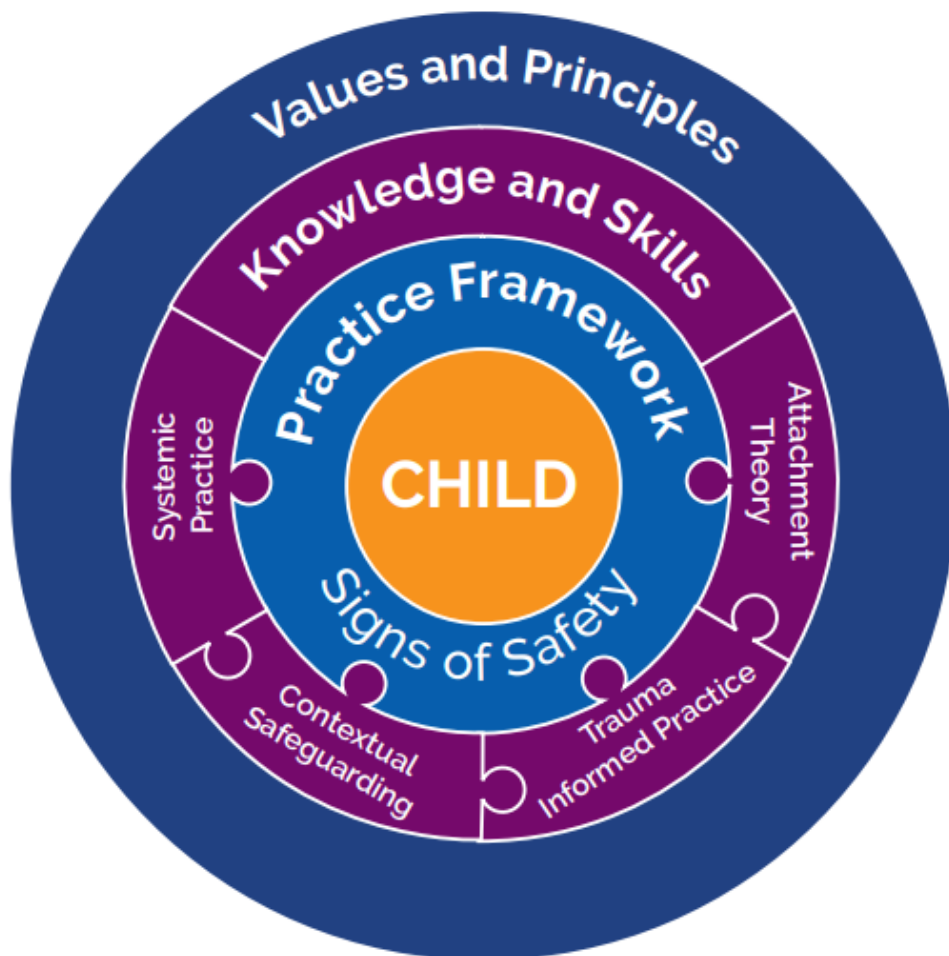**BOROUGH COUNCIL**

Wokingham Children's Services Practitioner's Guide January 2024

Version/Date	Authors	Date Of the Next Review	Lead
V1.0 December 2019	Jannie Goussard – Signs of Safety Practice Consultant Frankie Smith – Signs of Safety Practice Consultant Emma Hovell – Signs of Safety Project Manager	March 2020	Emma Hovell, Signs of Safety Project Manager
V2 November 2021	Jannie Goussard – Practice Consultant Frankie Smith –Practice Consultant Emma Hovell – Practice Model Project Manager	November 2022	Emma Hovell, Practice Model Project Manager
V3 January 2024	Jannie Goussard – Practice Consultant Emma Hovell – Practice Model Project Manage	January 2024	Emma Hovell, Practice Model Project Manager

Please note that the links in the practice guide to other supporting documents will only be active if the guide is accessed via Tri-X

https://www.proceduresonline.com/wokingham/childcare/local_resources.html

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Foreword:

We are delighted to introduce the third edition of our practitioner's guide to Wokingham's Practice Model.

Since its inception, the Practice Model continues to evolve and be refined recognising that we need to be adaptable and responsive to the changing needs of the families we work with. The foundation of our model is the Signs of Safety Practice Framework (introduced in 2014), and this is complimented by aligned strengths-based, relationship-based approaches to enrich our practice across children's services.

The Practice Model Steering Group is responsible for overseeing practice development and its work is supported by the Practice Consultants and Principal Social Worker in conjunction with the Practice Leaders.

The Practitioner's Guide provides a comprehensive description of our practice model, with practical guidance on how to apply it in our work with children, young people and families.
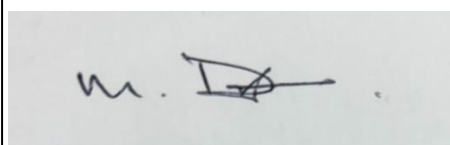
A summary of the key changes and additions to this edition of the Practitioner Guide are listed below:

- 💡 Key concepts from Trauma Informed Practice, Attachment Theory and Systemic Practice have been integrated throughout the guide and it now include additional tools such as the use of PACE and the Tree of Life metaphor.
- 💡 Stronger focus on the use of language and terminology that reflect the values, attitudes and judgements that we bring into our work with children and families. This includes a comprehensive guide to help practitioners to identify words / narratives to avoid and offer them alternative suggestions.
- 💡 Provision of a range of questions to deepen reflection and analysis in our assessments with a focus on Social Graces, privilege, power and diversity.
- 💡 Creating a culture of contribution and working with denial and resistance.
- 💡 The Safe Uncertainty model to aid managers and practitioners to reflect on perceptions and positioning with regards to managing risk.
- 💡 The case study used throughout the practitioner's guide has been aligned to the new Child's Plan and meeting agenda templates created in Mosaic.

Our hope is that both new and experienced staff will find this guide useful, and we look forward to hearing more examples of your impressive work making a real difference to the lives of children, young people and their families in the Borough.

Adam Davis
Assistant Director Social Care & Early Help

Mark Douglas
Interim Assistant Director Quality Assurance and Safeguarding

Getting the best out of the Practitioner's Guide

The online version contains numerous hyperlinks to references / sources, practice examples and information. Practitioners will require an active subscription to the Signs of Safety Knowledge Bank to access many of the resources referenced in the guide. To request a subscription or report any issues accessing the Knowledge Bank please contact **signsofsafety@wokingham.gov.uk.**
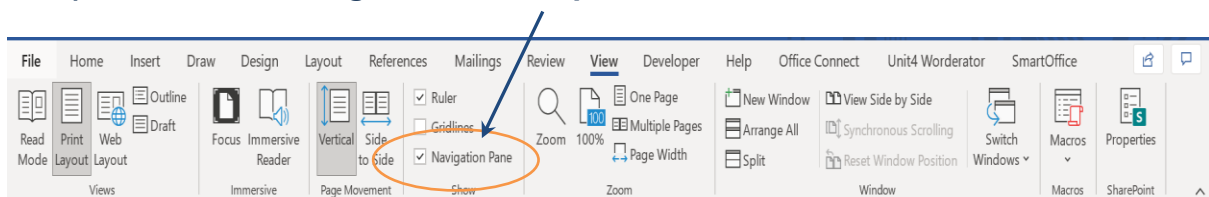
Using the Microsoft Word Navigation Pane to view the guide will allow readers to seamlessly navigate between the various sections / chapters in the guide.

To use the function:

1) **Select "View" from the Word main menu bar**
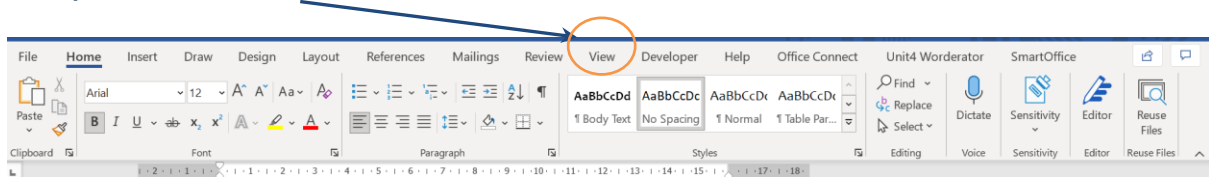
2) **Select the "Navigation Pane" option**

Contents

Wokingham's Practice Model for Children's Services

Our vision

Our vision is that Wokingham is a borough where all children and young people are safe and cared for, achieve their potential, are healthy and resilient, and feel happy, hopeful and loved.

Our values to support this are:

- **We focus on making a difference.** We support children, young people and families on their journey and measure our success in terms of impact on outcomes.
- **We aim high.** We have high aspirations for every child and young person. We are ambitious for our services and strive for excellence in everything we do.
- **We are strategic, efficient and effective.** We manage all our resources efficiently and effectively to meet the needs of our children, young people and families.
- **We value our people.** We highly value and support our children's workforce. We support our people to excel, grow, and love their work.
- **We drive partnership, collaboration and coproduction**. We work in strategic partnership with professionals, children, young people and families to achieve our shared goal to improve outcomes.

Our Values and Principles
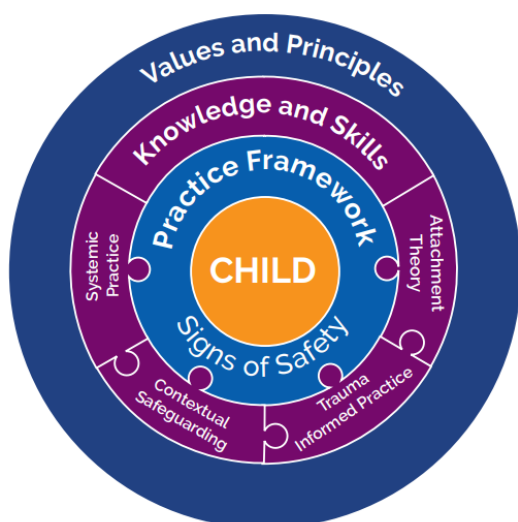
Our values describe our beliefs whilst our principles govern the way in which we provide our services to children and families; they convey how we want families to perceive and experience us. Our values and principles inform our choice of the theories, knowledge and skills that underpin our Practice Model. We acknowledge the terminology we use for family is interchangeable and this will include a child's care givers and significant connected people.

Values	Principles
Nothing about you without you – Relationship based practice	
We believe that good practice only happens when we can build open, honest and strong relationships with the children, young people and families we are trying to help. We believe that we can build a working relationship with family members even where differences exist and without condoning abuse in any way. We believe that families have a right to be involved in the decisions we make, to be listened to.	💡 We will always be careful to balance the authority we have with empathy and respect for everyone whom we work with. 💡 We aim to help families understand that problems exist within relationships rather than individuals and by looking at things this way helps them change their perception of themselves and others in order to create and sustain change. 💡 We will work from a stance of curiosity and remain open minded. 💡 We always use plain, non-judgmental language and make sure the children, young people and families we are working with understand what we are saying, what we are doing and why we are doing it. 💡 We will work collaboratively with professionals, children and young people, families and communities to inform decisions about safety 💡 We will give parents, children and their naturally connected network every opportunity to find their own ideas and solutions before the professionals offer or impose theirs.
Children at the heart of all we do	
We believe that a healthy strong attachment is one of the strongest protective factors in a child's life and the foundation of life-long wellbeing. We believe that every child has a right to and deserves to grow up in a warm loving family.	💡 We will ensure that the child should be at the centre of all our assessments, plans and interventions. When a child is old enough, they will be involved in their own plan. 💡 We are committed to supporting families to stay together, whenever it is feasible to do so.

Healing and staying connected	
We believe that all individuals should feel physically and emotionally safe, are noticed and listened to, and are given a voice. We believe that every child needs lifelong meaningful relationships to increase their sense of belonging, purpose, happiness, self-worth and confidence so they can thrive and grow up to lead healthy lives and fulfil their potential.	💡 We are committed to work in a way that promotes the healing from trauma. 💡 We will keep clear records and a detailed history for those children and young people who we work with and look after so that can understand their lives, their own stories and the decisions that have been made to keep them safe and happy. 💡 We will be mindful of the power we hold and use our statutory authority with care, offering choices about as many aspects of the casework as possible. 💡 We will involve and work with families and their naturally connected networks, (whether the child lives with or outside their biological family) to support them to identify their strengths and find sustainable solutions within their own networks that support the safety and wellbeing of their children. 💡 We will do everything in our power to ensure that children can sustain lifelong connections with their family, culture and community of origin throughout all our involvement.
Building on strengths	
We believe every family has strengths, which we will notice when we are working together. We will help people to identify solutions to their own difficulties, making the best use of the good and safe things that already exist in their own network of family, friends and community. We believe that we have a shared responsibility to help families to change so that children and young people can live safely with them.	💡 We will work with families to make a clear plan about what needs to change and we will clearly describe the help we can offer. Our plans will also clearly explain what will happen if things do not change.

Respecting equality and diversity	
We believe that every child must have access to equal opportunities, no matter who they are or where they come from so that they can feel safe and thrive within their family and wider community.	💡 We are committed to working with children and families in a fair way. We will make sure that we do not discriminate against people because of their age, any impairment, ethnic origin, nationality, religion or belief, social class, gender, sexual orientation, or for any other characteristic. 💡 We will promote fair access and engagement to our services 💡 We will practice in a culturally sensitive way, considering identity and how oppression may influence the experience of the families we work with. 💡 We will actively challenge behaviour which is discriminatory or racist

Knowledge and skills

This includes the theories, concepts and approaches that we believe are ***integral*** to underpinning our understanding of the complexities within relationships, human behaviour, social interactions and safeguarding. We draw on aspects of the framework of each of these theories, concepts and approaches to inform our practice. All practitioners are responsible for continually updating their knowledge and skills by accessing the training and development opportunities that are available. The need to keep up to date with and understand the significance of new research is integral to good practice.

A short explanation for each component of our Practice Model is listed below:

Attachment theory

Attachment theory is a theory of personality development in the context of close relationships. The quality of close relationships is crucial to children's emotional and social development. This knowledge set seeks to explore the main concepts associated with attachment theory and the implications for our work with children and their families (Howe, 2001, p194). Children begin to develop mental representations of their own worth in the form of 'internal working models' that are based on the availability of other people, and their ability and willingness to provide care. (Gupta, N.K).

Having a healthy attachment to the primary caregiver as a young child profoundly influences the child's overall emotional health. Most literature on childhood trauma cites healthy, strong attachments as being a huge factor in a child's ability to heal from trauma. The understanding of the internal makeup of both parents and children who have suffered separation, trauma or loss is key in being able to work with children and families to create and sustain change.

> *"In order to develop normally… somebody has to be crazy about that kid"*
> ~ Dan Hughes ~

Attachment can have a significant impact on all stages of a child's development, therefore understanding attachment theory is an essential area of knowledge for practitioners. Firstly, it gives us a framework for assessing the quality of a child's relationships with others. It also informs how best we can work with the child and their caregivers to build relationships, conduct assessments and complete direct work. However, caution should be taken about definitive 'diagnoses' and attachment theory should not be used as a sole determinant in our assessment and intervention. (Gupta, N.K).

Applying attachment theory in our assessments and interventions

The internal working models that are created, in those critical early days, months and years for children, become beliefs and expectations about relationships, based upon our beliefs about ourselves and others. The way children and their attachment figures/caregivers interact with each other can result in different attachment styles (adapted from BASW, 2013 and Johnson, 2014):

Attachment Styles

| I feel good about myself
I can trust other people are normally okay
I can count on you, and you can count on me
I can tell you and show you how I feel
I can see how you feel sometimes
I like to be close to people I know and trust
I don't like to be close to people I don't know
My attachment figures can help me when I am distressed | **Secure** (Low avoidance / Low anxiety) | **Insecure anxious / ambivalent** (Low avoidance / High anxiety) | I am bad, unlovable and not worthy
I can trust anyone and everyone to meet my needs
I am worried if you can't see me and hear me, you will forget about me
I need you to do EVERYTHING with me and I like it when you do things for me
Are you there? Are you? Show me, show me again
I don't want you to leave me…..ever |
| I can look after myself
I can't trust or count on other people
I can and will do things for myself
I cannot ask for your help
I don't like to be close to anyone
I cannot show you my feelings and I do not understand how you are feeling either
Other people cannot help me when I am distressed | **Insecure avoidant** (High avoidance / Low anxiety) | **Fearful (Disorganised)** (High avoidance / High anxiety) | I am bad, you are bad
I am and will do things for myself
I cannot ask for your help
I need you to be close, but I need you to keep your distance
Come here…. Go away!
I don't want to know you or anyone else
Other people are scary
I can be really scary |

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Assessment and intervention tools

Attachment theory can be misused if attachment patterns are viewed as a 'diagnoses'; rather it should be viewed as a framework for understanding individuals and supporting a child. We

> *"Attachment isn't the problem. Danger is the problem, and attachment is the solution."*
> ~Pat Crittenden~

should also be mindful that attachment theory has derived from Bowlby's original research, which focused on the mother-child relationship and viewed the traditional nuclear family as the optimal childrearing environment. Subsequent research has demonstrated that babies can and do form attachments to several different people. Attachment theory can also help in the exploration and understanding of a child's wishes and feelings, their emotional world and therapeutic needs. However, interpreting and understanding a child's wishes and feelings from an attachment perspective must not replace what a child is actually saying. (Gupta, N.K).

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> "The parent-child relationship is the most powerful mental health intervention known to mankind"
> ~Bessel Van Der Kolk~

When children experience difficult things, especially when they are very young, it can lead them to develop feelings of mistrust and a lack of safety in relationships. For these children it can feel safer, or more comfortable, to feel disconnected rather than connected to others. They may also struggle to separate who they are from their behaviour, so it is very easy for them to misinterpret being disciplined for something they have done as being told they are a bad person, resulting in strong feelings of shame (Cardiff and Vale University Health Board – online resource). In order to limit feelings of shame in a child it is essential that we build strong emotional connections that can restore trust, allow children to feel safe and give us a base from where we could help children and young people self-regulate and address difficult behaviours and emotions.
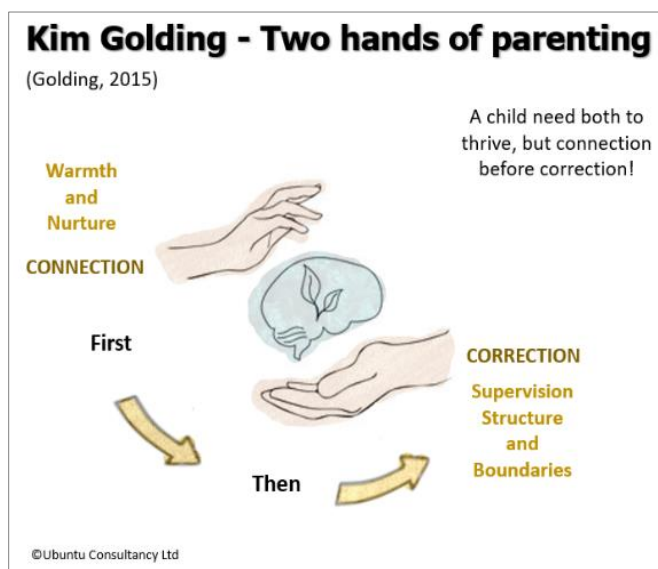
The Shield of Shame

The Shield of Shame provides a helpful framework to explore and analyse difficult behaviours and how children and young people respond to correction. Children who quickly experience

shame that they cannot regulate will find it difficult to trust and will be oversensitive to signs that they are not good enough, that they are bad. As these children experience increased stress, they draw away from the relationship, becoming controlling instead (Golding & Hughes, 2012). We can regulate the shame that the child / young person is experiencing by providing emotional support with a **focus on the relationship**. A **focus on behaviour** [correction] strengthens the shield but a focus on their experience / emotions underlying the behaviour will weaken it [connection] (Golding & Hughes, 2012). It is about connecting before we correct. **High levels of empathy and acceptance for a child's experience helps to avoid shame and encourages relational repair.**

Shame and guilt are related but different emotions. Guilt is a feeling that you did something wrong whilst shame is a feeling that your whole self is wrong, it might relate to more than one event and is a perception of self. Brené Brown (2013) defines shame as "the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging - something we've experienced, done, or failed to do makes us unworthy of connection". Where guilt can be adaptive and helpful (it's holding something, we've done or failed to do up against our values and feeling psychological discomfort), shame is not helpful or productive and more likely to be the source of destructive, hurtful behaviour (Brown, 2013). Shame is linked to the self (I am a failure; I am bad etc.) whilst guilt is about behaviour. Reminding parents / carers and ourselves of this difference would help us to provide feedback in a trauma informed way. Paying attention to this differentiation will also enable us to reframe some narratives children and young people have of themselves. The antidote to shame is empathy and remember that **the person is not the problem, the problem is the problem!**

The two hands of parenting

Kim Golding - Two hands of parenting
(Golding, 2015)

A child need both to thrive, but connection before correction!

Warmth and Nurture

CONNECTION

First

CORRECTION

Supervision Structure and Boundaries

Then

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Connection with correction is an approach that encourages high levels of warmth and nurture alongside age-appropriate behaviour strategies. It can be thought of as the two hands for parenting (Cardiff and Vale University Health Board – online resource):

Hand One – Provides warmth and nurture and allows children appropriate autonomy matched to their developmental age (connection).

Hand Two – Provides structure, discipline and boundaries (correction - behavioural support)

Using PACE

PACE is an approach developed by Dr Dan Hughes, an American psychologist who works with traumatised children. **PACE** stands for **Playfulness**, **Acceptance**, **Curiosity** and **Empathy**. These principles help to promote the experience of safety in your interactions with children and young people. Children need to feel that you have connected with the emotional part of their brain before they can engage the thoughtful, articulate, problem solving areas (Cardiff and Vale University Health Board – online resource). PACE is an acronym to express the importance of having a playful connection, accepting the child's inner world, being curious about the meaning underlying behaviour, and empathically connecting with the child's emotional state (Golding, 2015).

Playfulness: The aim of playfulness is to enjoy having a relationship with the child. This helps the child to experience and be open to positive experiences. In relational play, the child experiences a sense of fun and enjoyment. A different part of the brain is active compared to when the child is experiencing a state of shame. Playfulness is therefore protective. A playful relationship helps everyone to feel good, to experience joy and laughter. It facilitates social bonding. A playful attitude conveys optimism that things can change. It demonstrates that the child is experienced positively (Golding, 2015).

Acceptance: Acceptance creates an experience of psychological safety. The focus is on acceptance of internal experience; the thoughts, feelings, wishes, beliefs, desires and hopes that all people carry inside themselves. Your experience is your experience; it is neither right nor wrong, it just is. When parenting children, we may not tolerate particular behaviours, but we will accept the experience underneath this behaviour. Acceptance therefore means becoming aware of the inner life of another without trying to change it. When inner life is accepted, behavioural conflicts are easier to resolve and less likely to occur (Golding, 2015).

Curiosity: Curiosity is a powerful tool - if we're not curious, we make rapid judgments leading to non-reflective action. This can shut down our relationship with another. By staying curious we avoid becoming defensive. In other words, we stay open and engaged to the child; this in turn reduces the child's defensiveness and leads him into being open and engaged. Curiosity is an attitude of not knowing, making guesses, wondering rather than interpreting. It is a tentative wondering that comes out of the experience of the child. It is being attuned to the child's inner experience and connecting emotionally with this (Golding, 2015).

Empathy: Empathy is the ability to feel with someone. We experience the other's emotional state whilst staying in a regulated state ourselves. Empathy is at the heart of what makes us social. Through empathy we build relationships and make connections. When we express empathy, we're expressing our understanding of the other. Empathy helps us to stay with the feelings for longer, avoiding a precipitous desire to reassure, to make things better or to solve the problem. We instead share the experience, leading to a deeper relationship within which we might eventually be able to help, built on a more solid foundation of understanding and acceptance (Golding, 2015).

PACE in the moment (Taken from Golding, 2015)
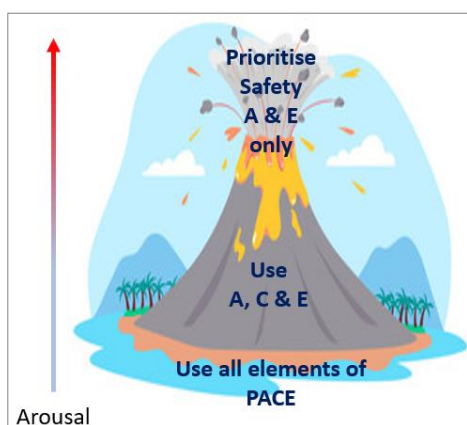
Step one. Notice what is happening. Do I need to step in? What immediate steps do I need to do to ensure everyone's safety?

Step two. Pause for a moment and think: "What is the impact on me? Am I regulated? Can I stay open and engaged? Am I becoming defensive? If I'm becoming defensive, do I need a break or can I get back to being open and engaged? Can I be compassionate to myself?"

Step three. Do I need to help regulate the child? Is the child open for some reflection? What part of the child's brain is activated at the moment? Do I need to provide sensory regulation? Do I need to emotionally regulate?

Step four. Curiosity and understanding. Reflect with the child, or if this is not possible on his behalf. Make sense of what's going on. What is my best guess of what the child's internal emotional experience is at this moment, remembering that internal experience is neither right nor wrong, it just is. I'm not going to judge it.

Step five. Demonstrate acceptance and empathy to connect with the child around the best guess of what his emotional experience is. How can I help him to know that I get it?

Step six. The correction. Do I need to do anything further? Do I need to provide a consequence? Do we need to do some problem-solving?

Step Seven. Repair the relationship. Let the child know he is loved unconditionally. It may have felt tough, but the relationship is stronger. Together we got through it.

Trauma informed practice

Trauma-Informed Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper et al., 2010).

"If you change the way you look at things, the things you look at change" – Wayne Dyer

Trauma informed practice is a **way of working** which recognises the prevalence of early adversity in the lives of children and families. It is about changing the fundamental question from "what's wrong with you to what's happened to you" (Bloom, 1997, p. 191). It focuses on the understanding of how early trauma shapes a person's fundamental beliefs about the world and affects his or her psychosocial functioning across their life span. Practitioners need a clear understanding of trauma to respond to children and families in ways that convey respect and compassion, promote self-determination, trust and enable the rebuilding of healthy interpersonal skills and coping strategies (Levenson, 2017).

We do not have to be trauma specialists to work in a trauma informed way. It is sometimes the simple, everyday things we can bring into our practice that could make a difference such as giving a listening ear, conveying respect and compassion. Adversity doesn't always result in trauma, however, when individuals are isolated their resilience to adversity is weakened. By building safety and developing sustainable networks around children and families we will promote healing and counter the effects of adversity and possible trauma. Trauma is individually defined, what is traumatic for one individual will not feel like trauma for another and we need to be sensitive to this. The following core values / beliefs underpins services when they are delivered through a "trauma lens" (Wilson, et al, 2013):

- **Promoting safety** – this include both physical and emotional safety.

- **Trustworthiness** - relates to the clarity of expectations, being consistent across different teams and services and maintaining boundaries.

- **Offering choice** - trauma-informed practice requires the active role and participation of families. The concept of choice is important because it gives families and individuals control over the services they receive. Control is significant because, as a victim of trauma, the individual's control was taken from them during the traumatic event, whether through witnessing domestic abuse, a rape, physical assault, or even a natural disaster.

- **Collaboration and mutuality** - there is true partnering and leveling of power differences between workers and families and there is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.

- **Empowerment** - relates to the development and enhancement of parents / carers / children and young people's skills. Individuals' strengths are recognised, built on, and validated and new skills are developed.

- **Resilience and strengths based** - a belief in resilience and in the ability of individuals, organisations, and communities to heal and promote recovery from trauma; builds on what families, practitioners and communities have to offer rather

than responding to their perceived deficits.

- 💡 **Inclusiveness and shared purpose** - everyone has a role to play in a trauma-informed approach; one does not have to be a therapist to be therapeutic.

- 💡 **Recognising diversity and equality** - the organisation addresses cultural, historical, and gender issues; the organisation actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognises and addresses historical trauma.

Behaviour that hurts....

System

Worker relationship

- ¤ Not being seen/heard
- ¤ Violating trust
- ¤ Failure to ensure emotional safety
- ¤ Doing to / non collaborative
- ¤ Doing for rather than with
- ¤ Coercive practice
- ¤ Using of jargon / professional language

- ¤ Having to continually retell their story
- ¤ Being treated as a number
- ¤ Procedures that requires "disrobing"
- ¤ Being labelled i.e. alcoholic, abusive etc
- ¤ No choice in service or treatment
- ¤ No opportunity to give feedback about their experience with the service delivery

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Adapted from: Chart by the Institute on Trauma and Trauma-Informed Care (2015). trauma-informed care-infographic (buffalo.edu)

The crucial role of caring and calming adult

We don't have to be trauma specialists to work in a trauma informed way. It is sometimes the simple, everyday things we can bring into our practice that would make a big difference e.g., promoting safety and developing the naturally connected networks around children and families to promote healing and counter the effects of loneliness and aloneness. Be there for children – finding at least one adult who is there for them is a buffer against the impact of trauma – someone who is safe, predictable, sees, hear and notices them and lets them know that they care. Promote a strong sense of self-efficacy – practical suggestions and promoting a sense of "I can" instead of "I can't". Letting children and families know that we believe in their ability to change, we want them to succeed and will do all we can to support them along the way by:

- 💡 Promoting physical and emotional safety
- 💡 Promoting a sense of calmness
- 💡 Reducing families' sources of stress
- 💡 Providing responsive relationships and facilitate social connectedness
- 💡 Strengthening the core life skills - we can prevent and counteract lasting harm
- 💡 Linking children and families to appropriate support services when needed

Systemic theory

Children (naturally) live in families and systemic practice seeks to make sense of the world through relationships. This approach explores relationship patterns and the functioning of families. We therefore achieve change through considering problematic interpersonal and intergenerational patterns, scripts, and beliefs. Systemic practice believes in the possibility of change and hence change is achieved with the family in a strength-based and holistic way looking at families' wider family, community, and wider society. To engage with families, it is crucial to develop trusting, transparent and strong relationships. This practice also aims to support children and their families to identify their own network that can deliver emotional permanency for children and establish a life-long connection with an adult who will unconditionally support and maintain healthy contact with the child. Children heal in the context of their relationships with the people with whom they belong, and a systemic approach pays credence to the fact that taking children out of these relationships can lead to lasting harm.

A systemic approach attempts to support and build up meaningful relationships, even if the child cannot remain with their care givers/parents. This provides stability and continuity and connectedness for children. Josh MacAlister's 'A Case for Change' report (2021) points out the need for "a system that builds relationships and does not break them", and systemic practice supports the research that children need their naturally connected people to feel loved, be part of a community and to have consistency.

The use of genograms, ecomaps, chronologies, family group conferences, network meetings, solution-focused questions and motivational interviewing techniques all support this practice. Every person and everything are interconnected and there are multiple contexts that influence the meaning we create and how we relate to others. There is an ongoing process of mutual influence between individuals and the systems they are part of. It is important to recognise that the concept of mutual influence does not denote equal influence and as such we need to explore and understand how the amount of perceived power that we hold can affect the way we make decisions, respond to others and how we in turn interpret others' behaviour. It is not possible to separate the personal and the professional self in our work with families. We therefore need to be aware of and constantly consider what we bring to each relationship and interaction and what we as a person represent to the families and other professionals we are working with.

Key concepts

Systemic practice talks of **five key concepts** that focus our practice and guides the way we consider the origins or what lies underneath the behaviours we see in the families we work with. Integral to all is curiosity, this should be our aspiration in all our assessment and intervention work. To remain curious helps us to create a shared understanding of the risk / concerns and to facilitate more effective safety planning.

