

Principal Social Worker Practice and Learning Bulletin July 2021



Welcome to July's Edition of the Practice and Learning Bulletin

As we continue our drive to improve our knowledge and practice In this month's edition of the bulletin there is an article on **Effective Working Relationships with parents, carers and professionals** which is one of our mandatory workshops this month.

Also included in this edition is:

- Pre-birth assessments.
- Learning from Research
- Learning from Complaints and Serious Case Reviews — Bradford case 'Emily'
- Training and Development



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



Best wishes

Traci Taylor

Principal Social Worker/Service



ON PRACTICE

Effective Working Relationships with Parents, Carers and Professionals

Our Practice Model is based in building positive and trusting relationships with our children, young people and their families and should be seen as the framework of how we are expected to work with anyone who comes into contact with our services, including the partner agencies and professionals we work with.

Whether in our personal or professional life, relationships are extremely important to us; we know how it feels to have positive relationships and how that makes us feel. Our daily work is based in relationships, that can be with colleagues and peers, other professionals and the children, young people and their families that we come into contact with.

In our own lives we expect that our colleagues, managers and other professionals talk to us respectfully, keep us informed, support our strengths and help us to develop in areas where we are not as confident in. We expect to be trusted, to be included in any decisions about us, to have our differences accepted and acknowledged and to have a voice; all this is really important to us and without this our work-life would be really difficult. This is exactly the same for the children, young people, and their families and we should, therefore, ensure that we keep this in mind when we are working with the people who either use our service or who are involved with us as professionals.

Relationships are at the heart of our work and key to improving outcomes for children and young people

How do we build relationships?

Again, in our personal lives this seems to happen quite naturally with little conscious thought given to building the relationship; however, with the children, young people and their families we work with this needs some conscious thought and planning and self awareness of our actions and behaviour.

Your first contact is the first opportunity you will have to start to build a relationship with parents and carers. We have adopted a practice model which a strength based one with relationships being central to everything that we do. By working in a way which places a positive emphasis on the relationship, we can help to parents and carers to identify their resilience to their situation, the protective factors they have established and other identified strengths which has the effect of -

- Communicating a sense of hope
- Establishing expectations for success within an individual's capacities
- Promoting empowerment and independence
- Setting in motion forces for improvement

The use of language is really important when developing effective working relationships. Do not use jargon as this alienates people and they often do not understand what we mean. As a profession we use language that is not necessarily language that our parents and carers use in their every day life, for example, we talk about assessments but check the parent or carer knows what you mean by that for example saying we are doing to do an assessment to see how we can support you which means we will gather information from them and people who are working with them to help us to work out how to support them.

Don't use jargon; in our professions we often abbreviate things into letters and because we know what it means we make an assumption that everyone else's does too. This is very alienating and oppressive and some people will not feel confident to ask us what we mean, so don't use CIN, CP, LAC, CIC, PLO, MASH; these are just some of the many examples of us abbreviating our language so, be careful about this when speaking or writing to parents and carers and other professionals.

Be honest, open and transparent; parents and carers may struggle to take on board some of the things we have to say but it is important that we are very clear about what we might be worried about and what needs to change so that parents and carers understand what they need to do and how they will be supported to do this.

Remember the power difference, it is really important that you stop to think about what it must be like for our children, young people and their families to have us involved with them; for some there is likely to be a mixture of anxiety, fear, frustration, anger, especially if they have had poor experiences in the past or find it difficult to trust people.

Most importantly remember that the responsibility for building the relationship is with you as the professional. It is not the parent or carers responsibility to build the relationship. 'Engaging' parents and carers is to work alongside them **to do with and not to**. In Bradford we do not use the term 'failure to engage' - please do not use this in your recordings; this places blame on the family rather than us taking responsibility. Instead, consider why the family do not want to work with you, think about their experiences and how they are feeling. Consider how you can overcome the barrier and use supervision to reflect on this with your manager. Part of our Practice Model considers the unique experiences that people have and how this shapes them and their behaviour, for some these experiences are traumatic so consider this when working with parents and carers.

