



NEWCASTLE CHILDREN'S SOCIAL CARE

PARTICIPATION TOOLKIT 2021



Acknowledgements

A special thanks to the family support workers, residential care staff, social workers and managers who contributed to this toolkit for their ideas, support, creativity and expertise.

Introduction

This toolkit has been designed to support social workers and practitioners across Children's Social Care involve children and young people in their assessments and plans in a positive, supportive and enabling way.

Newcastle Children's Social Care has a legal duty to listen to the wishes and feelings of all children. This is outlined in the landmark Children Act of 1989, which established this requirement as a 'paramount principle'. Children and young people have a right to be heard and this is reinforced in the UN Convention on the Rights of a Child (1989) which states that it is a child's right to be heard and to have their views taken into account regarding decisions that affect them. The views of children and young people can be a powerful focus for intervening in family life in ways which promote positive change and maximise the potential for positive development and outcomes.

Such is the importance of the Voice of the Child that Ofsted now considers, as part of its inspection framework for the Authority, the extent to which this can be demonstrated in all aspects of child social work.

Tools contained within this publication have been gathered from a variety of sources, many of which were contributed and suggested by practitioners across Newcastle Children's Social Care.

The tools have been laid out to follow the child's journey through social care, however you are encouraged to use them flexibly wherever you feel they will be useful. We would also encourage you to continue to develop and share your own tools, resources and ideas for communicating with children and young people effectively.

At the heart of good social work practice is the relationships we build with children, young people and their families. No tool or resource in the world can or should replace that. But, they can be a useful way to start conversations and support us to ask questions in different ways. Be present, be open and be yourself – you are in this line of work because of your strengths as a communicator and your ability to treat people with empathy, dignity and respect. We hope you find this toolkit helpful in your practice and with the children and young people you are working to support and keep safe.

Contents

Section 1 - Getting to Know You

These tools can be used for initial visits and when you are getting to know the child or young person and they are getting to know you. this section includes tools which focus on exploring and understanding a child or young person's **Lived Experience**

Section 2 - Assessment

These tools can be used in a range of settings and circumstances but will support practitioners in completing C&F assessments to ensure the child's voice and their views, wishes and feelings are central to the assessment, supported by direct work.

Sub-section 1: Domestic Abuse

Sub-section 2: Neglect

Sub-section 3: Substance Misuse

Sub-section 4: Assessing Parenting Capacity

Sub-section 5: Appropriate touch, sexual health & sexual exploitation

Section 3 – Planning & Review with Children & Young People

These tools will support practitioners to ensure children and young people are involved and engaged in the decisions about their lives and their care. Helping us to keep children at the heart of our interventions and decision making by ensuring plans are child focused, consider the child's experiences, views and wishes and are produced in collaboration with children and young people using language that cares and makes sense to them and their families.

Section 4 – PLO & Court

The tools in this section are included to support practitioners working with children, young people and families in both private and public law proceedings, including considerations or family time and where parents are separated.

Section 5 – Children in Our Care & Adoption

These tools focus on explaining and exploring children and young people's journeys through care to adoption.

Section 6 – Safety Planning ~ including safety online

Websites, resources, and templates for safety planning with children, young people and families

Getting to Know You

Written and Verbal Explanations of Engaging for Assessment

There are many ways you can talk to a child or young person about the reasons for your involvement. We need to ensure that we talk to children and young people about why we are completing an assessment, what we will be looking at and who we will be talking to, to make decisions. The DfE sponsored Barnardo's booklet **"Say it your own way: Children's Participation in Assessment: Resources"** has some good tools aimed at younger children to support these initial conversations.

A tool developed by a Children & Families Social Worker in East Sussex has also been included. The tool was developed as a way to explain the assessment process and focus to parents; it can, however, be used with children and young people.

However you explain an assessment to a child or young person, it is important that careful explanations are given at the engagement stage and that children and young people are supported to understand why we are involved and what this will mean for them and their family.

I: Example of how to explain assessment

Hello, my name is _____

I have come to see you because you are important and sometimes we need to check that you are happy and safe where you are living/at home with your family.

It is my job to make sure that you are safe and happy.



To do this we will talk to each other and I will listen carefully to what you want to say and what you would like to do.

Then together we will try to decide what would help you be happy and safe.

We can draw pictures, chat or play games.

I will write down what you think so I can remember.
This will help me to decide how to help.

If you or anyone else is being hurt then I will have to help make you safe.



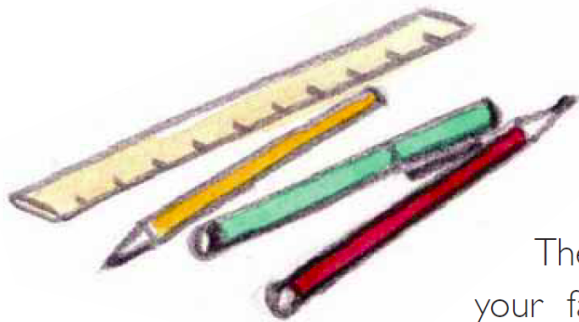
2: Example of how to explain assessment

You are important and sometimes we need to make sure that you are happy about things like home, school, your family, or friends.

It is my job to talk to you and your family about where you live and go to school, about your family and what you like to do.

To do this I will talk to you and I will listen carefully to what you want to say.

To help us do this we have some activities like drawing, fun sheets to fill in, games that we can do to help us remember to talk about all the important things and to make it easier for you to say what you want to say.



I may need to talk to other people who can help me understand how things are for you.

Then we will decide if you and your family need anything to help keep you healthy and happy.

When I've talked to you I will write down what you tell me and this will help us to decide if anything needs to be done to help keep you healthy and happy.

I may need to talk to other people who can help to understand how things are for you.

Then we will decide if you and your family need anything to help keep you healthy and happy.

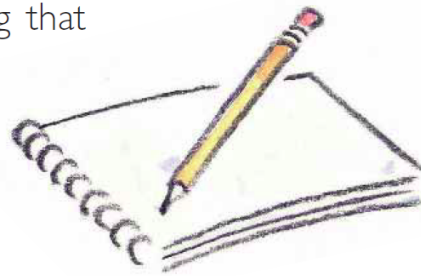
'Say it your own way' © Queen's Printers and Controller of HMSO [2006]



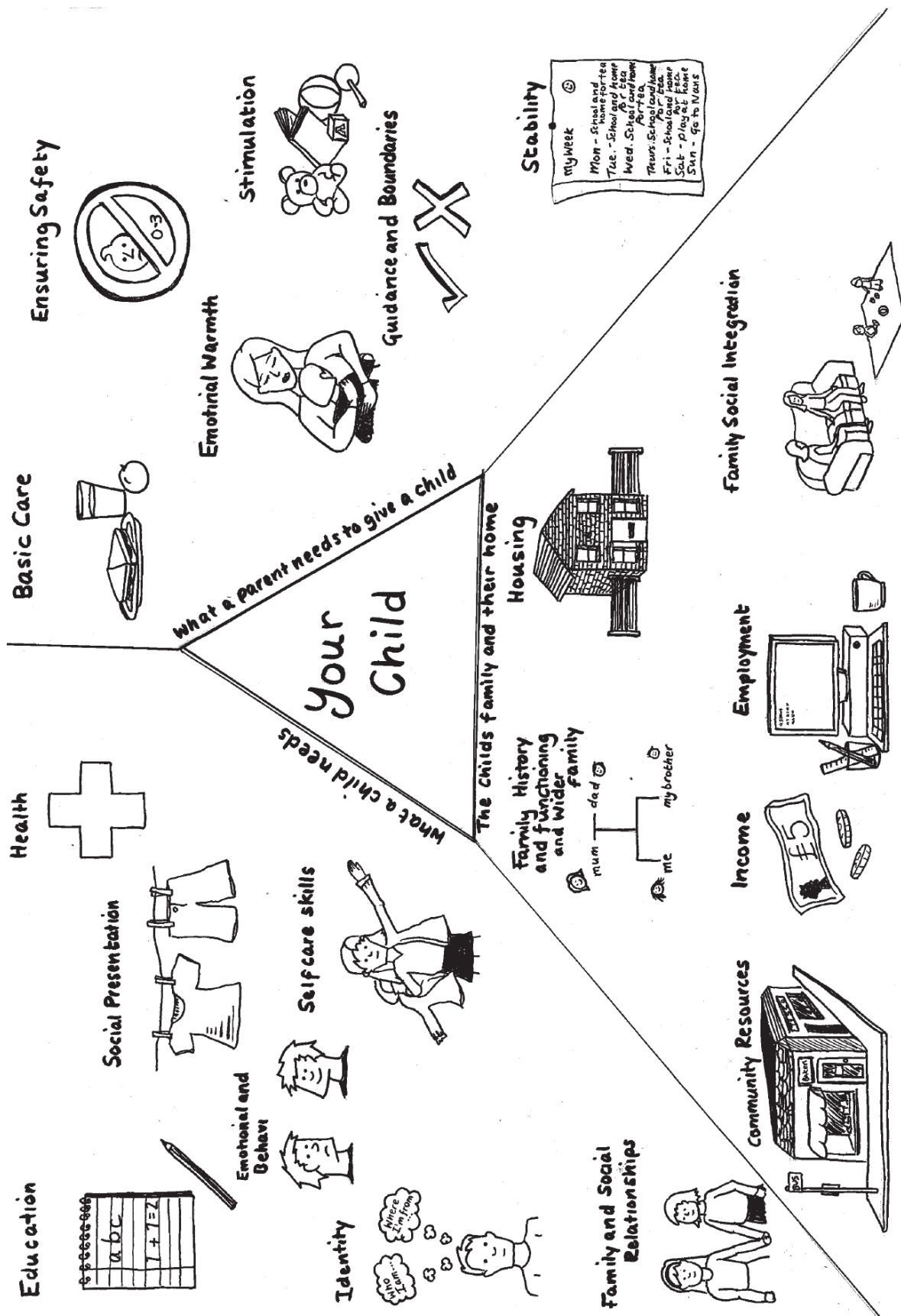
When I've talked to you I will write down what you tell me and this will help us to decide if anything needs to be done to help keep you healthy and happy.

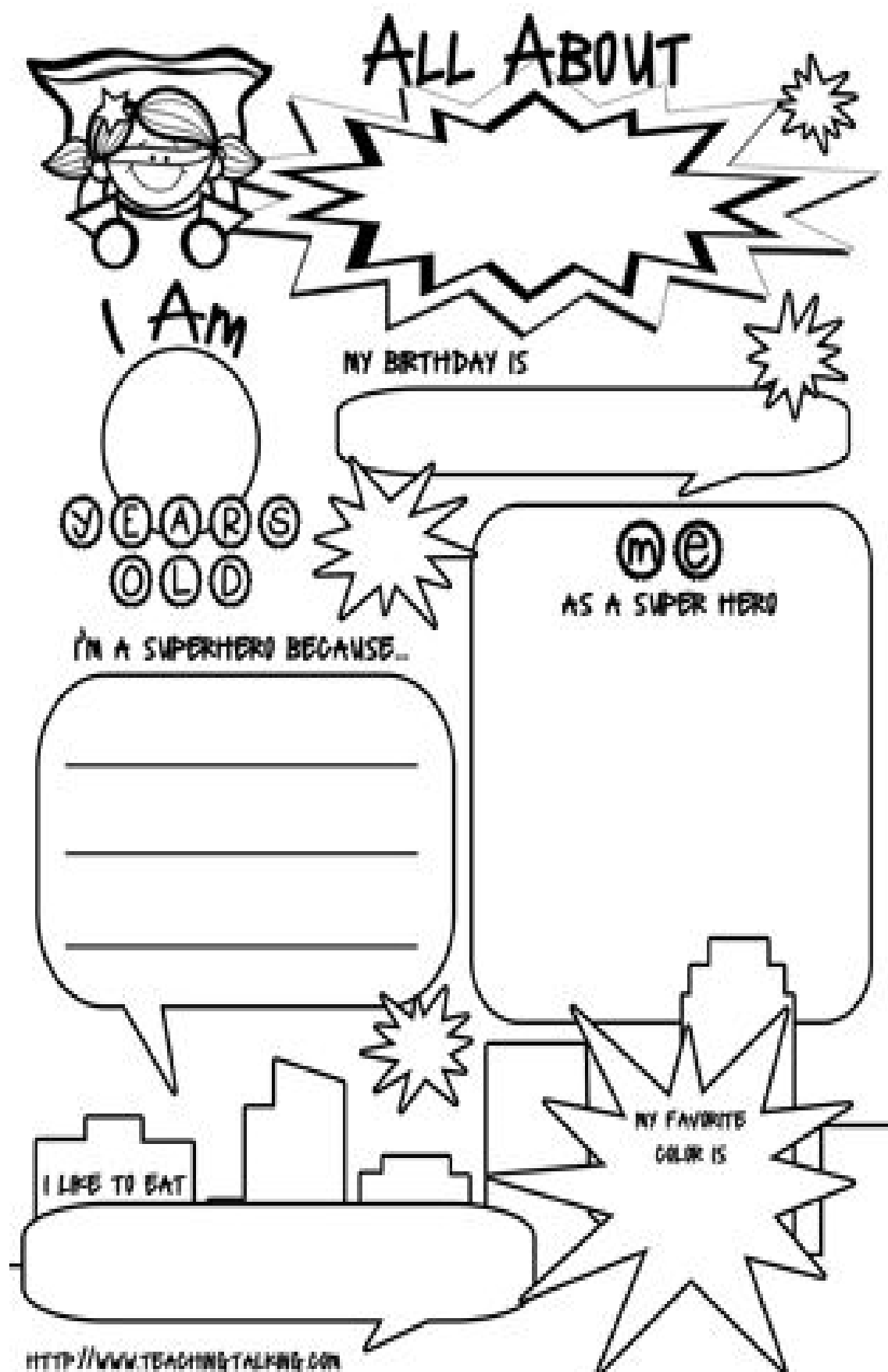
We will decide together what you want to say in the report.

I don't have to write down everything that you say but if you or any other child is being hurt then I will HAVE TO do something to make you safe. Here is how to get in touch with me:



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]





[HTTP://WWW.TEACHING-TALKING.COM](http://www.teaching-talking.com)



My name is:

I like to be called:

The people in my family are:

My favorite subject in school is:

My favorite food is:

My favorite sport is:

My favorite game is:

My favorite thing to do is:

My favorite animal is:

My favorite book is:

My favorite movie is:

What I do best is:

My favorite color is:



What I want

My name is

If I'm worried about something I'd like to...

If I can't talk to my mum or dad I'm most likely to talk to...

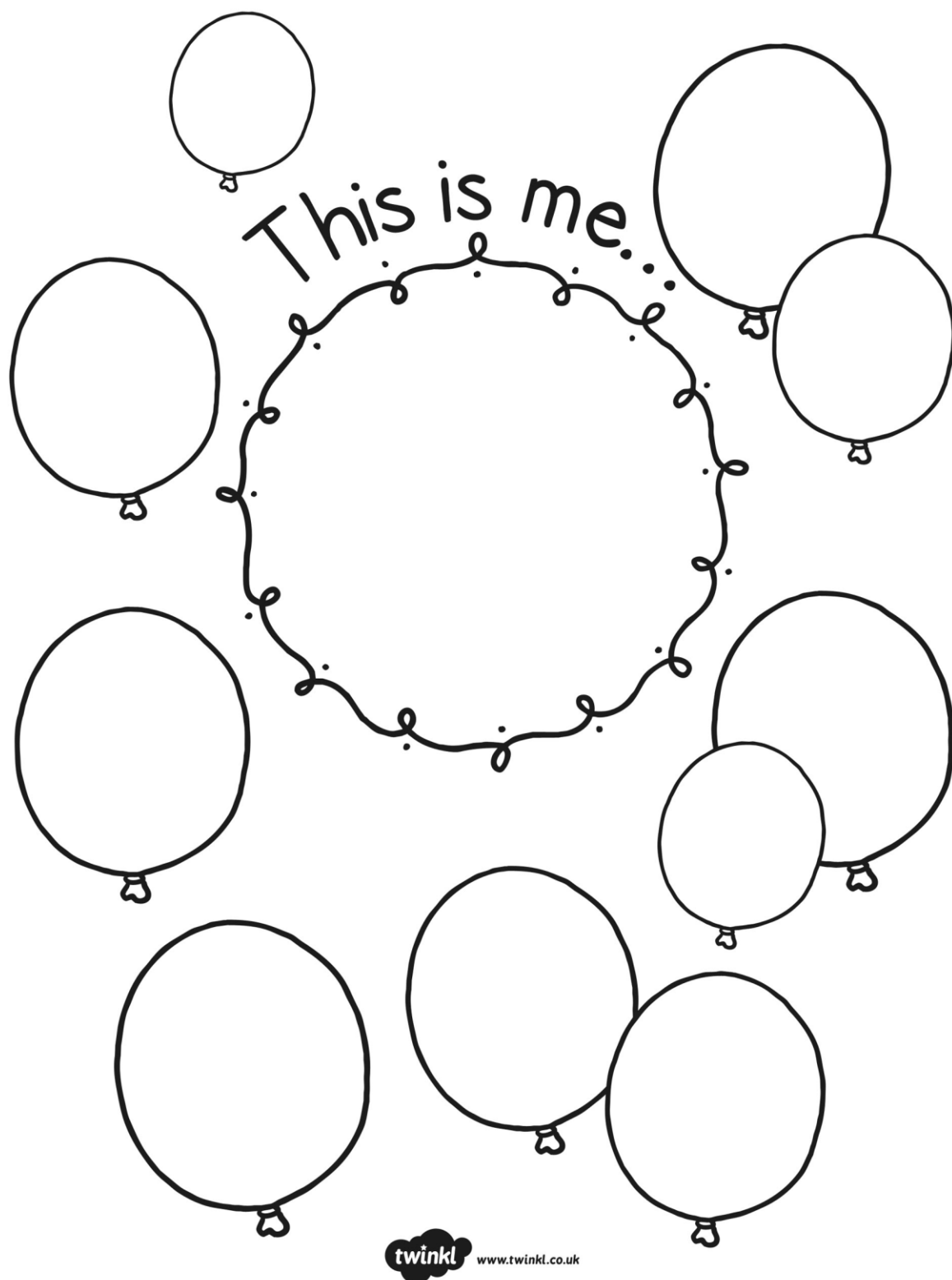
If an adult wants to talk to me they should...

I don't want to talk about...

Something that I'd like to talk about is...

A place I like to be is...

Here are some words that describe me...



This is how I see myself

(If 0 means you strongly disagree and 5 means you strongly agree... where are you on the scale?)