Relational – A systemic approach considers that everything is interconnected and inter-related and all that we do is in relationship to other people and ideas.
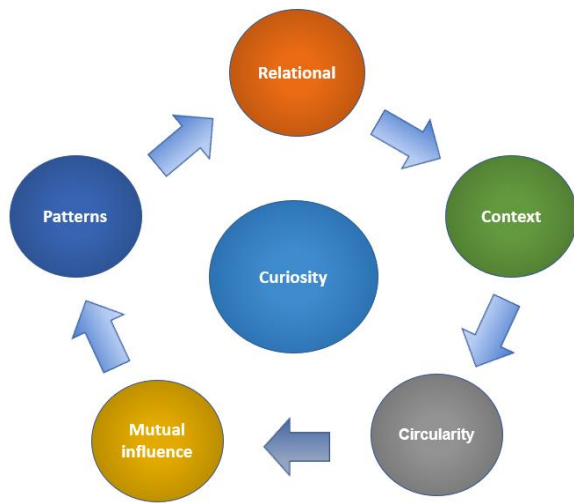
Context – We make sense of families by understanding the multiple contexts which influence them, including the family's culture and wider social and community contexts. Placing individuals' beliefs, behaviours and emotions in context either dilutes blame or seeks to escape blaming interventions (Rivett & Street, 2009).

Circularity – moving away from locating problems in individuals and see how things are interconnected. Problems are imbedded in relationships, problems are understood as being interpersonal (Pendry, 2012). Any cause leads to an effect which automatically becomes another cause (Rivett & Street, 2009). 'This continuous endless looping of information exchange has no beginning and no end, but it is like a spiralling circle moving through time' (Rivett & Street, 2009: p. 14).

Mutual influence – Any two people in a relationship are in a process of mutual influence with differences in power.

Patterns – There is a focus on interactional patterns between people and how meaning is created from these interactions. Within each family pattern, there will be an agreement as to the meaning of that pattern, for instance how that particular interactive process is to be perceived, understood and then acted upon (Rivett & Street, 2009).

Social GRRRAAACCEEESSS, power, difference and diversity

The importance of being aware of, sensitive to and competent in working with issues of social difference has for a long time been part of systemic approaches (Burnham, 2011). The 'Social GGRRAAACCEEESSS' (for ease of reference we will shorten this to 'Social GRACES') is a memory aid developed jointly by John Burnham and Alison Roper-Hall and was introduced as a reflexive framework that can be used by practitioners to reflect on aspects of their personal and social identity which affords people different levels of power and privilege (Burnham, 2011).

| **SOCIAL**					
G	**R**	**A**	**C**	**E**	**S**
Gender	Race	Age	Culture	Ethnicity	Sexuality
Geography	Religion	(Dis) Ability	Class	Education	Sexual Orientation
		Accent	Care-experienced	Employment	Spirituality
		Appearance		Experiences	Socio-economic status

Every person and everything are interconnected and there are multiple contexts that influence the meaning we create and how we relate to others. When we meet others, we are not alone in our engagement with them, behind us and them is a **context** which creates meaning. Our meaning and others meaning may not be the same, because of our lived experiences. There is an ongoing process of mutual influence between individuals

and the systems they are part of. It is important to recognise that **the concept of mutual influence does not denote equal influence** and as such we need to explore and understand how the amount of perceived **power that we hold** can affect the way we make decisions, respond to others and how we in return interpret other's behaviour.

It is not possible to separate the personal and the professional self in our work with families and as such we cannot ever be completely objective in our views and decisions due to the influence of our own Social GRACES. We therefore need to be aware of and constantly consider what we bring to each relationship and interaction and what we as a person represent to the families and other professionals we are working with. We can use the social GRACES to constantly reflect on the impact these have on our thoughts, feelings and actions within the world; **what we are sharing and what we are not,** and more importantly: WHY (Bannister, 2022b). The social GRACES are always present and could help to either build a relationship with someone or be the reason you are struggling to do so (Bannister, 2022b).

Burnham distinguished between Personal and Social GRACES in order to draw attention both to the social context in which differences are constructed and the shaping of individual experience within those contexts (Burnham, 2011).
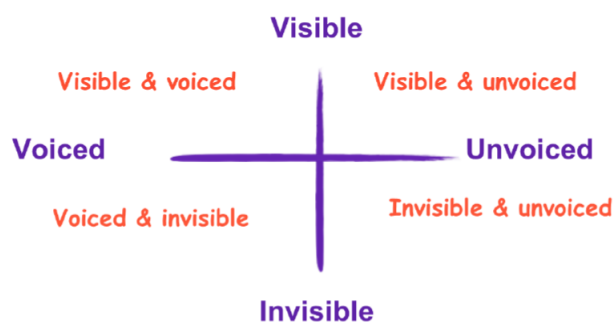
GRACES can be visible and voiced, visible and unvoiced, invisible and voiced and invisible and unvoiced (Burnham, 2011). Burnham created a graphic to show how the dimensions of visible-invisible and voiced-unvoiced can be visually represented by juxtaposing these along two continua to create four quadrants (Burnham, 2011).

At different times, even in the same conversation, we occupy positions of privilege and marginalisation, perhaps knowing or unknowingly. John Burnham (2011) encourages us to consider how the GRACES can manifest in different ways and by asking us to consider what the 'unvoiced' or the 'invisible' GRACES are, we moved to become conscious of what could otherwise contribute to an unconscious imbalance of power and influence. In doing this we become 'self-reflexive'.

Power and difference

As children and families' practitioners we are working with the most vulnerable in society and as such we hold a great deal of power as a government agency (set within legislation) over individuals and families who are often powerless and marginalised already. In addition to this our own social GRACES also affords us varying degrees of power. Unless we can develop a clear understanding of and effective response to power differentials there is a real risk that we might (unintentionally) disempower vulnerable people even more.

We need to think about and be aware of how the social GRACES impact our understanding of and approach to children and families. This is important as it begins to deconstruct the power relationship between ourselves and family members. Power differentials can never be fully obliterated but talking about and making these explicit and exploring their effects enables us to adjust our practice and will help us to make better decisions in future (Partridge, 2019). Although we are aware that power exists at every level of our role as practitioner it is not always easy to identify. Siobhan Maclean (2016) developed a very practical and extensive resource of reflective practice cards that offers a wide range of tools that can be used to reflect on practice. She developed the questions below to encourage practitioners to consider the power issues in a particular piece of practice (Maclean, 2016):

- Who had power? What kind of power?
- How was power used? By who?
- In what way was the service user powerful? In what ways were they powerless? What could you have done to change this?
- Did the service user understand where the power lay in the same way as you? How do you know?
- Did you empower anyone? How? Why?
- Did you disempower anyone? How? Why?
- Were there any aspects of power/powerlessness that you found particularly challenging? Why? How did you address the challenge?
- Do you see power any differently as a result of your reflection? How?
- How might you use your analysis of power in the future? Will your practice be different as a result? How?

Theory of change

Systemic practice looks at change being created by helping the family and professional network to become curious and develop a shared understanding of the difficulties. In focusing attention on all the systems, we can look to practice in a more holistic and strength-based way.

Systemic practice promotes the belief that families have the capacity to change. What we want to do as practitioners is to look at individuals, what surrounds them, their family, community, and wider society. This allows us to gain a better understanding of what makes someone who they are, and what makes them unique to their own situation.
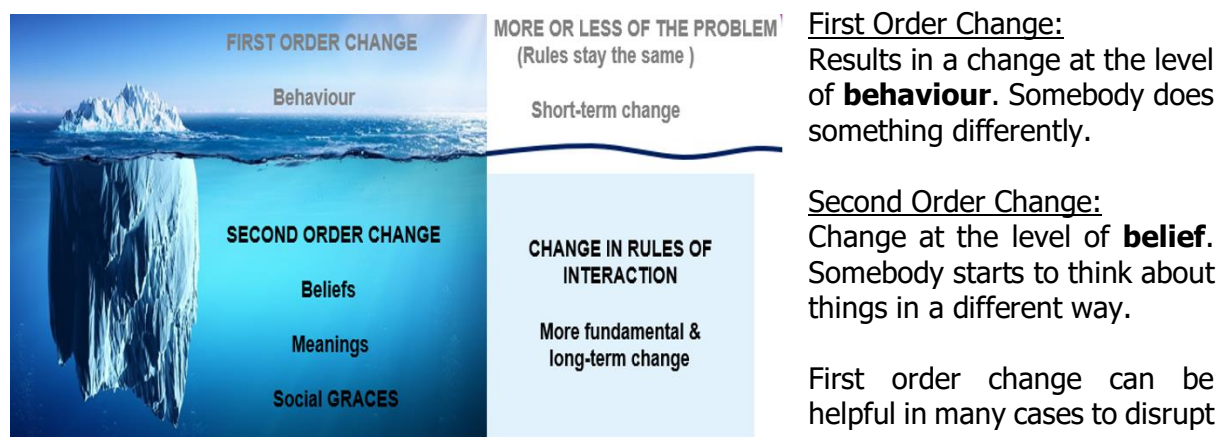
First Order Change:
Results in a change at the level of **behaviour**. Somebody does something differently.

Second Order Change:
Change at the level of **belief**. Somebody starts to think about things in a different way.

First order change can be helpful in many cases to disrupt a script or pattern that is entrenched. However, all the while we should work to create a deeper level of insight, striving to create a second order change at a belief level, with the hope that this may lead to long-

term, sustained change.

Second order change means that we aim to develop a deeper level of insight to create change at a belief level with the hope that this may lead to long-term, sustained change.

|	**First Order**	**Second order**
Worker's view of the family & the workers positioning	The family is viewed like a piece of machinery (moving parts all working together with specific roles). The worker is separate to the 'machine' but able to control it and fix any problems as they see fit. In this regard the worker is very much the expert of what needs to happen and how it will happen.	The family are viewed more 'biologically' as stuck in repetitive patterns. The worker knows they cannot be truly objective about the family. Whether you like it or not, as soon as you join a family, you alter it in some way. You can become a collaborative 'explorer' when working with the family. The family are the experts of their lives (not the worker).
View of problems	The worker diagnoses what is wrong with the family and seeks a solution to solve it.	You cannot objectively report on a family. We all come with our own biases and prejudices which impact the way we view the family but also what we choose to pay attention to and give 'value' to and what we don't (think Social Constructionism & Social GRACES).
Impact	Change does occur but from a position of expert & diagnosing a problem/solution. Leads to very little impact deeper down with the families as they are just doing 'as they have been told' by the 'expert' and may not always understand why.	Change happens at a deeper level of beliefs, morals and values. Personal esteem and growth is encouraged. The family understand the problem better and are therefore able to make choices in their response as to how they are going to change things (Table adapted from Bannister, 2022)

Contextual safeguarding

Wokingham Borough Council has developed a multi-agency approach to working with young people within the harm outside the home (HOTH) context - where traditional safeguarding approaches may not fit, but where risk of harm to the young person still exists.

Under this approach, although children at risk will continue to be managed within existing Child in Need, Child Protection and Child in Care frameworks, flexibility is provided to ensure that the multi-agency response fits the context and individual needs of the young people involved.

Contextual Safeguarding is an approach developed by Carlene Firmin to understanding, and responding to, young people's experiences of harm beyond their families and home. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers can often have little influence over these contexts, and young people's experiences of extra-familial pressures can also undermine parent-child relationships. In light of this, the Contextual Safeguarding approach recognises that children's practitioners need to engage with individuals and sectors who do have influence over (or within) extra-familial contexts, and that assessment of, and intervention with, these spaces or locations are a critical part of safeguarding practices (Firmin et al, 2021).

Contextual safeguarding looks at how we can best understand these risks, engage with children and young people and help to keep them safe by creating safe spaces and start conversations with them about their experiences. Contextual Safeguarding is achieved through collaboration between professionals, children and young people, families and communities to inform decisions about safety and it considers the links between the spaces where young people experience harm and how these are shaped by inequalities (Firmin et al, 2021).
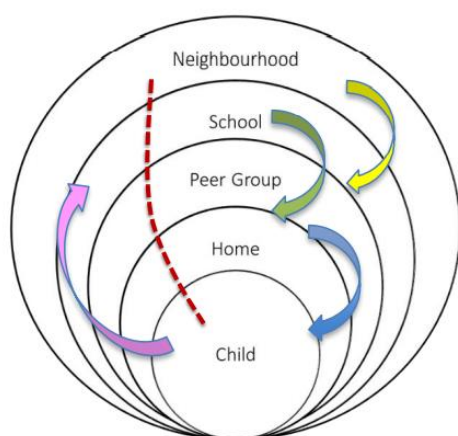
Contextual safeguarding is a multi-layered approach: practitioners increase their consideration of extra-familial contexts in their direct work with children and families, for example, they may focus on the influence of peer relationships when assessing a young person's needs. Alongside this, we create systems for referring, assessing and providing support to contexts themselves. Practitioners across the multi-agency partnership work collaboratively to identify links between young people and locations of interest.

There are a set of values that underpin the Contextual Safeguarding Framework – understanding these is integral to ensuring the framework's use stays true to the intention behind its design (Firmin et al, 2021):

- 💡 Collaborative: Is achieved through collaboration between professionals, children and young people, families and communities to inform decisions about safety.

- 💡 Ecological: Considers the links between the spaces where young people experience harm and how these are shaped by inequalities.

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

- 💡 Rights-based: Grounded in children's and human rights.

- 💡 Strengths-based: Builds on the strengths of individuals and communities to achieve change.

- 💡 Evidence-informed: grounded in the reality of how life happens. Proposes solutions that are informed by the lived experiences of young people, families, communities and practitioners.

Contextual Safeguarding is a whole system approach to understanding and responding to young people's experiences of significant harm beyond their families. Many local authorities in the UK that are using Signs of Safety are also using Contextual Safeguarding and work is now underway to look at how the approaches align and can be used together so that workers, families, children, young people and those in the broader community experience a collaborative and integrated approach https://contextualsafeguarding.org.uk You can read more about this collaboration here. This is an example of how Signs of Safety practice and learning methods could be used in a situation of extra-familial harm (Firmin et al, 2021).

Practice Framework: Signs of Safety

Signs of Safety is the overarching practice framework used within Wokingham Children's Services. It provides the scaffolding that enables practitioners to put all the different theories and approaches within the model into practice.

The Signs of Safety framework focusses on identifying and utilising the family's own resources and strengths that can be built upon to stabilise and strengthen a child's and family's situation. The Signs of Safety risk assessment process integrates professional knowledge with local family and cultural knowledge and balances a rigorous exploration of danger/harm alongside indicators of strengths and safety. Signs of Safety is about parents, their network of naturally connected support people and professionals working together to meet children and young people's needs in the best way possible.

Signs of Safety has established a close partnership with the Family Finding model created by Kevin Campbell and these are considered sister approaches and as such plays an important part of how we practice in Wokingham. The Family Finding model provides practitioners with a range of tools and strategies to identify and then mobilise the child's naturally connected network. Signs of Safety is a relationship-based way of working that puts the child, their parents and connected people at the centre and gives them every opportunity to come up with their own ideas and solutions to show everyone that the children are safe and well now and in the future, no matter what.

Signs of Safety can be adapted to Signs of Wellbeing (Child In Need and Early Help), Signs of Success (Children In Care) and Signs of Good Learning (education settings).

Signs of Safety is a way of working, an approach, it is **how** we will practice; it is not just training or using specific tools. It affects all aspects of the organisation and requires a whole system implementation ensuring that we have the right policies, procedures, structures, support and tools in place to promote best practice.

Adapting Signs of Safety

Signs of Wellbeing - In Early Help cases and Child In Need Section 17 cases that involve lower levels of risk the approach is adapted as Signs of Wellbeing since wellbeing is the goal. Signs of Wellbeing can be used to support parents with lower level, or less enduring problems. Along with Children In Need it can help to support parents at children's centres, in managing their children's behaviour and for disabled children to access support, such as respite care.

Signs of Success - In assessing and planning for Children in Care the approach is called the Signs of Success. The Signs of Success is used to focus on placement success and the extent to which the young person's life is on track so they can grow up successfully, for example making progress with their schooling and gaining independence skills or considering whether the child is benefiting from and happy with 'good contact' with their family of origin.

Signs of Good Learning - Signs of Good Learning is about getting children and young people to attend school regularly and making sure they get the opportunity to engage in their education and ensure that all children and young people reach their true potential.

The table below shows how the language can be adapted in the case of Signs of Wellbeing, Success and Good Learning:

	What Are We Worried About?			What's Working Well		What Needs To Happen	
	Past	**Future**	**Complicating Factors**	**Existing Strengths**	**Existing Solutions**	**Goals**	**Next Steps**
Signs of Safety	Harm	Danger statements	Complicating Factors	Existing Strengths	Existing Safety	Safety Goals	Next Steps
	Safety / wellbeing plan, Safety / support network, Safety Object & Safety Person						
Signs of Wellbeing	Wellbeing Concerns (Past)	Worry Statement	Complicating Factors	Existing Strengths	Existing Wellbeing	Wellbeing Goals	Next Steps
	Wellbeing Plan, Support Network, Child's Communication Object & Support Person						
Signs of Success	Worrying Behaviour (Past)	Worry Statement	Complicating Factors	Existing Strengths	Existing Success	Success Goals	Next Steps
	Success Plan, Support Network, Child's Communication Object & Support Person						
Signs of Good Learning	Attendance concerns (Past)	Attendance worries (Future) Worry statement	Complicating Factors	Existing Strengths	Existing Success	Success Goals	Next Steps
	Individual Attendance Plan, Support Network, Child's communication Object & Support Person						

Embedding our practice model

Group supervision

Group supervision offers many benefits in the context of child and family social work. It provides a useful environment in which to discuss and reflect on practice, address barriers and build supportive relationships with colleagues. Group supervision often challenges workers' assumptions about families, increases their awareness of potential biases and promotes reflective practice (Lees and Cooper, 2019). Group supervision contributes to building strong team habits of analysis and judgement to promote reflective practice and it will lead to more energy and dynamism in practice. It is important to note that group supervision should not be used as a decision-making process but rather to progress cases where workers may feel 'stuck' or wish for a particular issue to be thrashed out.

Group Supervision/ case mapping as a group may be particularly helpful for:

- Cases that are 'stuck' or that are very complex
- Cases where the safety / wellbeing plan was not effective e.g. cases progressing to legal proceedings, repeat child protection case conferences or persistent re-referrals
- Cases where there is a lot of uncertainty or disagreement about the level of concern

💡 Cases where there are significant challenges in establishing good working relationships between professionals or between professionals and families

The group supervision process revolves around the **Caseworker** who brings forward the case (sometimes of course there are a number of people bringing forward the case) and the **Facilitator** who leads the group process. Other group members are involved as **Observer/Participants**. Wherever possible the facilitator will aim to involve everyone in the process, for instance developing the draft danger/worry statements, safety /wellbeing goals, scaling questions, best questions and next steps.

Process

Step 1: Introduction – The facilitator explains the process, sets appropriate boundaries and explains the roles of case worker(s) and observer-participants (2 to 3 minutes).

Step 2: The family network and relationships – The facilitator uses a range of questions to draw up a family genogram with the case worker which include the members of the household, wider family and other important people in the child's life and explore the quality of relationships, themes and patterns in the family and unique characteristics/visible and known Social Graces of the family (15 minutes).

Step 3: Background information – The case worker provides a brief overview of the reasons/ concerns that led to the need for the current professional involvement (3 minutes).

Step 4: Goal for the session – The case worker describes to the group the situation which they are seeking help with. The facilitator might ask further questions to develop a clear focus or goal for the session which may include drawing out what the worker has tried so far (5 minutes).
Step 5: Exploration – The facilitator asks questions of the caseworker to explore the concerns, complicating factors, barriers and strengths of the family and the professional system. Observer-participants will be asked to listen attentively and note down their own observations and working hypothesis but don't contribute directly (30 minutes).

Step 6: Reflection and developing next steps – The facilitator asks the observer-participants for their feedback and ideas. Depending on the focus of the session the facilitator may ask all participants to respond to a scaling question(s) or come up with their own best questions that the case worker could take back to the other involved professionals, child, parents or the network as part of the ongoing direct work with the family (20 minutes).

Step 7: Worker's feedback – The facilitator asks for feedback from the case worker and about their reactions to what they have heard, including which ideas they would like to explore further (5 minutes).

Step 8: Learning – The facilitator leads a discussion with all the participants to reflect on the experience of the process and draw out the learning (5 minutes).

The facilitator is responsible for sharing the notes and actions from the session with the case worker and their manager.

Here are the links to download the group supervision agenda / template with guidance notes or blank form.

Appreciative inquiry

> Practice development should include our learning from what has worked well in practice rather than purely focusing on lessons learned from failures or limited our learning to seeking to avoid failure.
> In the words of Dr Terry Murphy - Teesside University, Middlesborough, this is like '*trying to design a passenger airliner based solely on information gathered from plane wrecks – you do this for long enough you'll have a plane that will never get of the runway'*.
>
> **Source:** Signs of Safety Comprehensive Briefing Paper, 4th Edition, Andrew Turnell and Terry Murphy, 2017

Undertaking appreciative inquiries is one of the key learning methods in the Signs of Safety framework. Appreciative inquiry is based on the acceptance that our practice grows in the direction of what we repeatedly ask questions about and focus our attention on. It is about learning from good practice and applying the learning to our future work. It is about learning from good practice and applying the learning to our future work. Appreciative Inquiry uses the approach that focuses on identifying what is working well, analysing why it is working well and then doing more of it.

EARS Process in Appreciative Inquiry

Elicit	First question: Usually broad focus, 'What you are most proud of in this piece of work?' 'Can you tell me about a piece of work where you think, yeah it wasn't perfect, but I did that pretty well?'
Amplify	Behavioural detail: Ask questions focused on what, who, when, how particularly looking at 'best' times and strongest examples of the behaviour or attributes being focused on. Use lots of relationship questions looking at success from perspective of others always try to explore the child's perspective and where safety has increased
Reflect	Meaning: Explores the significance of the work typically asking, 'what is the most important learning for you?' 'What has this work taught you about your skills/how to work with these sorts of cases etc?'
Start-over	Return to Amplify and reflect further or start with new first question

Source: Wendy Hill – SofS Regional Network Meeting 23rd March 2021

Appreciative inquiry can also be applied to our casework and can be used to seek feedback from parents and young people of their experiences working with professionals and it is particularly helpful and important to build this into the trajectory near the point of case closure allowing the safety / support network to celebrate success and reflect on the learning that could be applied in day-today life of the family to contribute to future safety. Follow this link for further question examples that can be used for case mapping: EARS question examples

Practice Wisdom

Scaling questions have NO place in appreciative inquiry since AI work is about reflecting on, celebrating and digging into what has been achieved and what's been successful NOT thinking about what we can do to make it better. Introducing a scaling question and setting up that future focus is not a bad thing at all BUT in an AI it drags the energy toward the future when an AI is all about a forensic focus on what has been done that works. The logic to slow the urge to do something different/change something by focusing on what works now since once you know what works you can do more of it! There would usually be a strong focus on what it was that **YOU DID / DO** to make a difference type questions.

Source: Turnell, A. 2017. Appreciative Inquiry Three-Way Scripts. Resolutions Consultancy

A questioning approach

The roots of the Signs of Safety framework can be traced back to strength-based interview techniques and Solution Focused Brief Therapies. The solution focused approach is a 'questioning' approach or interviewing practice based on a simple idea (with profound ramifications) that 'the areas people pay attention to grow'.
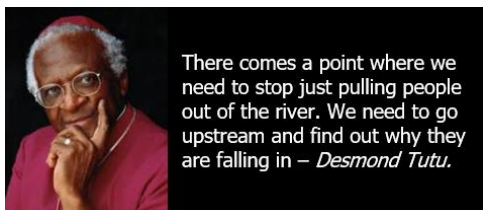

Being a "lighthouse" and not a "life boat"

This approach focuses on the intentional use of carefully crafted questions that get people to reflect on their situation and think through solutions to their problems. It implies that the formulation of questions **is the intervention** rather than just a means of gathering information. The approach provides strategies for workers to facilitate a change process efficiently and effectively by using questions to deepen the understanding of the problems and elicit a vision for change.

The development of a constructive working relationship with families is key to be able to facilitate the change process and require us to focus on 'actions of protection' and strengths in just as rigorous a way as we focus on the 'risk' or 'danger'.

When we talk about a chance process it is important to differentiate between the systemic ideas of first and second order change. Theory of change is at the level of **behaviour** – somebody does something different but not necessary through a change in the thinking or beliefs that underpins the behaviour. This may be the result of the bottom lines or expectations we set for families and there could be times where a family would simply comply and behave in expected ways whilst there is external pressure on them, and whilst the situation is closely monitored. In many cases these changes will not be sustained beyond professional involvement. There is also a risk of disguised compliance where parents or carers appear to co-operate with professionals in order to allay concerns and stop professional engagement. This can mean that social workers and other practitioners may be unaware of what is happening in a child's life and the risks they face may be unknown to local authorities (NSPCC, 2010).

The NSPCC also produced a briefing which focuses on learning from case reviews since 2014 onwards that involve disguised compliance.

There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they are falling in – Desmond Tutu.

Theory of change is what we should aim to bring into our practice. This is where we see c**hange happen at the level of thoughts and beliefs**, where parents or carers start to think about things in a different way and the family / system is required to reorganise itself based on new ideas, beliefs and meanings. Second order change is linked to genuine insight into one's behaviour and the change is not sustained through external pressure but rather through a change in attitude and perception and therefore more likely to be sustained beyond professional involvement.

Solution focused question types

There are 5 main types of questions that can be used with specific intention or purpose in mind. Family therapist, Karl Tomm (1987) describes several additional reflexive question types with examples that are used in interventive interviewing practice and can be downloaded free of charge from the family therapy website. Alternatively follow this link to access an adapted version of these question types and further examples of reflexive questions to use in case work.

Exception / past success questions

Uncover instances when the problem could have occurred but did not, and help obtain a balanced picture of the family, creating a vision that change is possible. **Examples:** *"Can you tell me about a time when this problem was not happening? When was that? How did you make that happen? What kind of difference did that make for your child? Who helped you at the time? When have you noticed moments when you are at your best as a parent?"* Ask further questions to get the behavioural specific details, these are the building blocks of an effective safety / wellbeing plan.

Coping questions

Acknowledge difficulty and help people discover skills they possess and support that helped them survive challenges and difficult times. Coping questions convey compassion and empathy and are very helpful in building relationships. **Examples:** "*I imagine that raising five children under the age of six on your own must be hard and keep you very busy. How do you manage day after day? What gives you the strength to keep going? Who helps you to keep going? What is it about you that gives you the strength and determination to fight to keep your baby? Tell me about another time when you have shown this level of strength and determination?"*

Miracle / future focused questions

Are used to help children, young people and families develop goals and brings in a vision that future change is possible. Future focused questions can bring an element of hope into the situation allowing someone to move forward or visualise what their future could look like. **Examples:** "*Let us imagine it is six months in the future from now and all the problems that brought us into your life are totally resolved. What would it look like? What steps would you have had to take to get there?*"

Scaling questions

Help create discussion and understanding of danger and safety. Scaling questions change abstract concepts (e.g., how worried you are) into something that is tangible and measurable. It is not the number that is important, but the conversation that follows the scaling process. Scaling questions can also help elicit 'next steps' to change. **Example:** "*On a scale of zero to 10, where zero being your child is not safe and will be immediately hurt, and 10 being your child is now completely safe, where would you say things are? What are you already doing or what is already in place that has you this high on the scale? What would need to happen to move you up the scale by one?*"

Position/relationship questions

Help to see a situation through the eyes of other people and can be very enlightening when imagining how other people, such as their child, are seeing or experiencing things. Position questions can help parents to develop insight into the harm the child has suffered. **Examples:** "*I notice you scale yourself as a nine on a scale of 10, indicating you are solidly in recovery from using drugs. If your baby could talk, where do you think she would rate you? What do you think would get her to that number? What would her worries be, if any? What would your child say they are most pleased that you are doing?*"

Systemic questions

The concept of 'Interventive interviewing' was developed by the systemic family therapist, Karl Tomm. Tomm (1987) developed a framework that practitioners can use to turn questions into an intervention in themselves, whereby questions are formed with intent and not just about attaining an answer. In direct work with children and families, this approach can be useful in influencing change (Cohen et al, 2019).

Systemic questions
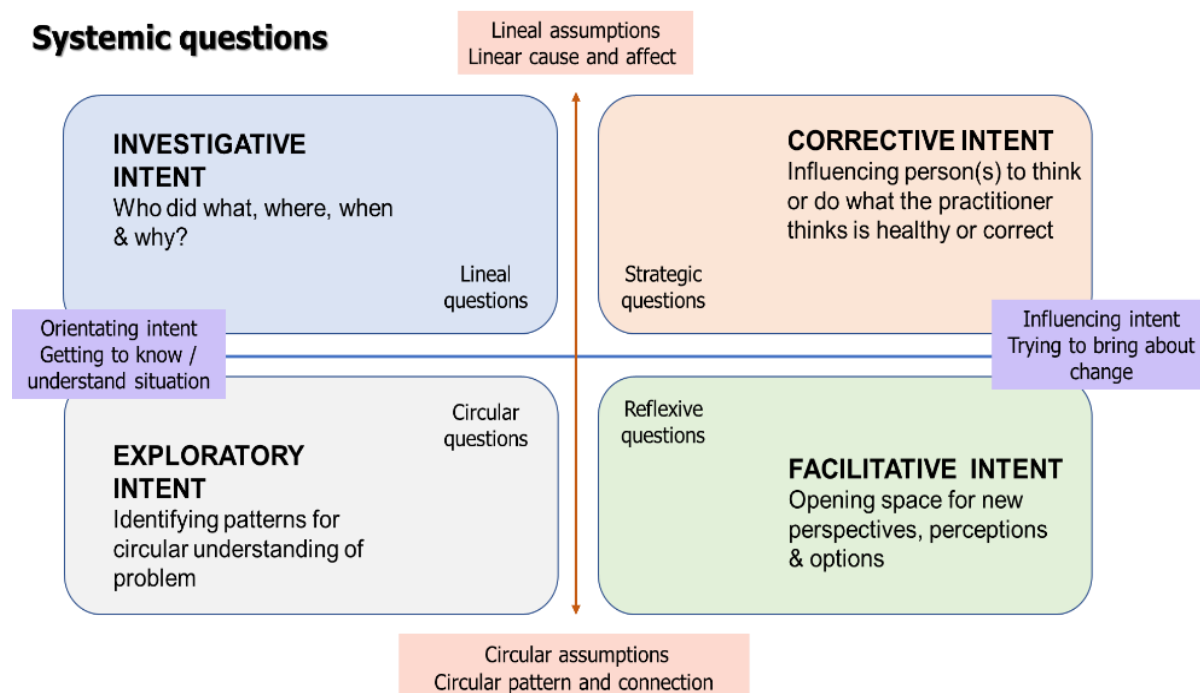
The horizontal axis represents the practitioners' **intention**. The axis moves from a position trying to find out more in order to better understand a client/family's position to the other side where we might be trying to affect the person/family to bring about change. The vertical axis represents the mostly non-conscious **assumptions** we are making about things (Cohen et al, 2019).

Karl Tomm (1987) describes the concept of 'interventive interviewing' in as article which includes numerous examples of intentional questions that can be used in interventive interviewing practice and can be downloaded free of charge from the family therapy website. Research in Practice developed a interventive-interviewing resource for supervisors (and practitioners) wishing to use this concept in practice. For a detailed explanation of the four categories of questions above and more question examples please follow this link to an article by Karl Tomm: Interventive Interviewing - Lineal, Circular, Strategic and Reflexive Questions

> **Practice wisdom: When we are using questions in this way it is important to consider the following:**
>
> - Holding on to the skills you already have in asking questions.
> - Keep a balance between questions and statements.
> - Joining and "warming the context" – let families know that asking many questions is part of the way we work to get everyone thinking about and through the difficulties.
> - Listening and using feedback (circularity)
> - Attending to the family's own particular use of language
> - Keep non-verbal aspects in mind – tone of voice, expression, posture etc
> - Be mindful of the power you hold and what you represent to the family – this may affect how the family might interpret or respond to the question.
> - Respect the family and seek permission for the direction / content of the questions.

Further resources

Elliott Connie's 101 Solution Focused Questions on one page.