The importance of effective relationships with professionals

It is essential in our work with children and young people and their families that we work collaboratively with partner agencies/professionals as this ensures that everyone has been involved in the assessment planning and review of the support plan for the child or young person and leads to better outcomes for the child or young person.

Working collaboratively is in the legislation that we all work within in Children's Services. **The Children Act 2004, as amended by the Children and Social Work Act 2017**, strengthens the duty on the local authority and partner agencies make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area. **Everyone who comes into contact with children and families has a role to play—safeguarding is everyone's responsibility.**

The **Working Together to Safeguard Children 2018** is the guidance that outlines what is expected and how this should happen and clearly states that the child should be the at the centre of the collaborative work.

To work collaboratively means that the professionals involved should have a positive working relationship with a shared goal. Communication is key to this relationship and information sharing should take place regularly. We know from serious case reviews that communication has often failed between agencies in situations where children have been seriously harmed or killed. The same skills used to form relationships with parents and carers applies to forming relationships with other professionals, respect, trust, feeling valued. Be mindful that we cannot always agree with each other, but any disagreements need to be handled professionally through discussion so you can see each others views and how that view was reached. Professional disagreements should not impact on the professional relationship even if you are feeling criticised in your planning or recommendations.

' No significant learning occurs without a significant relationship'

Dr James P Comer, Yale Child Study Centre



PRE - BIRTH ASSESSMENTS

How and why we do them

Completing a pre-birth assessment is a sensitive and complex area of work. Parents may feel anxious about their child being removed from them at birth and be untrusting and choose not to work with Childrens Social Care due to their fears. It is really important that social workers build a respectful working relationship with the parent/s to help them understand how decisions are being made about their newborn. Remember that professionals do not have any legal power to intervene until the baby has been born. It is really important that we remember, and work within our own Practice Model in all of our work; pre-birth assessments perhaps highlight a large proportion of our work where we may find it difficult to make contact with pregnant women or maintain the contact and this is likely to be through fear.

Pre-birth assessments should be started as soon as possible within a multi-agency working approach to give an holistic view and to give the parent/s chance to make any changes to their life style identified as a worry or concern; this enables -

- **sufficient time** to undertake a detailed assessment including the preparation of a detailed chronology to understand any previous history and any noted patterns.
- **parents have** the opportunity to be fully involved in the assessment and have time to understand agencies concerns and act on these concerns. This increases the likelihood of a positive outcome to the assessment.
- **parents are not** approached in the latter stages of pregnancy which is a stressful time in any event.
- **support plans** can be put in place in a timely way.
- **sufficient** time to make effective plans to address any worries or concerns.
- **avoiding poor decision** making due to a later referral being made. This avoids the removal of newborns who could, with the right support remain in the care of their parents.
- **allows for** family and friends to be identified early in the process which will allow for connected persons' assessments to be undertaken in a timely manner preventing unnecessary drift and delay in permanency plans being made for the newborn at birth.

We have a detailed practice guidance which gives a step be step guide on how to complete a pre-birth assessment and background information to support this. You can access this in Tri-x

As a safeguarding partnership we also have a pre-birth policy which has been signed up to and co-written by the local authority and all of our partner agencies and this can be found in Tri-x under the West Yorkshire Safeguarding Procedures at





The Teenage Brain – How The Research Can (and Should) Inform Practice

A number of you will come into contact with teenagers in your work. Dr John Coleman, a clinical psychologist has written an article for Research in Practice about the teenage brain explaining **what** happens neurologically as the adolescent brain develops, **how** this impacts on teenagers' behaviour and **why** it is highly relevant for practitioners to understand. For children who could be at risk of or who have experienced exploitation, there are particular implications to be aware of.