	Strongly disagree					Strongly agree				
Kind	0	1	2	3	4	5				
Popular	0	1	2	3	4	5				
Reliable	0	1	2	3	4	5				
Helpful	0	1	2	3	4	5				
Generous	0	1	2	3	4	5				
Funny	0	1	2	3	4	5				
Honest	0	1	2	3	4	5				

	Strongly disagree					Strongly agree				
Noisy	0	1	2	3	4	5				
Friendly	0	1	2	3	4	5				
Shy	0	1	2	3	4	5				
Hardworking	0	1	2	3	4	5				
Easy to talk to	0	1	2	3	4	5				
I know my own mind	0	1	2	3	4	5				
Sensible	0	1	2	3	4	5				
Mature	0	1	2	3	4	5				
I like myself	0	1	2	3	4	5				
I get along with people	0	1	2	3	4	5				
Intelligent	0	1	2	3	4	5				
Happy	0	1	2	3	4	5				

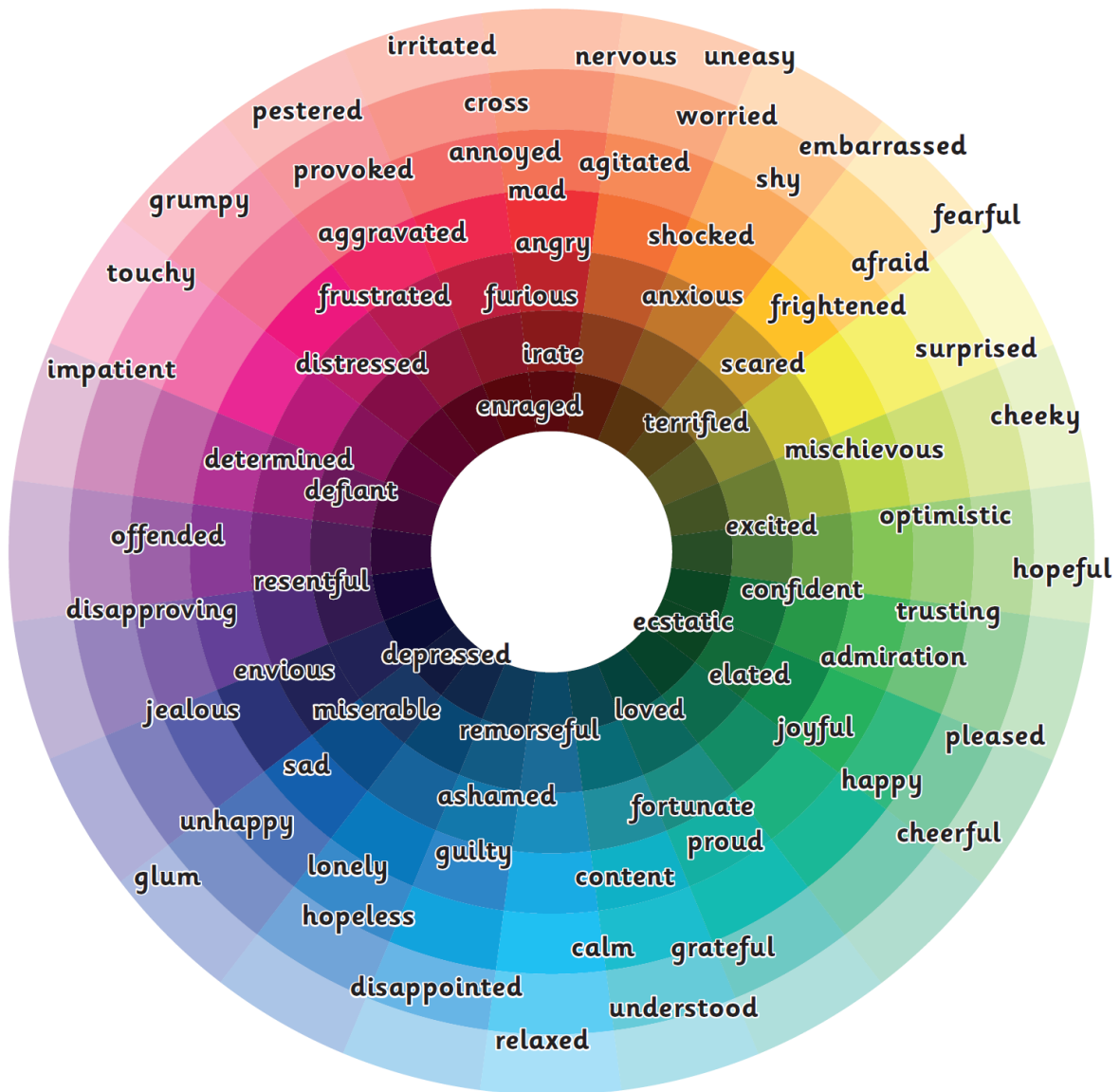


My space

You can use this space to write or draw about your feelings or anything that is important to you.



Emotion Wheel



Worries about having this conversation

Children are often worried about talking to adults about what is happening at home. These are some of the worries children have. Put a circle around the ones you are worried about.

Will the adult tell
someone else?

Will I get someone
into trouble?

Will it make
things worse?

Will I get into
trouble?

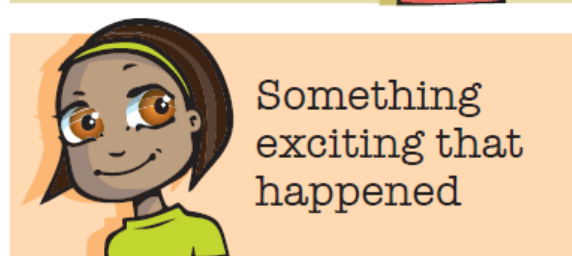
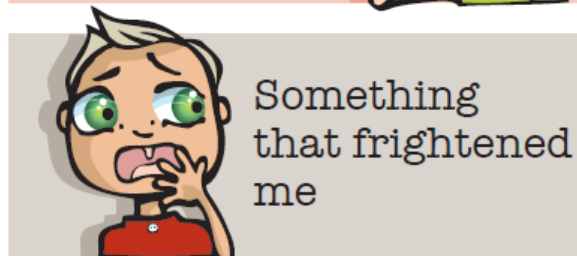
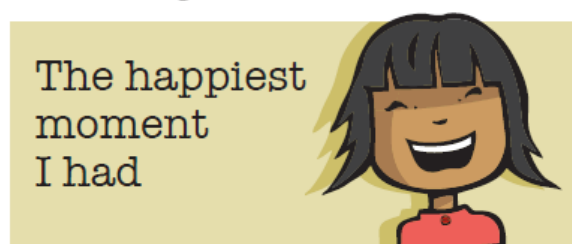
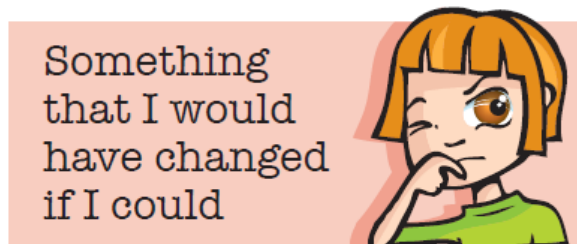
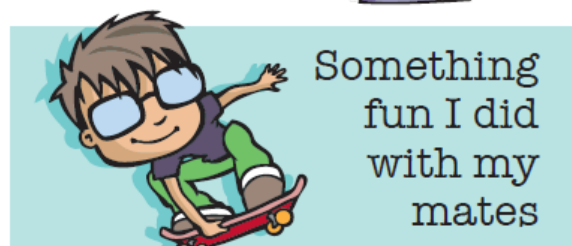
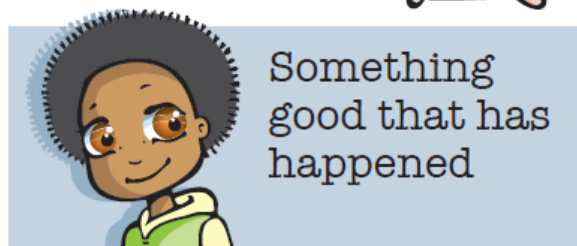
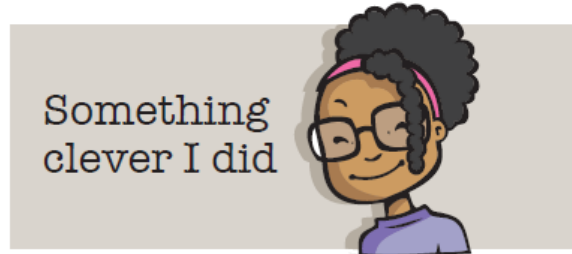
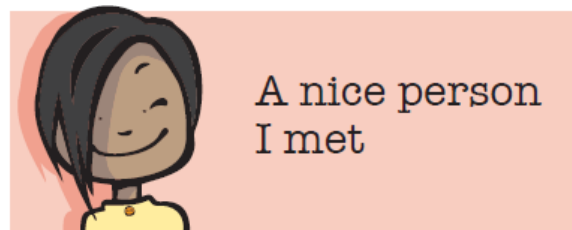
Something else?

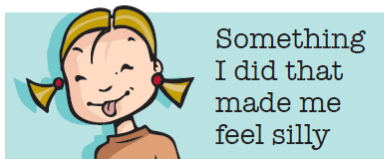
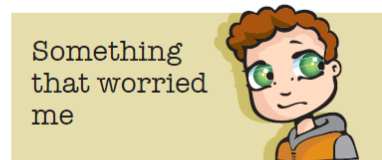
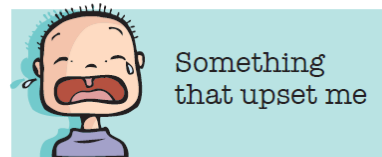
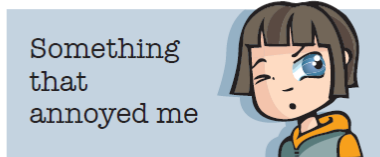
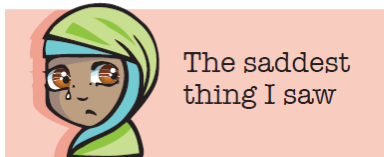
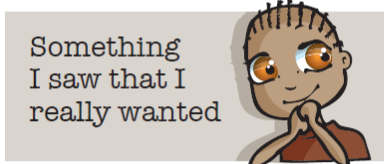
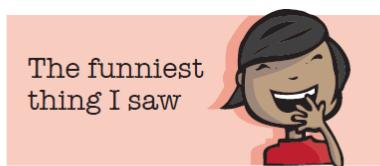
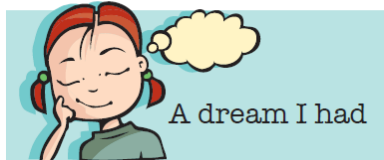
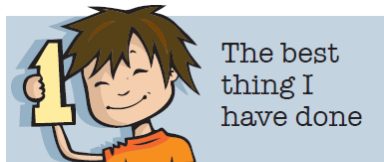


Since We Last Met Game

This game is for the child and Practitioner to play together to share information about what they have been doing since they saw each other last.

The cards should be cut out and placed in a pile face down on the table and answered alternatively. Please feel free to add your own cards.





My life

What I like about me

What I like about
my life at the moment

What upsets me about
my life at the moment



Animal Talk Activity

Preparation:

Print out the four sheets on the following pages and cut out each picture so that you end up with 24 individual pictures.

How to use the pictures:

Choose the activity which is most suitable for the child you work with -

1) Icebreaker; getting to know the child

Look through the pictures with the child and discuss their favourite animals with them. Ask various questions such as why they chose this particular animal, what do they know about the animal, whether they have seen it in a Zoo/on TV etc.

2) Establishing the child's feelings

Ask the child what feelings they think each animal/animals they picked has and why they think they feel that way. Explore what makes the child feel the same way or when was the last time they felt that particular way.

Example of conversation: "Yes, the dog looks very angry. What do you think makes him angry?... Yes, he may feel angry because somebody wants to attack him. What about you, what makes you angry?...or... Have you ever seen anybody being attacked by a dog or a person?"

You can also use the pictures to discuss a topic of your choice - for example, if working with a family where neglect is a feature, you can ask "What do you think the little birds in the picture need?" and then discuss the child's needs.

3) Establishing what the child thinks of themselves and the people around them

Talk about various qualities the animals in the pictures have (eg. dolphins are good swimmers; bears are strong and can be scary, bunnies are cute, cats like to be around people, mice can get to small spaces).

Ask the child to choose what animals they would like to be and why. Try not to limit them to just one animal as they may like some qualities of multiple animals.

Discuss if they have some of the same qualities as some of the animals.

Do the same for various family members or key people the child knows by asking them if they have some of the same qualities as some of the animals.







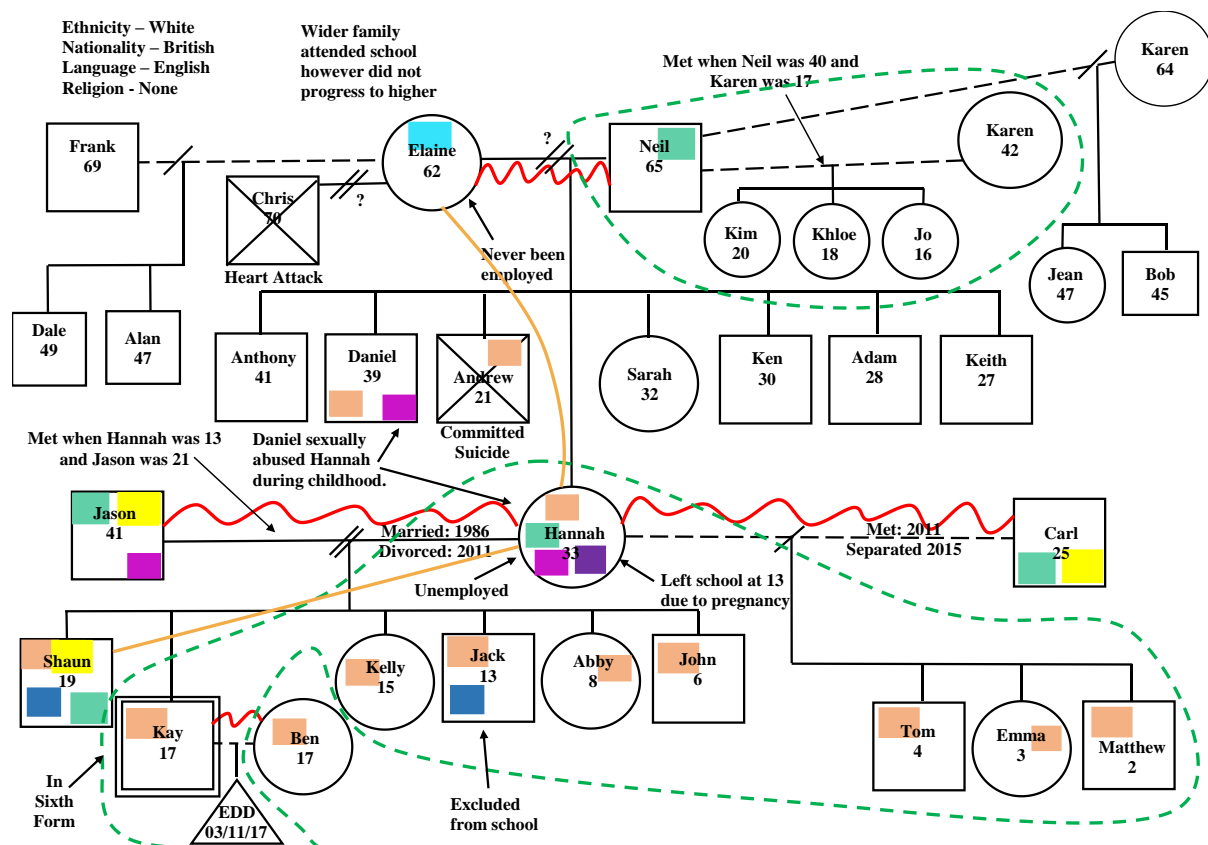


Genograms & Ecomaps

A genogram or family tree is a useful tool to gather information about a young person's family. This visual representation of a family can help you to identify patterns or themes within families that may be influencing or driving behaviours, responses and relationships.

Most young people really enjoy this opportunity to talk about their family history, and it can work as a good tool to build trust and rapport in a working relationship. However, be aware that some young people may find seeing a visual picture of the state of their relationships confronting, particularly if the majority of relationships in their life at present are conflictual or distant.

In this section, you will find some practitioner examples of Genograms and Ecomaps that have been completed with children, young people and their families.



Genogram Key	
	Domestic Abuse
	Reside Together
	Unknown Marriage / Divorce Date
	Strained Relationship
	Offending Behaviour
	Challenging Behaviour
	Previously Looked After
	Mental Health Concerns
	Sexual Abuse
	Drug Issues
	Alcohol Misuse

Eco-Map



Health

Mum, dad and Poppy are all registered with a local GP. Mum goes to the GP when she is feeling very down and starts to have thoughts about hurting herself. Mum says it can be really difficult to get an appointment. Poppy's health visitor still works at the practice and mum says that she always likes seeing her as it reminds her of when Poppy was a baby. Dad goes to the Pharmacy next to the Surgery to collect his methadone script. Dad says he feels judged by the other people in the pharmacy. And sometimes doesn't want to go. Poppy needed medicine when she was a baby to keep her milk down and was a very tiny baby. Poppy doesn't need medicine anymore and is a healthy little girl. Poppy has a Nurse at her school who wants to offer support to mum and dad about making sure Poppy is getting a healthy and balanced diet so she can grow big and strong.

POPPY MILNER



Family, Friends & Neighbours

Mum and Dad both see their neighbour Jenna as someone who is able to care for Poppy and keep her safe if they are not able to. Jenna lives on her own and has a grown-up son who lives in London but comes home for Christmas and sometimes in the Summer. Poppy has had sleepovers with Jenna when mum has been very upset and didn't feel able to care for Poppy. Mum goes to see Jenna at her house on an almost daily basis. Dad's family live in Derby and have only met Poppy once since she was born. Dad says that he is not close to his family and that he wouldn't want them to be part of Poppy's life as he feels they have hurt him and made his life hard and he doesn't want this for Poppy. Mum has the support of her sister Josie who often comes to stay with Poppy and mum and dad to help out. When Auntie Josie stays, Poppy is always at school on time.