The NSPCC developed a very detailed and helpful toolkit for working with children and young people solution-focused-practice-toolkit. Exploring this toolkit is highly recommended. The toolkit is comprehensive and provides a **very wide range of 44 practical tools, outdoor activities, most of which would be appropriate to use for children aged 5 to 18.** All tools and worksheets are free to download. The toolkit has been divided into 8 sections, each with the worksheets, tools, activities etc., all fully explained and illustrated.

Wokingham Children's Services developed an extensive **resource** of question examples that can be used or adapted by practitioners.

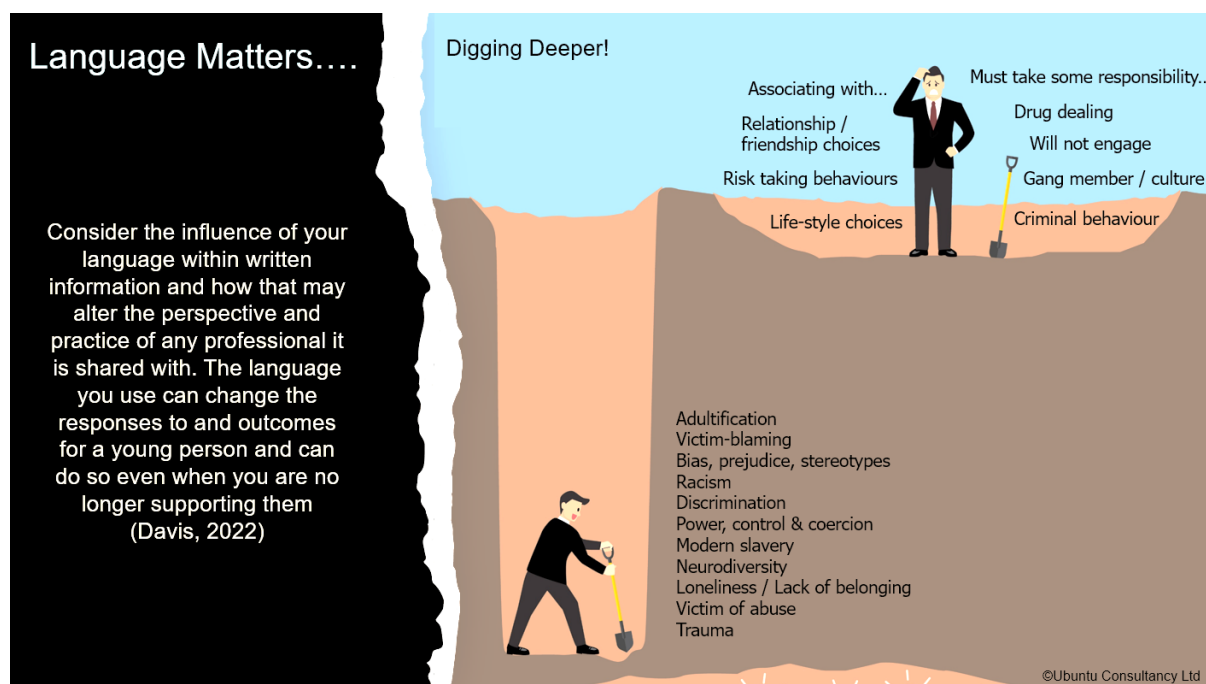## Importance of language - Why language matters

Paying close attention to the language we use is one of the cornerstones of our practice approach. The words we use play a significant role in the quality of our relationships and interventions with children and families because they reflect the values, attitudes and judgements that we bring into our work. It is essential to reflect on how the language we use is perceived and interpreted by the people we are communicating with (verbally or in writing) and how our words could be positive, leading to healing and growth or negative, causing harm and distress.

> *"People will forget what you said, people will forget what you did, but people will never forget how you made them feel"*
> ~Maya Angelou~
>
> *"Language is very powerful. Language does not just describe reality; language creates the reality it describes"*
> ~Desmond Tutu~

The language we use to describe children and their lived experiences (both what we say and how we say it) can have a devastating impact on children and families and influence the way children feel about their experiences and perceive themselves (Sewel, no date). When we use language that creates trust and safety, supports people to feel respected and supported we become effective change agents who empower children and families and help them to heal from trauma and abuse. In Brighter Futures for Children, we are committed to use straight forward, everyday language that does not denote assumptions or judgement and we strife to remove or replace words that places blame on victims of abuse and that can cause unnecessary stress, anxiety or pain. Such changes can make a significant difference not only to the young people with whom we work, but also to our own mindset and decision-making alongside influencing the approach of others given that the language we use to describe things shapes how we perceive them (The Children's Society, 2022).

Language Matters….

Consider the influence of your language within written information and how that may alter the perspective and practice of any professional it is shared with. The language you use can change the responses to and outcomes for a young person and can do so even when you are no longer supporting them (Davis, 2022)

Digging Deeper!

Associating with…
Relationship / friendship choices
Risk taking behaviours
Life-style choices

Must take some responsibility….
Drug dealing
Will not engage
Gang member / culture
Criminal behaviour

Adultification
Victim-blaming
Bias, prejudice, stereotypes
Racism
Discrimination
Power, control & coercion
Modern slavery
Neurodiversity
Loneliness / Lack of belonging
Victim of abuse
Trauma

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Language implying that the child or young person is responsible in any way for abuse and crime that they are subjected to, must be avoided to ensure we safeguard them appropriately. It is also important to recognise that a child cannot consent to their own abuse or exploitation (The Children's Society, 2022). Children / young people need help to reframe their experiences and recognise that what happened to them wasn't their fault. It is therefore important for professionals to be **aware of all biases, including Adultification bias** (Davis, 2022) and areas of systemic oppression which impact children's lives (Appiah, et al, 2021). *'The concept of Adultification is when notions of innocence and vulnerability are not afforded to certain children. This is determined by people and institutions who hold power over them. When Adultification occurs outside of the home it is always founded within discrimination and bias. There are various definitions of Adultification, all relate to a child's personal characteristics, socio-economic influences and/or lived experiences. Regardless of the context in which Adultification take place, the impact results in children's rights being either diminished or not upheld.'* (Davis, 2022. p.5)

The foundation of positively engaging children and young people should be using language that the young person is familiar with. Young people should be involved in co-producing and co-developing their own preferred narratives and language to describe their experiences (Appiah, et al, 2021). We must avoid using language that personifies the child / family as problematic and rather deconstruct and externalising the behaviours so that the person is not the problem, but the problem is the problem (Appiah, et al, 2021).

Acceptable language guide

The table below has been produced from multiple sources to help practitioners to identify words / narratives to avoid and offer them alternative suggestions:

Words to avoid	Why?	Alternative
Abscond	Outdated term, connotations to being detained	Running away, going missing
Associating with / spending time with (Extra familial harm context) *Being in a relationship with / Boyfriend / Girlfriend*	Implies that the young person has free choice and does not consider issues of power and control / manipulation (Children's society, 2021). Implies informed choice and a consensual relationship / friendship. Barrier to children recognising their situation as abusive / exploitative (Appiah et al, 2021). Children have been challenged in court with practitioners' referring to the perpetrator as the child's boyfriend or girlfriend (The children's Society, 2022).	The young person is being groomed/exploited /coerced/ manipulated/controlled; the young person believes they are in a relationship but there are concerns about age difference / imbalance of power; not a healthy or safe relationship for the child
Asylum seeker	Home office term, these young people are much more than a Home Office label (Ortiz, 2019).	Use name; young person seeking safety/ sanctuary
Birth/Biological Parents	Find out what the child like calling their family members, the words can also be excluding and disadvantageous to birth parents, it is important for this to be considered as well (Ortiz, 2019).	Parents; family; Mum or Tummy Mummy; Dad
Care leaver / CLA	Young people prefer 'care experienced' but are not keen on the word 'care' as this means different things pending context (Ortiz, 2019).	Care experienced adult
Care Plan	Young people felt the word 'care' needs less usage; it is used too commonly (Ortiz, 2019).	Future plan, my / your / [child's name]'s plan
Challenging behaviour	Can be perceived as judgmental / accusatory / labelling. Children and young people who are finding coping tough are not 'challenging' they need your help and support (Ortiz, 2019).	Distressed feelings / struggling thoughts; having trouble coping / different thinking method
Child in Need / CIN	Jargon – children and families don't study the children act!	Child and Family Plan/ personal progress plan/ my personal plan / family plan
Child pornography	Implies that a child is complicit in their sexual abuse - detracts from the fact that these images depict a crime (The children's society, 2022).	Child sexual abuse images
Contact	Emphasises that they / their family are 'different' from others. Seeing family is normal for anyone but 'contact' makes it sound like it's not normal (Ortiz, 2019).	Family time, seeing my family; seeing family plan; family meet up time; seeing Dad / Mum / Grandma etc.
Contact centre	As above	Family visitation centre; place to see people you care about; place to see family and friends
Corporate	Professional terminology	Council / council member

Words to avoid	Why?	Alternative
parent		responsible for those caring for / looking after you.
Cuckooing	Doesn't consider the multifaceted nature of exploitation and that a home is being used to facilitate further forms of exploitation (Appiah et al, 2021). Child / young person portrayed as a perpetrator, however the offences committed as a result of being a victim of modern slavery.	Being trafficked for the purposes of sexual or criminal exploitation. Their home / accommodation has been invaded by organised crime groups.
Dealing drugs / drug dealer / drug running /– He/She/They are drug running	Implies autonomy and consent to engage in criminal activity. Implies that the child or young person is responsible for the exploitation, doesn't recognise the abusive or exploitative context (The Children's Society, 2022)	Child is a victim of human trafficking; being criminally exploited to distribute drugs; being trafficked for criminal exploitation.
Designated Teacher	"Just say it's a teacher we can talk to, who is trained and who attends our reviews. Word too obvious, we don't want everyone knowing (Ortiz, 2019).	Teacher
Did not attend	Blaming child / making child responsible for the missed appointment.	The child was not taken / brought to their appointment
Difficult / hard to place	Blaming the child - suggests that the child is the problem / cause. The phrase blames the child for a failure of the system (Ortiz, 2019).	hard to match to a family that can meet the child's needs; hard to find a suitable family; can't find a home good enough for them; failed by the system
'Domestic' / 'dispute'	Frames the incident as private or family problem and not a crime (Shelter UK, no date).	Domestic abuse
Exchange (in) Offering him/her drugs / in return for sex / drugs Receiving something in return for... Benefiting from...	Implies that the child or young person is responsible for the exploitation and has the capacity to make a free and informed choice. It does not recognise the abusive or exploitative context (The Children's Society, 2022).	Child is being sexually/ criminally exploited; is a victim of human trafficking; The perpetrator is using debt bondage to continue to control and exploit the child; **enforced** selling of drugs/ criminality/trafficking; coerced by adults into selling drugs (Sewel, no date).
Foster carers	Children use different words in different contexts, they may call the foster carer 'Mum / Dad' in one situation but not in another. Foster carers and the child(ren) to work this out between them (Ortiz, 2019).	My family/foster Mum/foster Dad; people who care about me; my new family; the family that chose us; Aunty/Uncle; by their names
Gang member	Hides coercion and exploitation the child is subjected to & implies autonomy in actions and consent to engage in criminal activity (Appiah, et al 2021). Term 'gangs' minimises the violence caused to children in the context of organised crime and youth violence. Stigmatise non-white children/communities (Sewel, no date)	Being criminally exploited by Organised Crime Groups; groomed or at risk of being exploited by Organised Crime Groups; victim of human trafficking and/or modern slavery; exploited to commit criminal acts
Gang / gang culture	Confusion about 'groups', 'gangs', and 'organised crime'. Over-generalisation that all children in groups must be in gangs. The	If referring to a child and their peer friendship group, avoid referring to this 'group' as a

Words to avoid	Why?	Alternative
	term assumes negative connotations e.g., rising levels of violence and crime or 'knife culture' / 'gun culture'. Term often projected through the lens of race and equality (Sewel, no date).	'gang'. If referring to criminal networks exploiting children, be explicit about this
Gift girl / "uck girl"/ "send out" for an OCG/"uck party"/"Line ups"	Slang terms used to describe Organised Crime Groups grooming young women and girls with alcohol and drugs and trafficking them to a trap house for the purpose of sexual exploitation. Minimises violence against women and girls. Dehumanising: idea that humans can be bought, sold, or given as gifts (Sewel, no date).	Being trafficked for the purposes of sexual exploitation; being sexually exploited in a county lines context; have been kidnapped, trafficked, raped, exploited, and abused.
Hard to reach / Disengaged / Hard to engage / non-engaging, resistant	Implies that it is a child's 'fault' / responsibility to engage with services, rather than a service / professional support not being accessible / felt to be safe or relevant or easy to engage with (Sewel, no date). Child / family's previous experiences of engaging with services may impact their perceptions of the support they are asked to accept. Due to trauma, experiences of abuse, exploitation' social injustice the child / family finds it difficult to trust unknown adults / professionals.	The child/parent is finding it hard to open up/trust; we have not yet found the best method of engaging the child/family; our service is hard to engage with; hard to make services available to… We have not yet found the best way to build trust with the child / family; the support offered did not meet the needs of the child/family
Isolation	Bad connotation to other contexts e.g. isolation due to infectious disease / implies others avoid you or punishment for bad behaviour at school.	Lonely / being on your own / alone / loneliness / on own
LAC kid / LAC, CIC, CLA / [in care]	Unhelpful abbreviations / labelling. 'No one wants to be LACking'! Not using the child's name creates emotional distance with the child and hides their experiences (Appiah et al, 2021). "Every child is 'looked after'; there is no need to point us out. Some would consider themselves looked after before coming into care." (Ortiz, 2019).	Use the child's name; don't use abbreviations in meetings, reports/records; Another home away from home; Living with a different family in a different home. The LA should say 'our children' or the LA's (name) children/young people
LAC review	It is "your time to speak up and talk about what is happening or what's happened, what is good and what is bad" (Ortiz, 2019).	My meeting; my review meeting; improving your time in care meeting; [Child's name]'s review
LAC visit	Jargon	social worker visit / support worker visit; home visit
Lifestyle choice / choose to behave.	Implies free and informed decisions – consider and express grooming, coercion, force, threats, fear, trauma responses, peer pressure etc. (The children's society, 2022)	The child is a victim of human trafficking and is being exploited.
Mule (Drug or Money Mule)	Dehumanising language; reinforcing negative narratives and stereotypes of child victims as offenders. Creates negative self-image amongst young people (The Children's Society, 2021). Implies free and fully informed choice, does not recognise the exploitation (Appiah et al, 2021).	Child is a victim of human trafficking / being criminally exploited to distribute drugs; child is being trafficked for the purpose of criminal exploitation.

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

Words to avoid	Why?	Alternative
NEET	Unhelpful abbreviation / labelling.	Young person is unemployed and not in education or training
Neglect	Nuanced concept and can feel judgmental / not conducive to building therapeutic relationships	Not looked after properly; not always cared for
Pathway plan	Professional jargon	Independence plan / plan to prepare for independent living / future planning /
Peers	Professional term	Friends; children from school
PEP	"It is not about the word itself - Some teachers openly announce in class that the "LAC student has a PEP meeting" leaves children feeling standing out / having to explain (Ortiz, 2019).	School review; Education meeting; Education plan
Perpetrator (child), 'CCE perpetrated by children; 'peer abuse'	Does not recognise the exploitative context the young person is being influenced by and - should not be used to describe children (Appiah et al, 2021)	Children who are used / manipulated / coerced to harm / manipulate other children
Placement / moving placement	Professional terminology – making children feel 'different' / not validating that they are a person	Foster home; family home, your/my home; where you are living; moving home / a new chapter or fresh start
Plugging, 'bottling', or 'banking'	Dismisses the context of sexual violence, coercion, humiliation, and exploitation the child has had to endure in the process of this act being committed (Appiah et al, 2021). Children may be forced to carry drugs internally to avoid detection, involves packages of drugs being inserted into a child's body, commonly the rectum or vagina alongside oral ingestion. This is a sexual abuse issue and must be recognised as such (The Children's Society, 2022).	Children being forced/ coerced to carry drugs internally; being trafficked, controlled and made to conceal items inside their body. Use the term **'forced or coerced internal concealment'** (The Children's Society, 2022).
Promiscuous	Implies an invitation to consensual sexual activity, elicits a stereotypical judgement which is victim blaming for non-consensual sexual contact (Appiah et al, 2021). Judgmental term / assumption with significant gender bias (rarely applied to boys and men). Inappropriate term to use, especially if linked with abuse / exploitation (The Children's Society, 2022).	The child is a victim of sexual abuse and/or exploitation; the child is a victim of human trafficking and/or modern slavery; perpetrator has used coercion and control to exploit the child
Prostituting themselves	Implies the child has capacity to make a free and informed choice and negates exploitation or coercion into sexual acts (Appiah et al, 2021). Term 'child prostitution' has been removed from legislation so is no longer an acceptable term and should never be used (The Children's Society, 2022).	Child is a victim of human trafficking and/or modern slavery (where abuse involves being recruited, moved, or held by the perpetrator/s); Perpetrator has raped the child / facilitated the child being raped.
Resilient/streetw ise/mature	Adultification bias - such language may assume children have more ability / capacity to safeguard themselves. For Black children, such language may be normalised	Black children are most likely to experience Adultification bias. The vulnerability of the child may be overlooked, leaving them at

Words to avoid	Why?	Alternative
	due to the stereotypes associated with them. If children are perceived as being more adult like, the language ascribed to them may further reduce safeguarding responses (Davis, 2022).	more risk and left to assume a forced sense of independence (Davis, 2022)
Respite	Children might perceive themselves as problematic / tiring and/or being a 'burden' on their carers.	Giving you/your carers a break; holiday just for carers to have a break/day out; home away from home; stay over family; sleepover; time off for us/our carers.
Restrained	Professional terminology	Being stopped from harming anyone or yourself; physical help to stay safe / protect someone from getting hurt
Reunification	Professional terminology	going back home / reuniting home / coming together again
Risk taking behaviour / putting themselves at risk / not keeping themselves safe	Labels very complex behaviours in an overly simplistic and judgmental way that does not support the building of a therapeutic relationship or trauma informed approach. Implies that the child is responsible for the risks presented by the perpetrator and that they can make free and informed choices without recognition of the child's age, circumstances and lived experience or grooming, coercion and control (The Children's Society, 2022).	The child may have been groomed; there are a lack of protective factors around the child; the situation could reduce the child's safety; the location is dangerous to children; it is unclear whether the child is under duress to go missing; concerns that the child may being exploited; there are concerns that there is a power imbalance forcing the child to act in this way.
Sexting / sharing / sending explicit pictures / communicating with unknown adults online / contacting adults via phone or internet	The term focuses first and foremost on the actions/ behaviour of a child and removes the focus from the role of the adult. Implies the child is responsible for the communication and does not reflect the abusive / exploitative context (Sewel, no date).	Adults have been contacting the child; the child is being groomed by an adult who is targeting/facilitating contact with a child; the child is being targeted by adults using online technology to access/abuse/exploit the child, inappropriately contacting the child.
Sexual activity with….	This implies consensual sexual activity has taken place. If it occurs within an abusive/exploitative context this term is not appropriate and should not be used (The Children's Society, 2022).	The perpetrator has raped the child; the child has been sexually abused; the child has been coerced, exploited, raped/sexually abused
Siblings	Professional term	Brothers and sisters
Statutory visit	"I didn't know what a 'stat visit' is. For me it is when my social worker just comes around, so I do not feel there has to be a specific word for it." (Ortiz, 2019).	Social worker's visits; regular check-in visits; coming to visit to see how we're doing
Staying put	Professional term	Staying at home; living with my foster family when I leave care
Streetwise /mature	See 'resilient' above – adultification bias	
Supported	Not preferred choice of young people /	semi-independent living; place to

Words to avoid	Why?	Alternative
lodgings	outdated term	help you prepare to live by your self
TAF	Professional term / abbreviation	Family Meeting
Victim / survivor	Some women prefer to use survivor as a term of empowerment to convey they have started a healing process (Shelter UK, no date).	Some people identify as victims and some as survivors. Ask the individual which they would prefer
Violent / abusive relationship	Victim blaming - We know that the relationship is not what is abusing the survivor. Rather, it is the abuser who is choosing to exert power and control over their partner. Focusing on the relationship shifts the attention away from the abuser and shifts the blame on to the survivor (Shelter UK, no date).	Be clear about who is the victim and who perpetrates the violence. We want to talk about who did what to whom and the impact. Accountable language makes it clear that people who abuse their partners are responsible for their actions.

Further reading / resources

Domestic abuse:

- 💡 The advocacy charity, Zero Tolerance produced a [Language-Guide](#) which provides helpful narratives and reflection on appropriate language to use when working with domestic abuse.
- 💡 Shelter UK - *Writing about domestic abuse.* [Writing about domestic abuse](#)

Extra familial harm:

- 💡 Briefing for practitioners - [Making Words Matter – A Practice Knowledge Briefing](#)
- 💡 Research In Practice: [Barnardo's Language Matters Presentation](#)
- 💡 The Children's Society's guide - [Appropriate Language in relation to child exploitation](#)
- 💡 UK Council for Internet Safety: [Victim blaming and the online experiences of children and young people](#)
- 💡 [Adultification bias within child protection and safeguarding)](#)

Family law proceedings:

- 💡 Cafcass and the Family Justice Young People's Board: [Glossary and word-busting](#)

Children In Care:

- 💡 TACT fostering and adoption: [TACT – Language that cares](#) – Children and young people in care produced a guide with their alternative suggestions for commonly used abbreviations and terms for children in care

Trauma informed care:

- 💡 Safe Hands Thinking Minds, Dr Karen Treisman: [The-Power-of-Language](#) infographics
- 💡 Young Minds: [Challenging behaviour in children](#)

Practice wisdom

- 💡 Use straightforward, nonjudgmental, jargon free language and avoid using acronyms
- 💡 Treat children, young people and their families as the experts in their own lives and empower them to influence the narratives. Use their own words and language!
- 💡 Focus on listening and trying to understand things from the child/young person and family's perspective
- 💡 Be mindful of the influential role practitioners and services play in shaping a child or young person's identity, perceptions, and experiences
- 💡 Use compassionate, empathetic, and understanding language that promotes positive messages and fosters hope
- 💡 Be mindful of differences in power and privilege between children and young people and the services / professionals or other adults around them
- 💡 Challenge and deconstruct language that are prejudiced, dehumanizing and stereotypical
- 💡 Avoid concepts and language that might be offensive or shame victims of abuse
- 💡 Take time to reflect on words and phrases that might sound and feel critical or blaming and use something kinder and accurate
- 💡 Be alert to words that places blame on victims of abuse and use language that reflects the presence of coercion, manipulation and lack of control
- 💡 Use words and messages that reinforce that abuse is never the victim's fault
- 💡 Be curious when a child/young person uses negative or problem saturated language to talk about themselves – where have they heard / learned this?

Assessment process

The aim of Signs of Safety is to develop a comprehensive and balanced assessment of risk in which the practitioner considers risks or dangers as well as the existing strengths and safety in the family. At the same time, we need to ensure that the family's knowledge of their culture, strengths, safety and their experience of family life is explored and balanced with the worker's professional experience and knowledge.

Signs of Safety practice does not mean that you do not use child protection or legal processes. In fact, these can be used skillfully to show the family that the worries are serious but also to plan for permanence. The additional checks and balances that these processes provide are important and useful. **Permanence needs to be considered from day one, including parallel planning.** The first step in assessment and safety / wellbeing planning is to map out what is working well and what we are worried about in a family situation. Ensuring that there is a strong, fully informed naturally connected network around each child is a key component of the Signs of Safety approach and we should get a network involved as **early in the process as possible**. Completing a **genogram** with the family should be part of every assessment and this should be completed with the family wherever possible during the initial home visit. Completing a genogram in the beginning will help ensure that the family and professionals are focusing on building an informed safety / support network around the child from the outset.

It is important that practitioners consider the three domains of the Common Assessment Framework to ensure that that each child's needs are individually assessed alongside the parent's capacity to care for each child and the impact of any family and environmental factors on each child's development and on the parents' capacity to meet this particular child's needs.

Getting it right for every child (GIRFEC) is the national statutory framework for the assessment of children and families in Scotland (Scottish Government, 2022). The 'My world triangle' is based on the Common Assessment Framework but has been adapted to explain the three domains of the assessment framework in straight forward, family friendly language and can be viewed and downloaded **here**.

My world triangle
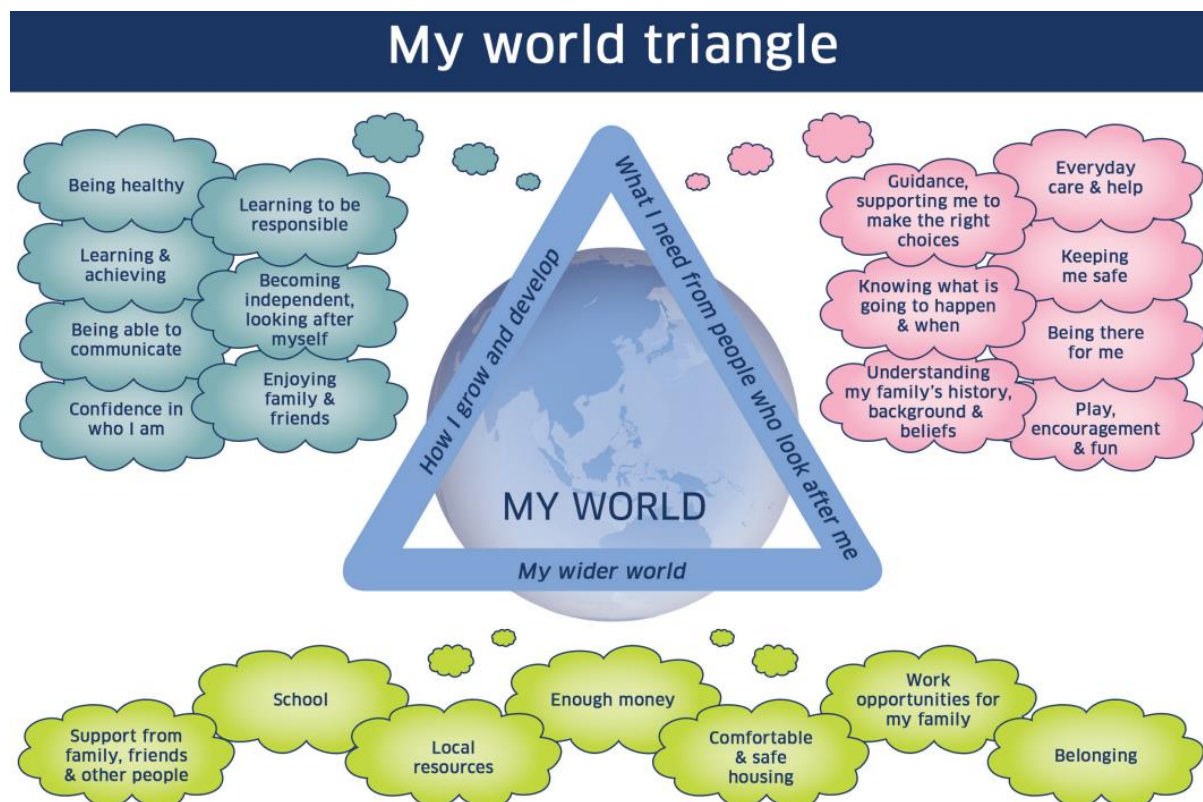
Questions to deepen reflection and analysis during assessments

Research in Practice developed a very helpful resource pack for practitioners and managers to support their analysis and promote the concept of defensible decision-making in children's social care (Domakin, 2022). **All the questions and this section below are taken from or adapted from this resource pack: DDM resource pack**

Reflective questions in respect of the social GGRRAAACCEEESSS, power and diversity

- How might the family's class, culture, ethnicity, immigration status, economic status, etc. influence their story?
- Is there a difference between what you think should happen next and the family's views? What do you attribute this to?
- Would it be useful to consider whether any similarities or differences in the social GGRRAAACCEEESSS between the practitioner and family influence this?
- Might your thinking be biased about what is happening to this child/ family? What evidence do you have?
- What are the strengths, resources and resilience that relate to overcoming oppression and structural inequality, early childhood deprivation, living with disability or living on a low income?
- Have we considered wider social factors in our discussion such as race, culture, disability, experience of oppression within the community, poverty, unemployment, or health disparity?

Analysing the information

- What sense have you made of the information already available to you?
- How are you going to find out how the child/family feels about what you want to do?
- What does each child or young person in the family think about what should happen?
- What have you learned about the family that you have been surprised by?
- What are the different stories held by different professionals working with the family?
- What are the views and ideas of each family member about what is happening?
- What have you learnt about the child and how they are in the family and their community?
- What is your assessment of the strengths in the family on offer to the child?
- What information is disputed and **why** is that?
- Is there a difference between what you think should happen next and the family's views? What do you attribute this to?
- What information is missing? What do we not know? How significant could this be?
- Tell me about a day in the life of this family from the child's point of view and the parent's (or parents') point of view?
- What are the most likeable things about this child, their parent/ carer or extended family members?
- What are the specific issues that the worker, child / family or others are worried about?
- What are we concerned might happen if we don't 'do' something?
- What will happen to the child/ren if nothing in their circumstances changes?

Next steps and planning

- What about the parent/ carer(s), what do they think the next steps are?
- What does the child think need to happen next? Who is best placed to meet this? How will they do this?
- From all the information you have gathered what do you think is most likely to happen next, what will deliver the best outcome and how will the child/ parent/agency judge how well things are going for them?
- Have you shared your reasoning and the plan with the child and family and with other professionals? What do each of them think about the plan and do they have views about what this should focus on?
- What changes do you want to see in the child and family's life?
- How will we know the family is making progress? What steps will we see along the way?
- How will we measure these changes?
- What is urgent about this child's situation, how different is that from your last assessment?
- What would you have expected to have happened in the last three months?
- What strengths could you work on more with this family, perhaps using extended family networks or their friendship group?
- Have we discussed what the child and family members want to happen?
- What are the options for taking action? What do we think about that?

Signs of Safety Mapping

Signs of Safety mapping refers to the process of gathering and organising the assessment information using a three-column table which **contains seven analysis categories.** The three-column format was not intended as a tool to be used by practitioners to order their own thoughts about risks and protective factors, instead it is designed **to be used with families to elicit the information through the use of carefully crafted questions** aimed at the analysis categories. Wokingham Children's Services developed an extensive **resource** of question examples that can be used or adapted by practitioners.

Analysis Categories explained

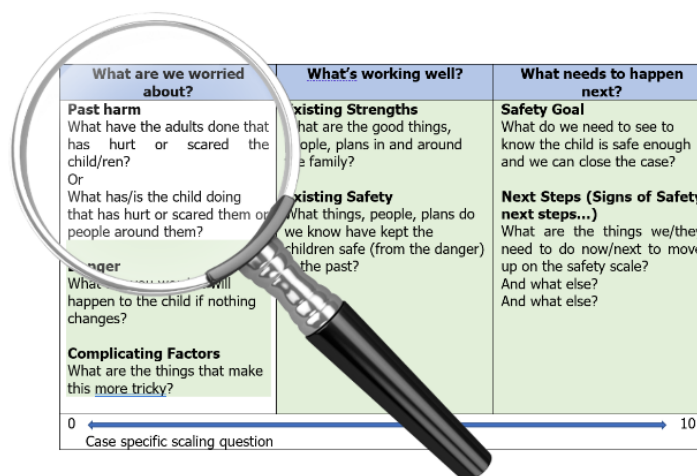| What Are We Worried About?	What's Working Well?	What Needs To Happen
Past Harm	**Existing Strengths**	**Safety Goal**
What have the adults done that has hurt or scared the child/ren?	What are the good things, people, plans in and around the family?	What do we need to see to know the child is safe enough and we can close the case?
What has/is the child doing that has hurt or scared them or people around them? *Be behaviourally specific: Who did what to whom?*	*Amplify…a lot! "They love the kids" is not enough. Make this meaningful and connected to the danger.*	*This is the "what", not the "how". This is not a list of services!*
Danger	**Existing Safety**	**Next Steps (Signs of Safety next steps…)**
What are you worried will happen to the child if nothing changes? *Be specific, don't use broad terms, don't use jargon. Use the words of the child/family if you can.*	What things, people, plans do we know have kept the children safe (from the danger) in the past? *Get detail, use exception questions Make sure the child is in the questions you ask*	What are the things we/they need to do now/next to move up on the safety scale? And what else? And what else? *Such as: Complete the Harm Analysis Matrix*
Complicating Factors	This is the starting point for Safety / wellbeing planning.	*Complete My Three Houses Finalise DS, SG and SQ set Create questions for Existing Strengths and Existing Safety Map with the family Talk to the family about bringing a network*
What are the things that make this trickier? *You may not have anything in here; don't fill it in for the sake of it!*	**Hang out here a lot!**	

0 ⟵————————————————————⟶ 10

On a scale of 0-10 where 0 is the concerns in the danger statement are happening constantly and badly and 10 is even if the danger is present, people are making sure the children are always safe, where would you rate the safety for this child today?