Three key changes occur to the brain during adolescence:

- The structure of the brain changes – neural pathways are strengthened and consolidated; grey matter contracts. This results in an improvement in thinking, reasoning and language skills. The brain becomes 'a leaner, meaner machine'. But the process itself is complex and can result in feelings of confusion, uncertainty and anxiety.
- Brain hormone levels fluctuate: including serotonin and melatonin which regulate mood and sleep respectively. Dopamine, known as the 'reward hormone', rises when pleasurable experiences occur. Teenagers have many more dopamine receptors than adults and are particularly sensitive to reward.
- The pre-frontal cortex (the 'command and control centre') is continuing to develop. During this process, it is vulnerable to becoming overwhelmed by the amygdala, which regulates emotions.

It is important to note that this process is different for every person. Brain development

- happens at different rates;
- is affected by environmental factors and trauma and;
- is not set in stone – brain plasticity means change is inherent.

Implications for practitioners

- An understanding of the extent of change happening to a teenager's brain can help contextualise behaviour and the choices they make.
- Some children **may** be more vulnerable to exploitation as a result of the neurological impact of growing up in extreme deprivation or poverty, or due to early trauma.
- Brain plasticity means children can recover from negative experiences with the appropriate support.

What this means in practice is that this is something we need to reflect on in our assessments and work with teenagers. In relation to trauma-informed responses we need to have an understanding of the nature of choices amongst young people and avoid victim-blaming language.



LEARNING FROM A CHILD SAFEGUARDING PRACTICE REVIEW

EMILY

This serious case review was undertaken by the Bradford Safeguarding Children's Board; Emily is a child living in the Bradford district. The decision to undertake a Serious Case Review was agreed following a Rapid Review conducted on 12 September 2019 into Emily. The Rapid Review was undertaken after Emily was taken to hospital, aged 6 weeks, with swelling to her head. Medical investigations indicated that she had sustained serious head injuries which potentially were life threatening or which may have long term consequences for development. The injuries were assessed as non accidental in nature. The report was recently published and is attached to this bulletin.

It is important that we learn from the findings of the report and that we can take that learning and apply it to other families that we work with; this is the same as reflective learning or appreciative enquiry; what did we do well as an organisation and as a partnership working with children and young people and what do we need to improve on to ensure that our practice improves?

We cannot be responsible for what parents and others may do but we are responsible for ensuring that we are practicing at a high quality level and that we are following our policies, procedures and good practice guides and that we use our model of practice to inform how we work with people.

RECOMMENDATIONS FROM THE REVIEW

1. All key professionals and agencies attend Child Protection Conferences.
2. Child in Need Plans clearly describe areas of concern, action that needs to be taken, who is responsible, when this will be achieved and the measurement of success.
3. Child in Need Plans are reviewed at all Child in Need meetings and Child Protection Plans are reviewed at all Core Group meetings.
4. Key professionals are members of Core Groups and attend Core Group meetings.
5. Changes in the composition of a household where there is a Child in Need or Child Protection Plan in place lead to an updated social work assessment.
6. Schools seek to put arrangements in place to contribute to Child Protection Conferences and Core Groups during school holidays.
7. 'Was not brought' policies are written and implemented for all health services offering appointments and home visits to children, in line with Multi Agency Best Practice Guidance (2018) 'Management of Children not brought to medical appointments'.
8. Consideration is given to how Child in Need status can be noted on SystemOne.
9. Health professionals who become aware that a family has moved home ensure that relevant professionals are informed of the change of address as soon as possible

7 Minute Learning - EMILY

1

BACKGROUND

Emily was the sixth child in her family and lived with her mother and several siblings and half-siblings. Her parents were in an on off relationship and there were reports of domestic violence in the family. Emily was one month old at the time of the incident and was presented at hospital with head injuries. She was found to have a skull fracture that could be life threatening. A police investigation was started. The family were subject to Child Protection Plan at the time.



Learning from Practice Review – “EMILY”

2

WHAT WERE THE CONCERNS?