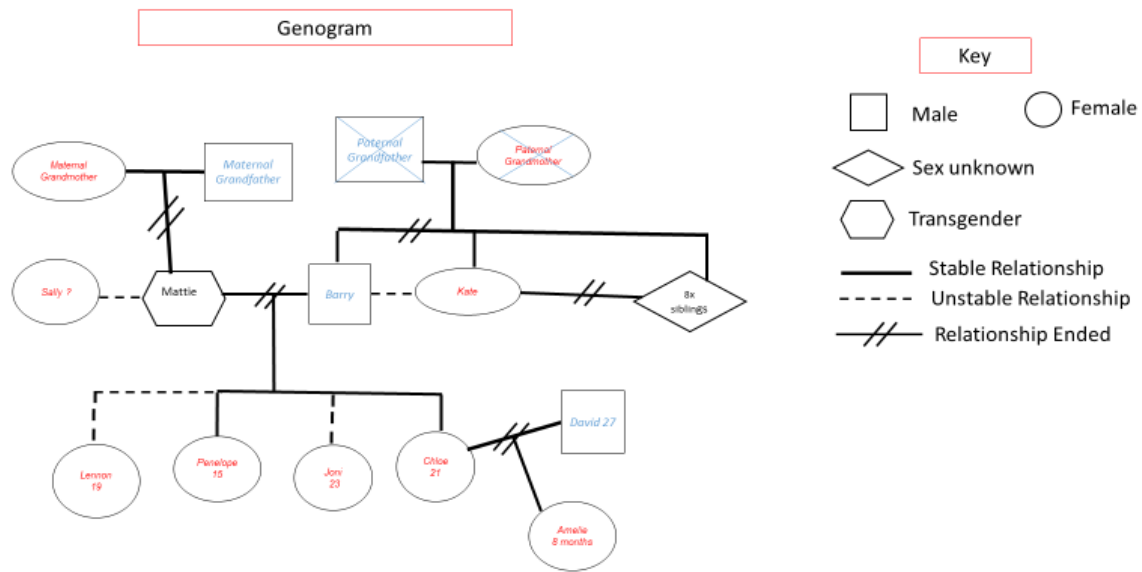


School

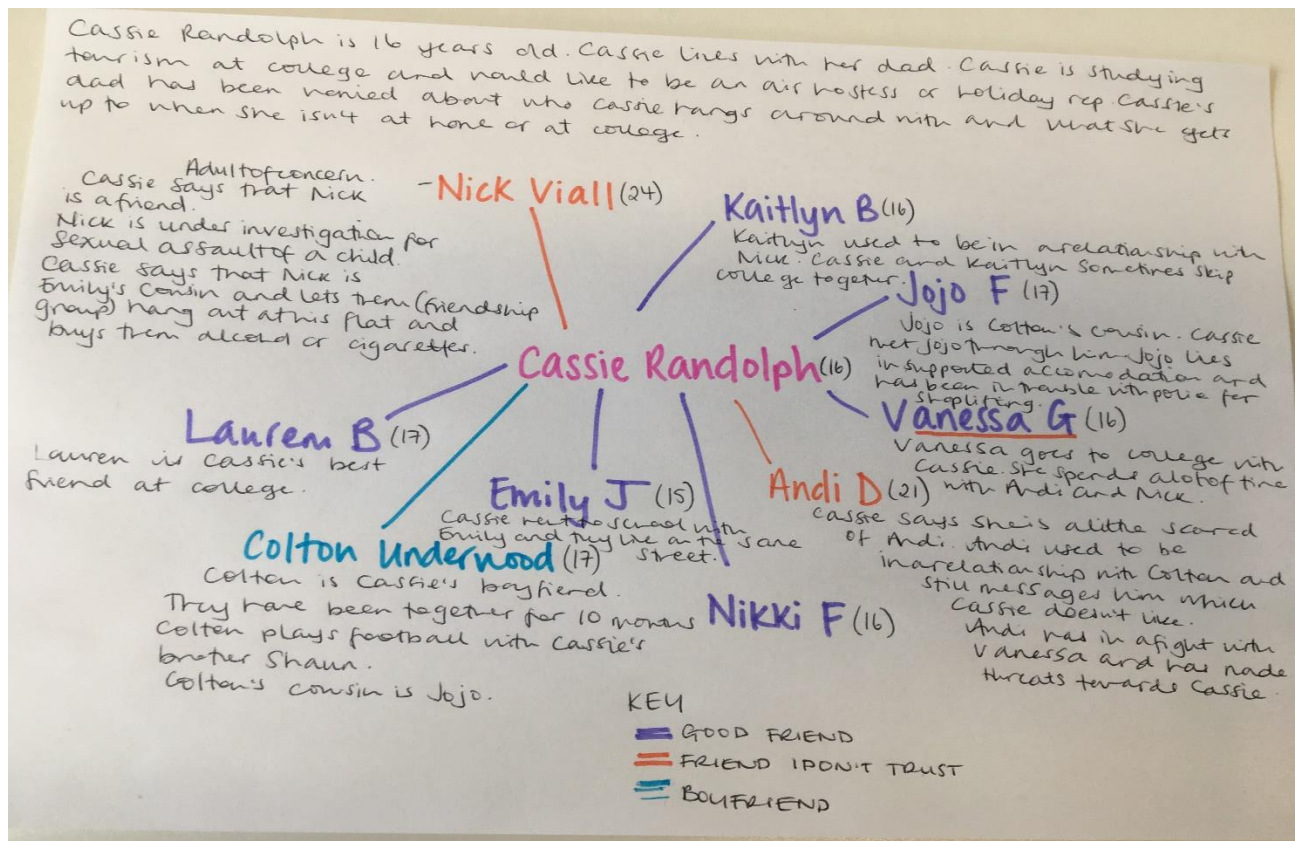
Poppy goes to a school that is 2 streets away from the family home. Poppy has told me she trusts her teacher and would tell Ms. Bloom if something was wrong or if mummy had been crying all morning. School have been worried before that Poppy lives very close to school but is often late. Poppy has friends at school and is doing well with her English and maths, Mum and dad both like Poppy's school.



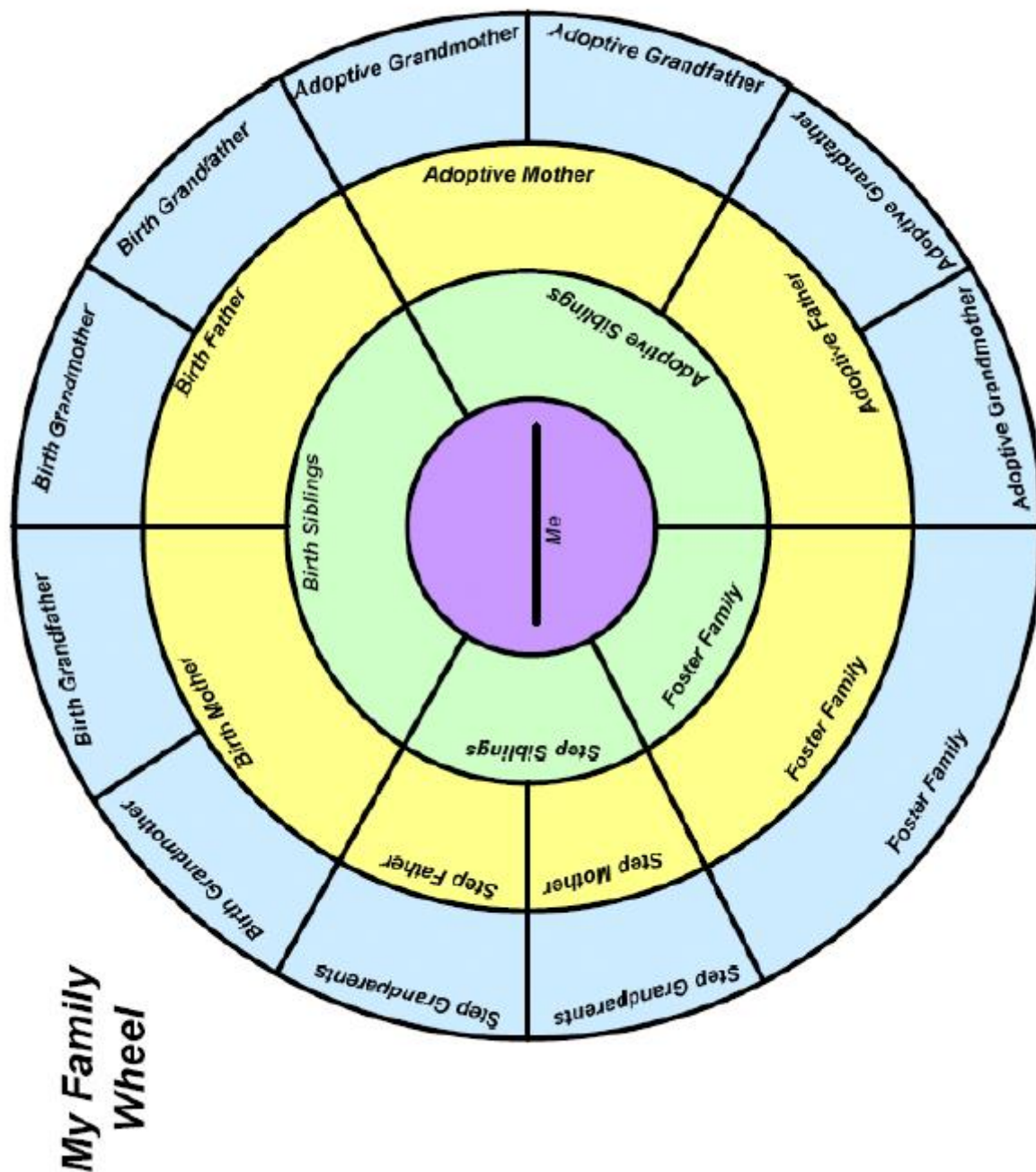
Genogram



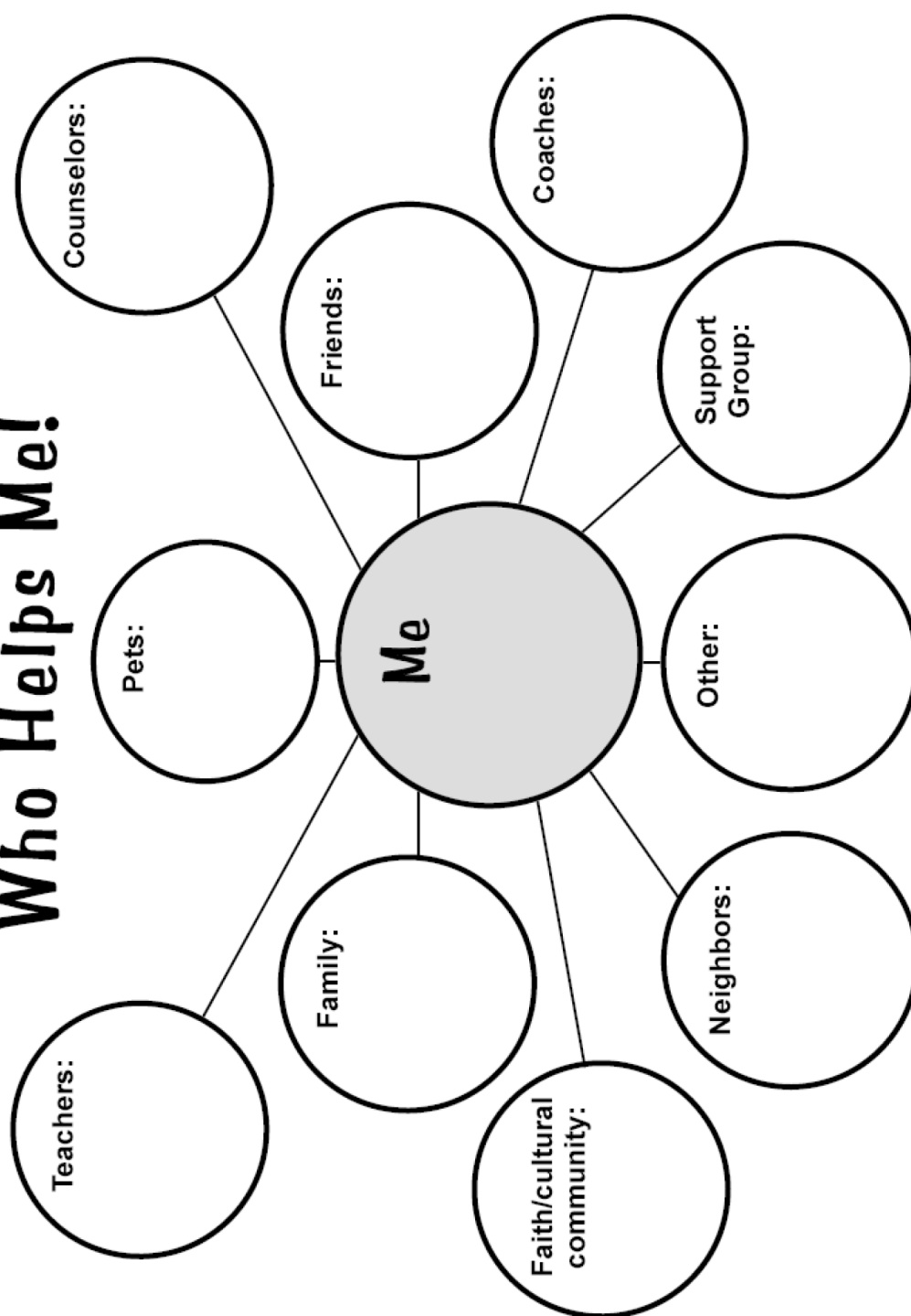
Friendship Map



A 'Family Wheel' can be used for children or young people as an alternative to a family tree which includes foster carers- step family or adopters, like the example below:



Who Helps Me!



In the circles, write the name of those who support you and how they help.



Focus on the Lived Experience of the Child

We often talk about the importance of capturing and considering the lived experiences of children. Included in this section of the toolkit are some activities and resources which can be used to explore 'a day in the life' of a child. The purpose of these resources is to support a worker to really understand and engage with the child's world, what life is like for them day to day and sometimes, hour by hour.

The first tool is a 'daily routine' activity. The works or activities can be changed dependent on the age of the child.

There is also a resource which lists questions that you may want to consider when exploring a child's lived experiences, as well as a number of clock and sun dial tools which can be used with children and young people of all ages to really consider their lived experiences and what a day looks like and feels like to them.



Tool:

Getting to know a child's daily routine

By socialworkerstoolbox.com ©



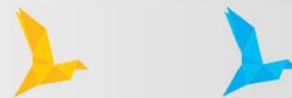
Preparation:

1. Print out all four sheets on the following pages on a separate piece of paper.
2. Cut out each of the table cells on the next page so that you end up with 40+ individual slips.
3. Take out any of the slips you do not want to use.



Suggestion:

Before printing out the sheet with the slips, rewrite any of the sentences so that you can explore a part of the child's life you are particularly interested in or add more 'funny' slips to make the activity more entertaining for the child.



Instructions:

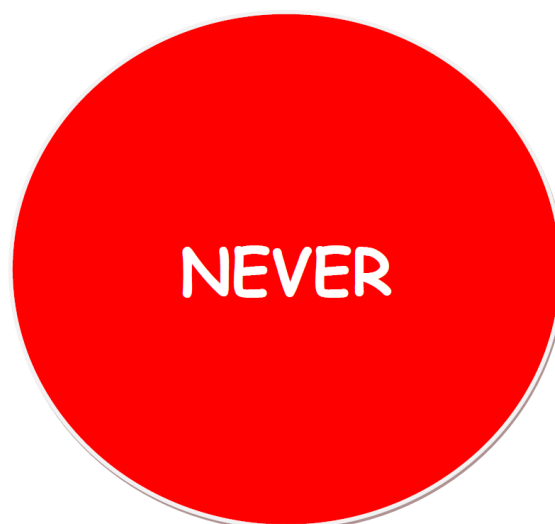
Ask the child to take each slip one by one, starting with the easier ones to answer, and put it on one of the sheets depending on how often they take part in each activity/complete a particular task/have a particular feeling:

- * Every day
- * Sometimes
- * Never

Recommendation: As they put the slip down, ask the child various questions to find out more about that particular activity and how they experience it.



Brush my teeth	Get into a fight
Go to school	See a friend
Have breakfast	Get a hug
Have lunch	Get a kiss
Have dinner	Laugh
Watch TV	Cry
Have fruit or vegetables	Get shouted at
Eat something nice	Get bullied
Get pocket money	Feel happy
Stay at home alone	Feel sad
Do household chores	Feel scared
Play inside	Get angry
Play outside	Get praised
Read	Put my hands over my ears
Do sports	Ride a cow
Sing	Dress up as a gorilla
Dance	Eat chocolate with ketchup
Take medicine	Stroke a spider
Have fun	Wear all my clothes at once
Do something silly	Smell my feet
Do homework	Have a piggy back ride
Hide	Do a handstand
Play with toys	Feel special
Have a wash	Get bored



Lived Experience: Questions for Assessment

What is the child's daily routine?
Suggested questions for Assessment

Waking

Do they use a clock to get up? Does someone get them up? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen everyday?

What time does this happen?

Breakfast

Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast?

Dressing

Do they dress themselves? Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they are doing this? Is there hot water and clean clothes?

Getting to School

Does someone take them? Do they have to take anyone else? Do they cross busy roads? Who helps them do this? Do they get to school on time?

In School

What do they like about school? What don't they like about school? Who are their friends? What do they do with their friends? What do they like to do at break times? What do they eat at lunchtime? Do they have a favourite teacher or subject? Are they experiencing bullying?

After School

How do they get home from school? Does someone meet them at school? If so, who is this? If not, then is there anyone at home to meet them?

What do they do after school? Do they look after anyone else? Do they have anything to eat? What do they have? Who makes it for them? Do they prepare food for anyone else? Do they go out and play? Do they do homework? Are there any issues around doing homework?

Evenings

Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat with their parents/carers/other family members? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch TV? If so, what do they watch? Do they use the Internet/social networking sites? Is this supervised? Who do they communicate with online? What do they talk about? Do they go out? If so, who are they with and where do they go? Do they communicate this information to anyone? Do they have to be in at a particular time? Do they like toys and games? Do they have any? What do their parents/carers do in the evenings? Do they spend time with parents/carers in the evening? If so, what do they do?

Bedtime

Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Do they like where they sleep? Do they wash and brush their teeth at bedtime? Do they change for bed? Who else is in the house at night? Are they put in charge of anyone else at bedtime?

School holidays/weekends

Do they look after anyone? Do they have chores/jobs to do? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when they are not in school? Who supervises mealtimes?



Lived Experience: Clocks & Suns

Daily Clocks and Weekly Suns

These tools can be used with a child or family to explore the detail of a child's lived experience.

They can help:

- Show where people have different feelings or opinions
- Show things which might be missed
- Add depth and detail
- Demonstrate frequency/regularity of care
- Bring the focus back to the needs of the child.

They can also be used to look at what a good day or week looks like, compared to a bad day or week.

Notes

Tailor your clocks

Daily clocks should be adjusted to match the age and stage of the child, or in discussion with parents or the child. Starting with a blank clock will take longer but may get better results.

Eight days a week

The Weekly Suns have eight rays. This allows an extra question, to ask about things that happen sometimes, but not every week.

Longer time scales

The Suns and Clocks can be adapted as needed, but if you are looking at a longer timescale then other forms of chronology and incident logging may work better. This is a close focus tool.