(Adapted from handout by Pene Turnell, Wokingham Practice Intensive, April 2019)

Using the Harm Analysis Matrix

The Harm Matrix is a very helpful tool to think through the harm a child has suffered and is used to **amplify** the information we gather and consider under the Past Harm analysis category on the three-column map. Research shows that past harm is our best predictor of future harm and the Harm Matrix helps us to be specific about the **severity of and impact of harmful adult behaviours** on the child/children (Turnell & Codrington, 2019).

What are we worried about?	What's working well?	What needs to happen next?
Past harm What have the adults done that has hurt or scared the child/ren? Or What has/is the child doing that has hurt or scared them or people around them? **Danger** What [...] will happen to the child if nothing changes? **Complicating Factors** What are the things that make this <u>more tricky</u>?	**Existing Strengths** What are the good things, people, plans in and around the family? **Existing Safety** What things, people, plans do we know have kept the children safe (from the danger) in the past?	**Safety Goal** What do we need to see to know the child is safe enough and we can close the case? **Next Steps (Signs of Safety next steps...)** What are the things we/they need to do now/next to move up on the safety scale? And what else? And what else?

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Case specific scaling question

The tool helps us to **be specific** about harmful behaviours and forms the **basis of the danger statement** in which we explain to the parents what we are worried about. The Harm Matrix assists professionals to carefully **think through and articulate the impact** on the child. Analysing cumulative harm is typically the most difficult assessment in child protection work. The Harm Matrix is particularly useful in analysing cumulative and chronic harm such as the harm caused to children from ongoing neglect, substance misuse, mental illness or domestic abuse (Turnell & Codrington, 2019).

Turnell and Codrington (2019) describe the following steps:

Step 1: The worker unpacks the information they have in relation to the adults' behaviours, the **chronicity** (frequency), **severity** and the **impact** on the child into the dimensions of a blank matrix. The worker focusses on the first known incident, the worst incident and the most recent incident that has caused concern. **This step generally reveals more about what isn't known that is which leads to step 2.**

Step 2: The worker then creates questions to ask professionals and the family in each of the dimensions to explore in detail the adults' behaviours and the harm to the child. Once the worker has gathered sufficient information to have a clear picture for themselves of the harm to the child/ren the worker then uses this information to articulate in the danger statement what they worry will happen to the child if nothing changes.

Harm Analysis Matrix with question prompts

Actions and Experience	For the life of the child	First Incident	Worst Incident	Last Incident
Harmful Behaviour (The dangerous or harm causing adult behaviour. This can also be the child / young person's dangerous behaviour)	What is the worrying adult behaviour and how long has it been happening? How many times has that adult behaviour happened over the total time span?	When and what was the first time the agency heard about the worrying adult behaviour?	When, and what was the worst event of worrying adult behaviour the agency knows about?	When, and what is the most recent event of worrying adult behaviour the agency knows about?
Severity (Describes how bad the harmful adult behaviour is)	Over the whole timespan the adult behaviour has been happening, how bad has the adult behaviour been?	How bad was the first event of worrying adult behaviour?	How bad was the worst event of worrying adult behaviour?	How bad was the most recent event of worrying adult behaviour?
Impact on Children (Describes the physical and emotional impact of the adult behaviours on the child)	Over the whole timespan the adult behaviour has been happening, what has been the overall impact on the child/ren?	What was the impact of the first incident on the child/ren?	What was the impact of the worst incident on the child/ren?	What was the impact of the most recent incident on the child/ren?

Practice wisdom

Be as behaviourally specific as possible. Avoid using generic terms or clichés e.g. "parental drug use", "domestic abuse", "risk taking behaviour" etc. Instead use the family's own words where possible and relate the behaviour to what had been observed / what actually occurred e.g. drinking lots of wine and whiskey, smoking cannabis, punching, hitting or kicking each other, running away from home late at night, mixing with young people involved in a gang, meeting up with people that would not put you first and could hurt you etc. One way to think about this is to ask yourself "If I were to pass that description to an actor, would they be able to act it out?" if not, it is not behavioural specific enough!

The harm matrix is a great tool to **help you to filter out complicating factors** which should not be part of the danger / worry statement. E.g. mother suffers from depression – this is a complicating factor and not harmful adult behaviour. However, if the mother is not taking her prescribed medication which then cause her depression to get worse it could be a harmful behaviour.

Child protection professionals often open cases for assessment and intervention focussed solely on worries around future danger (future risk of harm) where no actual past harm has occurred for example working with a vulnerable pregnant teenager who grew up in care. In this situation the teenager has likely not harmed the child but for many reasons professionals will have serious concerns for the safety and wellbeing of the expected baby. In these situations, the danger / worry statement needs to be clear on the future harm that professionals feel the child will suffer.

It is helpful in some cases to refer to research / what we know from practice when you articulate the likely future impact on the child e.g. what research tells us about the impact witnessing scary adult behaviour could have on children / how an unborn baby's development could be affected if the mother uses alcohol or other substances during pregnancy etc.

A blank Harm Matrix template can be downloaded here.

Safety / wellbeing /success planning process

Safety planning is a **proactive, structured and monitored** process that provides parents / carers and naturally connected support people a genuine opportunity to demonstrate that they can safely care for their children in ways that satisfies the child protection agency and professionals (Turnell & Murphy, 2017). DETAILED plans should be made in response to SPECIFICALLY identified dangers (behaviourally and action driven) and it must address the everyday care and experiences of children. Plans should set out WHAT the parents / carers / network will be doing to address the danger/worry and HOW the family will achieve the safety goals. Remember that a plan is an **aspiration, not a guarantee** - focus on creating guidelines / rules and commitments that make contact between the children and the potential danger transparently safe now and in the future.

The safety / support network is the engine room or hub of the safety planning process. Although the professionals form part of the safety network it is a temporary role, **we are just visitors** in the child's life, it is therefore vital that we involve a **fully informed and naturally connected network** of support people around the child, to develop, deepen and monitor the child's safety/wellbeing plan. With fully informed we mean that network members have a full knowledge and understanding of the worries for and risks to the child and they are actively involved in safety planning e.g. they attend meetings and reviews, act as safety people for the child and are involved in the monitoring of the plan, alongside the parents / carers and professionals. The term '**naturally connected**' refers to friends and relatives with a vested interest in the child's long-term safety and lifelong wellbeing. They are the people who have or are seeking an enduring close, loving relationship with the child that meets the child's need to belong and are willing and able to make longer term commitments to address the safeguarding concerns.

> **Practice wisdom**
>
> 💡 Safety / wellbeing planning involves facilitating a change process, helping people to make the shifts that are required e.g. understanding the need for change, visioning a different future and acknowledging that real change requires changes in their own thoughts, attitudes and behaviours.
>
> 💡 Agreement about future safety is a bottom line, not agreement about the past
>
> 💡 Involve the children in every part of the safety / wellbeing planning process
>
> 💡 Safety / wellbeing planning is a journey not a product - An effective safety / wellbeing plan requires time to be developed, refined and demonstrated
>
> 💡 Commit to the idea parents/extended family and networks can come up with plans and contribute to monitoring and evidencing the effectiveness of the plan
>
> 💡 All meetings and work with family starts with a rigorous focus on what's working well, particularly when things have been most vulnerable/risky
>
> 💡 Lead the process through carefully prepared questions to challenge and help the parents and network think through the issues and come up with solutions
>
> 💡 Safety / wellbeing plans always focus on actual behaviour with and for children focused on who will do what when things get stressful, and danger might or does happen

The roadmap to family-owned safety planning

There are **12 elements or steps in the Safety / wellbeing planning Roadmap.** Some of the processes described in the Safety / wellbeing planning Roadmap diagram below are sequential whilst some such as identifying everything that is working well and involving the child in every aspect of the casework are continuous throughout our involvement (Turnell & Turnell, 2020).


SAFETY PLANNING ROADMAP

WHAT	HOW (STEPS)	TOOLS (METHODS)
DANGER STATEMENTS What Children's Services is worried will happen to the child if nothing changes (the problem that has to be solved)	1. Preparations with professionals	Harm Matrix, Signs of Safety Mapping, My Three Houses or equivalent
Safety planning always involves engaging the family and their support network in a focused action learning process enabling them to decide on, practice and refine the actions that will create lasting safety. This is the **how** of safety planning; the trajectory that creates the final safety plan.	2. Develop paired Danger Statements & Safety Goals with matched Safety Scale	
	3. Identify everything that's working well — Continually identify everything that's going well in and around the family that contributes to the wellbeing and safety of the child.	
	4. Develop professional bottom-line requirements	
	5. Develop professional trajectory including timeline	Signs of Safety Trajectory & Timeline
	6. Build vision of process for family	
	7. Build informed network with family	Family Safety Circles, Network-finding Matrix
	8. Create explanation for children (and everyone else)	Words and Pictures explanation
	9. Build Safety Plan with parents and network — Step-by-step process where the professionals lead the family and network in developing and then demonstrating the plans they will use to ensure the children are safe. Safety planning always involves regular meetings, honouring success, utilising struggles and successively building the plan.	**Regular Review Meetings** Family and network are given the opportunity to fail so they can demonstrate success. Professionals talk openly about the risks they see and manage this together with the family.
SAFETY GOALS What Children's Services needs to see to know the child is safe and they can close the case (not services)	10. Involve child throughout	Safety Journal, Safety Object — Practice Rehearsals of Rules
	11. Monitoring that builds success and responsibility	
	12. Create final child-centred Safety Plan	Child-focused Safety Plan

Ongoing Processes

Authority · Honouring · Vision · Questioning · Compassion

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Preparations with professionals

It is vital to ensure that all involved key professionals fully understand and agree with offering the parents and network an opportunity to develop their own safety / wellbeing plan before proposing a safety / wellbeing planning process to the parents. Figuring out and agreeing what constitutes enough safety in any child protection case provokes anxiety for professionals and it is important that professionals meet and discuss their worries throughout the safety / wellbeing planning process so that everyone stays on the same page throughout. With professional agreement in place and roles clarified the foundation is laid to explain the safety / wellbeing planning / reunification process to the family. Once the process is explained, seek commitment from the family. The professional network should be involved throughout the safety / wellbeing planning process. It is also important to adhere to Wokingham's Children's Services Standards which set an expectation that case workers touch base with partner agencies at least on a fortnightly basis.

Develop compassionate, straightforward paired Danger Statements and Safety Goals with matched safety scales

The danger statement, safety goal and matching safety scale are the cornerstones of safety / wellbeing planning. It is crucial to get these right and as clear as possible as the rest of the work in safety / wellbeing planning is based on these. The danger statement/s must explain clearly to the family what the professionals are worried about and it is the professionals' justification of their need to be involved. Parents don't necessarily have to agree the content but must be able to **understand** what the professional concerns are. Danger statements must describe the **harmful adult behaviours, not complicating factors.** Be as behaviourally specific as possible. Avoid using generic terms or clichés e.g. "parental drug use", "domestic abuse", "neglect", "risk taking behaviour" etc. Instead use the family's own words where possible and relate the behaviour to what had been observed / what actually occurred e.g. drinking lots of wine and whiskey, smoking cannabis, punching, hitting or kicking each other, running away from home late at night, mixing with young people involved in a gang, meeting up with people that would not put you first and could hurt you etc. One way to think about this is to ask yourself "If I were to pass that description to an actor, would they be able to act it out?" if not, it is not behavioural specific enough!

Safety goals are short, simple, **behaviour**-based statements you can use to help family members and their support to become clear about the actions parents need to take to show the children will be safe. Safety goals focus on what professionals need to see to be persuaded that the child will be safe now and in the future. Always develop a matching safety goal for each danger statement.
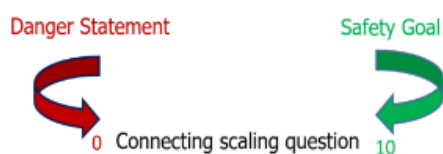
The 0 and 10 end points of the scale need to be clearly defined in line with the danger statement (0) and the safety goal (10) so the scale clearly measures the current safety of the child/ren in relation to the danger expressed in the danger statement. The same safety scales should be used throughout the assessment and casework. In this way everyone has a clear way of understanding, measuring and discussing the seriousness and what progress has been made.

To move forward with meaningful safety / wellbeing planning it is essential for families involved in child protection cases to understand clearly what they need to do to satisfy and **persuade** the professionals that they can meet their children's needs and keep them safe so they can get on with their lives without professional involvement. As statutory authorities hold the major say in what constitutes enough safety to close the case and for safety / wellbeing planning to be effective it is essential to articulate simply and clearly what is expected of a family.

Danger statement & safety goal pairs with matched scaling question

Danger statement - A danger statements is a statement formulated by the case worker to outline the worries for the child, the impact this is likely to have if nothing changes. The harm or hurt that is believed likely to happen in the future to the child if nothing in the family's situation changes.

Why we need to **STAY** involved

Safety goals - What we need to see happen for the child in order to close the case. The behaviours and actions child protection professionals need to see in the day-to-day life of the child to be satisfied the child will be safe enough to close the case. (No and in the future, no matter what)

What will tell us we can **STOP** our involvement

| Danger statement | 0 | ← Scaling question → | 10 Safety Goal |

Scaling: 'On a scale of 0 – 10, where 0 means the situation for these children is so bad you need to remove them into care immediately and 10 means that there is sufficient safety to close the case, where would you rate the situation right now?'

Case example

Worry statement:

As we have got to know a little about your family, we have seen that you both are doing a really good job of looking after the children and making sure they have nice times doing things together and with you. We are pleased to hear that Jo and Daniel are determined to work out the things that cause them to argue and fight with each other. Because there have been a few arguments where the police have been called, we are worried that Jo and Daniel will argue when they are feeling worried or frustrated about things like not being able to work or having little money and that they will lose their temper and hit and hurt each other like the time in March when there was pushing and shoving and in May when the Police reported that Daniel strangled Jo. We are worried that if these things happen at home, the children will not be able to concentrate at school, feel worried all the time and grow up thinking that it is okay to solve problems by hurting others.

Wellbeing goal:

In order for the case to be closed Charlotte, Wokingham Children's Services, the Health Visitor, School and the Police need to see that Jo, Daniel and all their support people, especially Granny and Debbie come up with and stick to a plan that would show everyone that the children are living in a home where the grownups have learned to manage disagreements in a way where no one gets hurt or frightened.

Scaling question:

On a scale of 0-10 where 10 means that Jo, Daniel and their support people have come up with and are sticking to a plan which means that even when things get tricky and there are worries around money or other things, they will manage these worries and no one will ever be hurt or left feeling scared and 0 means that Jo and Daniel still have big arguments which means that they get really cross and people could be left hurt or the children would be left worried about their parents and family life, where would you scale the situation today?

Danger statement, safety goal and scaling checklist:

- Does the danger statement clearly describe the HARM caused by the adult and is the statement behaviour specific?
- Is the danger statement grounded in evidence of past harm? (like the time when…)
- Does the danger statement highlight the likely concerning future impact on the child if nothing changes?
- Is the danger statement compassionate / not blaming but captures the seriousness of the concerns?
- Are the danger statements, safety goals and scaling questions jargon free and understood by the parents even if they disagree?
- Does the safety goal clearly articulate **WHAT** professionals need to **see** to be persuaded that the child will be safe and well **now and in the future,** no matter what happens?
- Apart from a minimal set of bottom-line requirements the safety goal should avoid saying **HOW** safety will be created leaving working out the details of the safety / wellbeing plan to the family and safety / support network
- Is there a **matching** safety / wellbeing scale for each of danger statement and safety goal pair?
- Does the 10 end of the scale describe the desired behaviour and the 0 end the concerning behaviour since the most common way of understanding a rating scale is that the higher rating is the better rating
- Does the safety / wellbeing scale distill the details of the danger statement and safety goal it is paired with and does it add depth and detail to engage the parents in thinking about the issues more carefully?

Follow this link to access Wokingham Children's Services **examples resource** which contain a large number and range of danger / worry statement, safety / wellbeing goal and scaling question examples

Communicate the professional bottom lines

The "bottom lines" are the things which must be adhered to, if they aren't adhered to then you cannot agree the safety / wellbeing plan and you will need to be honest about this with the family.

Bottom lines should be kept to an absolute minimum. The family may benefit from, and it is important to consider what services (e.g. alcohol drug support services, domestic abuse perpetrator programmes etc.) could be involved. However, **we should never make attending a service a bottom line.** Wherever possible, services should only be used where parents demonstrate a willingness and clarity about the changes a service will make for them in their family life and care of the children.

Professionals will almost always have bottom line requirements in child protection work, often have them in child in need / early help cases and for Children In Care. This will usually depend on the seriousness of the worry statements. Parents, carers, young people and support people need to know what the bottom-line requirements are. Professionals should keep these requirements to an absolute minimum by ensuring they are clearly linked to the direct care and improved life for the child /young person.

We will routinely have three bottom lines:

- Parents must involve a network
- The parents and network must produce a safety / wellbeing plan which addresses the concerns in the Danger/Worry Statement
- Parents working with the social worker to develop an explanation for the child(ren)

There will be times when a professional chooses to add additional bottom lines, this might be relevant when a person poses a significant risk to a child. For example, where a person has been identified as posing a risk to a child e.g. child sex offenders, the professionals may want a bottom-line requirement to say, no unsupervised contact between the child and this person will take place or stipulate that this person cannot reside in the family home.

The vision for change – Positive engagement and dealing with denial and resistance

Creating a culture of contribution

- Reframing the narrative: Thinking about services being hard to engage with rather than families being hard to engage
- Breaking down the barriers that undermine effective working relationships
- Holding a reflexive stance regarding our own biases, drivers and sensitivities
- Holding in mind the idea of multiple perspectives
- Proactively attending to power differentials
- Growing our capacity to lean into discomfort
- Moving away from **binary positions** – right/ wrong, true/ false and instead think about the co-existence of multiple perspectives and truths at the same time.
- The '**both/and position'** allows our professional knowledge and experience to sit alongside other ideas and points of view and being open to the uniqueness of each situation

- Supporting families so that they feel safe enough to improvise. (John Byng-Hall (1995) developed a theory of change where the worker becomes a 'secure base' for the family by engagement, listening, empathy, reliability, curiosity and a belief that people can find more useful ways of interacting.

Thinking systemically, we can appreciate that any one situation will have several people who will have different perspectives and possibly have their own "truth" depending on their interpretation of the situation.
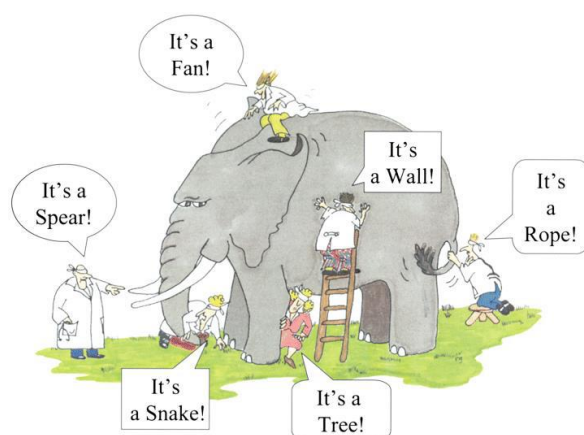
Professionals often insist that parents / carers must acknowledge how their behaviours caused harm to their children and take a stance that require the parents / carers to develop 'insight' into their behaviour before a meaningful safety plan can be developed. This leads to professionals assuming the 'expert' role (Anderson & Goolishian, 1992) which might leave families feeling that their voice doesn't matter and could harm the working relationship, trust and the parents / carers' willingness to fully engage. Taking this stance could lead to open conflict and disagreement between the parents and professionals causing the case to get stuck. The more professional power we exert to get the parents to accept the professional views / beliefs around what has happened in the past the more the parents / carers will feel the need to be defensive and ultimately this approach could firm up their denial and increase their resistance to work with professionals. If you take this approach and don't engage with and fully understand the parents' reality and beliefs, your risk assessment will be limited to your own hypothesis and interpretation of what has happened in the past. Coercing the family into accepting the professional's view will only lead to either the parents superficially agreeing (leading to disguised compliance) or you will get into a position of open conflict. Neither of these will help you to get to the point where the parents show genuine insight and where you will have confidence in the future safety of the children.

"Acknowledgement of responsibility, while preferred, is neither a sufficient nor necessary condition of safety."
~ Andrew Turnell ~

In many child protection cases, families and professionals almost inevitably have different views about the problem, which at its worst can escalate to the point of outright disagreement or dispute. This can lead to a situation where professionals are trying to assert that their views are correct and if family members do not accept the professional perspective the family members are talked about as being 'in denial'. These cases tend to become stuck and research by Susie Essex and colleagues (Essex & Gumbleton, 1999) suggested an alternative approach where professionals ask the parents to acknowledge the seriousness of the situation as the professionals see it, even if they do not agree with that perspective. We then invite the parents to work with the professionals on building **future safety** that shows everyone that the alleged abuse / harm or concerns cannot happen in the future (Essex & Gumbleton, 1999).

The LUUUUUT model

Sometimes people are in a place where they simply 'cannot go there' or talk about what has happened. This is where the **LUUUUUT** model offers us a framework to think about and have discussions about the "stories we live" and the "stories we tell" (Penman & Jenson, 2019). By structuring conversations with families and everyone else involved in the case using this model we create opportunities for change to occur as a result of new narratives, where the 'not -yet-said' stories are mutually created – the change in story and self-narrative is an inherent consequence of these conversations (Anderson & Goolishian, 1992). It is by learning, by being curious and by taking the parents / wider family and children's story seriously that we are able to join with the family in mutual exploration of the individual family member's understanding and experience (Anderson & Goolishian, 1992).

Stories **L**ived - what we did / are doing, the actual lived experience.

    Unknown stories - information that is missing.

    Untold stories - what we choose not to say.

    Unheard stories - what we say that isn`t heard or acknowledged.

    Untellable stories - Stories that are forbidden or too painful for us to tell.

Stories **T**old - what we say we are doing / narrative we offer to explain what's happened.

Story   **T**elling - the way / manner we communicate.

Stories Lived (what actually happened) and Stories Told (how we articulate what has happened). "Stories told" are the explanatory narratives that people use to make sense of what's happened. A distinction between "stories told" and "stories lived" is important and helpful due to the frequent inconsistencies between what we actually do (the patterns of interaction we engage in) and the stories we tell ourselves and others about them (Penman & Jenson, 2019). Although most people feel the need to align stories lived and stories told, they often are not identical and different people will have a different interpretation. Some stories can be "untellable" for many reasons, e.g. a sense of shame and guilt or there might be an ongoing police investigation and admitting anything could leave you vulnerable to prosecution. Unresolved trauma / developmental trauma can also stop people from telling the untellable to avoid intrusive thoughts / re-traumatisation or they may simply have no clear memory of events e.g. early childhood trauma (unknown stories).

Sometimes denial could be a sign of having a conscience / sense of shame over harmful actions and behaviours. People who committed serious offences which caused harm to others often get stuck with an "untellable story" as we don't have a society where this kind of abuse can be admitted openly (without feeling shame / being judged) and with genuine insight as part of the journey of rehabilitation. **Fully admitting** what has happened **does not equal genuine insight**, we need to remain cautious that any admissions might simply be complying with expectations without any actual change in belief ([disguised compliance](#)). We need to strive to create an environment and relationship where perpetrators will feel safe enough to admit and work through their feelings of shame and guilt.

Further reading: *PSDP—Resources and Tools:* [Social-GGRRAAACCEEESSS-and-the-LUUUTT-model (rip.org.uk)](#)

The Safe Uncertainty Model

As child protection workers we often feel like we are walking tightrope, balancing our statutory obligation to intervene to keep children safe with the family's right to self-determination and freedom from external interference in their family life. We are working in a highly stressful environment where we must make constant judgements and decisions in respect of the safety and wellbeing of vulnerable children, and where the consequences of 'getting it wrong' can be severe. Naturally, we would seek a sense of absolute certainty about future risk and safety, making us strive for positions of 'safe certainty'. That said, we can safely say with all certainty that there is no certainty! (Williams, 2019). Social work is not an exact science, and our judgements and decisions will be influenced by a wide range of factors including our professional knowledge and experience, confidence, the 'Social GGRRAAACCEEESSS' as well as the level of peer and management support we are receiving in the workplace.

> *"One is never afraid of the unknown; one is afraid of the known coming to an end."*
>
> ~Jiddu Krishnamurti~

The safe uncertainty model developed by Barry Mason is a very useful model to help child protection workers and supervisors to reflect on their perception and positioning with regards to risk. The model helps us think about the ideal position we want families to take so that they feel able to experiment with making changes in their lives. The safe/unsafe continuum refers to perceptions about the risk itself whilst the certainty/uncertainty is about perceived level of knowledge about or towards the risk. The model identifies **safe uncertainty** as the optimal stance to take. (Mason, 1993 and Bannister, 2022a).

We can use the concept of 'safe uncertainty' to help us to critically analyse our work with families and explore what factors may be influencing our perception and understanding of risk (and how much uncertainty we can tolerate). The concept of 'safe uncertainty' to help practitioners working within frontline child protection, to usefully reflect on what they are doing, and develop more practice confidence towards taking a position of **'authoritative doubt'**. (Williams, 2019). It also helps us think about the ideal position we want families to take so that they feel able to experiment with making changes in their lives. (Bannister, 2022a). Authoritative doubt will lead people to reflect that they recognise they don't know everything. They are comfortable with this uncertainty. They are willing to work with others, make changes and remain flexible in practice. They approach families with respectful curiosity and create multiple hypotheses and thus multiple points of intervention. They reflect on context, beliefs and behaviour but don't rush to understand things too quickly. They are able to use a 'both/and' perspective. (Bannister, 2022a).

Barry Mason suggests that holding a position of 'authoritative doubt' in social work is to encompass both expertise and uncertainty. "For useful change to happen we sometimes need to become less certain of the positions we hold. When we become less certain of the positions, we hold we are more likely to become receptive to other possibilities, other meanings we might put to events. If we can become more open to the possible influence of other perspectives, we open space for other views to be stated and heard." (Mason, 1993, p195).

The safe uncertainty framework is a way of helping us think beyond checklists and be more creative during uncertain times.

Comfort zone - The problem can be solved or is solvable, risk can be eradicated

Learning Zone - A problem exists in a state of flow, multiple explanations for the problem and the solution

Danger zone - A problem exists but it is clear what's causing it and what will solve it

Panic zone - A problem exists but there is no solution

Safe

Certainty / Uncertainty

Unsafe

Safe certainty

Safe uncertainty

Authoritative doubt

Unsafe certainty

Unsafe uncertainty

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Safe Certainty

In this domain, there is a desire for certainty, and this is naturally the place that people want to be in. Often families, other workers and even our organisation can push us into acting or being 'certain'. However, there can be a false sense of security if you think you are 'certain' you know what is happening and why in the family. We can never know everything there is to know about a family and their lives, therefore we can never be 100% certain about them and arrive in an **'all knowing'** position. (Bannister, 2022a).

The family may feel certain about what the problem is and what the solution must be. In this zone people are unrealistic, blocking, controlling, potentially confident to the point of arrogant and unwilling to listen to feedback. Often supervisors and case workers can feel pushed into finding solutions or acting in ways which create 'certainty and safety' such as implementing written agreements, placing children in out of home care and supervising contact. If you marry your hypotheses your curiosity is shut down which is a dangerous place to practice from as we confuse certainty with safety, which could make the situation unsafe. (Bannister, 2022a). There is a risk that the desire and a drive to move into this position could lead to people becoming so safety orientated that they could switch off from the work as a protective mechanism or alternatively, people may look towards other people such as their managers to supply this, feeling that they are unable to do anything themselves. (McKinney, 2020).

Descriptors

- Denies possibility of change
- Increased risk of confirmation bias
- False sense of security
- Becoming defensive & controlling
- Inflexible, maintaining the status quo
- Blind to other's viewpoints
- Acting on autopilot
- Everything done "by the book"

Unsafe Certainty

If workers and families feel unsafe/unsettled emotionally but feel they definitely know what to do about it this is a position of unsafe-certainty. People know it is unsafe, but they report to be certain as to WHY it is unsafe. Sometimes people react rather than find root causes of behaviour. They convince themselves of certainty and are not open to new possibilities until further evidence presents itself to the contrary of their current information. Performance indicators can create an unsafe certainty feel, as can closing a case on the premise that there have been no further police reports so things 'must' be okay. (Bannister, 2022a).

In this domain life often feels unsafe but the person in this position tends to lean towards feeling convinced of the certainty of their points of view. There is often less curiosity of the other, of the perspectives of other people, and the person in the unsafe certainty position will often try to convince others of the rightness of their perspectives. This can often happen when people feel stresses, when they can't see the wood from the trees, when they find it difficult to reflect on what they are seeing or hearing or when they feel they need to have some control over the work that they are doing. (McKinney, 2020).

Descriptors:

- Dangerous & damaging
- Over reliance on checklists, policies and procedures
- Blame when things go wrong
- Learned helplessness
- Slow to respond to the unexpected
- Passive compliance / disguised compliance

Unsafe Uncertainty

Workers and families in the unsafe-uncertain zone may present themselves as not knowing what to do, somewhat lost, they want someone to tell them what to do. (Bannister, 2022a). They may be anxious and overwhelmed with problems or complexity of the situation and there is a lack of professional understanding of the family functioning and patterns of behaviour. This can feel threatening with unpredictable responses from those around us. This environment can begin a process of shut-down as a way of coping with this threat, unable to listen to others or approach them for reassurance. Alternatively, it may lead to an increase in reassurance seeking as anxiety feels so overwhelming. Because the environment is uncertain, despite being given reassurance intermittently, this will not help reduce anxiety and thus begins a cycle of reassurance seeking and feeling uncontained so seeking more reassurance. (Brown, 2017).

Workers can feel like things are chaotic and feel powerless to change anything. Finding themselves in this position can feel very paralysing, meaning that they do not know what to do or how to do it. This position is often related to our stress responses where we feel overwhelmed by current circumstances. This can also be a lonely experience where we feel unable to talk to others about how we are feeling for fear of being judged or seen to be incompetent. There can be a tendency therefore to remain silent, to bear the burden ourselves and to remain stuck. (McKinney, 2020).

