

Practice and Learning Bulletin

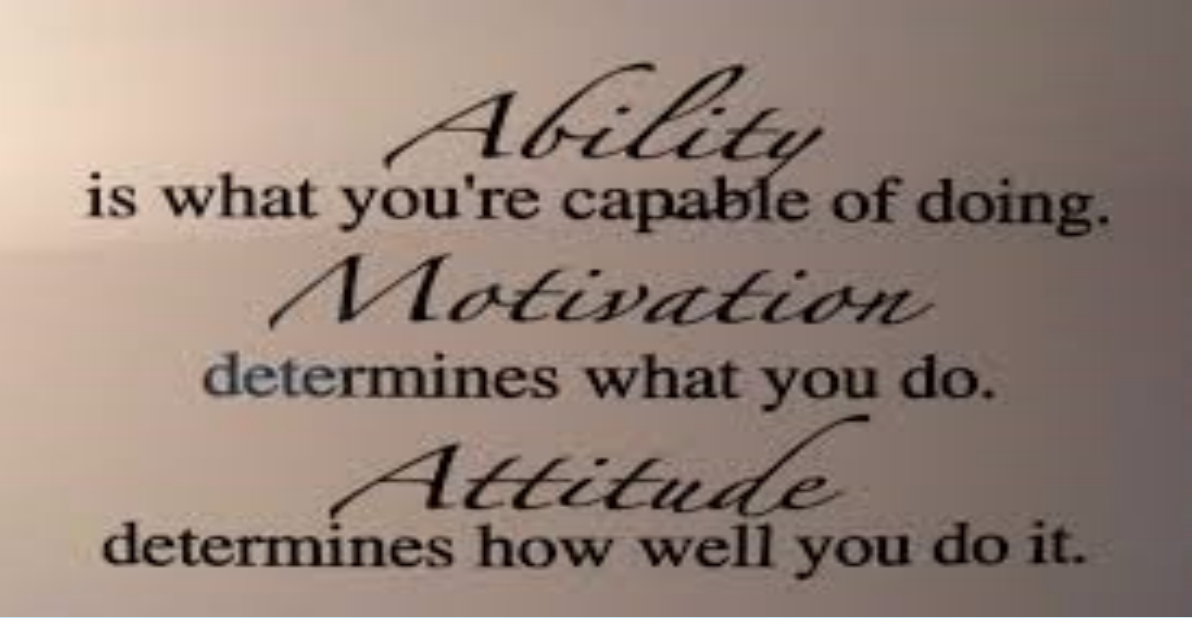
February 2023

Dear Colleagues

Welcome to February's edition of the Practice and Learning Bulletin. In this edition our practice focus is on ACEs - Adverse Childhood Experiences; how children's experiences can affect all areas of their development. Also included is how to write a SMART plan; this is important in all of our work with our children. It means that there is a focused plan of work, with clear objectives and who is going to do what when. This helps to prevent drift and delay for our children.

Also included is learning from complaints; again, this is a really important area of learning from the recommendations that have been made to make our practice better.

It is also important to remember that a lot of the things that we do everyday makes a really positive difference to children, young people and their families lives.



Ability
is what you're capable of doing.
Motivation
determines what you do.
Attitude
determines how well you do it.

A.C.E.S

ACEs stands for **Adverse Childhood Experiences**, and the term is used to describe stressful **situations** that children may experience; this includes domestic violence, drug and/or alcohol abuse, familial mental health issues, physical abuse, emotional abuse, sexual abuse, neglect, separation, loss and incarceration of a family member for example; they may be experiencing this now or experienced this in the past. Many of us may have experienced an (or many) ACE(s) in childhood.

Why understanding ACES is important to understand in our day to day work with children and young people?

Research has been able to evidence that the cumulative affect of childhood stress and trauma has a physical impact as well as an emotional one. When we experience repeated stressful situations we are unable to relax and recover and this helps to explain what is happening to the children we work with that experience repeated stressful situations such as being repeatedly exposed to domestic violence. It can have a physiological impact and affect normal brain development; a child experiencing repeated stressful situations are unable to think rationally or interact with people and is impossible for them to learn which leads to poor academic achievements. It has an impact on immediate and long term health and is responsible for a number of health conditions.

Significantly ACES is responsible for the behaviour of the children and young people we come into contact with (and in a number of cases their parents also). The research shows us that compared to children who have not experience an ACE those who experience 4 or more ACEs have a five times risk of illicit drug use, a 17 times increased risk of alcohol addiction and a 12 times more risk of suicide. The more ACES experienced the more the risks increase.

The good news is that if we understand ACES and the impact on our children we are better equipped to work with them in a positive way; stable and nurturing relationships help children to build the skills they need to become resilient adults and with the right support we can minimise the impact of ACES.



WHAT IS SMART PLANNING ?



What does a SMART plan mean and what does it look like?

Our Practice Standards state that all the children we work with will have a **SMART** Plan which means that the plan will details the goals and objectives that we want to achieve. By writing a SMART plan we will be giving the child family and professionals clear guidance of what needs to happen, how it is going to happen, how we know it has happened and a date for completion.

SMART is an acronym for **Specific, Measurable, Achievable, Realistic and Timely**. For example, our goal could be that Tommy is kept healthy and safe so he needs to be regularly reviewed at asthma clinic for his inhaler. A **SMART** plan will look like this:-

Specific - set out a very clear objective i.e. what needs to be achieved/changed. For example: Parents will take Tommy to asthma clinic every month to be reviewed for his inhaler to make sure that he does not have an asthma attack.