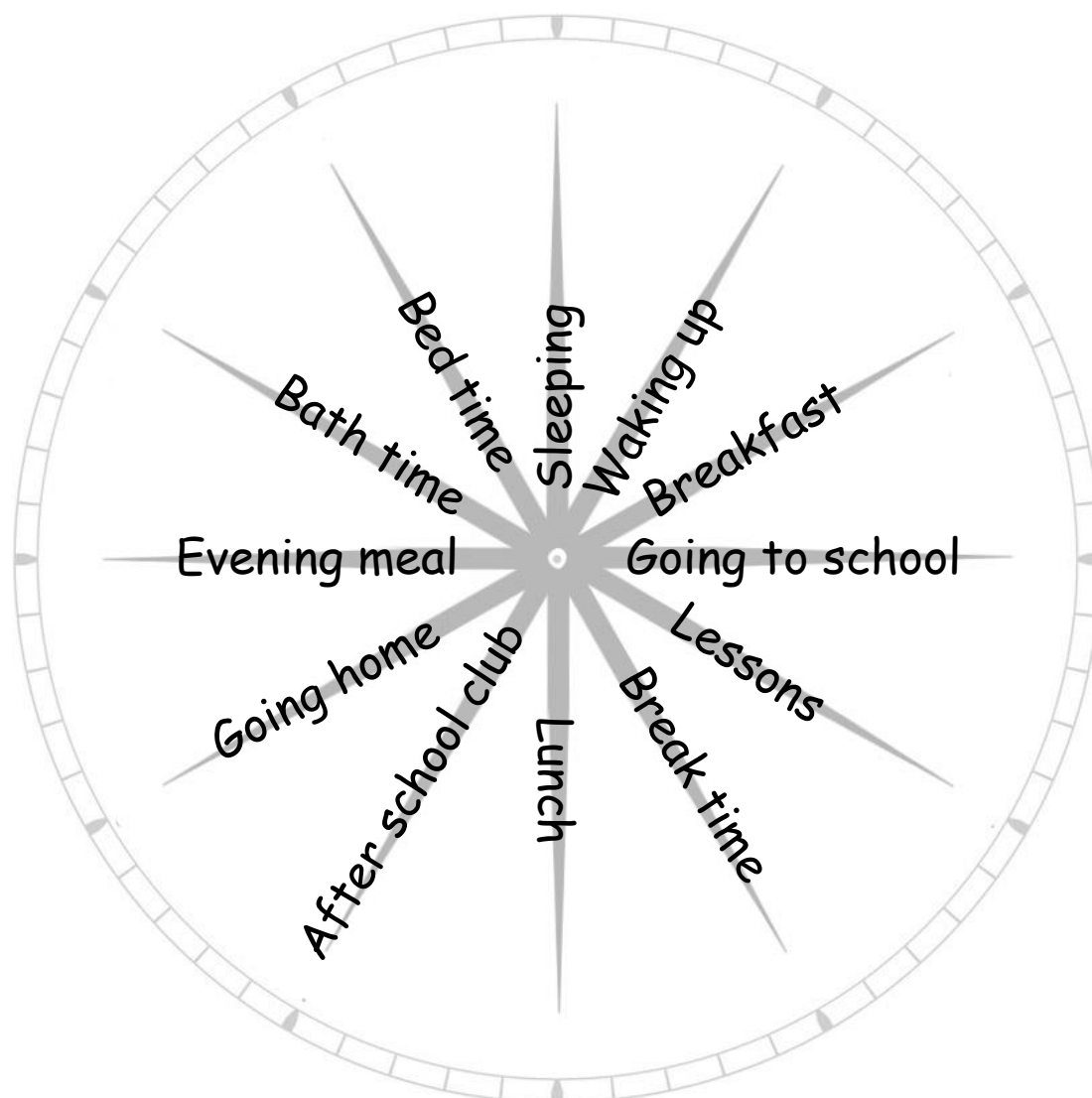
Multi-Agency Chronology

These do not take the place of any other notes and you should continue to use other recording tools as usual. N.B. If you are building up information over time and from different agencies it is crucial to use the multi-agency chronology.

What my **day** looks like

Name	
Date	
Who filled this in?	

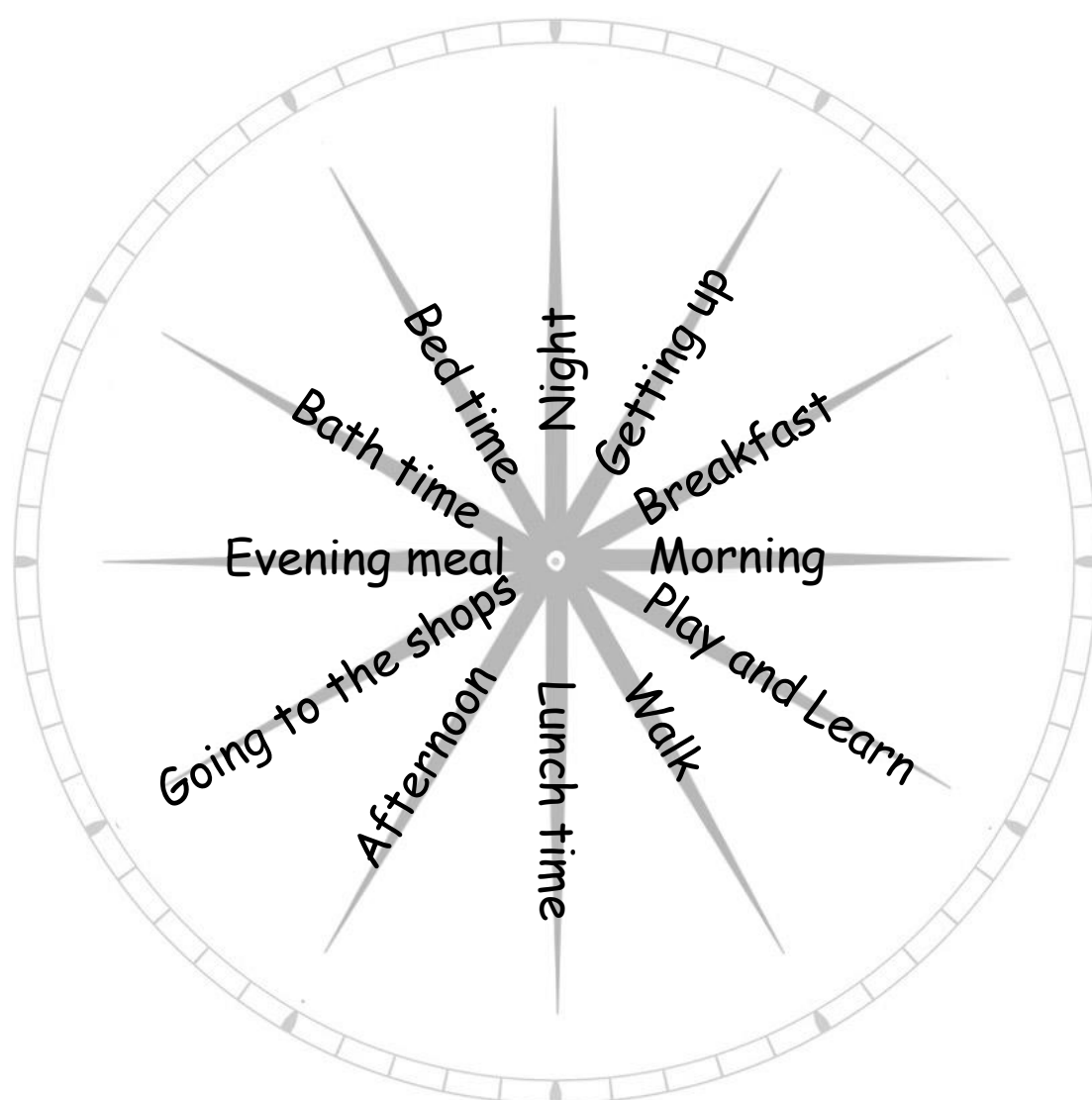
Child version – adapt for individual needs



What my **day** looks like

Name	
Date	
Who filled this in?	

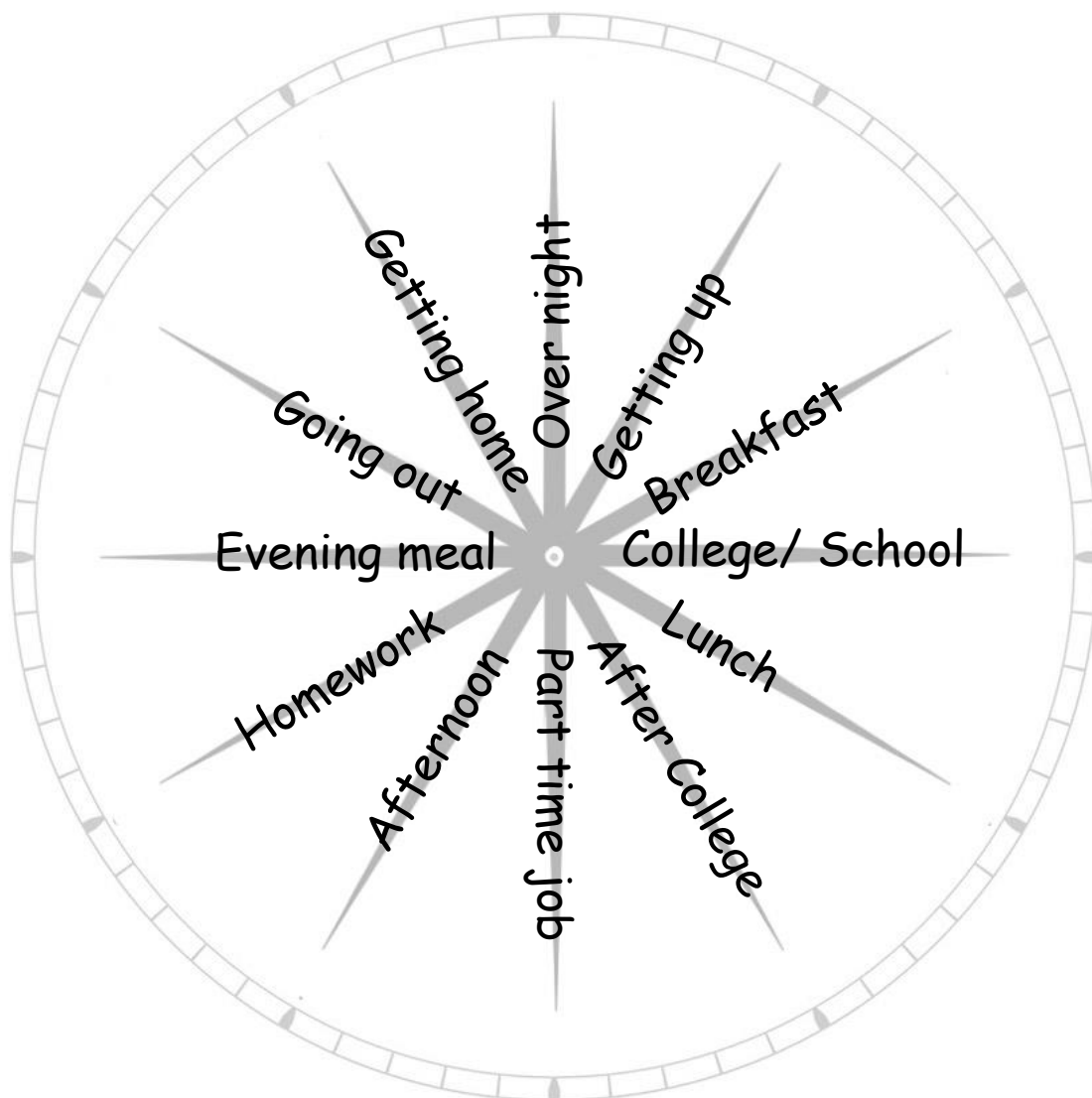
Mum and baby version – adapt for individual needs



What my **day** looks like

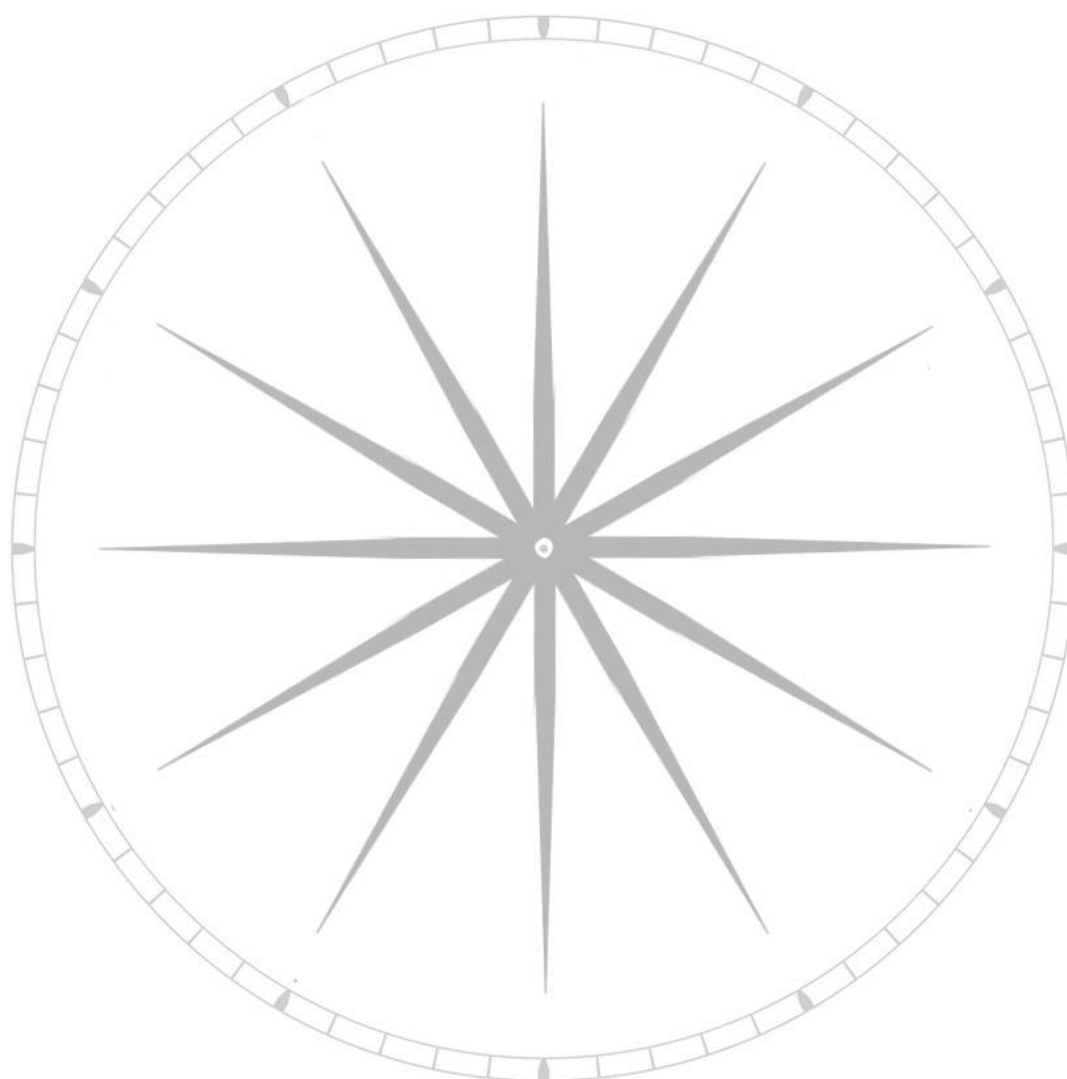
Name	
Date	
Who filled this in?	

Adolescent version – adapt for individual needs



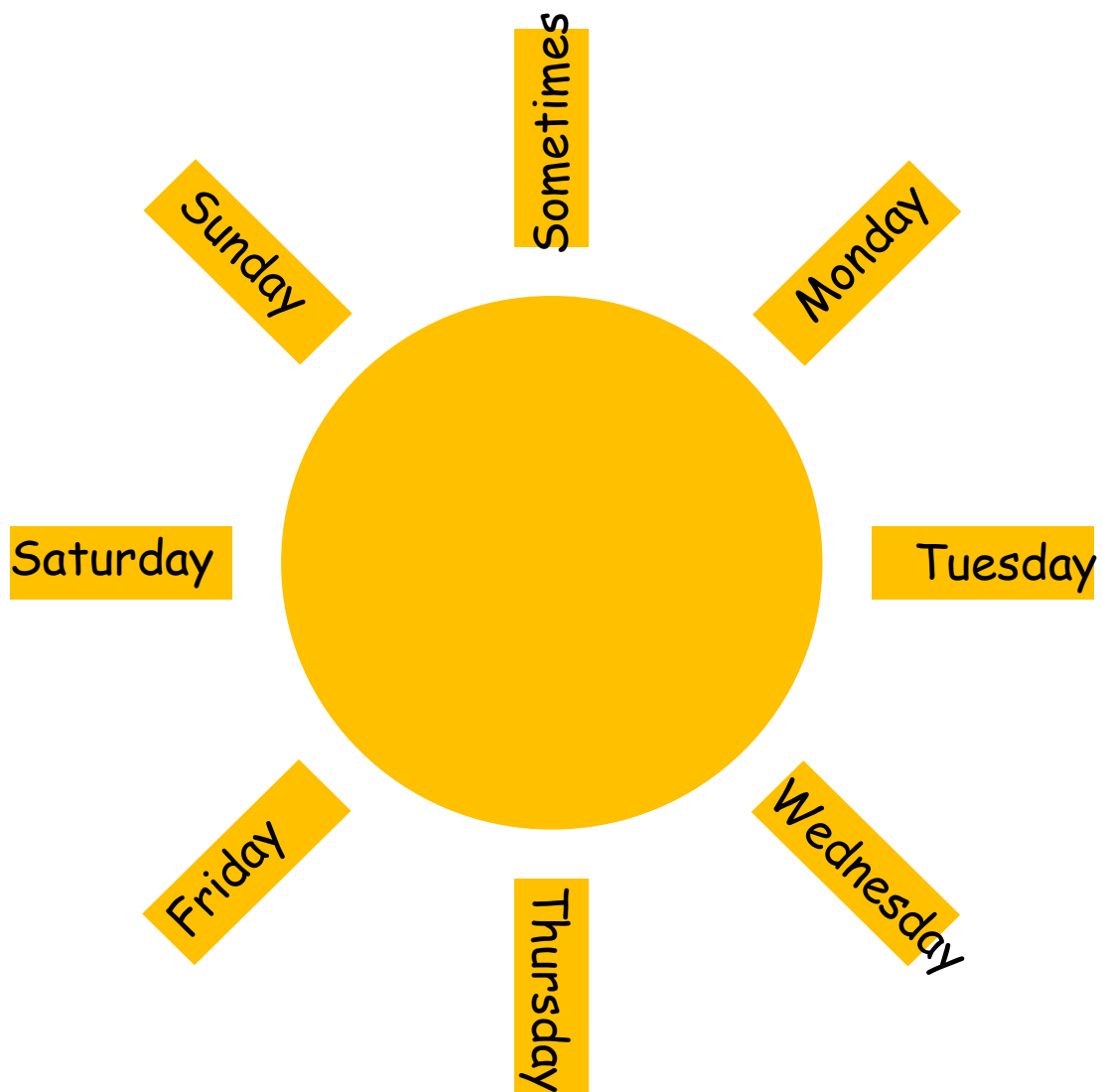
What my **day** looks like

Name	
Date	
Who filled this in?	