Descriptors:

- Vulnerable and isolating
- Lacking direction, feeling rudderless, chaotic
- Unpredictable, uncontrollable and dangerous
- Energy sapping
- Fear of being judged and consequences
- Micro-management & excessive control
- Avoidance and inconsistent engagement, missed visits

Safe Uncertainty
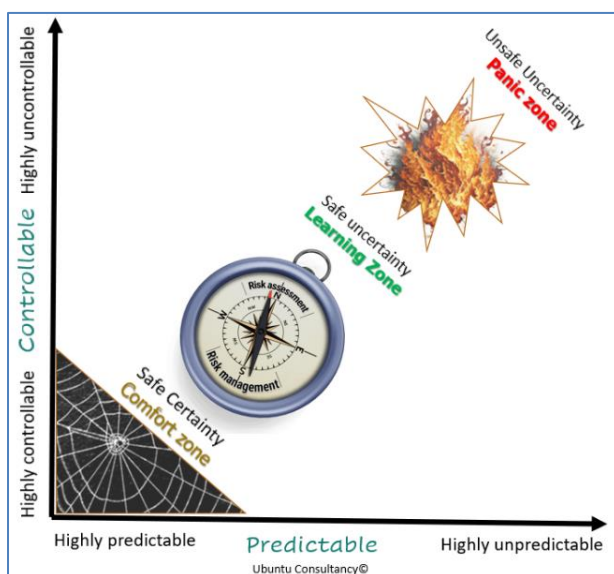
In this zone we promote the stance of 'not knowing', realising that we cannot control everything. People in this zone are comfortable with uncertainty, are willing to work with others, make changes and remain flexible in practice. Workers in this mindset will approach families with respectful curiosity and create multiple hypotheses and thus multiple points of intervention. They reflect on context, beliefs and behaviour but don't rush to understand things too quickly. If we act from a **'not-knowing'** position, we are more likely to be open to new possibilities and will be able to recognise that we don't know everything and that we cannot control everything - there is always something new to learn.

(Bannister, 2022a). In this zone, there is safety within the relationships around you which create a supportive and containing atmosphere. Appropriate risk-taking is rewarded, knowing that this is the way we learn: through repeated attempts and permission to get it wrong so that you can eventually get it right. Anxiety is online but is regulated and helps you move into your optimal zone of learning. It allows you to explore your defenses, attend to your anxiety and uncover the feelings that are motivating your behaviour (Brown, 2017).
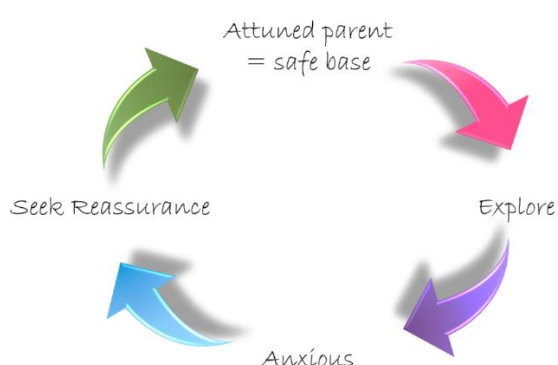
We should aim to encourage families into the safe uncertainty zone as well. This is the optimum place for them to start to initiate changes. Often families speak to us about how certain they are they know what the problem is and WHO the problem is. Moving away from this certainty can be a scary place, they may feel out of control or that people are not listening to them. If we create a secure base (i.e. a solid relationship) with them they will feel **'secure enough to improvise'** and move away from certainty and more towards

uncertainty. (Bannister, 2022a). The concept of being "secure enough to improvise" is rooted in the idea that a securely attached child tends to respond to new experiences / environments with curiosity whilst an insecurely attached child tends to respond with fear. John Byng-Hall (1995) developed a theory of change where the worker becomes a secure base for the family by engagement, listening, empathy, reliability, curiosity and a belief that people are able to

find more useful ways of interacting. We can help this process by increasing the family's resilience, drawing out their values, qualities and core strengths. We can help them view the problem in a different light. If this is successful, then any future challenges that come their way will also be negotiated better (Bannister, 2022a).

A position of safe uncertainty is an always evolving position. It gives staff permission to express doubt, uncertainty, and "stuckness" in a way that feels safer through experiencing safer relationships in the workplace (McKinney, 2020).

Descriptors:

- Responsive awareness - we can only work towards safety, not guarantee it
- Risk intelligence versus risk aversion
- Agility - thinking outside the box
- Multiple hypotheses & multiple points of intervention
- 'Both and positions' & nonbinary stances
- Focus on strengths and resilience
- Empowering - optimal learning zone

Practical application

Safe uncertainty is not a technique or a skill but an ever-evolving state of being, and the concept of authoritative doubt invites practitioners to **own their expertise in the context of uncertainty.** Feelings of fear and anxiety are very real, and people want to be heard and understood. Within supervision, the model above can be used as a framework to help people position themselves and reflect on their practice with children and families when they are faced with issues of certainty and uncertainty. You might bring this model into a supervision session and explain to the practitioner what the concept is, by talking through each quadrant. By focusing on what factors are at play, you could explore through reflexive questions how they or other workers in the system, perceive or manage risk, and what needs to happen to move to a position of safe uncertainty. (Williams, 2019).

All question examples below are taken / adapted from Jenn McKinney (2020):
https://systemicflux.com/2020/05/29/towards-safer-uncertainty-support-for-managers/

Introduction to the safe uncertainty framework

- Looking at the four quadrants, where would you say you are positioned at present? What is it that's telling you that?
- What are the things that are inviting you to take this position?
- Where would you most like to be positioned? How come?
- If you were to move closer to safe uncertainty what is the first thing we would need to talk about?
- Examine your uncertainty. What lies at its root? What emotion comes up when you think about doing the thing that you're uncertain about?
- What are the resources that you bring with you that can help you / others to manage this?
- What can I or other people do to help you through this? What would you like to see happening that would help you to feel more confident in moving forward now?
- Are you focused on what's wrong or what's right?
- Is that a story or the truth? How can you find out?

- What rules/believes do you have that are getting in the way?
- If you changed your belief about this, what would be possible?
- Have you solved problems like this before / have you successfully handled a similar situation before?
- Describe the existing situation… What do you think you will need to do? What can you control about this situation? What advice would you give someone else in a similar situation?

Moving towards safe uncertainty

- What have you tried? What options do you have? What else? How possible is each option?
- What is it we're not seeing? What do we need more clarity about?
- What's been your/our major learning, insight, or discovery so far?
- What's the next level of thinking we need to do?
- What would it take to bring about change on this issue / situation?
- What could happen that would enable you/us to feel fully engaged and energised about this situation?
- How can I support you in taking the next steps/moving forward?
- What challenges might come our way and how might we meet them?
- What do you see as the first step to accomplishing your goal?
- What might you do to take you closer after that?
- Can you think of some alternatives? Is there another way to look at it?
- Who might you ask for help? Who else?
- In the past, what has worked for you? What did you learn from that?
- Tell me what you think would happen if you tried doing that?
- What are the pros and cons of this option?
- Which possible pathway do you feel prepared to go down?
- What would you do if time/money/resources weren't an issue?
- How will you measure your progress using this option?
- Describe this goal or challenge a bit more… What are some ways this challenge is impacting you or others?
- Tell me about why you see this as an ideal professional outcome?
- Help me understand why this change is particularly meaningful to you?

Practice wisdom

- Plan your questions. **Planning is vital.** Don't ask questions just for the sake of it
- Know your purpose and intent with your questions.
- Be *with* the other person – people's fears are real and warrant exploration.
- **Listening is as important as the questions.** Feedback from questions will help direct you to what you need to ask next.
- **Remain curious** and question the assumptions that you might bring.
- Try to understand the problem but don't let the conversations become solely problem focused. Remember that every individual has resources.

Adapted from McKinney, 2020.

Dealing with denial and resistance

Wall of Denial & Resistance

Reframing the concept of denial to recognising that a dispute exist – "we may need to agree to disagree but are you willing to help develop a plan that shows everyone that no harm could come to the children in future?"

Insisting that parents / carers must acknowledge how their behaviours caused harm to their children and take a stance that require the parents / carers to develop 'insight' into their behaviour before a meaningful safety plan can be developed.

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I am because we are
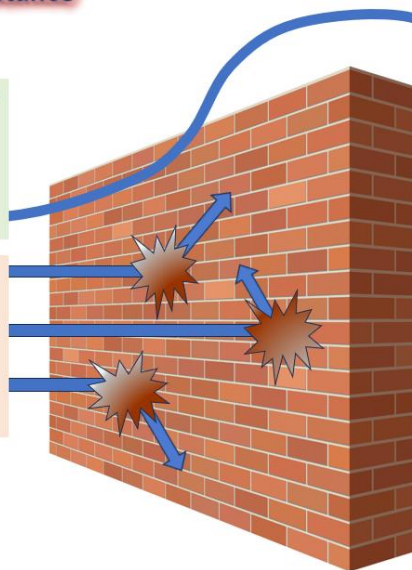
The Resolutions process:
Most families would be willing to agree to rules in the safety plan that would reassure everyone that the children would not suffer any harm in the future (regardless of what might have happened or has been acknowledged in the past).

Dispute   Dispute
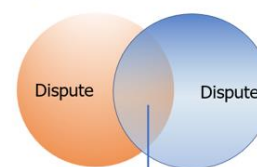
Finding the **common ground**: The future safety and wellbeing of the children

Adapted from Turnell, A and Essex, S. September 2006. *Working with denied child abuse: The Resolutions Approach*. Open University Press

A robust understanding of the distinction between **content and process** is needed in these situations - there is little or no progress if the focus is on the content. It keeps you locked into the detail of the argument, locked into **your position** and trying to convince the other. We need to reframe the **concept of denial** and rather **think of and refer to this as a dispute** (Turnell & Essex, 2006).

This will enable us to get 'unstuck' as we are no longer trying to get the other person/s to accept our position or version of events, instead we will be focussing on what is real in that there is a **dispute** about certain facts between certain people. This moves us away from being in the expert position where **we hold all the power** over families and allow everyone to get into a space where the future safety of the children is the focus of safety planning and where there is a better balance of power in the relationship. The argument shifts away from who is right and who is wrong, or who's opinion carries more weight to a focus on the future safety, wellbeing and best interest of the children.

The immediate safety of the children must always be the priority and we **sometimes need to just "park" the issue so that we can bring the focus to future safety / wellbeing.** The one thing everyone involved in a child protection / child in need case is the child and there will be very few occasions where not everyone involved has the best intentions and best interest of the child at heart. Even though parents have difficulties, they aspire for their children, and they want them to have a good life and want them to succeed in life. If we tap into this and help families, see that this is what everyone wants to achieve and are willing to work towards you might break through the wall of denial.

Most families would be willing to agree to rules in the safety plan that would reassure everyone that the children would not suffer any harm in the future (regardless of what might have happened or has been acknowledged in the past). This means that we will be able to focus on the safety plan whilst we continue to work on deeper levels of insight (second order change) through using a questioning approach, by creating an explanation for the children and undertaking meaningful direct work with the parents and the children.

It is possible that even after we tried our best to work with the parents in this way, we might still not feel persuaded that genuine change took place, and we continue to have serious concerns about the parents' ability to keep the children safe now or in the future. In some cases, it is essential that there must be some acknowledgement of their harmful behaviours so that it does not hinder the process of healing from the past trauma for the children.

Further reading

Susie Essex has developed a service called 'Resolutions' in partnership with the NSPCC Child and Family Centre in Bristol, England. The resolution service works with families where parents and/or carers are disputing responsibility for serious abuse of their children, but where child protection agencies believe at least one of them is culpable on the balance of probabilities. The service's general approach to developing partnerships with families is briefly considered, but the article concentrates on a particular approach. This is where parents and/or carers who are disputing abuse of their children roleplay a **'similar but different' family**. This enables key issues in relation to child abuse to be discussed by the parents and or/carers in this hypothetical 'different' family.

Building an <u>informed</u> safety / support network

Breaking down the secrecy around abuse and neglect

Giving children access to a range of safe adults

<u>Naturally</u> connected networks can create lasting plans for children and hold each other accountable to the plan

Safety in numbers for children – more people aware of the concerns

Professional networks have limitations - frequently disrupted and not life long

Having a lifelong, meaningful and naturally connected network around every child is needed to sustain change

"Safety is temporary without healing; healing happens in the network or group" (Kevin Campbell)

Involving a fully informed, active safety / support network is essential in ensuring the children's safety and wellbeing beyond the period of professional involvement and is key to the parents' ability to sustain change over the longer term. Identifying and bringing a network of naturally connected people together to develop, monitor and refine the safety / wellbeing plan alongside the professional group is a bottom-line requirement we must set for families. The parents should be asked to invite their naturally connected network to all meetings to help them demonstrate the child will be safe and well now and in the future. Involving naturally connected people in a safety / support network helps them address the child protection concerns and helps to break the secrecy which is often therapeutic for parents and children. It also lifts the burden of shame around the problems. It is not uncommon for parents and carers to be reluctant to involve their wider family network in their problems for a number of reasons and involving a network will usually require skillful use of authority and persistence on the part of the professionals.

The starting point should be a value conversation – what do we believe in relation to the need for a network? What is it that the naturally connected network can add that a professional network cannot?

- 💡 Naturally connected people offer lifelong meaningful connections for the child, professionals are just visitors in the family's life.
- 💡 The research on ACES shows clearly that loneliness can be devastating and the most important piece of work we can do is to ensure that children are able to form life-long meaningful connections.
- 💡 There is safety in numbers if there are a range of adults looking out for the child and who are available for the child to talk to

"It takes a village to raise a child" - Child abuse is a syndrome of secrecy; fully informed networks break the shame and secrecy and provides children a range of safe adults they can talk to.

Food for thought…

"You can kiss your family and friends good-bye and put miles between you, but at the same time you carry them with you in your heart, your mind, your stomach, because you do not just live in a world but a world lives in you." **– Frederick Buechner**

"In every conceivable manner, the family is a link to our past, bridge to our future." **– Alex Haley**

"Family isn't always blood. It's the people in your life who want you in theirs; the ones who accept you for who you are. The ones that would do anything to see you smile and who love you no matter what." **– Unknown**

"That's what people do who love you. They put their arms around you and love you when you're not so lovable." **– Deb Caletti**

"Call it a clan, call it a network, call it a tribe, call it a family: Whatever you call it, whoever you are, you need one." **– Jane Howard**

"Family ties mean that no matter how much you might want to run from your family, you can't!" **– Unknown**

Genograms

A genogram is a visual tool which shows a family tree of at least three generations. It is used to give a pictorial representation of a family system. Genograms are a foundational tool used in systemic practice, where there's a focus on relationships and a recognition 'that individuals are always embedded in their social context' (Burns, 2018). The genogram is an excellent intervention tool to inform our assessment and to start exploring the family's wider network. Genograms help workers develop a picture of the child and parents in a broad historical and relational context in a way that can be easier than using the computerised recording systems – learn about the family's history, beliefs, patterns, relationships, scripts. It is an excellent tool for building relationships and focussing discussions.

> *"Patterns of belief and behaviour which may give rise to problems in daily life, here and now, may also be tracked back through the generations. These patterns are strongly influential, the more so if they are unrecognised. They can also be a source of strength and resilience."*
> ~Burns (2018)~

A genogram can be used to see how a family is made up. It helps you identify who is living in the home with the child and who is in the wider family network. It is a more formal term for a family tree. A genogram can be used when working with children and families. This tool can assist practitioners to help provide information about family members and practitioners to see patterns that may be contributing to neglect. Family structures can change over time, and therefore a genogram should be updated accordingly.

Genograms help us to be curious about relationships in the family from the perspective of different family members. Because they are pictures, they enable us to engage with ideas and information about a family in a different way than if we had read a written report.

Genograms can help us to:

- Track and reflect on the impact of different patterns of beliefs and behaviour through the generations within families.
- Reflect on the impact of adverse experiences on family functioning, as well as identifying relationships within the family system that are resilient and supportive.
- Map family and other significant relationships
- Think about life stages and transitions in the family.
- Understand why a particular issue is significant now.
- Map out professional help in the past and present
- Identify resources within the family's life.

Genograms typically include the following information:

- Names and ages of all family members
- Important dates of birth, marriage, separation, divorce, death and other significant life events such as transitions, migration, illness and other changes in life
- Names / details of close relatives, friends, neighbours etc who play a significant role in the family life and care of the children

Practice Wisdom:

Family is family whether they live next door or far away in another country. The important question to ask is not "Who is your mother (or father)?" but **"Who raised you?"** (Watts-Jones, 1997).

To ensure that families mention any functional relationships that do exist during genogram construction always ask explicitly: **"Is there anyone whom you consider family or like family even though they're not biologically related?"** (Watts-Jones, 1997).

Drawing genograms can assist workers to consider the culture(s) of origin in the family, which refer to, for example, the major groups from which we are descended, ethnicity, nationality, region, culture, class and / or political affiliation.

- 💡 Do them collaboratively with the family – it's an intervention, not merely a tool
- 💡 It's **far more than who is who** – It is about the meaning of family members and their behaviours towards each other – scripts, patterns and relationships
- 💡 Pay attention to the genogram's emotional impact on the family and yourself! Be prepared to deal with unanticipated reactions and triggers
- 💡 Allow enough time to manage the emotional content. Talking to families about their past, childhood, relationships and patterns can trigger a trauma response or 'open up old wounds' and you might need to spend time winding down and making sure that you don't leave anyone feeling distressed or upset.
- 💡 Be mindful how the use of some of the standard symbols could make people feel upset / cause an emotional reaction, e.g. crossing out the box representing a deceased relative, or using an X to indicate a still birth, miscarriage or abortion (might be perceived as crossing out their lives and memories)

Based on Cohen and Domakin (2019). **Practice-supervisors.rip.org.uk/Drawing-a-genogram.pdf**

Standard symbols for Genograms

Although we include some of the standard symbols in the manual for reference purposes, we would like to encourage practitioners to be creative in using genograms and make it specific to the family or use it as a collaborative direct work tool. There is no reason why we can't create case specific symbols or a different format as you could always add a small legend section explaining / expanding on the symbols you have used. Also consider alternative tools / approaches that you could integrate or adapt such as the Tree of Life. The graphics below have been adapted from an article by Cohen and Domakin (2019).

Male | Female | Non-binary | Lesbian | Gay | Bisexual | Queer | Asexual | Transgender Female to Male | Transgender Male to Female | Unborn child

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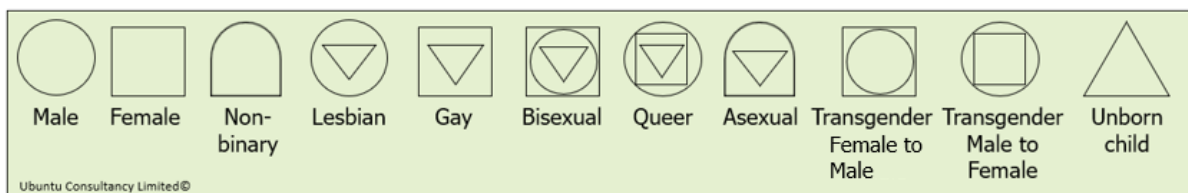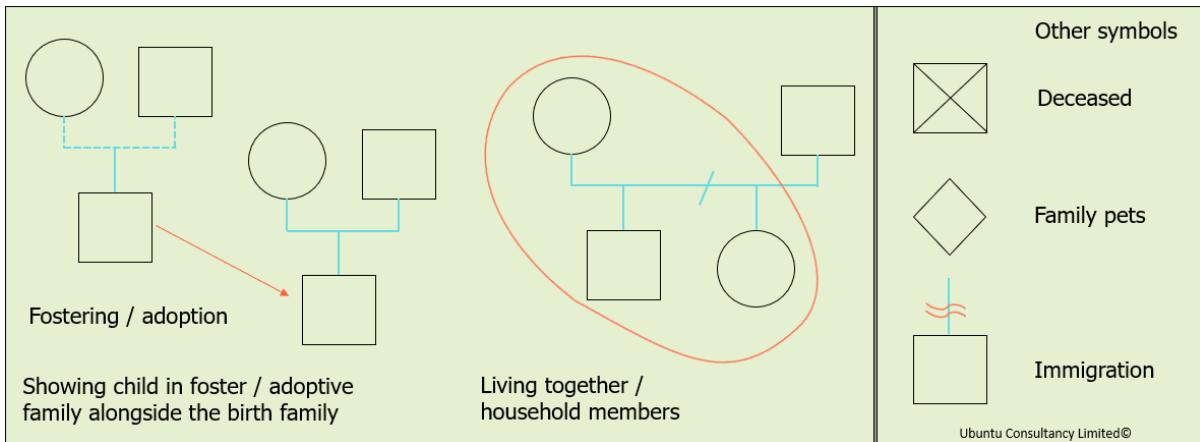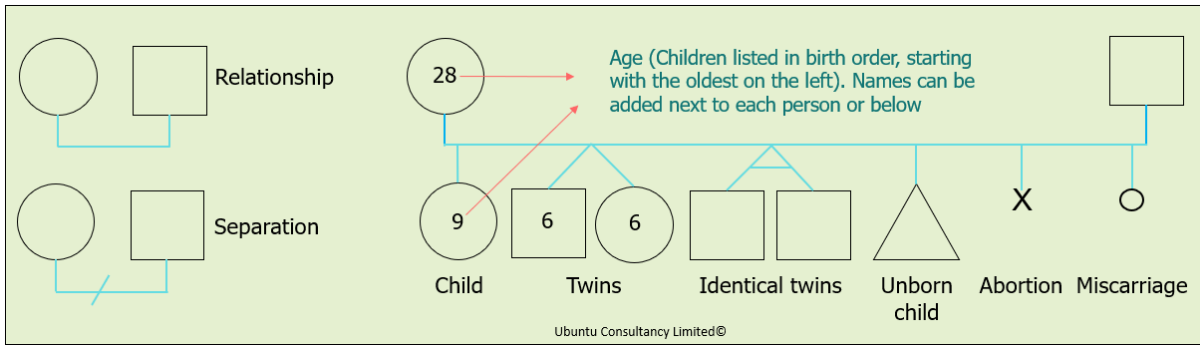
Genograms can also be used to talk about and visually represent specific problems, patterns and scripts in families such as generational alcohol / substance misuse, domestic abuse, mental health concerns and sexual abuse. Genograms can also be used to talk to families about the nature and quality of relationships in the family.

Using genograms as a tool in direct work with children (Adapted from source: Leeds Safeguarding Children's Partnership (2021)).

Let's think about genograms from the child's perspective!

How would you use it?
Children and young people may initially feel uncomfortable engaging in this type of activity. For some focusing on a task which is on paper, where eye contact doesn't need to be maintained can feel safer. Just remember that there is no 'right way' of constructing a genogram with a child.

Preparation
Preparation to commence the genogram needs to involve the child or young person. The following questions can be used to help you in this:
1. Ask them how a big piece of paper they will need (A4, A3).
2. Where do they want to start – with themselves, their parents etc.?
3. Do they want to include pets, friends etc.?
4. Ask the child / young person if they want to draw it out or do they want you to do it?
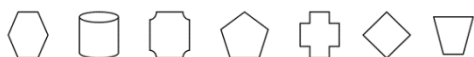
Whilst squares and circles are traditional shapes used in genograms, allow the child to use their own shapes. If the child doesn't know what to choose, think about having a sheet of different shapes. They can either copy them or cut them out

and stick them on to paper.

Children's Perceptions
Understanding a child's view of themselves in the family is crucial. It's therefore not essential if the child doesn't 'accurately' outline who's who in their family etc. It's their perception that counts.

A useful way of doing this is by checking if there is anyone who the child would like in their genogram, or who used to be there but is no longer. Think about a special symbol for that person. Again, a sheet of different pictures / symbols which the child can choose may help. This may also aid a discussion about why that particular picture was chosen.

In contrast, check if there is anyone in the child's family that they would like to miss out. Again, think about a symbol which the child can put in the place of the missed person.

Assessing Feelings / Script
From a practitioner's perspective it is useful to understand the child's emotional link to people who may have hurt them or let them down. The following ideas can help generate discussion about how a child feels about someone, who they like / don't like, what they feel angry about and what they do want to happen.

Using different faces, ask the child which face they would put next to the people in their family e.g. happy, angry, sad, scared. Explore with the child, why they chose that particular face e.g. "I can see that you put an angry face next to your mum, can you think of an example when your mum was like that with you?"

Whilst the genogram is being drawn out, have conversations about the family:

- 👍 Who would you go to if you were sad, upset?
- 👍 In your family, who is the 'good one', who gets into trouble the most?
- 👍 What 3 words would you use to describe your mum, dad, brother, sister etc.?

Children hold a set of beliefs about their place in the family's history, the present and the future. These incorporate other 'world views' e.g. big boys don't cry, I have grown to be grown up, etc. To get a sense of these views you could suggest a hypothetical question then ask the child to think about what each person in their family might say. Using bubble thoughts can be a fun way of doing this e.g. "What do you think mum, dad etc. might say if you came home with a certificate saying you had been good at school?"

"Well done"

"Pity you're never like that at home"

"I wouldn't show them, they're not interested"

"I wouldn't get a certificate, I'm never good at school"
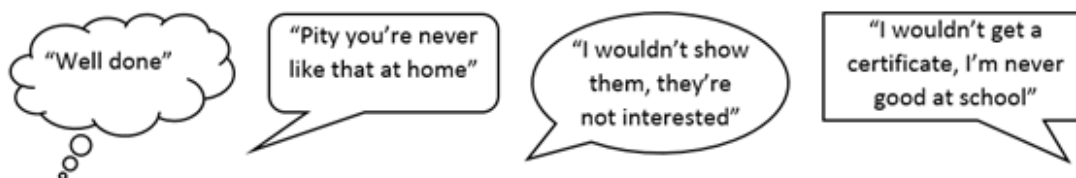
Information about the child's family can be of interest to both the child and the parent / carer. Family secrets and things that are not talked about can be raised and explored. A child's understanding of an event can be surprising to parents and carers.

Further resources:

Research in practice published a comprehensive and very practical guide on the use of genograms which includes a toolkit for undertaking direct work with children. www.researchinpractice.org.uk/media/mkydyt3f/cf_pt_using-genograms-in-practice_final.pdf

Case example
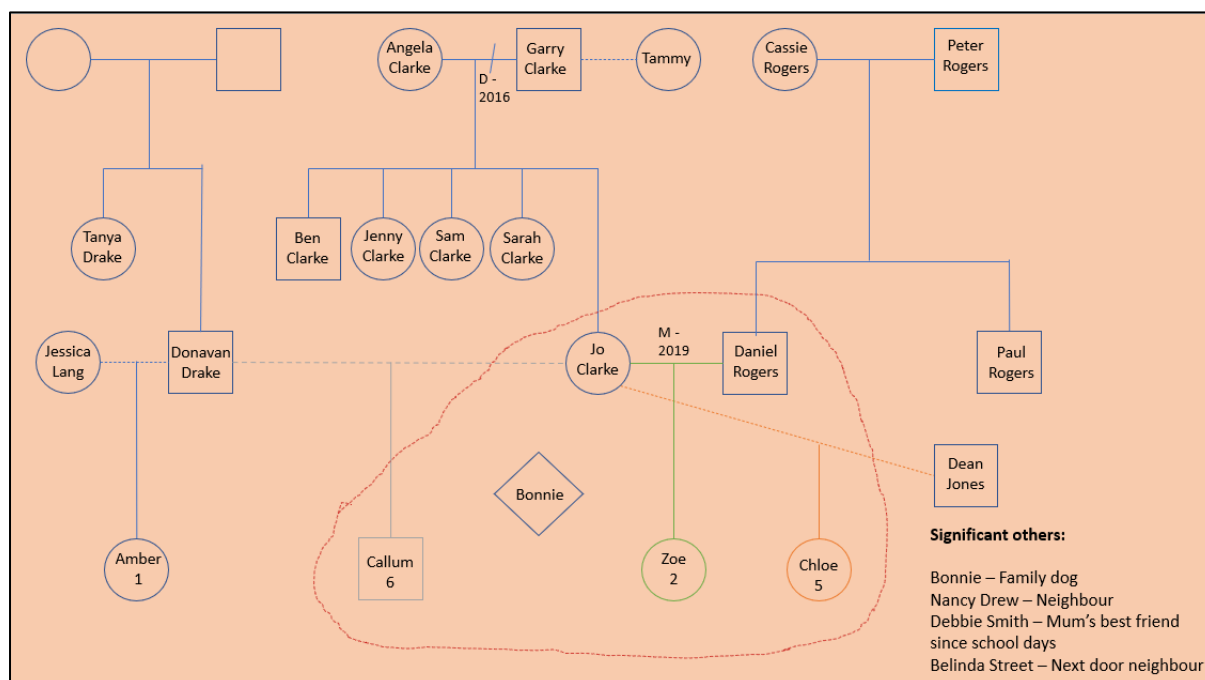
Ecomaps
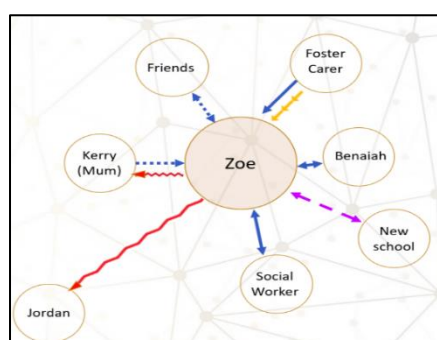
An ecomap is basic diagram that can be used to map out the connections and relationships between a person / family and their wider environment which include formal and informal systems such as work, schools, clubs, religion, friendships / social groups, hobbies and interests, community services, individuals such as health providers, social workers etc. The ecomap was first introduced by Ann Hartman in the 1970s to help show both the various systems as well as the flow of energy / influence between them and the family / individual (Maclean, 2016. Card no 40). The identification of connections should include highlighting the strength of connectivity and the energy flowing in and out along with the reciprocity of the relationship (Maclean, 2016. Card no 40). A range of standard symbols and visual indicators have been developed over time, like what is being used in genograms. However, we don't need to be restricted by this and can be creative in the way we represent the quality of relationships, nature of the influence, barriers, and flow of resources between the family / individual and the wider systems.

Have basic materials such as papers, pencils, ecomap key or legend available. You can make use of a pre-prepared templates or simply use a blank sheet of paper. Draw a circle in the centre of the page to represent the child / individual family member or the whole family. Draw smaller circles around the one representing the family for each of the connections identified

during your discussion. Once you have all these on paper begin to connect the circles to the child / family using the symbols below as you discuss the nature and quality of the relationships, flow of resources and energy etc between the child / family and the identifies wider connections.

Symbols

Symbol	Meaning
→→→	Direction of flow of energy / resources
▬▬▬	Thicker (darker) lines for stronger relationships / influence
▪▪▪▪▪▪▪	Dotted lines for fragile relationships or connections
▬ ▬ ▬ ▬	Dashed line for inactive but available relationships or resources
∿∿∿∿	Red zigzag lines for stressful / harmful / volatile relationships
←——→	Arrows pointing both direction depicts a two directional / mutual) flow of influence / resource
——→	Arrows pointing towards the child / family depicts mean that the system primarily influences them
←——	Arrows pointing towards the systems mean that the child/family primarily influences the system
	Consider developing your own key to show power dynamics, influence, perception or experience of discrimination etc

Practice wisdom

- Ask the child / family where on the page to draw the circles representing their connections - how close/far away the circle is to the child / family could also denote how important that person / connection / service is to them.
- People held within the same system, e.g. school or community group can be group together in a larger circle to demonstrate its collective nature.
- An ecomap should always be dated as relationships and networks of support inevitably change over time and are as such a snapshot of a specific point in time
- Always have a legend / key which explains what the relationship lines mean
- Doing an ecomap alongside the child or parents / carers can help them gain new insights into their relationships and networks of support and it strengthens the worker's relationship with the child and their family.
- Whilst drawing the map, ask questions and talk about the importance of these connections and the quality of the relationships.
- Consider using objects such as Lego bricks, semi-precious stones or different coloured buttons instead of drawing to represent the child / family and systems around them. Ask the child / family to choose an object for themselves and each system, ask why they chose that particular size/shape/colour to explore the any potential underlying perceptions and meanings.
- Allow the child / family to decide how near / far each of these are placed from themselves and explore their thoughts and feelings in relation to their choice.

The safety circle tool by Susie Essex

The Safety Circles tool developed by Susie Essex is used in a similar way to ecomaps. The Safety Circles tool is designed around key questions that practitioners can use to facilitate conversations with individual family members with regards to their networks and the nature and quality of these relationships. There are many examples of these online and a detailed guide developed by Sonja Parker can be downloaded (free) from her Partnering For Safety website. This tool also helps workers have conversations with family members about why a safety and support network is necessary, about the role the network can play, and the process of determining who would be the most appropriate people to participate in this network (Parker, 2015).