- There were multiple reports of concerns regarding neglect or domestic abuse being raised about the children and family which were all treated as individual instances rather than being reviewed cumulatively to gain an accurate picture of the family circumstances and the impact of cumulative harm.
- There were concerns about correct agencies being invited to and attending Child in Need and Child Protection Plan meetings.
- Family frequently moved home – Children were not brought to appointments

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WHAT TO DO

- Ensure all reports focus on the progress of the plan and are child focused.
- Focus on the need to improve the child's daily lived experience.
- Ensure the right professionals are involved with the plan.
- Be confident to challenge the family about progress being made and how sustainable any changes are.
- Be confident to professionally challenge other agencies about their delivery against the plan.



3

WHAT WERE THE CONCERNS (contin)

- Issues were identified with relevant agencies being invited but not attending the meetings when invited.
- The quality of the reports was variable, and often just gave information rather than analysis and identification of needs
- Diagnosis of ADHD for a sibling was being pursued rather than considering the implication of parenting & impact on individual children in family.
- Plans were ineffective in addressing concerns and the case was allowed to drift.
- There was a lack of evidence of the focus on the child/ child's voice/lived experience in the reports.

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QUESTIONS

- What is the day to day life of the child like?
- What is the impact on the child(ren) of repeated incidents?
- Are plans focused on the needs of the child, early help and prevention or are they overly concerned about the adults in the family?
- What is the plan and what difference is it making?
- Are the right people involved with the plan, if not who else need to be involved?
- Are the reports focused on progress against the plan or are they just information updates?
- Are there barriers to learning from previous reviews that displayed similar concerns?

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RESOURCES

- West Yorkshire Consortium Procedures on Child Protection Conferences
- [Child Protection Conferences](#)
- [Responsibilities of professionals](#)
- [Review Conferences](#)
- [7 MB – Injuries in non-mobile children](#)
- [7 MB - Neglect](#)

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INFORMATION

- Thorough and complete assessment of all the circumstances is vital in all CIN & CPP processes.
- Both CIN and CPP processes should ensure the right professionals are involved.
- Plans should be realistic and should focus on the individual child.
- Plans should last long enough to ensure that changes made are sustainable but not be allowed to drift.
- Reviews should be focused on progress of the plan and not be merely information sharing.

This is a valuable and quick learning resource following a serious case review. Our West Yorkshire Safeguarding procedures capture Learning through the 7 minute briefings - please go in and have a look as a resource for continued development.



Research and Practice and Children's Social Work matters are both valuable resources for your CPD. You can access webinars both live and recorded, news articles, research articles and tools to use in practice. As an authority we subscribe to these organisations so that you can have a learning account. Remember if you access any learning you can use this to evidence your CPD record and for social workers who are required to evidence CPD through Social Work England you can go directly to SWE and upload to your CPD account.

If you have not already done so please set up learning accounts.

Research in Practice: www.researchinpractice.org.uk

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

EVOLVE : Is our training platform where we can book and access more than our mandatory training.

Suggestions for learning:

Tuning in to Parent Infant Relationships is a free 2 1/2-hour online training course delivered by Little Minds Matter: Bradford's Infant Mental Health Service.

The course aims to support practitioners in their work with families and help them to gain an increased confidence on how to observe parent infant relationships, build knowledge on what to look for when assessing concerns and when discussing observations with professionals. Attendees will also be introduced to the concepts of 'attunement' and 'being with' as two practical ideas that can help when working with families where there are difficulties in the parent infant relationship.

The training builds upon the knowledge gained on the Infant Mental Health Awareness and Infant Mental Health in Action training, so attendance at those courses is preferable but not essential.

Trans Awareness E-Learning This learning activity provides a general overview of trans awareness. It explains some key terms and definitions and also addresses some commonly - held misconceptions.

Mental Health for Managers E-Learning The World Health Organisation defines mental health *as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*

This course will cover the following areas -

- Overview of mental health
- What the law says
- What is stress
- Mental health conditions
- Mental health at work
- Guidance for managers



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.

If anyone wants to contribute an article to the next bulletin, or indeed future ones, please let me know at Traci.taylor@bradford.gov.uk

**WE APPRECIATE
YOUR FEEDBACK
THANK YOU!**