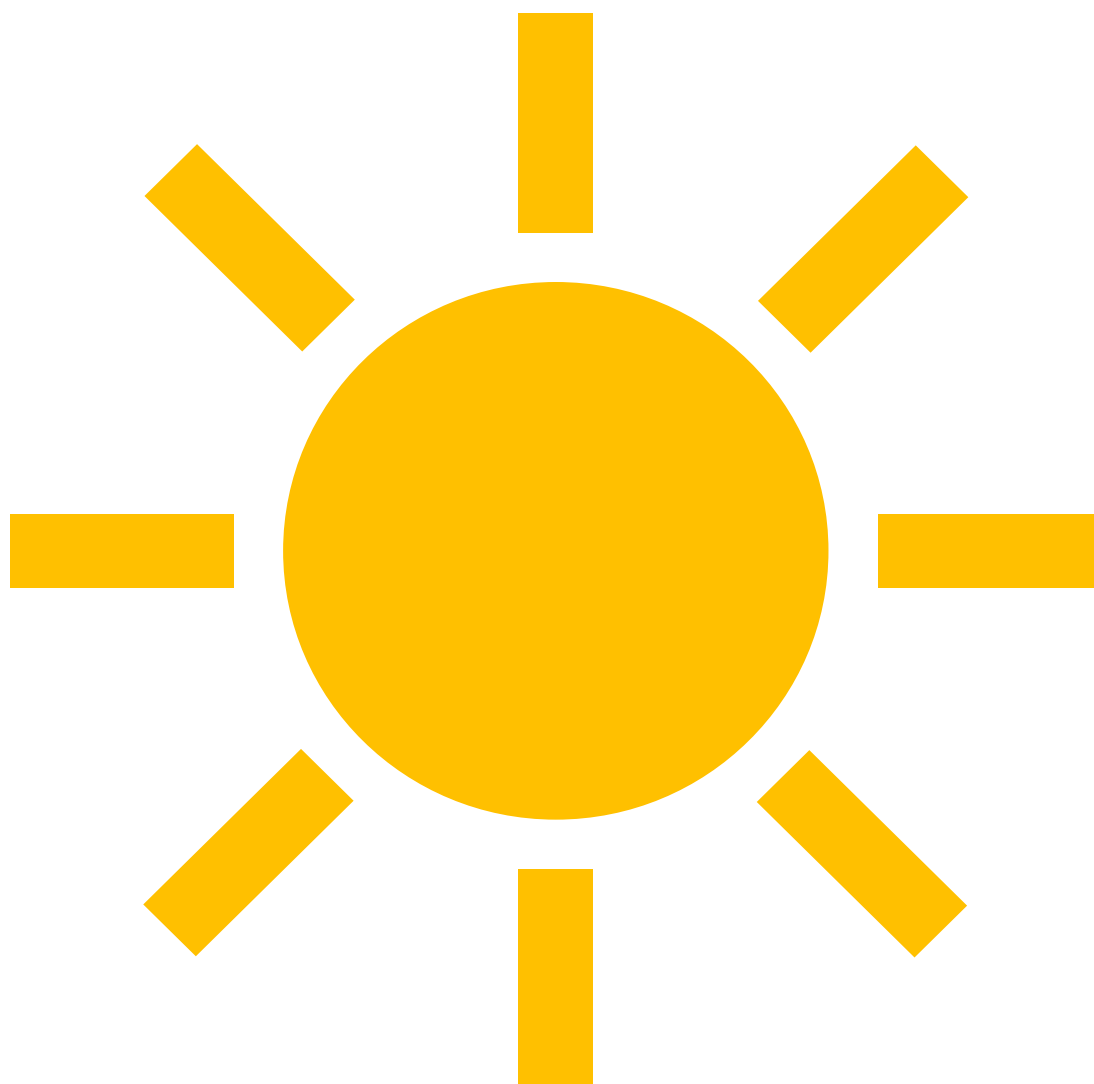
What my week looks like

Name	
Date	
Who filled this in?	



What my week looks like

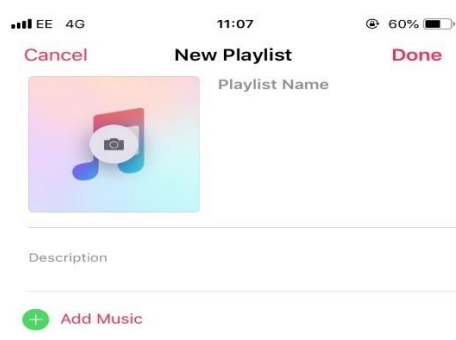
Name	
Date	
Who filled this in?	



Make Me a Playlist

Sometimes, certain tools are more difficult to use with older children and young people. Practitioners have shared some examples of tools they have used to get to know a young person and explore their views, experiences and wishes.

Why not ask a young person to make you a playlist of music? You can ask them to put songs on the list that they love, make them happy, make them want to dance or make them feel sad. You could also ask them to put songs on the list that would best describe how they feel about something, like a situation at home or with their friends. You can then look up the lyrics to the song and talk about why the young person relates to them, what the lyrics mean to them etc.



Music can be an incredibly powerful way to engage with a young person. You could put the songs onto a CD or tape for the young person following the session. One practitioner shared that they put all the songs on a CD that the young person said made them feel better or calmer and gave it to them during the next visit.

Practitioners have talked about using this idea to explore specific situations or events with a young person, when talking about their emotions or how they feel can be so difficult.



Assessment

Understanding the child's view of what is happening and what they would like to change is a central part of any assessment. What is communicated should be made explicit and inform the assessment.

In this section you will find practioner guides to using some of the tools we use for gathering the views of children during an assessment.

Signs of Safety: Three Houses



The Three Houses is a practical tool that ensures a child is actively involved with and at the centre of the assessment and planning process.

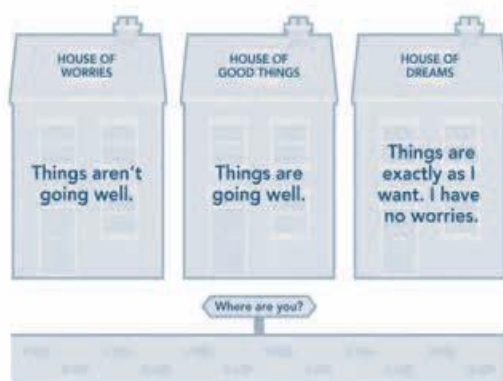
The Three Houses method mimics the three key assessment questions of the Signs of Safety framework:

- » What are we worried about?
- » What's working well?
- » What needs to happen?

and locates them in three houses to make them more accessible for children.

Where possible, inform parents and obtain permission to interview the child

Sometimes you may need to speak to children without seeking permission from their parent or carer. However, where possible the parents should be advised/asked in advance. Show them the tool and explain how it works. Tell them that you will ask the child not just about problems or worries, but also good things and their hopes for the future. This creates transparency and sets the context for you to be able to go back to the parents with the information from the child.



If there's more than one child, decide whether to speak to them separately or together

It is often valuable to speak with children on their own as this enables you to focus on an individual child's 'lived experience'. However, in some instances it may be necessary to work with and speak to children in pairs or as a sibling group as this can encourage them to open up and share their views and feelings.

Explain what each house is for:

- » In the middle house, we'll put in the things you like that are going well in your life. That's the 'House of Good Things'.
- » This is the 'House of Dreams', where we can write or draw how you'd like things to be in your life if all your worries were solved.
- » Let's write or draw your worries and things that are not going well in this house – the 'House of Worries'.

Together, choose whether to write words or do drawings (or both)

Ask the child if they want to do the writing/drawing, or if they'd like you to do it. The child should always be the leader on what is drawn. If you're in charge of writing/drawing, make sure you use the child's exact words and ideas, but feel free to guide the process, ie. Statements such as 'Mummy hits me' may be better written than drawn.

Ask the child which house they'd like to start with

If the child is anxious or uncertain, it's often easier to start with the good things or dreams, and you could use cues or prompts such as:

'What is good about where you are living at the moment?', 'If I came to see you at home on a good day where things were happy and you felt safe, what would you/ Mummy/ Daddy etc. be doing/saying that would show me this?' Beforehand, try to gather as much information about their circumstances as you can, so you can use conversation cues relevant to that particular child (ie. Children who have shared care arrangements between two households/ children cared for by family members/ recent bereavements etc).

Feel free to move back and forwards between the houses as makes most sense with each individual child.

Get the child's judgement on where life is for them

Once you've filled in the three houses you can then get the child's judgement on where life is for them, between a life dominated by worries to a life that is the way they would like it to be. This can be done using a straightforward number scale from 0–10, or you can ask them to point out where they are located on a pathway drawn from the House of Worries to the House of Dreams.

Explain what will happen next

Explain what will happen next and get their permission to show the houses to others, whether their parents or professionals. If the child feels concerned about their safety in presenting what they have described to others, ask them what they're afraid might happen and discuss ways to make them safe. Try to involve the child and go at their pace, and if you act in ways that go beyond what they're comfortable with, explain your decision to the child before action is taken.

Present the child's assessment to parents and others

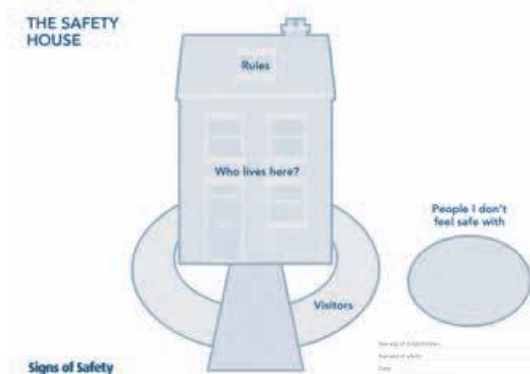
Taking the child's words and pictures back to the parents often makes adults see the situation differently and face problems more openly. It's often useful to start the conversation by talking about the House of Good Things, as it shows the parent you've thought about their situation in a balanced way and creates the opportunity to engage with the parents around the positives. A good strategy is to ask them what they believe their child will have said and see what they say before presenting the child's assessment to them.

This will help you to engage the parent further and will give you a sense of the parent's insight into their child's perspective.

Finally, make sure that you keep their three houses assessment on file (and tell the child you will do so).



Signs of Safety: Safety House



The Safety House tool extends the Three Houses or Fairy and Wizard process, and visually engages children in creating a safety plan.

It explores five key elements with the child:

1. What life will look like in the child's Safety House, and the people who will live there
2. People the child thinks should visit and how they should be involved
3. People the child sees as unsafe
4. Rules of the Safety House
5. Safety path: using the path to the house as a scaling device for the child to express their readiness to reunite or explore current safety in the family from the child's perspective.

Undertaking the Safety House process with children should be done with full knowledge of the adults where appropriate. Children should be fully aware that their parents are working with 'safe adults' to create a new set of rules for their family so that everyone knows the children are happy and safe. This creates a context where the child's Safety House can readily be brought to the parents and network, and their ideas contribute directly to growing the plan. For parents and network this also emphasises that the people they are ultimately most accountable to are not the statutory authorities, but the children themselves.

Inside the Safety House: The inner circle and inside the four walls

The child first draws her or himself within the inner circle of the Safety House. Starting by drawing themselves in the house will help the child to engage with the process, and the act of placing themselves right in the centre of the house has the added benefit of reinforcing that it is the child who is at the heart of this process. The child then adds to this inner circle the other people who will be living with them in their Safety House.

Inside the four walls is also where the child records the things that people would be doing inside his or her Safety House. These might be details of the day-to-day activities that the child enjoys such as "Mummy cooking dinner and reading me a story at bedtime" or may directly relate to safety such as "Mummy will always stay with me when Grandpa comes to visit".

Visiting the Safety House: The outer semi-circle

The people who the child wants to visit their safety house to help keep them safe (their safety network; people who are aware of the concerns and are actively involved in ensuring the children are safe) are drawn between the house and the outer semi-circle (the garden fence). Details of what these people would do to help keep the child safe can be drawn or described in words or phrases next to each person.

The Red Circle

The people who the child identifies they do not want to have in their Safety House (either living there or visiting) can be placed in the red circle, which is outside and totally separate to the safety house.



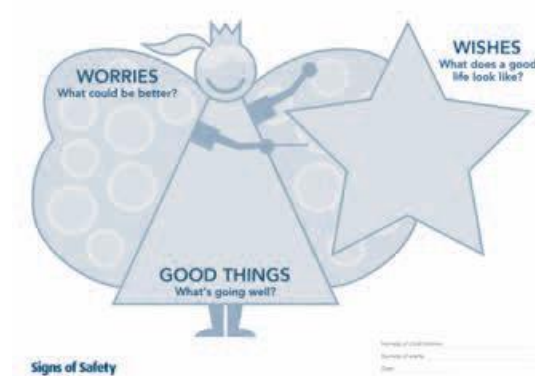
The Roof

The roof of the Safety House, the top part of the house, is used to record the child's 'rules' for their safety house. These rules describe how everyone must behave in the Safety House to ensure that the children are always safe and cared for. The emphasis here is on rules that ensure everyone is safe, rather than rules about the children needing to be 'good' (which is how some children will interpret the idea of rules).

The Safety Path

The path that leads to the Safety House represents the connection from the past and the worries that led to the child protection authority being involved with their family, to a future represented by the Safety House, where the child is safe in the care of their family. This safety path enables the child to rate their present safety, from the beginning of the path where they feel very worried about the concerns that led to them being in care/involved with child protection services (which the child might want to write at the beginning of the path), all the way to the door of the Safety House when the child is able to go inside their Safety House because all the worries have been sorted out. Using the path as a scaling device, the child is asked to rate their sense of safety by locating themselves on the safety path, either by drawing themselves on the path, or by colouring the path up to the point where they are, or any other way that best suits the child.

Signs of Safety: Wish Fairy & Wizard



The Fairy and Wizard are practical tools that ensure a child is actively involved with and at the centre of the assessment and planning process.

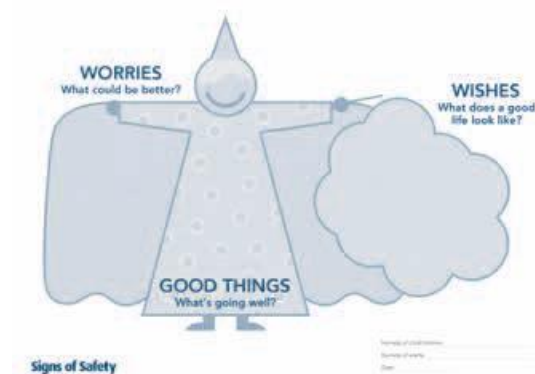
The Fairy and Wizard method mimics the three key assessment questions of the Signs of Safety framework:

- » What are we worried about?
- » What's working well?
- » What needs to happen?

and locates them in three houses to make them more accessible for children.

Where possible, inform parents and obtain permission to interview the child

Sometimes you may need to speak to children without seeking permission from their parent or carer. However, where possible the parents should be advised/asked in advance. Show them the tool and explain how it works. Tell them that you will ask the child not just about problems or worries, but also good things and their hopes for the future. This creates transparency and sets the context for you to be able to go back to the parents with the information from the child.



If there's more than one child, decide whether to speak to them separately or together

It is often valuable to speak with children on their own as this enables you to focus on an individual child's 'lived experience'. However, in some instances it may be necessary to work with and speak to children in pairs or as a sibling group as this can encourage them to open up and share their views and feelings.

Explain what part of the drawing is for:

- » The Fairy's wings/ Wizards cape represent(s) what's good and working well in your life- things that help you 'escape' your worries.
- » The Fairy's/ Wizard's clothes represent what is not going well, what is worrying you, or things that need to change.
- » The Fairy's star/ The Wizard's spell bubble represents wishes coming true, your hopes and dreams for the future, and how things would look if all your worries were gone.

Together, choose whether to write words or do drawings (or both)

Ask the child if they want to do the writing/ drawing, or if they'd like you to do it. The child should always be the leader on what is drawn. If you're in charge of writing/drawing, make sure you use the child's exact words and ideas, but feel free to guide the process, ie. Statements such as 'Mummy hits me' may be better written than drawn.

Ask the child which house they'd like to start with

If the child is anxious or uncertain, it's often easier to start with the good things or dreams, and you could use cues or prompts such as:

'What is good about where you are living at the moment?' 'What is good about school/Nursery?', and 'What is good about your friends?'. You could also explore: 'If I came to see you at home on a good day where things were happy and you felt safe, what would you/ Mummy/ Daddy etc. be doing/saying that would show me this? ' Beforehand, try to gather as much information about their circumstances as you can, so you can use conversation cues relevant to that particular child (ie. Children who have shared care arrangements between two households/ children cared for by family members/ recent bereavements etc)

Feel free to move back and forwards between the houses as makes most sense with each individual child.

Get the child's judgement on where life is for them

Once you've filled in the three houses you can then get the child's judgement on where life is for them, between a life dominated by worries to a life that is the way they would like it to be. This can be done using a straightforward number scale from 0–10.

Explain what will happen next

Explain what will happen next and get their permission to show the houses to others, whether their parents or professionals. If the child feels concerned about their safety in presenting what they have described to others, ask them what they're afraid might happen and discuss ways to make them safe. Try to involve the child and go at their pace, and if you act in ways that go beyond what they're comfortable with, explain your decision to the child before action is taken.

Present the child's assessment to parents and others

Taking the child's words and pictures back to the parents often makes adults see the situation differently and face problems more openly. It's often useful to start the conversation by talking about the House of Good Things, as it shows the parent you've thought about their situation in a balanced way and creates the opportunity to engage with the parents around the positives. A good strategy is to ask them what they believe their child will have said and see what they say before presenting the child's assessment to them.

This will help you to engage the parent further and will give you a sense of the parent's insight into their child's perspective.