Many parents and caregivers are reluctant to involve other family members or friends in conversations with child protection workers and it is quite common for parents/caregivers to say that they do not have people in their lives who could be part of a safety and support network. The Circles of Safety and Support tool helps workers to introduce and explore the idea of involving a network (Parker, 2015).

Circles of safety and support tool
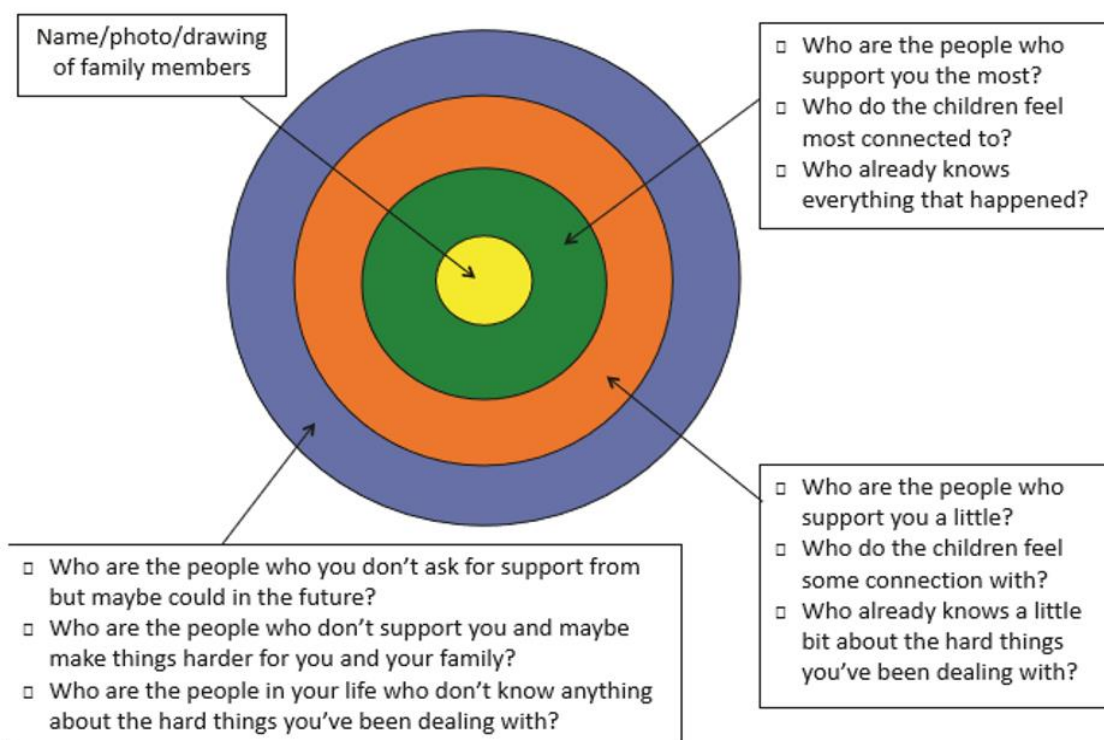
Source: Partnering for safety: www.partneringforsafety.com.au

Follow this link for more information on the use of safety circles and to see a practice example: Resource booklets - Partnering for Safety

*B*est questions to take to the family to identify network people

(Source: Turnell & Brandt, 2019)

Graphic by Kim Tweten, Elia

Past

- Who are the closest, most important people in your life?
- Who from your community would be important for us to invite to these meetings to help you move in the directions we have been talking about?
- What are the best things about your friendship with …? What do they do that makes them important people in your life?
- Who have been the people who have helped you through some of the hardest times of your life like maybe the times after your child/ren were born?
- Who are the people that have stuck with you at your best and worst moments in life?
- Can you tell me about someone in your life who really got you, you really felt understood you? (Really appreciated you)
- What has been the most important day in your life and who was there to share it with you?
- Who has been the person that surprised you the most when you needed help caring for your child?
- Who have you relied on when things got crazy in life?
- When you think about your past, who has been most supportive of you in the choices you have made regarding your children?
- When you were younger, who was your favourite person?
- Who have been the people who have helped you through some of the hardest times of your life like?
- Think back to a day when you were having a tough time. Who was there to support you?
- Tell me a story about a happy time in your life. Who was there with you?
- Who was there when your child was born?
- Think about a time in your past where you were in a crisis of some kind (financial, medical, etc.). Who did you confide in?
- Who have you called to care for your kids in the past?
- Who went with you to buy your first car/picked out your wedding dress/accompanied you to make a major purchase/etc.?
- Who was the person that helped you in a tough time that surprised you when they were helpful to you in that time?
- Who knows about what happened about this/that situation?
- Who have you told your secrets to?
- Who do you trust the most?
- Ask about the talents that people have in their family and who they got them from.
- Where did you get your faith traditions from?
- Where in the world does your family come from – who holds those stories?

- Who was there for you when you had troubles in the past?
- When you think about your girls, starting at the center here with you in the middle, when you were a teen girl, like your girls are now, who was there for you? To support you during this time – what difference did this make for you?
- When you think of all the people you have been close to in your whole life, who has taught you the most about yourself as a person or parent?
- Who did you consider to be the most significant people in your life growing up?
- Tell me about a moment in your life that you are proud of. Who did you share this with? Who would you share this with if they weren't there?
- What was the most fun thing you have done in the last 6 months? Who was present?
- When you think of your favourite holiday celebrated with your family or loved ones, who was there and what made it so special?
- Who has meant the most to you in your life?
- When were you the happiest in your life?

Present

- Who is someone in your life that you can call on or depend on in a time of need (crisis)?
- Who is someone in your life that you would tell exciting/good news to?
- If today was the last day you could ever communicate something to your child, what would you say to them?
- Who would you call for your children's birthday party?
- Who would you call first today if you had wonderful news?
- Who do you call on a bad day? Who do you call on a good day?
- Who is the person you trust the most to take care of your kids, no matter what?
- This is a difficult discussion. Who in your life, if they were here right now, would help you feel like it is a little more manageable? Can we call them to come here?
- Who are you going to call about this when you get off the phone with me? Who do you want that person to call?
- Who in your life do you wish had been here to help when I knocked on your door? Who might be the first person you tell about CSC meeting with you today?
- Who would you call to care for your child if you went to the hospital today?
- Who will you call in the middle of the night when you need help? What is it about that (those) person (people) that lets you know you can count on her/him (them)?
- Who do you call when you are stuck and unable to pick up your kids at school?
- Who is the one person you may be taking for granted most right now?
- If you won a big award, who are 5 people you would want to be there?
- Who is the one person you wish were with you right now to support you right now?
- In case of an emergency (or if you were in an accident), who do you feel are the two most important people to contact?

Future

- Please think about all of the important people in your life right now. So if I were to come to you 10 years from now and ask who has been the most unconditionally caring person in your life over the last 10 years, which of the people you know now would you most want to describe to me?
- If you end up in a serious accident and you are in the hospital in a coma. Who would you want the doctor to call to take care of your kids until you get out?
- If you could fast forward 5 years from now, who would be your support network and who

would rely on you?
- Who would be the people that you see in your life sharing your birthday 5 years from now?
- Who would you hope to have at your side for comfort in your older years of life?
- Tell me about your wildest dreams for the future? What does it look like and who's there with you?
- Where do you see yourself in 5 years? Who is there with you? What do your relationships look like?
- If you were hit by a bus next month and unable to care for your children, who would be able to care for your kids?
- If next year you found yourself homeless, who would you call?
- If you were to die in a car accident tomorrow who are the people you would want to raise your children?
- If you were getting married, who is the one person (or people) you would want to be there to celebrate with you?
- Who will you call to invite to our next birthday celebration?
- If your child was getting married tomorrow, who in your world would you dream would be there?
- Who knows the most about who's in your family on your mother's side?
- Who knows the most about who's in your family on your father's side?
- Tell me about the people who have been unconditionally committed to you?
- Tell me about the people who are unconditionally committed to you?
- For all of us there's someone who will come into our lives in the future that will help us be a better person would you agree? Ok so what do you imagine they will do/be to help you be a better person? How will you be a better person when that person comes into your life? How will your children see you be better person?

Culturagram


©Ubuntu Consultancy Ltd
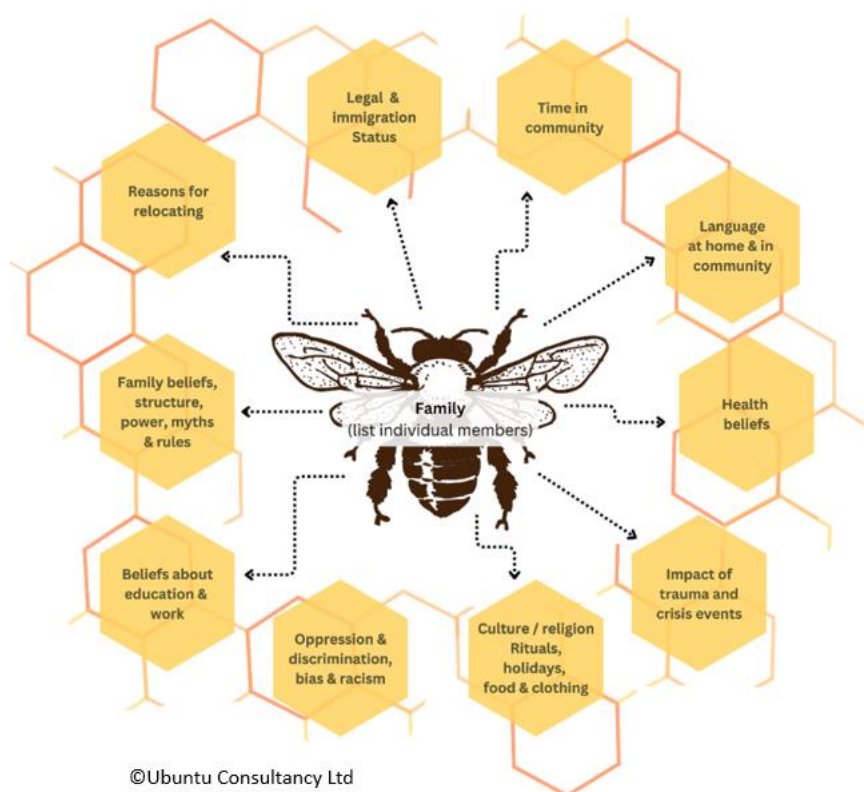
The **culturagram** was developed by Dr Elaine Congress as a visual assessment tool that can be used to explore 10 assessment areas related to the family's culture (Congress, 2008).

The culturagram is a good tool to use to individualise culturally diverse families and it opens opportunities to discuss the unique experiences of families / individual family members in the context of the various cultural influences in a non-threatening way.

The Tree of Life

The Tree of Life is based on ideas stemming from Narratives Approaches introduced by Michael White and David Epston and was developed by the Dulwich Centre Foundation in Australia. A narrative approach "seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes that people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to reduce the influence of problems in their lives" (Morgan, 2000, p.2). The word 'narrative' refers to the emphasis that is placed upon the stories of people's lives and how the telling and retelling of these stories can bring in meaning and make a difference in their lives by re-authoring their lives and develop alternative stories (Herbst and De la Porte, 2006).

Narrative approaches involve ways of understanding the stories of people's lives, and ways of re-authoring these stories in collaboration between the facilitator and the people whose lives are being discussed. It is a way of working that is interested in history, the broader context that is affecting people's lives, and the ethics of this work (Dulwich Centre Foundation, accessed May 2023).
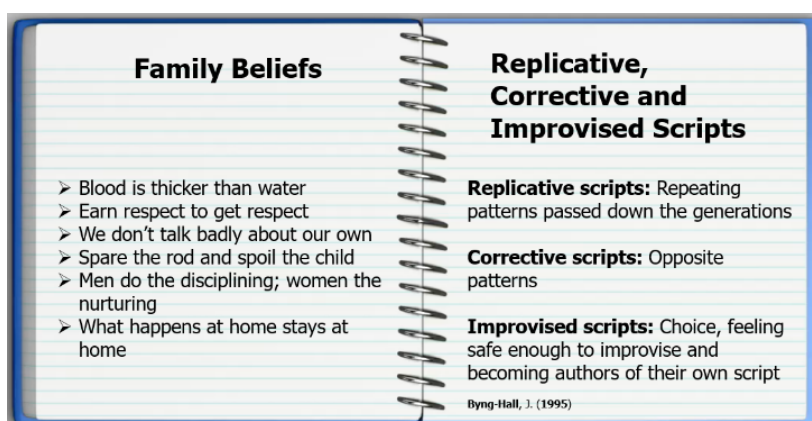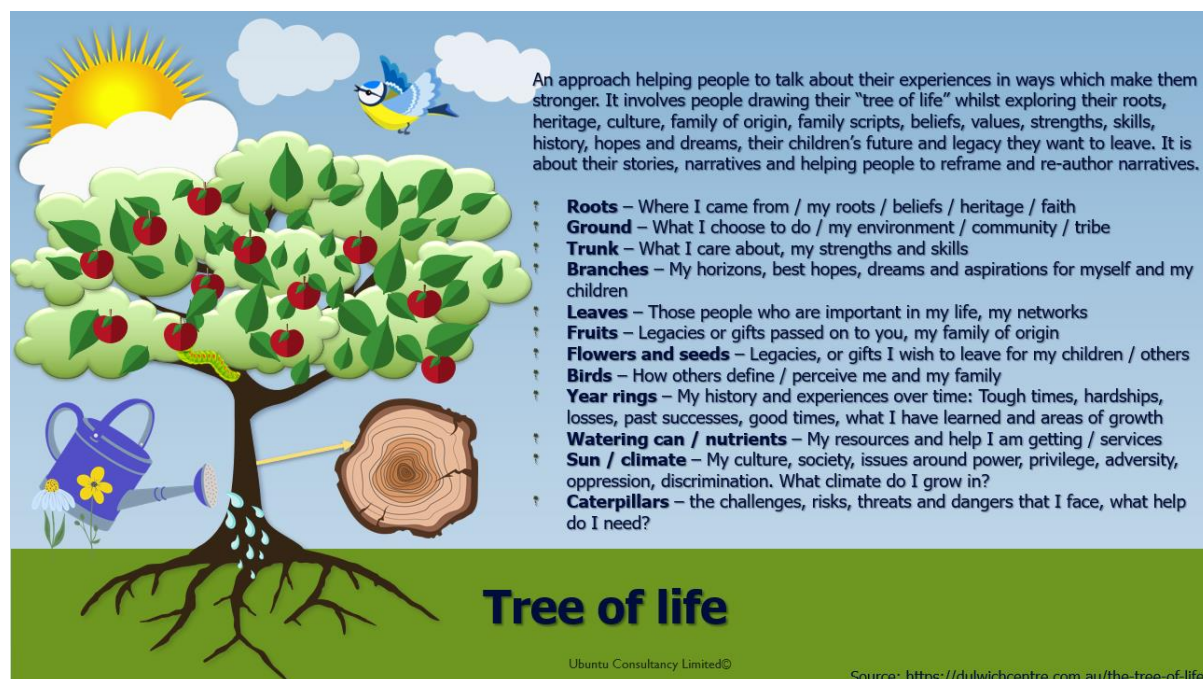

Early interactions between the parent and the child produce developing narratives about ourselves and others. These early experiences subsequently come to be shaped into broader narratives and sets of expectations that we then apply to other relationships outside our families (Dallos and Vetere, 2009). The narratives from our childhood / family of origin influences the **belief systems** (the family's way of knowing and understanding the world) that we develop when we establish our own (next generation) families. From our belief systems flow our **family scripts** which dictates how the members of a family repeat sequences of behaviour just as actors follow the script of a play. This can be defined as the family's shared expectations of how family roles are to be performed within various contexts (Byng-Hall, 1995).

Some families replicate the scrips and beliefs from their childhood and family of origin in their own families in adulthood **(replicative scripts)** this happen when we repeat patterns down the generations. Sometimes people adopt the direct opposite scripts **(corrective scripts)** often to prevent their children from suffering adversity or harm that they have experienced in childhood. The purpose of The Tree of Life (and other narrative approaches) is for the worker to help families to recognise the scripts and beliefs they have so that we could help the to realise that they have a choice (ground where you plan the tree); they have strengths and resources (trunk, leaves, sun, water, etc) and the professional help to improvise or change dysfunctional scripts.

The original model included the roots, ground, trunk, branches, leaves, fruits and seeds. The additional aspects below (birds, year rings, watering can, caterpillars, sun, water and nutrients) are further adaptations by Ubuntu Consultancy Ltd (Goussard, 2023).

An approach helping people to talk about their experiences in ways which make them stronger. It involves people drawing their "tree of life" whilst exploring their roots, heritage, culture, family of origin, family scripts, beliefs, values, strengths, skills, history, hopes and dreams, their children's future and legacy they want to leave. It is about their stories, narratives and helping people to reframe and re-author narratives.

- **Roots** – Where I came from / my roots / beliefs / heritage / faith
- **Ground** – What I choose to do / my environment / community / tribe
- **Trunk** – What I care about, my strengths and skills
- **Branches** – My horizons, best hopes, dreams and aspirations for myself and my children
- **Leaves** – Those people who are important in my life, my networks
- **Fruits** – Legacies or gifts passed on to you, my family of origin
- **Flowers and seeds** – Legacies, or gifts I wish to leave for my children / others
- **Birds** – How others define / perceive me and my family
- **Year rings** – My history and experiences over time: Tough times, hardships, losses, past successes, good times, what I have learned and areas of growth
- **Watering can / nutrients** – My resources and help I am getting / services
- **Sun / climate** – My culture, society, issues around power, privilege, adversity, oppression, discrimination. What climate do I grow in?
- **Caterpillars** – the challenges, risks, threats and dangers that I face, what help do I need?

Tree of life

Ubuntu Consultancy Limited©

Source: https://dulwichcentre.com.au/the-tree-of-life/

The Tree of Life is a versatile intervention that can be used in many ways in our work with children and families. For instance, it can be used in direct work with an individual child / family member or with the whole family together. It could also be used over several visits, tying it in with longer-term interventions. You could draw a Tree of Life with a child and then share this with parents to help them understand their child's views, perceptions, and life experiences to develop insight and bring in change. Getting the whole family to work together on drawing their tree allows the family to talk about and reflect on aspects of their lives that would otherwise never be shared or discussed openly. This is an excellent relationship building tool with significant therapeutic value that can be used to combine the use of genograms, eco maps and culturagrams. Some practitioners have also used the Tree of Life as part of life journey work with young people in care with great success and impact.

An established working relationship and trust with the child and family is essential for getting the best out of this intervention as it is likely to bring back memories that might evoke a range of emotions which could be linked to issues of trauma and loss. It is important that you allow enough time when you plan this piece of work to deal with any difficulties and it is vital that each session ends in a positive tone.

Memory work and the use of life maps is another form of narrative intervention whereby individuals are helped to look backward into their past, and forward into the future by linking important events and aspects of life to the potential that they might realise in the future (Herbst and De la Porte, 2006). This technique guides the individual on a journey through their life by drawing a map representing the following seven questions below (Herbst and De la Porte, 2006).

We have included these questions in this practitioner's guide due to the similarity between the two approaches and considering the strong emphasis on future thinking from life maps. The questions below could be considered / used during the conversations we have with the child / family whilst drawing their Tree of Life. Words in brackets are added to show how the questions relate to the Tree of Life. Additional questions below the bold headings are from Goussard (2023).

Who am I / are we? Self-discovery: Discovering my / our own identity, strengths, hopes, weaknesses, likes, dislikes, needs, dreams, skills, responsibilities and expectations. (Roots, trunk, caterpillars and branches).

What do others see when they look at me / us? What makes us unique? What makes as different? What have we heard / been told about ourselves? What is my school / friendship group / work / services / community like? (Birds, roots, fruits).

Where have I / we come from? Dealing with the past positive and negative events that influenced our values, beliefs and aspirations. What has happened in the past and how has this influenced the present and my / our ideas about the future? What legacies have I / we inherited? What do I / we have to take responsibility for and what is within my / our control? What did I / we achieve and learn? What were the major events and painful experiences? What lessons have I / we learned and how will I / we support each other to learn from this and move on? (Branches, seeds, roots, year rings, fruits, sun).

Where are we / am I going? Creating a vision for change. What legacy do I / we wish to leave for others? What keeps me / us going and motivates me / us to excel? Setting priorities - what would others notice when I / we get where I / we want to be? What will be different? (Branches, flowers and seeds, trunk, bird).

What challenges do I / we have to face? What unfulfilled dreams can I / we pick up? What are my / our future opportunities? What obstacles are in my / our way – caused by others or to do with my / our own feelings and perceptions? What is inside / outside my/our control? How and why have these prevented me / us from moving forward? Internal and external factors that are holding me / us back? What coping skills do I / we already have that we can build on? What are my / our strengths? How did I / we overcome past struggles? Who helped? Objective is to refocus on problem solving skills, finding and building on past exceptions, identifying physical social and emotional obstacles. Identifying destructive narratives and patterns. (Trunk, caterpillar).

How will I / we get there? What is needed for growth and development? What do I / we expect from the services around me / us? My / Our best ideas, external and internal factors, what do I / we have control over? Does my / our sense of direction and attitude need recalibrating? What choices do I / we have to make? What would others say about my / our plan? Where do I / you find hope? What are you / am I going to do if my / your plan does not work out the way you planned / hoped? (Sun, water, watering can, branches, birds).

What help will I / we need? Identifying necessary services and resources - What do I / we already have, how well are we / am I making use of it? What can I / we do differently with what I / we already have? What would make the biggest difference? Who do I / we have in our lives that can help, who else can be drawn in? What would help me / us to keep hope up and continue to aspire to be the best I / we can be? (Trunk, leaves, watering can, nutrients, sun)

What would it look like when I / we get there? What would others see when they look at my / your future self? What would be different? Who will be the first to notice? What difference would it make in your children / parent's life? What will be different for the children? What will their Tree of Life look like in 20 years if you / I make these changes now? How will this change the way I / we see ourselves in relation to others outside our home / family? What narratives / stories would I / we have changed? How do I / we express and articulate myself /ourselves? (Birds, branches, flowers / seeds and ground).

The Family Finding Model

The Family Finding model developed by Kevin Campbell and colleagues, was inspired by the family-tracing techniques used by agencies such as the Red Cross to find and reunite family members who had been separated by war, civil disturbance, or natural disaster. The model's goal is to increase options for children's legal and emotional permanency. *Legal permanency* may include adoption and guardianship, as well as reunification. *Emotional permanency* refers to establishing a life-long connection with an adult who will unconditionally support and maintain healthy contact with the child, beyond the age of 18 (Vandivere & Malm, 2015).

Signs of Safety and Family Finding are considered sister approaches and are commonly implemented side by side in most local authorities who are using Signs of Safety.

The research on ACEs, resilience, and trauma all tells us that children heal in the context of their relationships with the people with whom they belong. We're learning that taking children out of these relationships can lead to lasting harm and that supporting and building up these relationships is what best helps children thrive. Even when children are in care, the network of people with whom they belong provides stability and continuity and this connectedness can significantly reduce the risk of children running away from care. The network's most critical role is to help parents / carers and other network members create safe, lasting plans for children, and to hold each other accountable to the plan. We need to insist that the parents develop the plan with a network of naturally connected support people who love and care for the children, have a lifelong connection to the children and will thus be able to help sustain changes beyond professional involvement.

As pointed out in the Case for Change report (MacAlister, 2021), we need a system that builds relationships and does not break them. The overwhelming research is that children need their naturally connected people to feel loved, be part of a community and to have consistency. The Family Finding model provides us with a range of tools which assist children and their families to identify and then mobilise their network.

We are born to belong…

Family Finding was developed to explore **three questions** about the families of children who are involved in child protection work (Campbell, A. & Borgeson, 2016):

- Is it true that young people from predominantly poor and minority groups, who are the longest waiting children in government programs, have no safe family or community connections?
- If there is a larger family, community or tribe that would claim a role in the child's life, can an overburdened caseworker or volunteer find these people with the time and tools they have available?
- Finally, if the family, community or tribe is found, will there be members safe and willing to help?

Aloneness & loneliness: Comments from Kevin Campbell
(Familyfinding.org/about)

- "The single most important thing you can do when working in a trauma informed way is to counter loneliness"

- "My mission is to make sure families know where their kids are, and kids know where their families are. We should never raise a child in the public system who all along had a family who we didn't call"

- "Our purpose in Family Finding is to restore the opportunity to be unconditionally loved, to be accepted, and to be safe in a community and family."

- "Love. The least used four-letter word in child welfare."

- "Family Seeing is to see the family in front of us, instead of searching for one we like better. The time machine of families' experiences creates the opportunity to heal: Past, present, and future. The parents, children, relatives, and community's work is healing what hurts and building a good life"

Core beliefs

- Every child/young person has an immediate and extended family, they can be found if we try.

- Loneliness can be devastating, even dangerous, and is experienced by most children and young people in care.

- A permanent, meaningful connection to family and caring adults helps young people to develop a sense of belonging and hope.

- The single factor most closely associated with positive outcomes for young people is a meaningful, life-long connection to a family and community of support.

**Family Finding – Best Hopes…**

- Building and maintaining **a lifetime Family Support network** for all young people who are disconnected or at risk of disconnection through placement outside of their home and community.
- Support young people in care in **developing meaningful and enduring connections** with adults who will support them **across their lifespan**. Enable young adults emerging from care to live safely and productively within their communities.
- Ensure safe and stable family-based living arrangements for young people with dependency needs. For individuals with lifetime care needs, **increase connectedness, decrease dependence** on the formal service system, and enhance family-driven decision making.
- **Child outcomes** may include increased reunification rates, improved well-being, and placement stability, transition out of the child welfare system, decreased re-entry rates, and stronger sense of belonging for children.

Formulation Exercise

This exercise can be helpful in thinking differently about plans for children and young people in care, especially those who are currently in a stable placement, as well as those who urgently need a new placement setting. Write down the child or young person's first name, age, ethnicity, gender, number of months involved with the system, number of placements, number of known adult relatives, number of non-relative adults with a connection to the child/young person, number of siblings and their connection, what's known about both parents, how long the child/young person will be in the current placement setting, and any safety worries and emotional worries. What will the child/young person's life be like in 5 years if nothing changes?

Identifying unmet needs – 'dosing' and calendaring

Kevin Campbell uses the term "dosing" to describe how we all need a certain amount of

positive regard / feedback from people around us to feel validated, accepted and good about ourselves, similar to getting a dose of medication when you may be physically unwell. The children we are working with need to have their daily "dosing" in interactions to feel connected, confident, loved and accepted. This can be in the form of an encouraging word, smile, eye contact, social media, pat on their shoulder etc. The tools below can help us to "measure" the dosing a child we work with receive and identify unmet needs in this area.
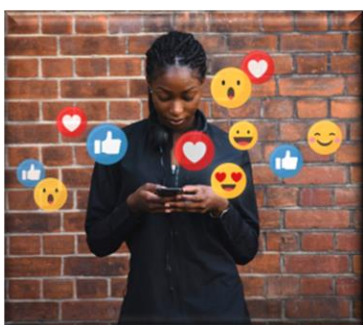
Using a **visual comparison** will help to measure the amount of 'dosing' and identify any unmet needs (in relation to belonging / connection) for a particular child / young person you are working with. We do this by **comparing** a child / young person we **know in our personal life** of similar age / culture who is healthy, well-adjusted and doesn't need to access any services or support. For example, think about one of your own children, a child of a family member or friend, next door neighbours etc. Draw a circle in the middle of a page to represent the young person and then draw **a line out of the circle for each person** who would typically provide at least one 'dosing' or positive interaction with the child / young person on their 'busiest' day of the week (short version of the exercise) or alternatively use the tables below to think about all the interactions across a week long period or use the second table below to consider the 'dosing' interactions a child is likely to experience on special days / events. Don't forget to include interactions via social media, phone calls, WhatsApp, snapchat etc. Now do the same for the young person you are working with and **then compare your drawings**. How different are the two pictures? What have you noticed?

What does a week look like in the life of …?

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Lunchtime							
Afternoon							
Evening							
Dinner							
Bedtime							

Think of a child you know and complete the timetable with what you understand about their daily activities: **what are they doing** each day? At various times? **Who are they with**?

Now consider: What does the child's week look like? **How much quality time do they spend with people who love and care about them (time when they are healing)?** What does this tell you about their experience? Are there any gaps? How is this different from another child you work with? Repeat this exercise looking at special occasions / times in the child's life.

Special occasions:

Occasion	What will they be doing?	Who will they be with?
Birthday		
Easter		
Summer holiday		
Christmas		
New year		

The values conversation

We know that often our most vulnerable families will have people in their own network with similar difficulties or life experiences. Our natural inclination would be to exclude wider network people we perceive to be dangerous or undermining. This can sometimes lead to us excluding anyone the parents put forward. However, excluding these people from network meetings does not necessarily create safety as the influence of these people will continue (out of sight / in the background) regardless. Being open to talk about and involve these network people is often a much safer approach as it gives us an opportunity to get to know the people in the child's life and network, getting to know the challenges and strengths these people bring. Talking to parents / carers about their important values and beliefs and the people that influenced these can help us identify what network members play a significant role in the parents / carers' lives.

First ask: What's an important value / belief to you as a parent?

Then continue with:

➢ Who taught you these values / beliefs?
➢ What did they do to teach it to you?
➢ Where did they learn it?
➢ Who else did they teach?
➢ Have you taught this value to anyone?
➢ What are you doing to teach it?
➢ Who's seen you teaching this value?

Write down the name and contact details of the living relatives / friends / colleagues / people from church or clubs etc. that come up in the conversation. These are usually people with clear values and played an influential role in the life of the child / family and are likely to be the people we really would like to have involved in the network.

Social Media

It can also work to ask parents, children, and existing network members about their connections on these sites. Doing this facilitates conversations about which people might prove to be helpful and which people might create problems for the children, family, or network. These conversations can lead to family and network members making the needed connections.

Mobility Mapping

The Mobility Map is a way to help a child or parent remember important people in their life. Get them to draw the first house they remember living in, and the neighbours, schools, and other people who were around when they lived there. Have them draw as much as they can remember. Then move on to the next place they remember living and repeat the process, tracing the various places the child / family member lived and explore the relationships and connections they had in that area.

"A historical mobility map is a child's mental picture of his or her life before separation translated onto paper" (De Lay, 2002. p.5). The "mobility" dimension comes into play by asking a child to show in the picture, the places where he or she used to go or live. "Although the actual drawing can be used to identify and decipher tracing clues, the map's primary purpose is to stimulate the child's memory and generate discussion between the child and a tracing worker" (De Lay, 2002. p.5).

Why Mobility Mapping Works

"One of the advantages of mobility mapping is that it is more relaxed than a formal interview. It is enjoyable for most children, tends to focus on positive memories, and avoids the retraumatizing experience of reviewing the details of separation. Children draw with brightly colored pencils, and there are no right and wrong answers. They become the experts, and through their drawing and responsible process, are able to express themselves freely. Furthermore, practitioners use only a semi-structured question guide and, therefore, are less focused on filling in forms and more focused on the child and the information coming to light. In addition to specific information that may provide clues to pursue in the field, miscellaneous information gathered about a child's background, people and events remembered, and favorite or typical activities can be used as part of a child's description in radio tracing efforts" (De Lay, 2002. p.6).

Brigette De Lay (2002, p. 7-8) developed the step-by-step guide to mobility mapping below:

The drawing exercise is simple, requiring nothing more than paper and pencils and a practitioner's skills. The steps are described as follows:

1. After establishing a rapport with the child, explain that you would like to learn more about him or her to help trace family and relatives. Explain that one way to do this is to draw pictures (maps) of where the child lived before the separation. You can show other children's maps or present your own drawing as an example.

2. Provide the child a piece of paper and a pencil or colored pencils (with an eraser). Draw a small house in the middle of the paper. (The house can be drawn by the child or by the practitioner.) Explain that this represents his or her house. Now ask the child to draw all the

places around the house that he or she used to go to. (Depending on a child's age and level of understanding at the time this exercise is being carried out, it may be better to ask a child to draw a "picture" rather than a "map" because the latter may be an unfamiliar concept. The picture becomes a map in essence.)