Measurable – without measurable objectives it is difficult to assess whether sufficient progress has been made. A measurable objective should make it relatively easy to answer questions such as how much? How many? And how we will know if it is achieved? For example: We will know that this has been achieved as the Practice Nurse will confirm that she has reviewed Tommy and prescribed his inhaler. Tommy will be seen with an inhaler in the house when visits take place and, therefore, Tommy will not have as many asthma attacks.

Achievable – The objective must be achievable; unachievable objectives should not be included in children plans; this means that when setting objectives, parents children and professionals need to think “how can this be achieved?” For example: This is an achievable goal as the family live in close proximity to the surgery and they are being offered a recurring appointment therefore, there is no reason why they cannot attend the asthma clinic.

Realistic – The objectives of a plan must be realistic to the overall goals, there should be a clear and reasonable link between achieving the objectives of the plan and achieving one or more of the goals. For example: it is realistic to expect that parents will take responsibility for ensuring that their child is having treatment for his asthma; the surgery is near to the family home. It links with the goal of Tommy being healthy and having access to his inhaler to prevent him from having recurring asthma.

Timely – Objectives should include a sense of timeliness; open-ended objectives may lead to a sense of drift. Setting a date when the objective should be completed makes it easier to review it at meaningful point in time. For example: Tommy has a clinic appointment on 01.7.2023 checks will be made every month that Tommy has been seen and the need for continued checking will be reviewed on 01.10.23

TOP TIPS

Plans are there to support parents and carers to make positive changes so it is important that they understand what the plan is for and what it mean.

Keep it Simple - ask the children and their parents if they understand what is written down in their plan. If they can't understand what is being asked of them, how are they going to make progress? Take out anything that is not going to address any of the key risks/areas of concern.

Words to Avoid - There are some words that are best avoided in plans, because they don't actually mean anything! Examples of this are "appropriate" (in who's view?), "ongoing" (remember what we said about definitive timescales), "monitor" (we need to be purposeful and monitoring is not a purposeful activity) and "support" (what does that mean).

Be Honest and Transparent - Families like to be told the truth; they may not like the message but they need to know what the potential consequences are if they are unable to achieve the required changes specified within the child's timescale. This in itself may be a motivator to change.

Write the plan with family - Plans should be written with the family, not for the family. It is more meaningful and more likely to be effective.

Share the Plan - It is important that the plan is shared with the family and with anyone else involved with the child so that everyone knows the expectations.

What does our Practice Standards say about Children's Plans?

The Child Protection Plan is written in a SMART way (specific, measurable, achievable, realistic, and timely) and in language that my child and family can understand. The plan is linked to the identified risks and needs as determined by the assessment.

The children in need plan is written in a SMART way (specific, measurable, achievable, realistic, and timely) and in language that my child and family can understand. The children in need plan is linked to the identified needs as determined by the assessment



Influencing our Practice Improvement through Learning

Complaints are one of the ways that we learn about the services we offer to our children, young people and their families. It is important that we discuss the learning in our teams so that we can learn about any improvements whether that is personal practice or organisational learning points.

Just a reminder that there is management eLearning training to learn how to deal with complaints. This is mandatory training to ensure that the complaints process is followed so please completed this if you have not already done so. This is booked through Evolve.

This months learning:

This complaint was made by a father who was involved in private law proceedings; he did not live with his child and felt that his treatment by CSC was unfair and in contrast to what his estranged partner experienced. Some parts of the complaint were not upheld but there was some key learning points.

Upheld Complaint

Actions to help Learning.

A child should be visited every 20 days on a CIN plan but there should be an established local agreement for visiting parents where the child does not reside with them.

While we undertake statutory visits to the parent who resides with the child it is important that we also make sure that we undertake visits to children and young people when they are also staying with the estranged parent.

Social Workers should be reminded that they should contact both parents when they have been allocated a case to introduce themselves and provide a point of contact.

It is good practice to involve both parents/ carers in our work with children and young people whether they live together or not.

Please ensure that you contact both parents/carers and that they have your contact details

That Social Workers are asked to add email/telephone communication from other members of the family to the case notes.

Where necessary Social Workers should be reminded of the importance of carrying out a home visit to inspect a house where contact is to be facilitated.

It is important that as the allocated worker that you know that the house where a contact is to take place is appropriate ad, therefore, a visit should be undertaken prior to the contact taking place.

It is important that record keeping is improved so that significant events are recorded on the case records clearly.

This is an area of ongoing learning for us. Significant events should be recorded in running records and in the chronology.

Our second learning opportunity is from a Stage 2 complaint. The complaint was made by parents who felt that they had not been given professional support from CSC.

Upheld Complaint

The quality of case notes needs to improve

Actions to help Learning

This recommendation features in a number of our complaint outcomes and also in our audit findings. Good case notes are essential to understand what is happening for children for the reader; but also it is important to remember that children, as adults may come back to read their records and good case notes help them to understand how decisions have been made about them.

Formal meetings held need to be recorded on the child's file.

It is important that there is a good account of what has happened on a child's file; this includes meetings held and the decisions that have been made at them, by whom.

Care Planning Meetings and Child in Need Reviews need to be held in a timely way.

In order to progress children's plans Care Planning Meetings and Child in Need meetings need to be held within the timescales that are set; this ensures that there is no drift and delay in progressing their plans.

This section is to support our learning and development and improve our practice, and to act as a reminder that complaints can be reduced if we act on the findings.



LEARNING AND DEVELOPMENT



If you have not already done so please set up your learning accounts with the following; both are excellent sources of information, resources and webinars. There is training that you can book on also.

Research in Practice: www.researchinpractice.org.uk

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

WE APPRECIATE
YOUR FEEDBACK
THANK YOU!

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

Thank you to everyone who has sent responses, feedback and suggestions for this Practice and Learning Bulletin and the bite size learning events and emails sent.

Best Wishes Traci