Finally, make sure that you keep their three houses assessment on file (and tell the child you will do so)

HOUSE OF
DREAMS



HOUSE OF
GOOD THINGS



HOUSE OF
WORRIES



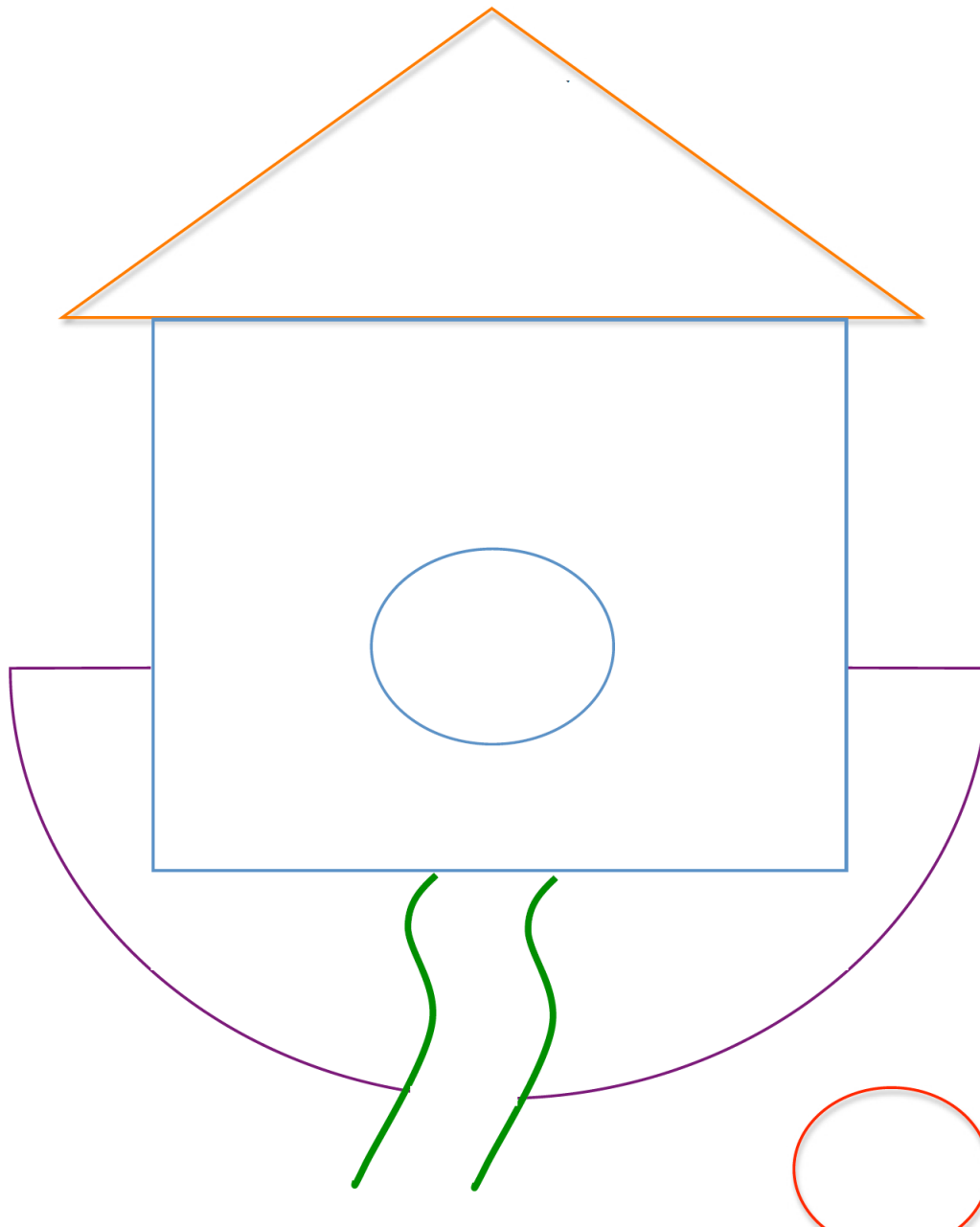
FAIRY



WIZARD



My Safety House

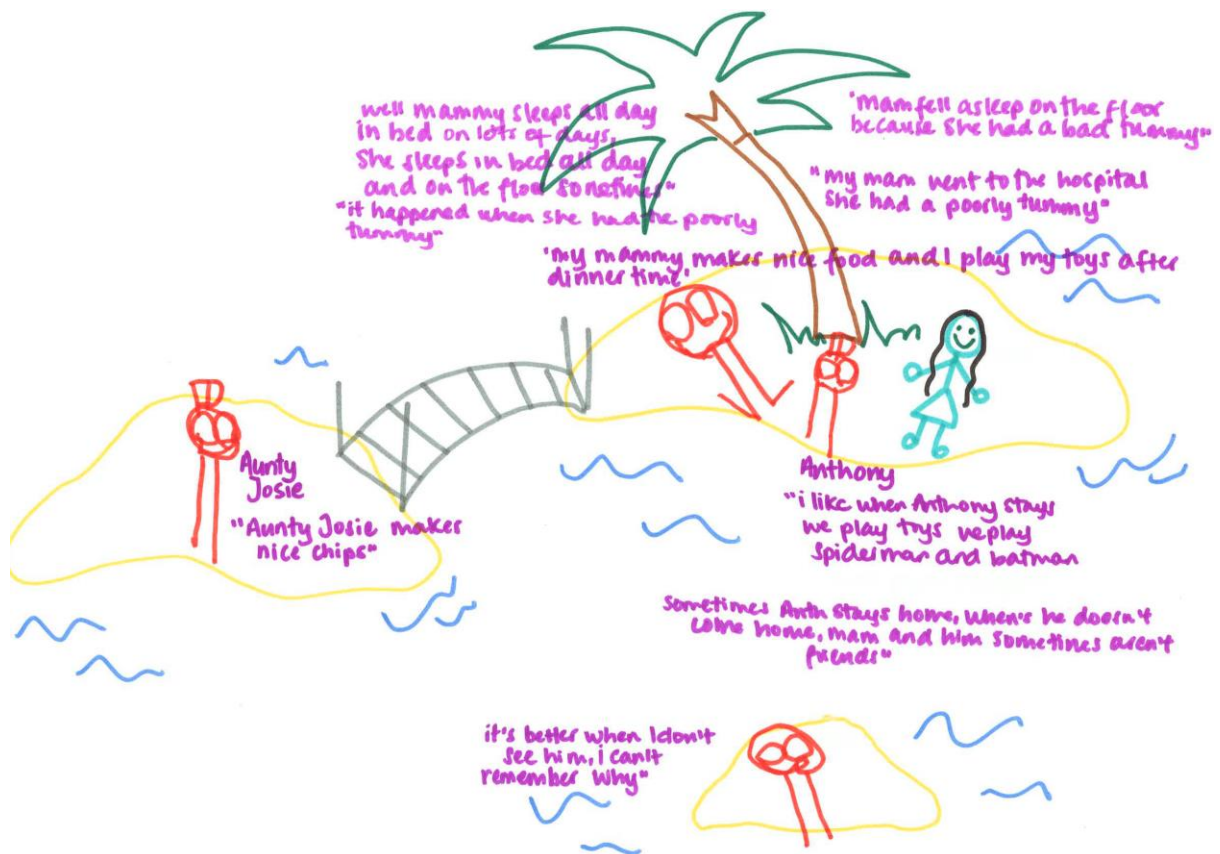


Three Islands

This tool helps practitioners to explore the strengths, risks, hopes and dreams of children and young people. It is used to gain and develop and insight into a young person's life without relying on formal questions during the assessment/intervention process.

What To Do:

1. Explain to the young person that they live on the first Island. They can name this island what they would like to. You should ask the young person to draw themselves (or use a picture) and then add anything else they want to be on the island with them. This can include people, pets, activities or objects.
2. Draw a bridge between this island and the second island. If the child wants- they can put a gate at one end of the bridge with a padlock
3. Draw a third Island which is on its own- sometimes people draw shark infested water around this Island, or attach a boat (for going to shore to get supplies).
4. On the second Island talk to the young person about who might live on this Island, that would be able to visit the main Island and that the child would be able to go and visit the other Island. If you use a gate- you can explain that only the child has access to the key for the gate and therefore they get to decide when the bridge is open and closed.
5. The third Island should be used to talk about and consider where someone might live if they weren't visiting the other Islands because it would make people unhappy or make things unsafe.

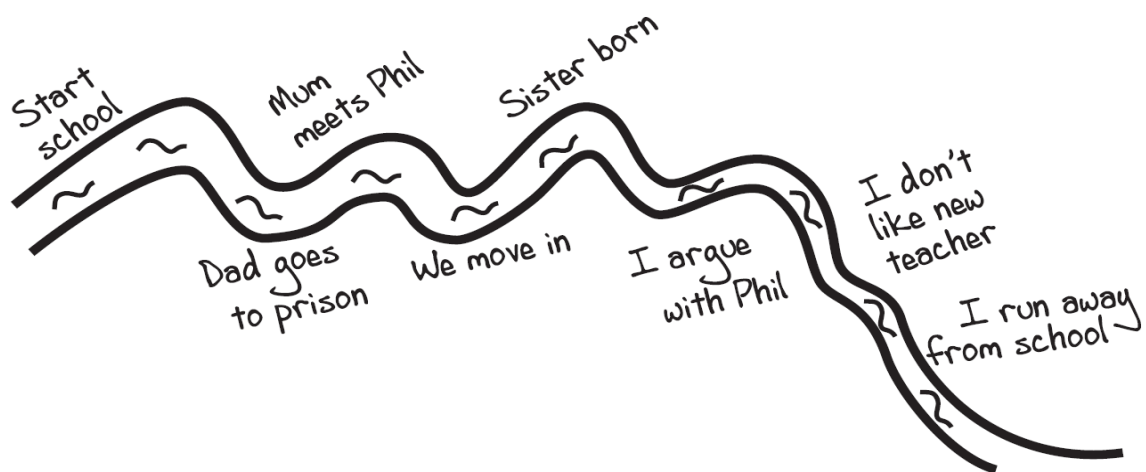




Life Paths

Life Paths (or Life River) are a way of helping people map out the journey their life has taken so far. This can be helpful in highlighting any recurring patterns and important events. They can also be used as a reflective tool and to help begin difficult conversations.

At the simplest level you can just draw a winding line on a page, write the person's date of birth at the beginning and their current age at the end. If you are feeling more creative, you can draw a snake or river. Then encourage them to start to indicate on the path the important things that have happened to them showing ages and perhaps noting down feelings and experiences. The child can use symbols, drawings, colours or even cut-out pictures/photos instead of words to convey events, relationships and feelings. Remember to leave enough time to fully explore this.



Life Journey Mapping

Within 'Working towards accreditation putting the pieces together: a workbook for child and family social workers' (Maclean et al. 2019) a range of good practice examples from across the country are highlighted including a 'Journey Mapping' activity from our Frontline Unit. Sharon (Student SW), with the support of our Frontline CSW, undertook a journey mapping activity with a family to support them consider their complex history but also reflect on the progress they had made as a family in overcoming issues.



The Problem Tree

The Problem Tree tool is a visual problem-solving tool which is useful in trying to map both the effects, and then the possible cause/s and the relationships between them as well as identifying a 'tipping point': the place where intervention will make the most impact for the child involved.

The roots of the tree, in the lower part of the drawing, represents the causes of the main problem. The tree trunk at the centre of the drawing represents the main problem and the tree branches and leaves, on the upper side of the drawing, provide a visual representation of the effects of the main problem.

Using the template on the next page. Work with the child to map out the following:

1. Leaves and branches – effects

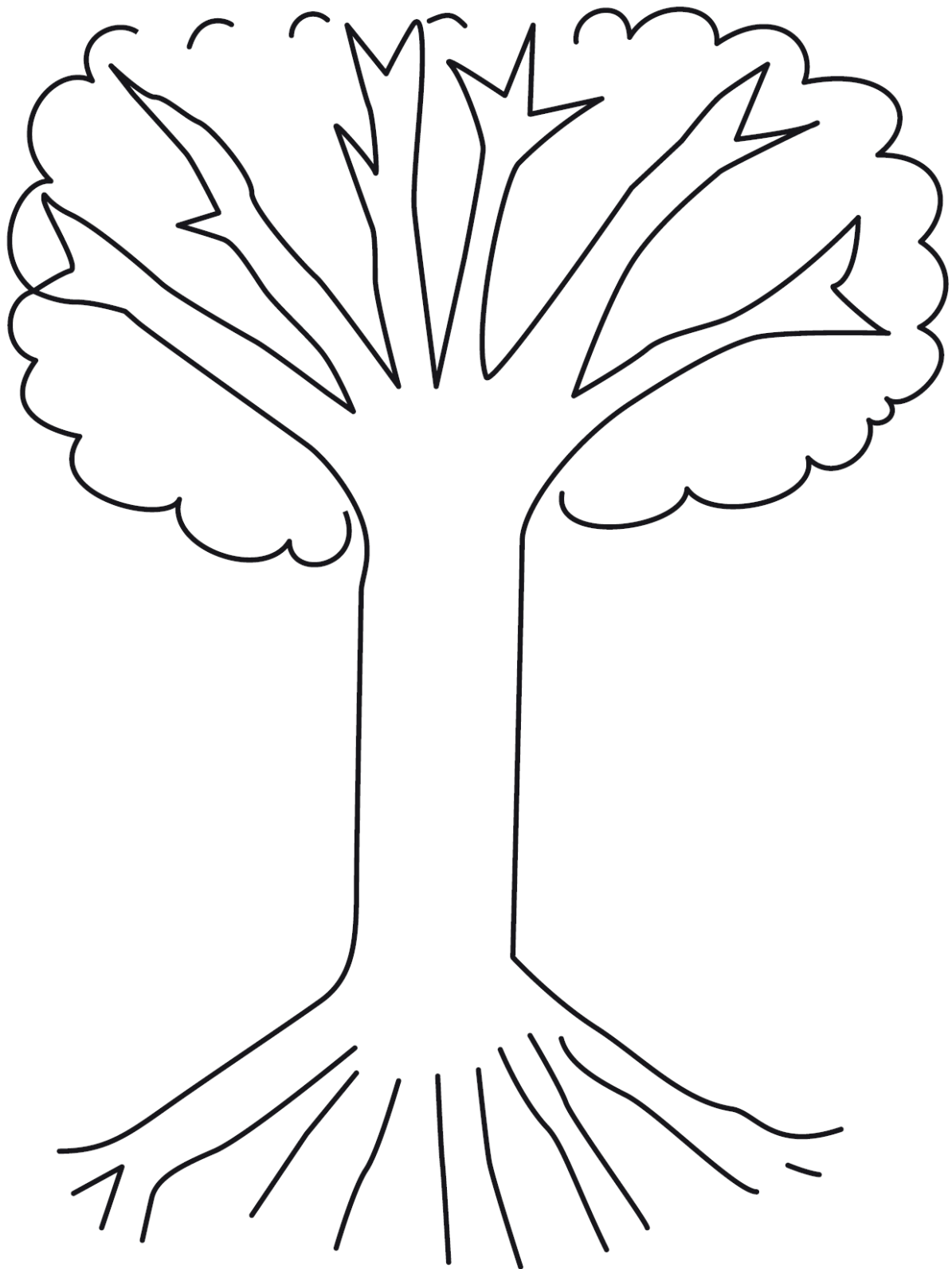
Begin by writing down all the effects or presenting issues – in other words all the things that we can feel, hear, touch, see or smell.

2. Trunk – main problem

Write here what the main problem is for the family and the child.

3. Roots – causes

Write here all the possible causes. There is likely to be a number of causes due to the complexity of the lives of the families we work with. For each cause, ask how many of the effects it might have an impact upon. Some causes will relate only to one effect and the impact will be limited, or another issue will immediately take its place. Other causes, if they could be changed, might impact upon a larger number of the issues. These are the tipping points and the places to start your work.



Notes for an Assessment

The tool in this resource pack was developed by practitioners in East Sussex to aid workers in gathering the views of children and young people for assessment and planning. It includes key questions and considerations which can be used to support you retain a focus on the young person and ensure your assessment and any subsequent planning is based upon their views, experiences, wishes and best interests.

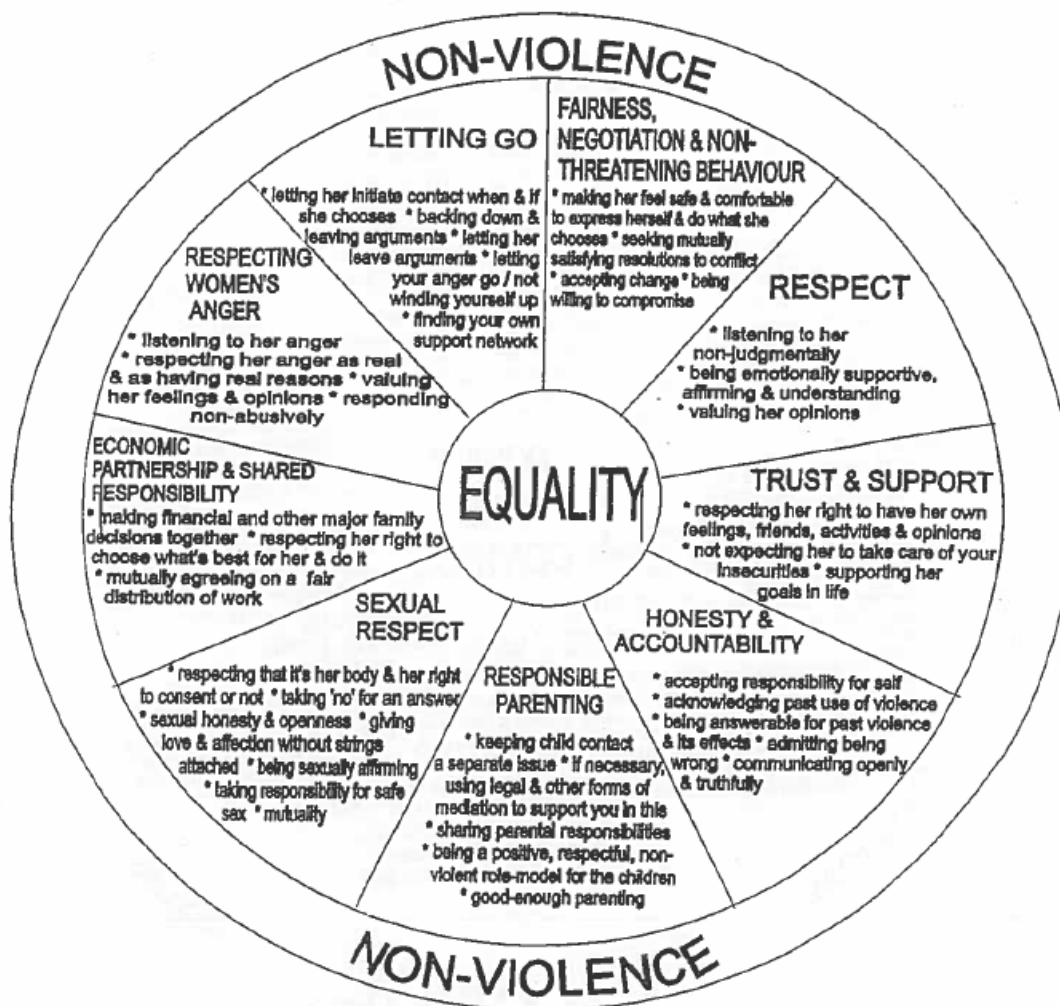
You should complete the tool with the young person, not for them and it is used best during an assessment or as a piece of work before a Conference. It should only be used as a prompt and should not replace having open and meaningful conversations with children and young people.

Thinking about the questions and making some notes will help you to contribute to your Assessment or Child's Plan

Why are people worried about me/my brothers and sisters?	What things do people need to know about me?	What things work well in my family?
Do I feel safe/worried/unhappy?	What things do I need to know more about?	If I felt worried or unsafe I would talk to?
What things need to change to make me feel safe/less worried/much happier and who can help my family to make those changes?	What else would I like people to do to help me and my family?	
Do you have any needs in relation to ethnicity, disability, sexuality or religion that we should take into account?		