3. After you have verified that the child understands the exercise, allow him or her time to draw without interruption. Be patient and encouraging. This exercise can take up to an hour, depending on the level of detail in the drawing.

4. Once the child finishes, ask about all the places on the map. If the child is literate, ask him or her to label each place; if the child is not literate, label the places for him or her. Now ask if the child has forgotten any place or person. (Use probing questions such as "Did you ever visit a neighboring town?" "Where did you play with friends?" "Where did your father go to work?" Ask the child to add each place and person to the map as they are mentioned. (At any time in the exercise, a child may mention a place not originally drawn on the map. Always allow the child time to add each new place or person. This activity should not be rushed.)

5. Once the drawing is finished, ask the child to mark all the places that he or she liked best with a particular color of pencil or sticker. 6. Compliment the child on his or her effort.

7. It is now time to interview. Begin by explaining to the child that you would like to learn more about his or her drawing and that you would like to ask some questions. Ask if it is all right for you to write down what the child says.

8. Begin with the best-liked places that the child listed. Following is a short, recommended discussion guide:

- "Tell me about this place. Why do you like it?"
- "What did you do there?" (Ask probing questions for information about activities, the reason for visits, etc.)
- "Who did you visit there?" (Ask probing questions for information about relationships, nicknames, etc.)
- "How often did you visit this place?" (Determine whether it was frequently, sometimes, or rarely.)
- "What is your favorite memory of this place?"

In conducting an interview, the interviewer can follow the above guide but should not be restricted by it. Follow-up questions are encouraged. The point is to help the child talk about any information that may be useful for either radio tracing, which can require the smallest clues, or active field tracing.

9. Repeat step 8 with all other places indicated on the map.

10. When the interview has been completed, review with the child what you have learned from the map and explain how this information might be used for tracing. Thank the child for his or her time.

11. When possible, make a copy of the map for the child. Maps can be revisited several times, and the child can be re-interviewed if the practitioner feels that more information can be obtained.

Kevin Campbell recorded a complete mobility mapping exercise with a young person, you can view the entire interview on Vimeo **(you will have to create a free Vimeo account to be able to view these videos)** by following the links below:

Part 1: https://vimeo.com/145126482
Part 2: https://vimeo.com/145124467

Why do we make having a network a bottom line?

The research on ACEs, resilience, and trauma all tells us that children heal in the context of their relationships with the people with whom they belong. We're learning that taking children out of these relationships can lead to lasting harm and that supporting and building up these relationships is what best helps children thrive. Even when children are in care, the network of people with whom they belong provides stability and continuity and this connectedness can significantly reduce the risk of children running away from care. The network's most critical role is to help parents / carers and other network members create safe, lasting plans for children, and to hold each other accountable to the plan.

Typically, we would work with 2-3% of the general population in Children's Services and these families have the most complex and often generational difficulties and it is unlikely that they will be able to meet their children's needs as they grow up without additional support. Therefore, we need to insist that the parents develop the plan with a network of naturally connected support people who love and care for the children, have a lifelong connection to the children and will thus be able to help sustain changes beyond professional involvement.

Network meetings have become the forum in which we use all of our best professional skills to help families figure out how to manage their most important relationships for their children's sake, which is most often a powerful motivating force.

What roles and activities are we looking for safety network members to undertake?

- The family network should be involved in all (safety / wellbeing planning) meetings alongside the parents / carers, helping them to think through the worries, concerns, strengths and help create the details of the plan.
- Some will be involved as (specifically identified and named in the plan) safety / support people for the child/ren.
- All the members of the family network should be involved in testing and monitoring the plan and should have access to the safety journal or WhatsApp group to evidence how everyone is following the plan.
- The family network should identify a network leader who could take over the responsibility for arranging meetings and reviewing the plan once professional involvement has ended.
- Networks can hold the parents accountable and if they understand the triggers and red flags could re-refer the case back to professionals if the parents disengage or the plan fails in future.

Managing cases where children have been removed and reunification is the plan

- As quickly as possible have network people take responsibility for supervising contact.
- All reporting/reviews of contact MUST involve documenting what's working well as well as any concerns (this is particularly vital in professional reports of supervised contact as well as with family and their network)
- As the parents and network complete the tasks outlined in the reunification timeline progressively, increase the level contact. The point where contact will increase must also be set out clearly in the timeline.

As a rule of thumb, increase contact when:

- Parents agree to the timeline.
- As they find and actively involve fully informed and reliable network member.
- Once the [child's (words and pictures) explanation](#) has been created and shared with the child/ren this is a good place to move on from professional people supervising contact to someone that had been assessed and showed commitment to continue to supervise the children's contact in line with the reunification plan.
- As the family evidence that they can manage the children's contact safely and they show commitment to keep to the timeline, you should gradually increase the level of supervision, building up to shorter periods of unsupervised contact and eventually regular overnight and longer contact periods until reunification has been completed.

Further reading / resources

The NSPCC in partnership with the University of Bristol developed a detailed and evidence informed [Reunification Practice Framework](#) to support local authorities where plans are developed for a child / young person to return home to the care of their parents.

Returning home to a parent or relative is the most common outcome for children in care/accommodation. 34% of all children who ceased to be looked after in 2013–14 returned home. However, data from the Department for Education shows that of the 10,270 children who returned home from care in England in 2006–07, 30% had reentered care in the five years to March 2012. So, for almost a third of the children who had returned home, the arrangement had not lasted (Wilkins and Farmer, 2015. pp. 10).

How do we ensure safety / support network members understand the concerns for the child?

- Reading of danger statements and safety goals and everyone scaling at each meeting
- Involving the parents and network in drafting and sharing the child's explanation (usually Words and Pictures)
- Explaining to the parents that them involving an informed safety / support network around them and the children is a professional bottom line requirement and making it their responsibility to support this.

How do we as professionals work with parents, children and the support people so they are motivated to take up these roles?

- This is challenging work so always be conscious parents and network members are anxious, often feeling close to or in their 'terror zone'. It's important therefore to constantly recognise and praise people for participating, for considering the hard

questions, for the commitment they demonstrate to the family and child and for thinking about how Wokingham might see the issues (even if they don't agree)

- Lead meetings with questions and use lots of indirect (implied) as well as direct compliments.
- Undertaking appreciative inquiry with the parents and network as part of direct work, especially in those situations where we might find it hard to identify strengths.
- Begin all sessions focusing on what's working well.
- Welcome challenges and objections from the parents and network. Always approach this as an opportunity to deepen the conversation about the safety / wellbeing planning.

Signs of Success – mapping tool for supervising social workers

This mapping tool has been adapted by Bev Edwards, Lincensed Signs of Safety trainer and consultant, to support supervising social workers in their supervision with carers.   It aims to help carers think through their experiences of fostering a child considering their successes and struggles of the care arrangements. Once the carer has had the opportunity to explore their experiences the supervising social worker supports the carer to develop a vision of what a successful placement looks (feels) like for them with the child, young-person. The supervisor uses the scaling question to help them identify next steps they (and their family) will take to work towards achieving their goal

Thinking about a child/teenager in your care: Signs of Success (Foster Placement)

What are you Worried About?	What's Working Well?	What Needs to Happen?
What is happening with this child that makes you worry about them?	What do you like most about the child? What else does the child do that makes you enjoy being with or around them?	Having thought more about your experiences in caring for this child what would you need to see that would make you satisfied this placement is a 10 for them?
What is happening with this child that makes you worry about them living with you and your family?	Who are the people that care most about the child in your family? How do they show the child they care about them?	What would the child need to see that would make them say this placement is a 10?
What words do you use to talk about problems with the <u>child</u> so they understand what you are worried about?	What would the child say are the best things about living with you and your family?	And the child's family what would they need to see to know their child's placement is a 10?
When you think about the problems this child has had to deal with what's the worst thing you worry will happen to them because of these problems?	Who would the child say are the most important people in their life and how are they helping the child settle or remain settled in your family?	What next steps should happen to achieve your goal? The child's goals?
Are there things happening in the child's life, family or community that makes caring for them hard?	Tell me about the times you have experienced problems caring for the child and you managed to overcome them? How did you do that?	What questions do we have?
is there anything happening with you and your family that's making caring for the child harder?		

On a scale of 0 to 10 where 10 means this child's placement is giving you the best possible experience you could ever imagine as a <u>carer</u> and even though parenting can be hard <u>your</u> enjoying every day to zero being this placement is giving you the worst possible experience, <u>your</u> struggling every day and questioning if this right for you, where are you? Where do you think the person who knows you best would say you are? They are?

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Signs of Safety.

Signs of Placement Stability – Mapping tool for placement stability meetings

Bev Edwards also developed a mapping tool that can be used during placement stability meetings:

Mapping Guide with Prompts
Signs of Placement Stability

What are we worried about?	What's working well?	What needs to happen?
PLACEMENT STABILTY STRUGGLES • What's happened to disrupt the stability of the child's placement? • What's been the worst of all this for the child/providers/others? **PLACEMENT STABILITY WORRIES** • What are you most worried might happen if things continue as they are or get worse? • Who else shares your worries? • What are your worst fears about how the child would be impacted if the current placement has to end? **Complicating Factors:** • What factors might make it more challenging to maintain this child in the current placement?	**PLACEMENT STABILTY SUCCESSES** • When was this placement most stable? What was happening differently at that time that you think contributed to the stability of the placement • What was better for the child/provider/others at that time? **Strengths:** • What are the best things this foster family has provided for this child?	**PLACEMENT STABILITY GOALS** • What are your best realistic hopes for this placement? • What difference would it make for the child/provider/others if they were able to get the placement stabilized and keep it that way? • What would the agency be willing to do if that sort of stability was achieved? **Next Steps:** • What are the very next steps needed in order to achieve a bit more stability in the child's current placement?

PLACEMENT STABILITY SCALE

0 ⟵————————————————————————⟶ 10

Everyone is really worried the current placement is so unstable it will have to end in a matter of days or even hours and the child will be left with nowhere to go.		Everyone is confident the current placement is stable enough to last for as long as the child needs

Mapping Guide with Prompts
Signs of Placement Stability

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Signs of Succesful Independence – Mapping tool for care leavers
(Developed by Bev Edwards)

Mapping Guide with Prompts
Signs of Successful Independence

What are we worried about?	What's working well?	What needs to happen?
INDEPENDENCE STRUGGLES • What has happened to cause people to question the youth's readiness to live independently? • What would the youth say has been the worst of it for him/her? **INDEPENDENCE WORRIES** • What are you most worried might happen to the youth if they moved out on their own and things hadn't improved? • Who else shares your worries? • What are your worst fears about how the youth would be impacted both short-term and long-term? **Complicating Factors:** • What factors might make it more difficult for the youth to achieve independence?	**INDEPENDENCE SUCCESSES** • Tell me about a time when the youth did something that gave you even a bit more confidence he/she will be able to live independently some day? • What difference would the youth day it made for him/her to be able to do the thing that build your confidence a bit? What difference did it make to the people who are most worried about the youth? **Strengths:** • What are the best things this youth has going for them in their life?	**INDEPENDENCE GOALS** • What are your best hopes about how life will look for the youth once he/she is out on his/her own? • What difference would it make for the youth, both in the short-term and in the long-term, if the best hopes happened? • If the best hopes came true, what action would the agency be willing to take? **Next Steps:** • What is the next smallest step toward independence for this youth?
INDEPENDENT LIVING SUCCESS SCALE		
0 ⟵		⟶ 10
Everyone is really worried that moving the youth into an independent setting right now would be a recipe for disaster in his/her life		Everyone can see the youth has what they need to succeed while living independently

Mapping Guide with Prompts
Signs of Successful Independence

www.signsofsafety.net

How can I manage the typical objections / barriers we encounter in getting a network?

Using the Signs of Safety Network Matrix
(Source: Elia: Core Signs of Safety Tools and Techniques, 2020)

Finding and involving networks is always challenging. Parents will often be wary of involving others for a range of reasons. The Signs of Safety / support network finding matrix provides workers with a practice tool to enable them to respond proactively and positively when parents raise challenges. The Signs of Safety Network Finding Matrix is designed to assist practitioners explore with parents, young people and children who they might be willing to involve helping them solve the child protection concerns. When family members are asked to involve others in child protection issues, they very typically raise objections or concerns. The matrix is designed to enable the practitioner to utilise and explore those objections constructively rather than feeling that the objection makes the possibility of finding a network impossible. The Network Finding Matrix helps the practitioner prepare for conversation with family members by assisting them to create a range of possible questions they might use to discuss objections family members might raise. We need to be open with parents that we as child protection workers need to be satisfied / persuaded that their children will always be safe and well in future and having a strong, fully informed network around the children would go a long way to persuade the professionals involved that there are enough safety people around to ensure the children's future safety no matter what happens.

The practitioner writes:

1. The objection/difficulty the parent, young person or child is likely or known to identify at the top of the matrix.
2. As many questions as they can about that issue in each category in the worksheet exploring the objection from the perspective of the past, present, and future, thinking also about negative and positive experiences/possibilities.

Creating the Network Finding Matrix

Use the matrix to come up with your best questions to ask parents in order to engage them in a conversation about the objection / difficulty they have raised eg:

We have no-one / no network…

I don't want to burden my family / friends…

I don't want anyone in my network to know…

15 year old Pakistani: I can't tell anyone in my family I'm pregnant . . .

Objection/Difficulty:	
Negative	**Positive**
Past	Past
Present	Present
Future	Future

Signs of Safety / support network Matrix Examples

15-Year-old Pakistani girl: I can't tell anyone in my family I'm pregnant
(Source: Elia: Core Signs of Safety Tools and Techniques, 2020)

15 year old Pakistani: I can't tell anyone in my family I'm pregnant . . .

Negative	Positive
Past	**Past**
What's the worst thing that's happened to you in your family when you or one of your siblings did something your parents weren't happy with?	When something embarrassing has happened that no one wanted to talk about in your family, who helped get it sorted out?
What's the worst thing you know of that's happened to a pregnant single young woman in your community?	Who has been the best person for you to talk to about secrets and big problems in the past?
Present	**Present**
Does anyone know you are pregnant and what's the worst reaction you've had so far from anyone?	The person who's closest to you, what would they say about how they want to find out you're going to have a baby?
Who would be the absolutely worst person to tell in your community or your family? What do they do that makes them the worst person?	What's the best reaction you've had so far from anyone who knows you're pregnant?
The person who knows you best what would they say is the worst way your family could find out?	Who would be the best person in your community to talk to? What do they do that makes them the best person? What do you like about your relationship with them?
Future	**Future**
Suppose your family and others find out you're pregnant and the worst happens what would be the worst thing that could happen? What would be the absolute worst way for them to find out? Who are you most afraid will have the worst reaction? If they react in the absolute worst way what will they do/say? What would be the worst thing that someone else in your community might do?	Suppose when your family and others find out after a few days you're surprised to find it goes really well, what would happen that would make you feel actually that went okay? How would people be supporting you if it went well? If this did go well how would you be different? What would be the absolute best way for your family to find out? Who's most likely to have the best reaction? What's the best way for the worst person to find out?

I don't know 5 people who know the full story….
(Source: Elia: Core Signs of Safety Tools and Techniques, 2020)

Negative	Positive
Past Thinking about the people who do know your full story, who are the people that make you feel most ashamed of it? When you have told someone the full story, what's been the worst thin g about what happened after that? Who are the people you have known in the past and you've thought "I'd never tell you my full story"?	**Past** When have you told the whole story to someone and they did something really kind or helpful for you? Who has been the best person for you to talk to about secrets or problems in the past?
Present Who is around you now that does know the full story and you hate that they know? What do they do that makes you hate that so much? Who would be the worst person to find out the whole story?	**Present** Thinking about the person who is closest to you now, who doesn't know the whole story, what would be the best thing about telling them the whole story? What's the best reaction you've had so far from anyone who knows what's happened in your life? Who would be the best person in your neighbourhood to talk to about stuff? What do they do that makes them the best person?
Future Suppose your family and other people find out your whole story, what would be the worst thing that could happen? Who are you most afraid will have the worst reaction? If they react in the absolute worst way, what will they do/say? What would be the worst thing someone else in your neighbourhood/extended family might do?	**Future** Suppose when other people know the full story and it goes really well, what would have happened that would make you feel actually that went okay? How would people be supporting you if it went well? Who is likely to have the best reaction? What would be the best way for them to find out? What's the best way for the person who worries you most to find out the whole story?

I don't want people I know, to know about the problems…
(Source: Elia: Core Signs of Safety Tools and Techniques, 2020)

Parent who says: I don't want people I know, to know about the problems

Negative	Positive
Past What's the worst reaction you have had from someone you think is a good person when they've found out about problems you have had? What's the worst thing that's happened for you when you have told someone/or they have found out about problems you were having?	**Past** In your whole life who are the people who have helped you most? How did you get to know them and how did they help you? When have you told others about problems you were having and its helped? Who did you tell? How did that help? When have you helped someone else with their problems? How did you find out about their problems? What would they say you did that helped them most?
Present Who is the worst person for you in your life right now? What's the worst thing they have done to you or do that makes you think that? Who would (child) say shouldn't know about the problems? Who would be the absolute worst person (you know/in your family/in your community) to tell/or find out about your problems? What makes them the worst person to know about your problems?	**Present** Who are ALL the positive people you and child know? Who would child say helps you in your life? Who is the most positive person you know? Even though they know you hate other people knowing about your problems who would (child) say would be someone that could help with the problems? If you absolutely had to do it who would be the best person among the people you know/in your family/community/work to talk to?? The most positive person/the person you are closest to, what would they say is important about being able to tell people about your problems?
Future What would be the worst possible way to ask the positive people in your life to help you? Suppose the most positive person you know reacted in the worst possible way what would they do? Suppose the worst possible person came into your life and heard about your problems what would they do?	**Future** Suppose you had exactly the people around you that you would want what sort of people would they be? How would they be involved in your and child's life? Suppose these people found out about your problems or you told them about the problems and they responded in the best possible way, what would they do that would show you they were fine about your problems? What would they do to help? How would you be different if this happened?

Practice Wisdom - Strategies for giving ourselves the best chance

- Don't get invested in finding people – be invested in the conversation by asking parents to think about support people every way possible.
- Be patient and go on a journey with parents around involving people – the fears they have need exploring.
- Respond to every difficulty from the parents and network bring up as a FANTASTIC opportunity to deepen your thinking with them and the safety planning.
- Always search and involve the (absent) father's side of the family.
- Approach finding and involving networks with the spirit of 'family is family whether they are next door or on the other side of the globe'.
- Require support people as bottom-line requirement. Make it the parents' problem to find people. This resolves confidentiality problems and puts the responsibility where it should be with the parents rather than the worker feeling they have to find and involve support people.

Create an explanation for the children (usually Words and Pictures)
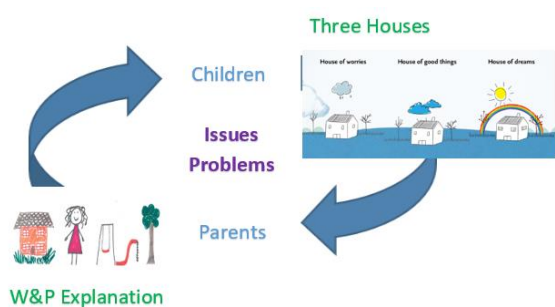
It can be helpful to think of the Words and Pictures explanation as the bridge between the Signs of Safety assessment and safety / wellbeing planning. It provides a way of informing the child/ren and the safety / support network about the concerns and what we are planning to do about them. The words and pictures process is designed to deal with the silencing, secrecy, mixed messages and confusions that surround child abuse and the circumstances that lead to children to be placed in care and to deal with this directly in the relationship between the parents and the children.

For any safety / wellbeing plan to make sense to the children they must have an explanation of the past issues and problems that led to the need for a safety / wellbeing plan. The child should be at the centre of all safety / wellbeing planning and if a child is old enough, they should be involved in their own plan. The Words and Pictures is undertaken with the parents and the family network to create a version of events that occurred when abuse or harm happened, and the safety / wellbeing plan which has been created, that the children can understand, usually in the form of a kind of story board or comic strip. It does not matter how basic this looks; in fact, it needs to contain the simplest words and the most basic pictures drawn with or by the parents. Involving parents in developing the explanation for the children breaks down the secrecy around the abuse and helps them to develop insight and to see the situation from the children's perspective and this work forms an essential part of the intervention and should be a bottom-line requirement.

The stories tell children who's worried, what they're worried about, and what's being done to keep them safe. As social workers help parents create these stories from the mapping, they get even more clear about strengths and worries for the children. The stories give everyone involved the same words to use as they talk with the children about what has happened and what's happening now.

For children and young people who have been in care for some significant period of time there is inevitably a mix of explanations they have heard about why they were removed from their parents.

Reasons for and benefits of developing the child's explanation

- Helps parents, carers, network and professionals to find the 'right' words for children.
- Helps families talk about and communicate difficult information
- It helps foster carers / kinship carers to explain to children in their care why they are now living apart from their birth parents.
- Without an explanation from adults, the children often make up their own version of events, becoming muddled, anxious and frightened in the process.
- Help the parents and key adults process the past by connecting their experience of the problems with what the children need to know and creating an explanation they own.
- Break open the secrecy/silence/shame/trauma around the child abuse/neglect and what caused it; creating openness that becomes the foundation for safety / wellbeing planning and/or a safer future where these problems don't recur.

Benefits for children

- It allows time for the children to digest the information and ask questions
- It provides a context around the professional involvement and the parents' distress.
- The children know that Mum, Dad and their wider family network all know about the worries and the explanation and that it is ok to talk to people in the network.
- It provides children access to a range of safe adults.

Benefits for parents / carers

- The child can understand something of their parents' struggles and difficulties, which may include their parents' own childhood experiences.
- Getting parents to work alongside the case worker to develop the explanation helps the parents to develop insight into the harm that the children have suffered.
- Help the parents to find the right words to communicate the worries to their children and talk about the things that happened in the family.
- Working through their own childhood experiences and difficulties leading to children's services involvement provides a therapeutic value for parents.
- Reduce the sense of shame around abuse and neglect.

Benefits for the case worker / professionals

- Provide a focus for the direct work and meet the child's need for a coherent narrative.
- Endorsing the narrative because it captures and reinforces the seriousness of the allegations.
- A meaningful safety / wellbeing plan can be generated.
- Strengthen the working relationship with parents.

The Words and Pictures process
(Adapted from: Steps for creating an explanation using Words and Pictures. Elia, 15 Jan 2019)
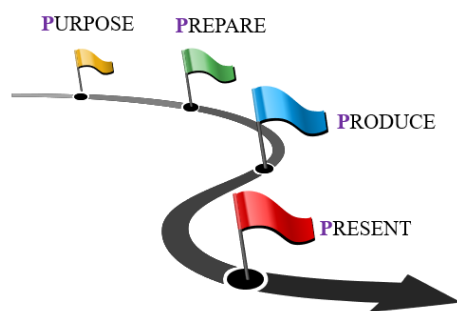
Andrew Turnell, Pene Turnell and Susie Essex (2019) produced a step by step guide that outlines the process of creating the Words and Pictures explanation from agreeing the plan with key professionals to presenting the finished product to the child. These steps can be broken down into the four main areas. It is important that workers get clear about the purpose or focus for the explanation for the case before the idea is introduced to the parents. It is also important to brief all the key professionals involved and obtain their support and endorsement of the process from the outset. The explanation should be framed with a neutral or affirmative beginning and a positive message at the end.

Providing the children with an explanation is a bottom-line requirement in our work with families. For children and young people to be meaningfully involved with child protection work they need to understand the concerns professionals have about their family and parents. Research consistently indicates that most children and young people cannot explain why social workers are involved in their family's life and most children in the care don't understand why they can't be with their family. If children are to understand and be involved in a safety plan, they need to know why there is a need for that plan. If you are clear, you can help the family understand. The Words and pictures explanation is considered to be **50% of safety / wellbeing planning**. Remember that it is part of a process and not just a product, as such the work around the development of the child's explanation should form the core of the direct work with the family. You can create a 'Words and Pictures' or an explanation for **any age group** – it is the process that is so beneficial not only the end product. Even when the child is still a baby, as it offers an explanation for the future and allows adults to share a common understanding of the different views of events with a focus on future safety. For older children let's hold all the key themes and values of this work and make it work for that age group- an understanding of events and decisions is important no matter how old we are.

Where will the story start? Although the primary purpose is for the child, if our work is also focusing on a journey for the parents, how are their life experiences incorporated in the explanation? Children often do not understand with any clarity what is happening to their family, or why people are so concerned about them - even if it is the **child's own disclosure of abuse** that has initiated the process. Children are usually very **aware that something major is happening**. They can see their parents are distressed, and they may be aware of events such as the police arriving at the home or perhaps a parent having to move out. If presented in an age-appropriate way children are **not shocked and often express relief**. When the reasons for children's services involvement are explained to the child **in the presence of parents**, carers and wider network, the child-focused storyboard seems to give children a sense of their **right to be safe in the future** and to expect a positive response from the adults in their lives.

Draft questions from child's perspective, parent's perspective and professional's perspective about all the aspects listed below, don't forget to ask about the good times and be open to learning more about times when things have gone well. Explore the social and family timeline and make sure that you include positive and difficult times for the family.

Think particularly about:

- What does the child most need to know?
- Does the danger statement and safety goal explain the reasons for our involvement, in a way the family understand?
- Do parents understand and agree to doing this work with you?
- How well do you know this family's social and family timeline?
- What's the most positive times or occasions this family have had?
- What does the child already know, what have they been told or witnessed or think they know?
- What does your direct work with them tell you e.g. three houses?
- What have they been asking questions about?
- What are the questions that keep them awake at night?
- Who else knows, how much do they know, and should they know more? Have we involved the network? Who are the people that know the child best that we need to ask?
- Do older siblings have part of the story to tell?
- Which professionals have we consulted or need to consult with?
- Let's **add preparation sessions into the trajectory**!

Caseworker prepares a draft: The words always come first, it is vital we get the words and meaning behind them right, factual, neutral and also using the family's language and own words wherever possible. Write the story as a chronological version of events, remember where from and why you agreed to start from. Start with a neutral or positive beginning and a positive message at the end. Make sure that you describe worries or concerns that are within the danger statements:

- Who's worried?
- What are we worried about?
- What happened because of the worries?
- What's happening now?

Include how professionals have come to be involved so that the child can make sense of why they met different people along the way. **Difficult episodes are interspersed with positive events in the child's life.**

Drawing the Pictures: Simple stick figures with specific connection to the frame they accompany. Use photo's with caution, we need to fully understand everyone's experience of that moment the picture was taken. Sometimes a snapshot photo can be different realities to different people. Avoid using clip art, pictures drawn by the parents or children make the story more personal. Pictures should add to messages of resilience or positive reinforcement (for example, when a child has made a disclosure about sexual abuse the picture might be of a teacher or policeman telling the child they did the right things and were very brave). Don't over think or put off pictures! They don't have to be works of art.

Draft version to parents: Revision and refinement- negotiate on wording as long as the meaning and key messages aren't changed. This could take several sessions- don't forget both parents and the network!

- Parents are expected to agree formally to the content of the final version before it can be shown to the children.
- Dissenting voices can be accommodated within 'Words and Pictures' by presenting the differing views in a factual way.
- In some cases, parents may have to 'agree to disagree', in which case it is usual for both versions of events to be included in the narrative.

Prepare to share: Carefully consider who should be present when it's shared with the children. Ideally, we encourage both parents and important people, sometimes even the whole safety network to be present. Be mindful of dynamics and how those present will manage sharing this.

Things to consider:

- Plan and prepare with the parents how we might share what the parents have 'agreed to disagree' on.
- Where is the best place for this to be shared? Different places will hold different meaning for children and also for those present. Ideally somewhere neutral but private.
- What might the child ask after this has been shared? Are the network prepared and know how to answer difficult questions?
- A physical copy to be left with the child, where is a good place for this to be kept? Who else needs a copy?

Practice wisdom

- Never opens with a traumatic event or big difficulty
- Key events – both positive and negative
- plain language that is recognisable within the family and names familiar to the child
- Narrative must describe worries or concerns about the children and include how professionals have come to be involved
- Family / child's language
- Simple and direct, factual account

Further reading / information

The 'words and pictures' storyboard: making sense for children and families. Margaret Hiles, Susie Essex, Amanda Fox and Colin Luger. The 'words and pictures' storyboard: making sense for children (studylib.net)

Words and Pictures Example

Mummy grew up with Auntie Jenny, Auntie Sarah, Auntie Sam and Uncle Ben, they all lived together with Grandad Gary and Grandma Angela in a house in Maidenhead. There were lots of fun times and Mummy remembers learning to ride her bike in the garden and how they all went fruit picking together as a family.

When Mummy was 20 years old, she met Daddy Donovan, Mummy remembers how fun Daddy Donovan was and how they excited they were when they realised Mummy was going to have a baby boy!

In 2015 around Easter time, baby Callum was born, Mummy was so tired but so happy because she loved Callum the moment she met him. Daddy Donovan took lots of pictures when Callum was really tiny, he still has them all to show Callum, now that Callum is a big boy.

Mummy and Daddy Donovan both agreed they love Callum so much and always will, but they knew they fell out of love with each other, this happens sometimes. They agreed that Callum would be happy if both his parents were happy, so Daddy Donovan moved out. Daddy Donovan still sees Callum all the time and they have lots of fun at the park together. Mummy and Daddy Donovan speak lots to make sure Callum has everything he needs.

When Callum was 1 year old, Mummy met Daddy Dean. They hadn't known each other very long when they had a wonderful surprise, Mummy was going to have another baby. Daddy Dean knew that Mummy would be great at this because she was such a great Mummy to Callum already.

Daddy Dean was worried about becoming a Daddy, he didn't know how he would cope with a little baby and hadn't had much practice. Mummy and Daddy Dean argued about lots of things this made everyone feel sad and worried. Mummy and Daddy Dean decided that it would be better for everyone if Daddy Dean moved out of the home which he did before Chloe was born.
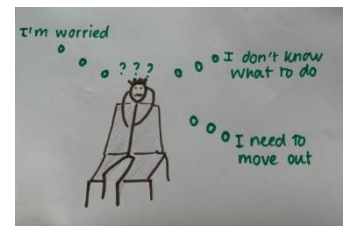
Even though it was hard work for Mummy looking after two young children on her own, Mummy can't help to remember what a lovely baby Chloe was and how much she loved their cuddles. Some days felt more difficult than others for Mummy. On those days Mummy struggled to get up out of bed, she felt so lucky to have two beautiful children, but she also worried that she always felt tired. When Mummy got really sad, she would tell herself she wasn't good at being a Mummy...we all know that was the bad thoughts not the truth! Mummy would call Auntie Jenny and Auntie Sarah and they would tell her the same!

Chloe gets to spend some nice time with Daddy Dean once every month, they sometimes go to the cinema or for a McDonalds and Chloe enjoys telling Daddy Dean about school.

Mummy and Daddy Daniel first met at the local leisure centre. Callum and Chloe were there too. Gradually Daddy Daniel got to know everyone and you all enjoyed day trips out to the park and swimming. Mummy said she loved how Daddy Daniel was so funny and Daddy Daniel loved how caring Mummy was to Callum and Chloe. Daddy Daniel moved into the home that you live in now. Mummy gave birth to Zoe and you became a family of

five. Mummy and Daddy Daniel remember how sweet baby Zoe was, how they loved her soft hair and little nose. Chloe and Callum were brilliant at being a big sister and big brother and would help by bringing Mummy the nappies and giving baby Zoe lots of cuddles.

Mummy and Daddy Daniel got married on a lovely spring day at a church in Wokingham. Chloe was a flower girl and Callum was a page boy. It was a special day and there are lots of beautiful photos round your home to remind everyone of that lovely day and how you all danced and had lots of fun until midnight!