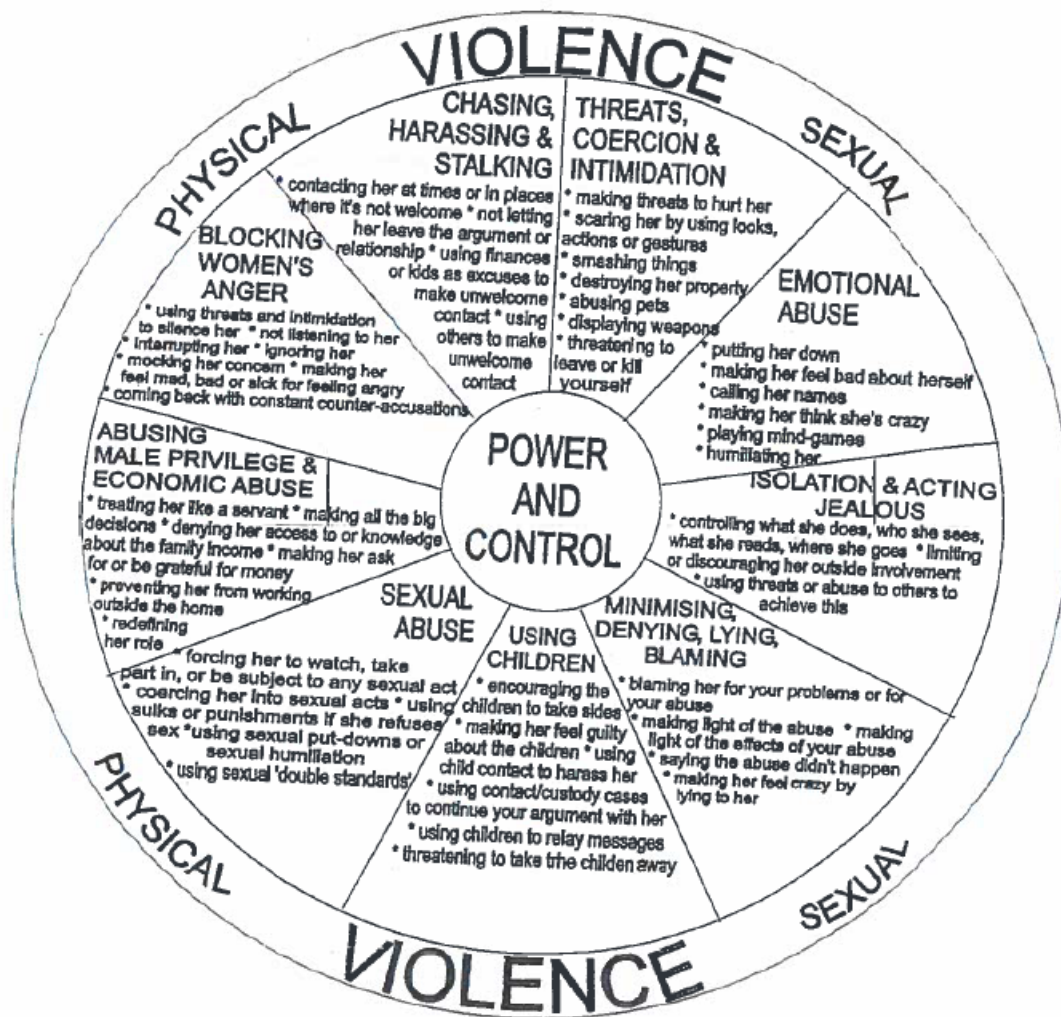


Domestic Abuse Resources



Equality wheel





The power and control model of an abusive relationship





Tool for assessing coercive control

This tool should be used where the Safe Lives DASH has identified elements of coercive and/or controlling behaviour in the relationship in order to assess this dynamic more fully in the context of the application.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Coercive control involves repeated, ongoing, intentional tactics which are used to limit the liberty of the victim. Those tactics may or may not necessarily be physical. They can be sexual, economic, psychological, legal, institutional, or all of these. By deploying these tactics the abuser can create a world where the victim is constantly monitored or criticised and every move and action checked. Victims often describe coercive control as not being 'allowed', or having to ask permission, to do everyday things; and being in constant fear of not meeting the abusers expectations or complying with their demands. The term walking on eggshells is often used.

For additional reference and information:

- [Learning and Development coercive control knowledge bite](#)
- [Home Office statutory guidance framework on controlling or coercive behaviours](#)
- [Women's Aid's toolkit for talking to young people about coercive control](#)

Note on Gender

Research both nationally and internationally is clear that victims of coercive control are overwhelmingly female and the perpetrators are male, whereas situational couple abuse has greater gender symmetry. For those using this tool where men are victims of coercive control, the tool should be used with full knowledge of the current research base as above and relevant gender notes included as appropriate.

Tool for assessing coercive control

ECMS number:



Tool for Identification of Coercive Control			
Restricting freedom	Always	To some extent	Never
My partner isolated me from family and friends			
My partner told me what to wear			
I was not allowed to go out without permission			
I was not allowed to use the car			
Medical care was denied to me or to the children			
I had to account for my time when I had been out			
My partner was jealous about who I spoke to when I was out			
I was accused of having affairs			
I was deprived of basic needs/food/sleep			
My partner tracked my phone location to monitor my whereabouts			
My partner monitored my messages, e mails and social media account			
Other identified behaviours			
Notes on gender if relevant			
Emotional abuse	Always	To some extent	Never
My partner belittled and abused me in front of the children			
My partner insulted me in front of family and friends			
My partner insulted my appearance			
My partner called me names and swore at me			
My partner had rules which I had to follow			
My partner withdrew affection			
My partner threatened to find me if I left			
My partner did not let me tend to the children			
My partner told me I was stupid or crazy			
My partner instructed the children to abuse me			
Other identified behaviours			
Notes on gender if relevant			
Intimidation and threats	Always	To some extent	Never
My partner physically abused me			
My partner used the threat of physical abuse to control me			
My partner changed their mood for no reason			
My partner destroyed my or the children's possessions			
My partner threatened to harm or did harm the children as a punishment to me			
My partner threatened to or did ruin planned events			
My partner threatened to take the children away			



My partner threatened to kill me in a way which made me believe it			
My partner raped me			
My partner humiliated me sexually			
My partner abused the family pet			
My partner drove the car in a reckless manner			
My partner blamed me for making them angry			
Other identified behaviours			
Notes on gender if relevant			
Economic abuse	Always	To some extent	Never
My partner denied me money			
I was not allowed to spend money on myself or the children			
I had to account for everything I spent			
I had to ask for basic necessities			
My partner spent money on themselves only			
I was kept in the dark as to our finances			
My partner went through my belongings for evidence of spending			
Other identified behaviours			
Notes on gender if relevant			

Assessment

The assessor will talk through the form with the victim and determine the nature and intensity of the behaviours and ask relevant questions around current perceptions and safety. The purpose of this task is to consider how the disclosed/ alleged behaviours may still be affecting the victim either as a current risk (ie they are ongoing), or whether the impact is more psychologically affecting and the victim still feels controlled or coerced.

The tool should be used to establish the risk with regard to the following factors:

- The nature of the behaviour and primary perpetrator
- The extent to which these factors **were** present in the relationship

Your assessment should establish:

- The extent to which these factors **remain** present in the relationship
- The current risk to victim and child
- The impact on parenting capacity
- The impact on the child
- Mitigating protective factors

This tool is a guide only. It is to be used in conjunction with complementary tools and as part of a holistic assessment process.





WORKSHEET



SAFETY PLANNING FOR CHILDREN

Acknowledgements to:
Chris Greenwood- Cheshire County Council
Helping Hands NIWAF
Bursting the Bubble

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk

Registered Charity No 1120244





INTRODUCTION

This workbook for young people, aims to promote wider discussion of their feelings about the situation they are living in.

It is also to be used as an aid for Professionals when assessing a young person's needs, feelings and wishes.

The key message to give to the young person is that the situation they are living in is not their fault, but they need to protect themselves by finding a safe person to talk to and a safe place to go.

In cases where domestic violence is the issue the young person needs to know:-

- **They have the right to be safe and to be cared for in a safe environment.**
- They should not try to intervene, but get out and then if possible try to find some help.
- They are not responsible for adult violence
- If they are over 16 and directly suffering intimate partner violence, then they are a victim and should have a DASH assessment

In all situations the young person needs to know:-

- **They have the right to be safe and to be cared for in a safe environment.**
- They have the right to protect themselves, to say NO and get out of violent situations
- They can help their siblings but they are not responsible for their long term safety. This is an adult responsibility.

During the work with the young person it is very important that they identify a safe person to go to, and who they can talk to about the difficulties they live with.

SAFETY PLANNING INCREASES POWER AND DECREASES FEAR

Useful telephone numbers:

Childline 0800 1111
NSPCC 0808 800 5000
National 24hr Domestic Violence Helpline 0808 2000 247

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk

Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

Registered Charity No 1120244



Thinking Sheets for Young People

Write about what you think about what's happening in your family:

Sometimes you might act differently to how you really feel

Write down how you act on the surface:

Write down what you truly feel underneath:

Write down how the problems in your family have been affecting your life:

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Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

Registered Charity No 1120244



Write down any things you have tried to do to help deal with this:

You've survived in this difficult situation so far. Write down the personal strengths you have that have kept you going:

What have you learnt so far through having to deal with this?

Some of the things you are good at are:

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Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

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Some things you hope to do in your life in the future:

Someone you could consider telling about your worries:

How would you tell them?

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INTRODUCTION

The aim of this workbook, is to promote wider discussion of children's feelings about the situation they are living in.

It is to be used as an aid for Professionals when assessing a child's needs, feelings and wishes.

Everyone has the right to feel safe all the time. They have the right to be cared for in a safe environment.

The key message to give to the child is that the situation they are living in is not their fault.

- They need to protect themselves by finding a safe person to talk to and a safe place to go.
- Identifying who they can talk to about the difficulties they live with.
- It is important for them to know that it is not their fault.
- Children have the right to protect themselves and say **NO**.

Giving the child practical skills appropriate to age is helpful such as how to telephone the police and give their name and address, obviously being careful not to add extra guilt or anxiety if they do not feel able to do this.

I have included Helping Hand sheets that can be used:-

- Creating an imaginary safe place helps children to relax.
- Learning "oh oh" feelings help children identify and trust their feelings when something is not right.
- The Helping Hand sheet is used to identify and remind children whom they can talk to when they feel unsafe. As well as identifying safe people the child can talk to remember the cat, dog, rabbit or cuddly toy can go on the palm as these give comfort.

Childline (for children only)

A free helpline for children and young people in the UK

Tel: 0800 1111

Website: www.childline.org.uk

NSPCC

A free confidential service for anyone concerned about children at risk from harm, offering counselling, information and advice. The service can also connect vulnerable young people, particularly runaways to services that can help.

Tel: 0808 800 5000

Website: www.nspcc.org.uk

The Hideout

Women's Aid have created this space to help children and young people to understand domestic abuse, and how to take positive action if it's happening to you.

Website: www.thehideout.org.uk

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk

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SAFETY PLANNING INCREASES POWER AND DECREASES FEAR



From Helping Hands for Children –acknowledgments to
N.I.W.A.F.

FEELING SAFE

When we feel safe we get lots of nice feelings in our body. Draw or write
what sort of feelings you get when you feel safe



There may be places where we feel safe.
Where is yours?

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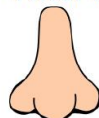


My Imaginary Safe Place

What would it look like?



What would it smell like?



What would it sound like?



How do you think you would feel in
your imaginary safe place?

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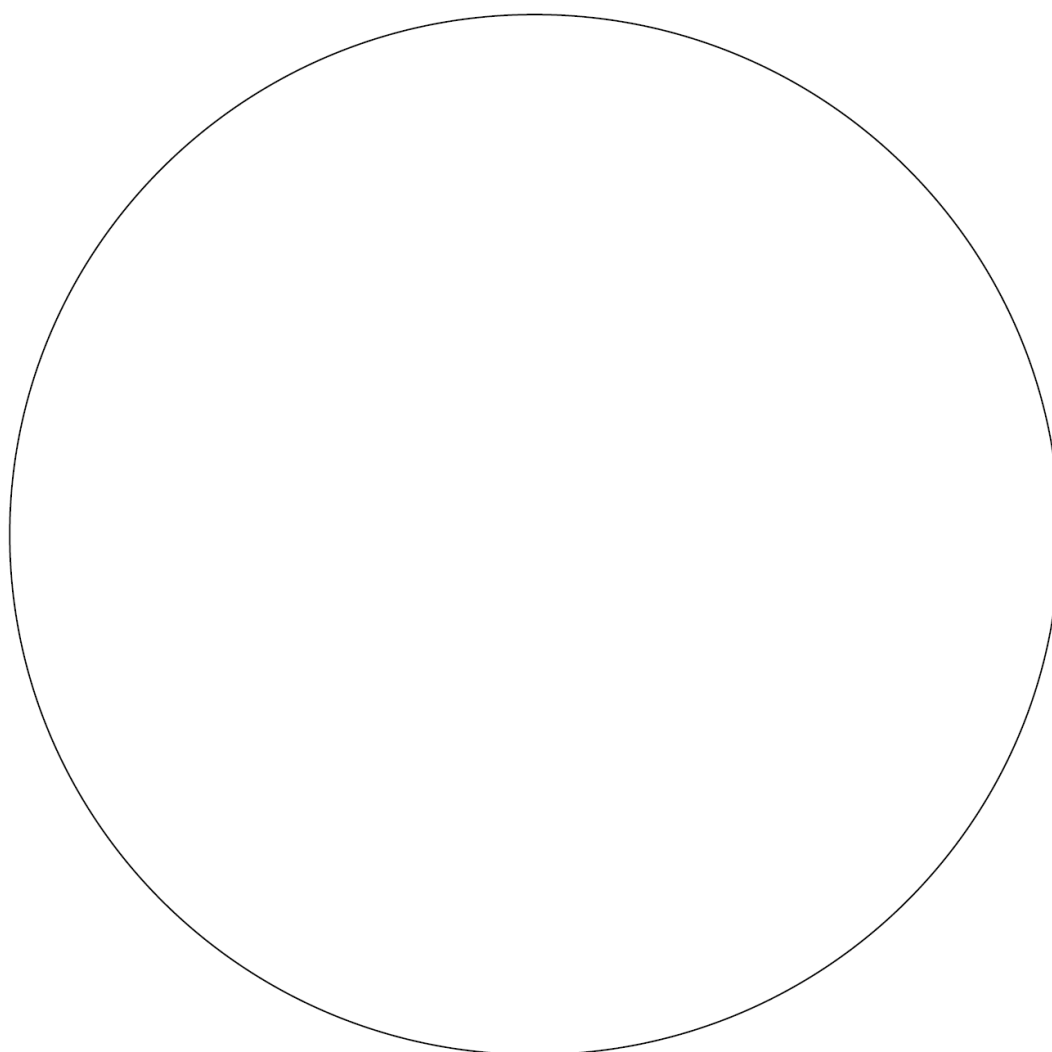
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MY IMAGINARY SAFE PLACE

Perhaps you could draw a picture of your imaginary place:



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OH OH SIGNS

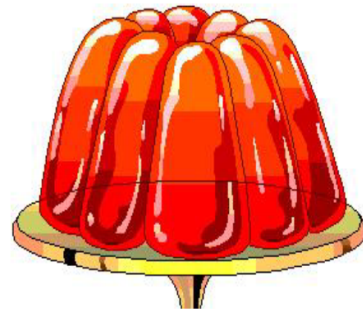


When we do not feel safe, our body tells us by giving us signs. These are sometimes called OH OH signs. Everyone has different OH OH signs, here are a few.

Our heart might beat faster, as though we have been running a lot



Parts of our body might feel like jelly



Parts of our body might shiver, as if we were cold



Draw what else might happen

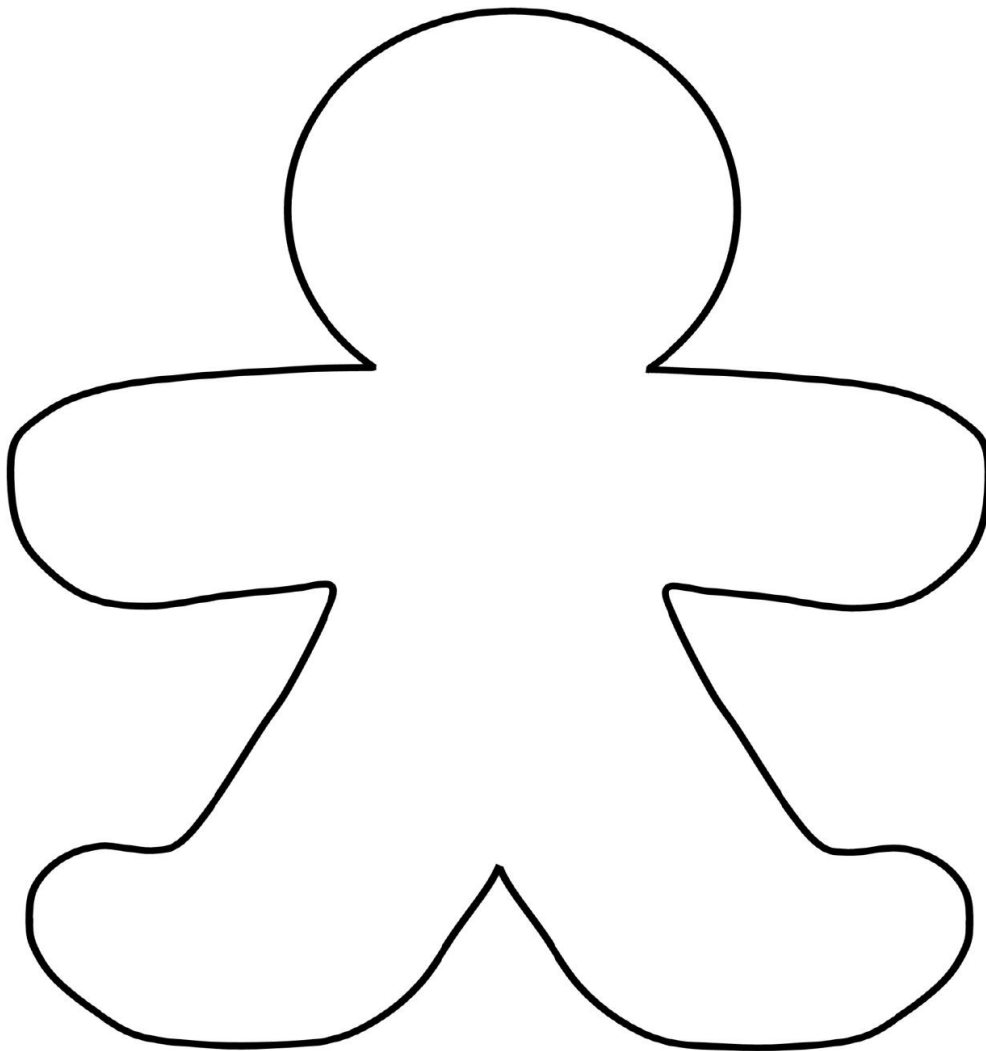
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My OH OH Signs

On the gingerbread person below, draw or write where you get your OH OH signs



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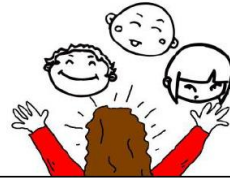


Who Can We Tell?

In the spaces below, fill in as many names as possible of people whom you could share your feelings with



People in my family I could share my feelings with



People outside my family I could share my feelings with

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My Own Helping Hand

Draw around your hand and place the names of people
you could talk to if you needed advice.



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Resources

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Website: www.thehideout.org.uk

Family Action

Supporting disadvantaged and socially isolated families with a wide range of services and solutions.

Tel: 020 7254 6251

Website: www.family-action.org.uk

Young Minds

Improving the emotional wellbeing and mental health of children and young people and empowering their parents and carers.

Tel: 0808 802 5544

Website: www.youngminds.org.uk/

Family Lives

Family Lives is a national charity that works for, and with, parents. Providing confidential advice and other support services.

Tel: 0808 800 2222

Website: www.familylives.org.uk

Gingerbread Single Parent Helpline- provides support and expert advice on anything from dealing with a break-up, to going back to work or sorting out maintenance, benefit or tax credit issues. Our friendly advisers will talk through your options and will send you useful information. Your call is confidential.

Tel: 0808 802 0925

Website: www.gingerbread.org.uk/

Home-Start UK

Home-Start is a national family support charity that helps parents to build better lives for their children. Our volunteers provide support and friendship to more than 29,170 families every year.

Website to find local contacts: <http://www.home-start.org.uk/findsupport/search>

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Tool for assessing whether a DVPP is appropriate

Derived from Sturge and Glaser

The perpetrator demonstrates

- a) some (preferably full) acknowledgment of the violence;
- b) some acceptance (preferably full if appropriate, ie the sole instigator of violence) of responsibility for that violence;
- c) full acceptance of the inappropriateness of the violence particularly in respect of the domestic and parenting context and of the likely ill-effects on the child;
- d) a genuine interest in the child's welfare and full commitment to the child, ie a wish for contact in which he is not making the conditions;
- e) a wish to make reparation to the child and work towards the child recognising the inappropriateness of the violence and the attitude to and treatment of the mother and helping the child to develop appropriate values and attitudes;
- f) an expression of regret and the showing of some understanding of the impact of their behaviour on their ex-partner in the past and currently;
- g) indications that the parent seeking contact can reliably sustain contact in all senses.