Being a family of five is hard work and Mummy and Daddy Daniel have to work hard to have enough money and to take good care of all the children. Sometimes this meant Mummy and Daddy Daniel felt really worried or sometimes even sad. On the tricky days Mummy would sometimes find it difficult to get out of bed or to keep up with things like the washing

and the cleaning. Mummy and Daddy Daniel always agreed the best way to feel good is to all go on family walks with Bonnie the dog, go out for something to eat and for everyone to enjoy a bike ride.

There were hard times too, especially when Daddy Daniel struggled to find work and there were worries around having enough money. Sometimes, Mummy and Daddy Daniel worried so much that it made them cross and angry, when they didn't agree on things it could lead to lots of arguments. Mummy and Daddy Daniel's arguments led to lots of shouting and even some pushing and hitting. One day Daddy Daniel got so cross he hit Mummy and left her eye swollen and bruised. The police

were called to help make things calm again and because they didn't want anyone else to get hurt, they asked Daddy Daniel to stay with Nanna Cassie. The police were worried and spoke to Children Services to see if they could help.

Mummy and Daddy Daniel agreed that it would be good to get more help for a little bit longer, whilst everyone that cares about you, gets together to make a plan. I'm the Social Worker that's helping with that and my name is Sophie Smith.

Developing the child's plan

For the plan to last and be effective, safety planning must be approached as a **successive learning journey NOT a product or one-off event**. The most important aspect of the safety / wellbeing planning is that the plan is co-created with the family and sits within an informed safety network. It is put in practice, monitored and refined carefully over time and the commitments involved in the plan are made and owned by the parents in front of their own children, wider family and friends.

The role of the case worker and professionals are to constantly deepen the parents' thinking and to ask all the difficult questions of the parents and the network, to pressure test them in advance about challenges they are likely to face. Create as many questions as you can to help the parents and the network to think this through and to **think about who needs to do what to make sure the children are always safe and okay whatever happens.**

Remember to involve the children in the safety planning process, it is important that their ideas and suggestions are shared with the parents and network and incorporated into the family's safety plan. The Safety House Tool was designed for this process.

The child's plan should clearly capture and outline the specific pieces of work and support that need to happen to achieve the safety / wellbeing goal. It means that everyone involved (family and professionals) has a clear understanding of what is expected of them and everyone else.

Partner agency support, therapy and services

Plans often involve or require parents to attend services, it is crucial to recognise that services are only a means to an end they are not of themselves a safety / wellbeing plan. Parental problems are complex and cannot always be fully addressed in the child's timescales. Services don't come with a guarantee that the work will be effective, and neither can we be sure how long it will take for actual changes to be made. Although we always strive to help the parents to address and overcome the parental problems, the children's immediate safety and wellbeing cannot solely be based on the anticipated future success of these interventions. All plans should consider and address the immediate and future safety and wellbeing of the children whilst the work with the parents is in process.

We should fully support parents to access professional support if they express a willingness to attend and are motivated to engage. When services are involved, it is important to get the parents and network to think about the impact this has on the day-to-day care of the children and **what difference** this makes in the everyday lives of the children. Rather than measuring success based on whether or not the parents are engaging with services / attending appointments, we should help everyone to **reflect on the actual change** that has occurred e.g. asking:

- What have you been doing differently since you started this piece of work / course?
- What would the children say has changed?
- What have the professionals noticed?
- What have we seen or heard that shows us that the changes we notice will last over time?
- Who will ensure that the plan continues to work after professional involvement comes to an end?

Personal safety plans

Openness and transparency in safety planning are important aspects of family-owned safety / wellbeing plans and we want to involve the whole network and parents wherever possible to think through the triggers and stressors and come up with the actions that would keep the children safe. However, there will be times, particularly when working with victims of domestic abuse, where devising their own personal safety plans will be crucial. We always need to be mindful of potential risks to victims of domestic abuse when running meetings, recording plans or sharing the minutes of meetings.

This should be considered regardless of whether there had been physical violence or not, we should always be mindful that whatever abuse might be evident, often coercive control will feature within the relationship, therefore a perpetrator of domestic abuse should not know the content of the victim's personal safety plan. Personal safety plans should be layered with thought around the risk and how this could be managed. The layers to the plan should reflect possible changes in circumstances, unpredictable behaviour and options dependent on where or when the risk is present. There may also be occasions where children might have the need for a personal safety plan, and we need to be mindful that by sharing certain information with regards to safety objects etc. we might inadvertently increase the risks.

In cases like these we would not go into the details of any personal safety plans in wider network meetings or where the abuser is present. However, we do want to track and make sure that there is something in the child's plan to remind us that there is a need to review and update personal safety plans with individuals. Sometimes this work will be undertaken by practitioners from partner agencies.

Develop the timeframe for the work to be completed

Parents involved with Children's Services can feel that they are operating in the dark not only about what the Local Authority wants from them but also **how long** they must have Children's Services in their lives. Providing a clear timeframe of how long the case is likely to be open can make a huge difference for parents and family members. Knowing what they need to do to satisfy the Local Authority that they can keep the children safe and **knowing how long the involvement is likely to be, gives families hope and encourages engagement**. Be as transparent as possible and involve the parents and their network to plan together what needs to be done, and the agreed timeframe for getting it all done. The projected date for closure is then recorded on the child's Mosaic plan.

S.A.F.E.T.Y can be used to assist in creating meaningful action steps:

- **S**pecific and measurable
- **A**chievable
- **F**amily owned
- **E**ndorsed by professionals
- **T**ime frame is clear
- **Y**oung people have been involved and contributed to developing the action steps

The timeframe is a very important element of the complete protection / wellbeing plan and it is the timeline that ensures our plans are meeting the criteria set out in the acronym, **S.A.F.E.T.Y.** Thinking about what you as a professional want to see the parents and network doing to be satisfied the child is safe enough and thinking about the actions to achieve this, decide how long you think it should take to get this done.

The timeframe requires a commitment from both professionals and family members to progress the work and this keeps everyone focused on the process and pathway to future safety. It is important to agree a timeframe with the other involved professionals.

Developing a clear timeframe is vital as it:

- Ensures professional and family accountability.
- Prevents drift and delay and provide a clear focus for the work that is needed.
- Gives the family hope and shows what needs to be achieved for the case to close.
- Makes it easier to track change and review / monitor progress.
- Prioritise and spread-out interventions / pieces of work so that the family are less likely to feel overwhelmed.

Meeting style and agenda

The agenda below has been aligned to the child's plan and meeting record forms on Mosaic and it applies to all Child in Need, Core Group and Early Help meetings. The main purpose of meetings is to monitor and develop the child's plan. As such the focus of meetings should really be on the plan itself rather than seeking lengthy updates from attendees. The meeting record / minutes on Mosaic has also been streamlined to fit with the agenda below:

1. Introductions and apologies
2. The child's voice
3. Present and review the existing plan and update the mapping and actions
4. Monitor progress in respect of:

   - Expanding the network
   - Network's contribution to monitoring (safety / support person, safety objects, WhatsApp log / journal)
   - Explanation for the child/ren
   - Child's version of the plan
   - Overarching timeline
   - Outcomes and actions

5. Explore and address any worries in relation to the plan
6. Read Danger / worry statements and safety / wellbeing goals
7. Scaling question with two follow up questions:

   - Why so high? (this might give you more to populate in the in '*what's working well*' mapping section)
   - What would take you higher? (this might give you more areas of work that need to be made into *actions*)

8. Updating the action plan / outcomes based on the scaling.
9. Any other feedback / business

Case example
(Guidance notes on Mosaic - Complete this section as necessary.

Child In Need Plan

A fully informed, actively involved safety / support network is essential in ensuring the children's safety and wellbeing beyond the period of professional involvement and is key to the parents' ability to sustain change over the longer term. The parents / carers should be asked to invite their safety / support people to all meetings to help them develop the safety / wellbeing plan and demonstrate that the child(ren) will be safe and well now and in the future.

Identifying a Safety / Support Person for each child will strengthen the Safety / Wellbeing Plan for the child and will play a significant role in sustaining the plan beyond professional involvement. Choosing a Safety/ Support Person: Someone who has a close, trusted relationship with the child. Ideally it should be someone from the wider naturally connected network but does not necessarily exclude teachers, key workers in a care home etc. It should be someone who will have a long-term relationship with the child. It is important that we get to know the Safety / Support Person, continually assessing their role and being mindful of any potential risks they may pose. The case worker should help the Safety / Support Person to understand their role and what the expectations are.

The **role of the Safety / Support Person** is to take a specific interest in ensuring that the child is safe and well and should check in with that child on a regular basis. They will ensure that that child's voice is brought into meetings and the plan. As this is an important part of the monitoring process, the Safety / Support Person should be asked to provide their update during meetings).

Family and friends involved in the plan (the network)

Name	Contact number	Relationship to the child	Named Safety / Support Person for
Debbie Smith		Mum's best friend	Chloe
Paul Rogers		Paternal uncle	
Jennie Clarke		Maternal aunt	Callum and Zoe
Angela and Gary Clarke		Maternal grandparents	
Cassie and Peter Rogers		Paternal grandparents	
Belinda Street		Next door neighbour	
Nancy Drew		Next door neighbour	

How does the network keep a record of how they are following the plan?
(**Guidance notes on Mosaic** The parents and the network should keep a record to show that the plan is working and that everybody is sticking to the commitments they made).

    ☒ WhatsApp Group   ☒Safety notebook   ☐Facebook or similar group   ☐Not used

Has the child been provided with a child-friendly explanation (e.g., Words and Pictures or other document) of why we are involved and of the work that is going to take place?
(**Guidance notes on Mosaic** This is more than having a conversation with the child. It should be something written or drawn that is provided to the child that they understand and can look at or refer to in future).

◉ Yes   ○ No   ○ Not applicable

Has the child been given an up-to-date child's version of the plan?
(**Guidance notes on Mosaic** It must be age/ developmentally appropriate and should be something written or drawn that is provided to the child to look at or refer to in future).

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

⊙Yes   ○ No   ○ Not applicable (due to age / ability to understand)

Action Plan

(**Guidance notes on Mosaic** - Both parents and professionals will benefit from having a clear timeline that sets out what work must be completed and how long this will take. The provisional target date for completing the work could either be the anticipated closure / step-down date, or for Children in Care and Children with Disabilities it might be the work identified for a specific purpose or review period).

Target date for getting all the work done.

30 July 2024

Required outcomes

(**Guidance notes on Mosaic** - the Required Outcomes should reflect the objectives written in the Safety / Wellbeing Goals and should describe what life would look like for the child. Aim to have as few outcomes as possible with a view to keeping the plan as short and concise as possible.

Consider professional bottom lines. Actions should detail how the family and their network ensure day-to-day safety and wellbeing of children. Consideration should be given to how the parents / network will respond to problems (warning signs / red flags) as well as the commitments designed to prevent problems from happening / escalating. Remember to involve the children in the safety planning process, it is important that their ideas and suggestions are shared with the parents and network and incorporated into the Plan.

Actions should also detail pieces of work or professional interventions that will increase insight and understanding (such as identifying and addressing the underlying triggers / stressors), promote healing and build resilience to underpin lasting change.

Timescales should specify dates when work will start and/or be completed by. Progress should be documented concisely with more detailed information provided in the mapping section as required).

Outcome 1 (What will life look like for the child one this outcome is achieved?)
The children are living in a home where the grownups have learned to manage disagreements in a way where no one gets hurt or feel frightened. The children will get help to understand their experiences and know what to do if they ever feel worried about anyone or things at home.

What actions need to be taken	Who will be responsible?	Timescale	Progress
Daniel to take Bonnie for a walk if shouting starts. Jo and Daniel will allow at least an hour to 'cool off' and Daniel won't return home until they've texted each other to say they both feel calm. If Daniel refuses to leave, then Jo and the children will go to Nancy or Belinda's home. Jo has a spare key for their homes in case they are not at home.	Daniel and Jo	From 01.01.24	
If Daniel is out of work or feels worried about something, he will call Paul to talk before he brings it up with Jo. Paul will call Daniel once a week to talk about how he is coping with all the things that make	Daniel and Paul	From 01.01.24	Weekly calls are taking place

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

arguments more likely.			
Referral made and work to begin for both Jo and Daniel for domestic abuse support (Cranstoun) to work through their difficult experiences in their previous relationships.	Sophie Smith (Social worker) Jo and Daniel	By 20.01.24	Referral made on 05/01/24.
The family network will keep their safety tracker up to date to show how they are following the plan and bring this and the WhatsApp log to review meetings	Jo, Daniel and their network	From 01.01.24	
An explanation of the reasons why professionals are involved in their lives and a simple, age-appropriate version of the child in need plan to be developed for each of the children	Sophie Smith, Jo and Daniel	By 01.03.24	
Debbie is Chloe's support person, and she will spend time with Chloe every week to play with her and make sure that Chloe can talk about any worries she has.	Debbie	From 15.01.24	
Chloe will have a communication object that she can use to signal to the adults in her life if she feels worried or need someone to talk to her	Sophie Smith	By 01.02.24	

Outcome 2 (What will life look like for the child one this outcome is achieved?)

Even on the days where Jo feels really low, the children will have help with everything they need like clean clothes, good meals, getting clean and going to school.

What actions need to be taken	Who will be responsible?	Timescale	Progress
Jo will speak to Debbie, Angela or Jenny if she has any worries about money or just wants to talk about how she is feeling. Angela will call Jo every day to check in with her.	Jo, Angela and Jenny	From 01.01.24	
Everyone in the network needs to look out for the signs that Jo is feeling low and when they notice these, they will talk to Jo and each other. Debbie will go to the house and make sure the children are fed, they have clean clothes, they get to school and have everything they need. Everyone in the network has agreed to keep their 'safety tracker' up to date and use their WhatsApp chat to update each other.	Debbie and the network	From 01.01.24	

Jo will keep her appointments with Talking Therapies and tell her therapist and Debbie when she starts having thoughts or feelings of not being good enough. Jo is committed to using the sessions to work through her past pain to help her mental health.	Jo and Karen (Talking Therapies)	Starting from 18.01.24	
Given this is a source of stress for Jo, Daniel is going to keep accessing support from Citizen's Advice Bureau (CAB) to work out whether he can set up a payment plan for their debts and reduce outgoings.	Daniel	By 31.01.24	
When nursery notice there is not enough food in the children's lunch boxes or there is a change in how the children present, Rebecca will call and talk to Jo and Daniel to check they are okay and to offer support.	Rebecca (Nursery)	From 04.01.24	
Systemic genogram to be completed to work through patterns and scripts in the family and to explore Jo and Daniels' own experiences of being parented and how they see their role as parents	Sophie Smith, Jo and Daniel	By 15.02.24	

What needs to happen if the plan is not working?

If there are worries the plan is not working or something happens that makes us worry the children are at immediate risk of harm, the social worker will call an urgent meeting. It's important that parents and as many of the network and professionals come to this. The meeting will look at what needs to happen to keep the children safe immediately and then how to make sure we have a plan that keeps them safe and well long term. This might mean changes to the child in need plan, or it might mean children services need to look at the plan being reviewed at a child protection conference.

Involving children

Given that safety / wellbeing plans are all about the children and are also about setting up family living arrangements so everyone knows the children will be safe and cared for, it is important to involve the children in the safety / wellbeing planning and make the process understandable to them. Using the Three Houses tool or an adaptation of this tool with children creates the ideal context to bring the child's perspective about the problems and what should be done to the parents and network. **Bringing the children's own words and images** of worries, good things and best hopes is far more effective than anything professionals might say in assisting parents and the network to think deeply about what needs to be done to make the children both feel and be safe.

Although we see the child's voice consistently recorded and referred to in assessments, plans and meeting minutes it is not always so clear how the views, wishes and feelings of children have been considered and actively brought into the safety planning process. Direct work is much more than simply exploring the views of children. It must be more than just using a random selection of tools to elicit children's views. We have a responsibility to help children make sense of their experiences and ensuring that their voice counts in the plans and interventions we put in place. Therefore, the direct work we do should be closely related to the safety and wellbeing goals for the family, addressing the trauma and the impact of the child's lived experiences, repairing lost or damaged relationships, forming and strengthening lifelong meaningful connections, developing life skills, boosting resilience and developing effective collaborative safety / wellbeing plans with the child.
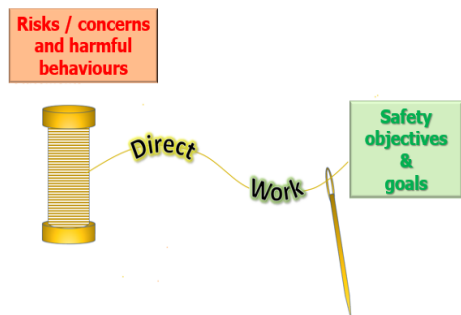
Direct work is a process rather than a product. In planning our work with children, we should always ask ourselves:

- What should be the overarching focus of the direct work?
- How does the direct work relate to the assessment and the child's identified needs?
- How does the direct work relate to the identified danger and safety objectives?
- How do I use my statutory processes and visits to ensure every contact becomes an intervention?
- What is my overarching plan for direct work with every child on my caseload?
- How does the direct work with the child relate to the desired change in the adult's harmful behaviour?

Below is a simple template to plan your direct work sessions with a particular child. This shouldn't take long to complete but will help you to reflect on what the focus of the work should be for the next 3 visits, how you are going to achieve this and how you could measure the impact.

Direct work intervention plan			
Name	Critical issues / needs to address	Overarching objectives for direct work	Tools I can use
Session / visit plan			
Date	Focus / objective for the visit / session		Outcome / measure

My Three Houses

(Source for this section: *Utilising the My Three Houses within the broader Signs of Safety casework* by Andrew Turnell ©2020 Resolutions Consultancy)

The My Three Houses tool can be used with children in order to clearly get their voice and wishes into the mapping and help their parents and the safety / support network members to understand their views. When using this tool, it is essential for the practitioner to set out the context clearly e.g. explaining that this is a tool that practitioners use to talk to children about the things that is working well or worrying them in relation to their home / life / school etc. otherwise you would run the risk that the information from the child might be superficial and not related to their lived experiences / reason for our involvement.
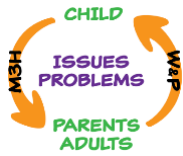
To make a difference in the case outcome it is critical that the tool is not used simply as a stand-alone method to get the voice of the child and simply put that on the file. Rather the My Three Houses should be seen and used to inform the trajectory of the whole casework with the child, their family, all those with natural connections to the child as well as the other professionals involved in the case.

My Three Houses method and its various adaptations are best thought of as a **tool for creating an assessment** with the child about how they see their life. It is **equivalent to undertaking a Signs of Safety mapping with adults**. As such, it is important to recognise that this process is **not something that a worker should keep repeating** as this will inevitably be irritating to the child. While completing and evolving a My Three Houses with a particular child a might take several meetings depending on the child and context, most often the process is completed in one or maybe two sessions. Sometimes practitioners might undertake a second My Three Houses assessment with a child but that would usually only happen following a change in circumstances for the child, for example perhaps the child has changed placement, returned home or one of their parents has re-partnered. It could also be used to talk to children about any changes in preparation for a review Child Protection Conference, Child in Need meeting or a Child in Care review. On these occasions it might be helpful to ask the child to review with you their previously completed My Three Houses. This works best where the child/young person understands the purpose and has a say about how and when to use it and how it might be adjusted to work best for them. Further practice guidance from Andrew Turnell is available here.

The Safety House Tool
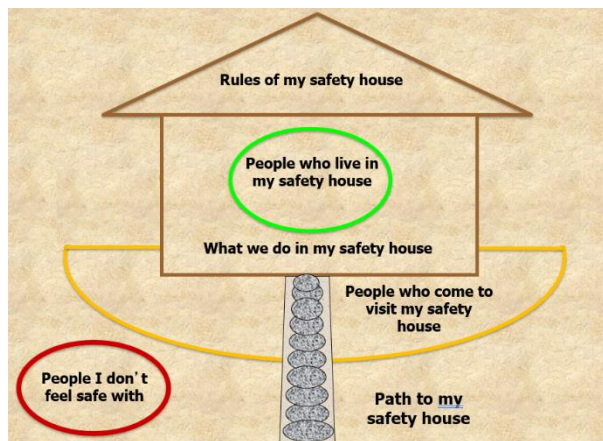
The Safety House tool was developed by Sonja Parker as an extention to the Three Houses process and is designed to directly engage children in exploring what they need to see to feel safe living with their parents / carers. The children's ideas can then be drawn into the safety / wellbeing planning that the parents and network are undertaking with the professionals. The question prompts above are helpful to initiate a discussion with the child, but practitioners could ask a range of other questions to draw out what the children would need to see in the safety / wellbeing plan. Practitioners can also use the 10

steppingstones on the path to the safety house to replicate the safety / wellbeing scaling with the parents /adults in the network. For instance, the worker could ask the child how far / near do you feel you are from entering the safety house? What / who helped you to get that far down the path? What else needs to happen or change to help you get one step closer to the front door? Sonja Parker developed a number of free guidance leaflets covering the Future House, Three Houses and Safety House tools that can be downloaded from [Resource booklets - Partnering for Safety](#).

Child's version of the safety / wellbeing plan

It is important for the children to be able to know about and understand the safety / wellbeing plan rules as they are developed by the network. The child's plan should develop over time and build up to the final version of the safety / wellbeing plan prior to case closure. This plan would usually be in the form of a Words and Pictures plan, often a continuation of the child's explanation. This can be adapted according to the age of the child to a poster and other written plans using age appropriate and straight forward language.

The final safety / wellbeing plan is normally presented to the children at a big meeting attended by the parents, all the safety / support network and the relevant professionals, which creates a sense of significance and importance about the plan. In preparing the plan for the children and presenting it to them, the parents must first think themselves into and then make commitments to live by these arrangements and rules in front of the children and people from their everyday life. This is a far more powerful process than having the parents make commitments to professionals alone. Once the final safety / wellbeing plan has been created the children are given their own copy and the parents are asked to place a copy somewhere in the family home where everyone can see it.

The child's plan will be created by the professionals asking the parents and network as many questions as possible to think through the issues and to come up with their best ideas and plans about how they can ensure and show the children will be safe and looked after, no matter how difficult things get in the future. Explore what will be happening when things are going well, what are the behavioural signs and red flag behaviours that would indicate things are going badly and what would happen if the situation has gotten out of control.

Example of a child's plan

Mummy, Daddy Daniel, Nanna Cassie, Grandad Peter, Debbie, Belinda from next door, Nancy from next door, Grandad Gary, Grandma Angela, Auntie Jenny and Auntie Sarah are all the important people in Chloe's safety network. The safety network all got together and came up with this plan that helps the grownups to sort out their worries or things they don't agree on, without lots of shouting and where no one ever gets hurt.

If Mummy or Daddy Daniel start to feel like they are getting really annoyed with each other or that something is on their mind and they are worried and snappy, then they will tell each other. Daddy Daniel will then take Bonnie out for a nice long walk. This will give everyone a
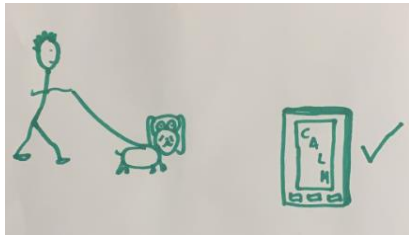
chance to take a deep breath and feel a bit calmer. Bonnie thinks it's a great idea too! Once Mummy and Daddy Daniel start to feel calmer, they will text each other, Daddy Daniel knows not to come home until they've text to say they feel ready to speak about things nicely. If lots of time goes by then Daddy Daniel knows he can always stop off at Nannie Cassie's and Grandad Peter's for a chat and a cup of tea.

If Chloe or her brother and sisters hear that Daddy Daniel's walk didn't happen and any shouting, pushing or hitting starts, then they will all go straight to Chloe's room and stay there until a calm grownup will come to their room to talk things through once the shouting has stopped. Normally this will be Mummy and Mummy knows she can always use her key to Nancy or Belinda's house next door if things get too tricky.
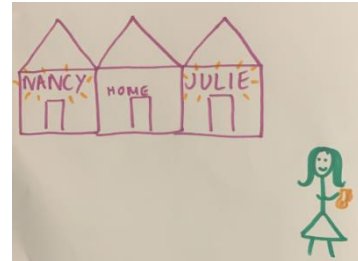
It's important to all the adults that you, Callum and Zoe get to have a special safety person, so that if you are ever worried you have someone you can talk to and who will also watch out

for things that make them think something is not okay for you. Mummy and you have chosen Debbie to be your safety person and she's looking forward to seeing you every week. Sometimes you might even go out on a little trip together, like the time you went to Mac Donald's! Callum and Zoe will spend time with Jennie too. Mummy and Daddy Daniel agree that if there was a time when you all felt like you should go to Chloe's bedroom because of shouting or anything else, it would be good to tell Debbie about this and how it all got sorted.

Chloe, you have chosen your two unicorns to be your special safety toys. The mummy unicorn will live on the corner table in the kitchen where you can easily reach and it will be easy for the grownups to notice when you move it. All the grownups know that if you ever move the unicorn then it means that you are feeling worried and Mummy, Daddy Daniel or one of the support people will make time to talk with you. It is okay to sometimes move it just to make sure the grownups are paying attention!

You can take your baby unicorn to school and leave it in the tray on Miss Stephen's desk at school. When this happens Miss Stephens will know that you have something that troubles you and she will then make time to sit down and talk with you privately to work out what to do with the worries.

We know there are some things that can make arguments happen more, like Daddy Daniel getting extra worried about money or finding more work. Uncle Paul is going to call Daddy Daniel on the phone, maybe even every day so they can talk about the worries. If Uncle Paul thinks everything is getting a bit much, he will ask Daddy Daniel to come over and they will watch some TV together and think about what could make things better.

Your teachers really want to help too, they thought it'd be a good idea to watch out for things that might show us that money is tough, one way is to make sure that you always have the things you need in your lunchbox. They will talk to Mummy and Daddy Daniel and can help if there are times when buying all the food for a big family is too much.

Grandad Peter, Nannie Cassie, Grandma Angela and Grandad Gary love the times that you come over for tea and tell them about school and all the fun thing you get up to. They want to keep doing this and so you can look forward to more tea times, which gives Mummy and Daddy Daniel some time together.

If you or anyone of the safety people notice Mummy is finding things hard, like not getting out of bed or the laundry and tidying are not being done for a few days, then one of the safety people will pop over to help with things like getting food ready, clearing up, bath and bedtime. If Daddy Daniel isn't at work, it will be him, but if he's at work then Debbie or Grandma Angela will come over. If you see that Mummy is sad you can also talk to Debbie.

To help make sure that the tricky days get less and less often, Mummy has decided she would like to speak to someone, called a counsellor, they will help Mummy with her worries and what to do if she is feeling sad. Mummy says the counsellor is very kind and listens to her, so she is happy she has started this.

Everyone has agreed that keeping to all the rules will need lots of practice and lots of hard work. To make sure that the plan is working all the support people will get together at least every six weeks. Everyone is very proud of how well they have worked together, and they will keep trying their best to make things even better for you, Callum and Zoe.

Monitoring progress

As the safety / wellbeing plan is being developed, it is important that opportunities are created for the family to be testing out and refining the family's rules and commitments, while their success and progress in using the plan is monitored by the network and child protection professionals. The effectiveness of the safety / wellbeing plan is monitored through reviewing the evidence at regular network meetings.

Ownership of the safety / wellbeing plan should be gradually transferred from the professionals to the family network allowing enough time for the network to show everyone that they are able and confident to **sustain the plan beyond the period of professional involvement**. Think about this as your professional **legacy** – what aspects of the work you are doing right now with the children, parents and wider family network will still be visible and operational a few years from now as the children are growing up?

The naturally connected network should be central in monitoring the effectiveness of the safety / wellbeing plan and provide the evidence that would persuade everyone that the plan

is being followed and is working. There are **three tools** that the network can use to demonstrate that they are following the plan:

- The child's safety / support person
- Safety objects / communication objects
- Using a safety / wellbeing journal / tracker or Face Book or WhatsApp group

Safety / support person for each child

Child's safety / support person

It can be helpful to identify a safety / support person for each child. This person is usually a member of the child's naturally connected network and will take a specific interest in ensuring that the child is safe and well and should check in with that child on a regular basis. It is a bit like the concept of a godparent – someone who has a close, trusted relationship with the child ensures that that child's voice is brought into meetings and the plan. As this is an important part of the monitoring process, safety / support people should be asked to provide their update during meetings. The details of these arrangements should be recorded in the child's plan as well as in the child's own version of the plan. The child's plan should identify the named support / safety person for the child and details how often the safety / support person will meet with the child as demonstrated in the plan example above.

Things to consider when identifying the safety / support person:

- Involving the network in deciding who would be the safety / support person
- The safety / support person must be a safe, predictable adult
- We are not looking for a "superhero" but someone with unconditional positive regard for the child and is committed to be championing the child's voice.
- Someone who sees, hears and notices the child and lets the child know that they care and they are there for him / her
- It is important that we get to know the safety / support person, continually assessing the safety and wellbeing they can and cannot bring and be mindful of any potential risks they may pose.
- The case worker should help safety/support persons to understand their role and what the expectations are.

Using a safety / communication object

Safety objects can be useful in cases where there is not a lot of confidence in the child reporting their worries to a safety / support network member due to fear, guilt, shame, age, individual needs etc. The purpose of a safety object is for a child to let safe adults around them know something is not right. Approaching an adult to talk about worries or initiate a discussion can be very difficult for children, so instead of relying on the child saying something to someone, the child instead moves an object which then triggers adults around them to check in with the child. Safety objects can be used in any type of case, from sexual abuse to neglect with children of all ages but are probably most successful with children ages 4-12.

There is value in identifying a second safety object for the child that they can take to someone outside the home such as a neighbour or teacher. The details of these arrangements should be recorded in the child's plan as well as in the child's own version of the plan. The child's plan should identify the named support / safety person for the child and details how often the safety / support person will meet with the child as demonstrated in the plan example above.

Using a safety / wellbeing journal / WhatsApp group

Network's monitoring mechanism

The journal could also be referred to as a log or tracker. The effectiveness of the safety / wellbeing plan is monitored through reviewing the evidence brought by the network at regular network meetings. Practitioners need to encourage the network members to all record their actions whenever they followed part of the plan when the danger / worry was present or could have developed.

Below is an example of what a journal / log could look like, however it is up to the practitioner and the network to decide about the details of how this will be implemented as long as the log / WhatsApp chat etc. clearly shows how they have responded / enacted the actions stipulated in the child's plan. Where families are making use of a WhatsApp group to communicate, they should be encouraged to share some of these communications between network members during review CIN meetings or core group meetings to evidence how the parents and network are following the plan.

Monitoring and control over the plan should be handed over gradually to the support network when the case approaches closure to children's services in order to test whether or not the network will be able to continue to function independently. To make this work it will be important to get the network to identify who in the network will be the network leader after the professional involvement end and ideally the professionals should encourage the network leader to start chairing the review meetings in the run up to case closure.

Safety journal example

Mum, Dad and all the network people have agreed to keep a safety journal (family want to refer to this as their safety tracker) in which they will note when they followed the plan and use the tracker to note down when they notice any other triggers, stressors and red flags that need to be discussed at the next review meeting. It is just as important for everyone to make a note of all the things that are working well so we can continue to build on this. Mum, Dad and their support people also created a WhatsApp group so they can all keep in touch and keep a record of how the plan is working. There is no reason why Mum, Dad and the support network can't come together on their own at any point to talk about the way they work together or to deal with a difficult situation. When this happens, Mum, Dad and Debbie will agree who is going to make contact with their social worker, Sophie and other professionals (in 24 hours) to make sure that everyone is always up to date with any changes to the plan and therefore able to continue to work together to make sure that we will meet the safety goal.

Who did what	Where	When (date and time)	How do we know	Other comments	Name / signature
Paul called dad for his weekly check with dad to see how he is coping	Paul called dad via WhatsApp	Wednesday evening	Call log on dad and Paul's phone, they spoke for 20 minutes	Dad like the opportunity to talk about things	Paul and dad

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