Tool for assessing whether a DVPP is appropriate

ECMS number:



Ending domestic abuse

SafeLives Dash risk checklist

Quick start guidance

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

The Dash risk checklist should be introduced to the victim within the framework of your agency's:

- Confidentiality Policy
- Information Sharing Policy and Protocols
- Marac Referral Policies and Protocols

Before you begin to ask the questions in the Dash risk checklist:

- Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the Marac

While you are asking the questions in the Dash risk checklist:

- Identify early on who the victim is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

Revealing the results of the Dash risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to Marac and Children's Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a



Marac or in another way. The responsibility for identifying your local referral threshold rests with your local Marac.

Resources

Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

- **National Domestic Violence Helpline** (tel: 0808 2000 247) for assistance with refuge accommodation and advice.
- **'Honour' Helpline** (tel: 0800 5999247) for advice on forced marriage and 'honour' based violence.
- **Sexual Assault Referral Centres** (web: <http://www.rapecrisis.org.uk/Referralcentres2.php>) for details on SARCs and to locate your nearest centre.
- **Broken Rainbow** (tel: 08452 604460 / web: www.broken-rainbow.org.uk for advice for LGBT victims) for advice and support for LGBT victims of domestic abuse.

Asking about types of abuse and risk factors

Physical abuse

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 23.

- Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- Sometimes violence will be used against a family pet.
- If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as a GP or A&E nurse.

Sexual abuse

We ask about whether the victim is experiencing any form of sexual abuse in question 16.

- Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

Coercion, threats and intimidation

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 24.

- It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (e.g. children/siblings). Victims usually know the abuser's behaviour better than anyone else which is why this question is significant.
- In cases of 'honour' based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as "If I can't have you no one else can..."
- Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim's home or workplace, loitering and destroying/vandalising property.



- Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

Emotional abuse and isolation

We ask about emotional abuse and isolation in questions 4, 5 and 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Victims of 'honour' based violence talk about extreme levels of isolation and being 'policed' in the home. This is a significant indicator of future harm and should be taken seriously.
- Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim's mental health and they might feel depressed or even suicidal.
- Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won't understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

Children and pregnancy

Questions 7, 9 and 18 refer to being pregnant and children and whether there is conflict over child contact.

- The presence of children including stepchildren can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

Economic abuse

Economic abuse is covered in question 20.

- Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.



SafeLives Dash risk checklist quick start guidance

- The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

We also have a library of resources and information about training for frontline practitioners at http://www.safelives.org.uk/marac/Information_about_Maracs.html

Other Marac toolkits and resources

If you or someone from your agency attends the Marac meeting, you can download a **Marac Representative's Toolkit** here: <http://www.safelives.org.uk/marac/Toolkit-Marac-representative.pdf>. This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from http://www.safelives.org.uk/marac/Resources_for_people_who_refer_to_Marac.html. These offer a practical introduction to Marac within the context of a professional role. Please signpost colleagues and other agency staff to these toolkits where relevant:

A&E	LGBT Services
Ambulance Service	Marac Chair
BAMER Services	Marac Coordinator
Children and Young People's Services	Mental Health Services for Adults
Drug and Alcohol	Police Officer
Education	Probation
Fire and Rescue Services	Social Care Services for Adults
Family Intervention Projects	Sexual Violence Services
Health Visitors, School Nurses & Community	Specialist Domestic Violence Services
Midwives	Victim Support
Housing	Women's Safety Officer
Independent Domestic Violence Advisors	

For additional information and materials on Multi Agency Risk Assessment Conferences (Maracs), please see the http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc. This provides guidance on the Marac process and forms the basis of the Marac Quality Assurance process and national standards for Marac.



**Confidential – Multi-Agency Risk Assessment Conference
(MARAC)
Domestic Violence Risk Assessment (DASH)**

This risk assessment form should be completed in all cases where the DV1 has flagged concerns about risk (6 or more ticks on the DV1 risk section), or where you as a professional have concerns about the risks to any member of the household, particularly any risks to children.

- In all cases scoring 14 or more on the risk assessment or where you as a professional judge any individual to be at significant risk of harm, a referral should be made to the Tower Hamlets Multi-Agency Risk Assessment Conference (MARAC). Please send the MARAC referral form and Risk Assessment to the Domestic Abuse Team (domestic.violence@towerhamlets.gov.uk or domestic.violence@towerhamlets.gov.uk)
- Where there are children present in the household - In all cases scoring 14 or more on the risk assessment, where any of the shaded questions on the form are present, or where the professional has significant concerns about the safety of any children in the household, a referral should be made to the MASH / Integrated Pathways and Support Team.

Name of Victim:

Name of Perpetrator:

Date RA completed:

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the correct box under the questions to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.	Yes (Y)	No (N)	Don't Know (DK)	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.) Comment:				
2. Are you very frightened? Comment:				
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s),...) might do and to whom, including children) Comment:				
4. Do you feel isolated from family/friends i.e. does (name of abuser(s),...) try to stop you from seeing friends/family/doctor or others? Comment:				
5. Are you feeling depressed or having suicidal thoughts? Comment:				
6. Have you separated or tried to separate from (name if abuser(s),...) within the past year? Comment:				
7. Is there conflict over child contact? Comment:				
8. Does (...) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and				



**Confidential – Multi-Agency Risk Assessment Conference
(MARAC)**

Domestic Violence Risk Assessment (DASH)

behaviour of what is being done.)				
Comment:				
9. Are you pregnant or have recently had a baby (within the last 18 months)?				
Comment:				
10. Is the abuse happening more often?				
Comment:				
11. Is the abuse getting worse?				
Comment:				
12. Does (...) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour-based' violence and specify behaviour.)				
Comment:				
13. Has (...) ever used weapons or objects to hurt you?				
Comment:				
14. Has (...) ever threatened to kill you or someone else and you believed them? (If yes, highlight who.) * You * Children * Other (please state)				
15. Has (...) ever attempted to strangle/choke/suffocate/drown you?				
Comment:				
16. Does (...) do or say things of sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)				
Comment:				
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV)				
Comment:				
18. Do you know if (...) has hurt anyone else? (Please highlight whom including the children, siblings or elderly relatives. Consider HBV.) * Children * Another family member * Someone from a previous relationship * Other (please state)				
19. Has (...) ever mistreated an animal or the family pet?				
Comment:				
20. Are there any financial issues? For example, are you dependent on (...) for money/have they recently lost their job/other financial issues?				
Comment:				
21. Has (...) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details of known.)				
Comment:				
22. Has (...) ever threatened or attempted suicide?				



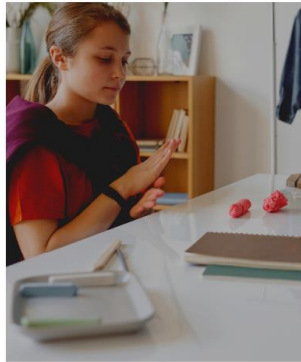
**Confidential – Multi-Agency Risk Assessment Conference
(MARAC)
Domestic Violence Risk Assessment (DASH)**

Comment:				
23. Has (...) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? <i>(you may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)</i> * Bail conditions * Non-Molestation/Occupation Order * Child contact arrangements * Forced Marriage Protection Order * Other				
24. Do you know if (...) has ever been in trouble with the police or has a criminal history? (If yes, please highlight.) * DV * Sexual violence * Other violence * Other (please state):				
Total 'yes' responses				

Supplementary child risk assessment questions:	Yes (Y)	No (N)	Don't Know (DK)	State source of info if not the victim e.g. police officer
Please complete this section of the form in all cases where domestic abuse has been disclosed and where there are children in the household.				
1. Has the child/ children directly intervened in or witnessed any incidents of domestic abuse and/ or been physically injured in the course of any incidents of domestic abuse?				
Comment:				
2. Has (...) made any threats or attempts to abduct the children?				
Comment:				
3. Are there any emerging concerns about the impact the abuse is having on the children? <i>(consider factors such as poor school attendance, bed wetting, signs of significant distress)</i>				
Comment:				
4. Are there any additional factors related to the child/ children that would increase their level of vulnerability to the abuse? <i>(e.g. child/ children has a disability, child/ children are not the perpetrators)</i>				
Comment:				
5. Is any member of the household at risk of forced marriage or honour based violence?				
Comment:				
6. Professionals – Do you have any concern as a professional about minimisation of the abuse by parent(s) and/or lack of parental engagement with support services?				
Comment:				



Neglect Resources



NEGLECT PRACTITIONER TOOLKIT

Common problems and how to overcome them

When working with neglect practitioners should be mindful of the following issues or barriers to effective assessment and interventions:

- A failure to observe or listen to children and see the world through their eyes
- A belief that neglect can be addressed solely by relieving poverty
- A failure to recognise children as part of a wider community, whose responses to the neglected child may be to bully or socially exclude them
- Taking a collective view of children in the same family, when an individual assessment is required
- A belief that parenting is innate and natural and therefore parental behaviours must be right
- A fear of imposing professional and class values on others
- Making assumptions about race and culture that could under or overstate the risks
- Viewing neglect as inevitable as the parents are unable to change their lifestyle/behaviour
- Developing pervasive belief systems that as long as the children seem happy, other omissions of care are less important
- A lack of knowledge of the impact and long-term consequences of neglect
- An adherence to a belief in the adults' rights to self-determination which may deny or be in conflict with the rights and/or best interests of the child
- Over identification with vulnerable parents, leading to denial of children's needs
- A belief that nothing better can be offered to children
- Studies have shown that when professionals have fixed views about the family and child, and the 'rule of optimism' develops, it is then difficult for workers to change their views about the family. This may occur in spite of compelling evidence of neglect and significant harm
- Neglect is usually seen as the mother's failure to provide care whereas little is known about male figures and the impact they have upon the children within the family

Try This! Cards



I can't seem to get the family to understand what I am concerned about

Try this!

- Share the chronology you have compiled with the family
- Think of creative ways to discuss the issues you are concerned about
- Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about
- Ask the family why they think you are visiting and use their response as a springboard to talk about issues
- If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact, try and visit with a colleague to produce a new way of talking about the same things
- Be mindful of level of cognitive ability of the family and adjust your language accordingly (particularly relevant with families with significant learning disabilities)





**There is a plan in place
but I remain concerned
for the child's safety**

Try this!

- Discuss your concerns with your line manager, care team or core group and where the child is subject to a Child Protection Plan, the allocated IRO
- Consider discussing the case in a team meeting or the Social Work Forum with colleagues who can share ideas and practice wisdom
- Ask for the review to be brought forward
- Produce a multi-agency chronology
- Reflect on concerns in relation to the child and parent and the effectiveness of the current plan in supervision
- Use tools/resources to consolidate concerns
- Seek legal advice about commencing the Public Law Outline



**The plan doesn't seem to
be working, the family
isn't cooperating – I feel
'stuck'**

Part 1

Try this!

- Review what you have done so far to engage the family – what has been most successful? What has been least successful and why?
- If there are practical issues blocking progress attempt to resolve these. It may be that the home environment is so chaotic when you visit that you are unable to complete any assessment. If this is the case, plan carefully how you can assess the family in these circumstances.
- Think about what the family most likes to talk about, for example, the children, themselves, housing issues. Structure your visit and allow them 10 minutes at the beginning of the session to let off steam and then spend the remaining time looking at issues that you want to cover
- Plan your visits. Think carefully about what time you will visit, what you want to achieve from the visit and how you will do it





The plan doesn't seem to be working, the family isn't cooperating – I feel 'stuck'

Part 2

Try this!

- Think carefully about how you are going to monitor and measure the issues of neglect. It is not acceptable to see this as ongoing activity that you cast your eyes over when visiting the family home. Use resources and tools to review change and feedback to the family what you perceive the situation to be
- Consider using creative ways to engage the family e.g. DVD, games
- Use observation as a method of gaining information and then feedback the issues to the family and engage in discussion about this
- Consider discussing your family within your team, possibly at a team meeting. Your colleagues may think of new ways of engaging the family or support to offer
- Consider having a colleague co-work with you. This will provide you with support and may also help to provide a fresh approach to the case



It's hard to effect change and work with issues of neglect within this family because sometimes parenting is 'good enough' and sometimes it isn't

Try this!

- Share chronologies between agencies (think about when you need consent for this)
- Use this to review the multi-agency plan
- Establish whether there is any pattern to decline or triggers that can be identified
- Consider the likely long-term outcome for the children without change and the impact of this
- Be clear about the outcomes sought (SMART Planning!)
- Be mindful to use the same criteria with children with additional needs





The family have shown that they do know and understand what good parenting is...but they don't do it consistently

Part 1

Try this!

- Look for and require consistency; it is common for parents who have received support and services to have knowledge of what good parenting is. Often parents can talk about what they should be doing with their children and a lot of the time they demonstrate an ability to provide good enough care, however they are not always able to do this consistently.
- Consider involving individuals who can act as role models to parents, preferably in the home. There may be resources within the extended family for this. It might mean helping a young mother or father to safely bath a baby. Or helping a family to understand the necessity for good hygiene in the kitchen
- Keep the needs of the children in focus. Talk to the children and find out what their experiences are, e.g. what a day in their life is like.



The family have shown that they do know and understand what good parenting is...but they don't do it consistently

Part 2

Try this!

- When you know that parents can care adequately some of the time, it becomes harder to remain objective and there could be a tendency to err on the side of optimism. Record carefully when the dips in parenting occur and compile chronologies of accidents and issues for example - around poor supervision
- Bear in mind that there has been a tendency to use a different criteria with regards to neglect for disabled children. **The criteria should be the same.** Disabled children are 3.4 times more likely to be abused and 3.8 times more likely to be neglected than non-disabled children





Baby: Question prompts and ideas for Assessment

Waking What time do they wake up? What happens next? Who gets them up? Does the same thing happen every day?

Feeding Is the baby breastfed? Are there any difficulties? What time does this happen? Where does this happen? If bottles are used, are they sterilised? Who does this? How often does this happen? Where are the sterilised bottles kept? Who bottle feeds the baby? Is the baby held while feeding? If not, then what happens? E.g. prop feeding, in their cot etc. How well does the baby feed? Are there any difficulties? Is the baby 'burped' during and at the end of feeding? Is eye contact made with the baby? Have they had repeated episodes of thrush? Does the baby settle well after the feed? What is happening regarding weaning?

Dressing Who dresses them? Where are they dressed? Is the nappy changed? Are there clean clothes? Does the same person dress them/change their nappy every day? Are the carers gentle when they dress the baby? Do they interact with the baby during dressing?

Getting to School (if there are school age children in the house) What happens to the baby? Do they go as well? If so, how do they get there (e.g. in a pushchair, car, carried in car-seat)? If they stay at home, who is looking after them? What is happening at this time? Are feeds being missed or rushed due to the school run? How are they dressed (taking into account the weather)? Where are they whilst parents/carers take the older children into school? E.g. are they left in the car?

During the Day What happens during the day? Who is spending time with them? What do they do with the baby? What toys and books are available? What happens about sleeping during the day? What time are they sleeping? Where do they sleep? Do they go out of the house? Where do they go? Who goes with them? Does the same thing happen every day? What happens about feeding? What time does this happen? If bottles are used, are they sterilised? When does this happen? Who does this? What happens about nappy changes? Who does this? Is there a good supply of nappies? How often are nappies changed? If there are pets, where are they?

During the Day Cont'd: Are they spending long periods of time sat in front of television or sat in a car seat and/or pushchair for long periods? If they are beginning to explore their environment, what safety measures are being put into place, e.g. safety gates, plug socket covers, supervision by an appropriate person?

Socialising (Communication) The baby will start to enjoy socialising within the first few weeks of life, and this will increase over time with smiling and eye to eye contact. Is the mother/father/carer able to cue into the baby's need to communicate initially through fleeting face to face communication? Does the mother/father/carer support this communication by holding the baby's head up if needs be? Is the mother/father/carer aware of the baby's state and able to cue into when the baby feels sleepy, hungry or in pain and either doesn't want to start an engagement or has had enough of interacting for the time being? The baby gradually communicates more by moving and changing the shape of their mouth and tongue. This socialisation gradually turns onto play and babbling. Does the mother/father/carer mirror and respond to the baby's efforts to communicate i.e. promoting attunement? How does the baby respond to this communication? How does the baby respond to facial expression when they are being calmed, talked to or played with? This is the voice of the child which is one of the most important considerations when carrying out an assessment.

After School (if there is a school age child in the house) Does the baby go with anyone to meet the other child(ren) at school? What happens when the other child(ren) are home from school? Do they engage with the baby? Is there an adult present if this happens? What happens during mealtimes? What about during the school holidays?

Evenings What happens about feeding? Who does this? What happens at bath time? Who does this? How often does the baby have a bath? Where do they have a bath? Does the same person bath the baby? What do the parents/carers do in the evenings? Does the baby spend time with parents/carers in the evening? If so, what happens? What is on the television when the baby is around?

Bedtime Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Are they changed for bed? What happens before they are put to bed? Do they have anything in with them e.g. bedtime toy? Does anyone read them a story? How are they settled? What happens if they do not settle? Is there a baby monitor? Who else is in the house at night? Is anyone put in charge of them at bedtime? What position do they sleep in? What is the environment like, e.g. regarding temperature?

Overnight How often do they wake? What happens when they wake? Who goes to them when they wake? Does the same person go to them when they wake? Are they fed when they wake? Is their nappy changed when they wake? If there are pets, where do the pets sleep? Is the baby left to cry for long periods of time?



Children (5 and over): Question prompts and ideas for Assessment

Waking Do they use a clock to get up? Does someone get them up? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen every day? What time does this happen?

Breakfast Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast?

Dressing Do they dress themselves? Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they are doing this? Is there hot water and clean clothes?

Getting to School Does someone take them? Do they have to take anyone else? Do they cross busy roads? Who helps them do this? Do they get to school on time?

In School What do they like about school? What don't they like about school? Who are their friends? What do they do with their friends? What do they like to do at break times? What do they eat at lunchtime? Do they have a favourite teacher or subject? Are they experiencing bullying? If they are starting school have they been toilet trained?

After School How do they get home from school? Does someone meet them at school? If so, who is this? If not, then is there anyone at home to meet them? What do they do after school? Do they look after anyone else? Do they have anything to eat? What do they have? Who makes it for them? Do they prepare food for anyone else? Do they go out and play? Do they do homework? Are there any issues around doing homework?

Evenings Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat with their parents/carers/other family members? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch tv? If so, what do they watch? Do they use the internet/social networking sites? Is this supervised? Who do they communicate with online? What do they talk about?

Evenings Cont'd: Do they go out? If so, who are they with and where do they go? Do they communicate this information to anyone? Do they have to be in at a particular time? Do they like toys and games? Do they have any? What do their parents/carers do in the evenings? Do they spend time with parents/carers in the evening? If so, what do they do?

Bedtime Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Do they like where they sleep? Do they wash and brush their teeth at bedtime? Do they change for bed? Who else is in the house at night? Are they put in charge of anyone else at bedtime?

School holidays/weekends Do they look after anyone? Do they have chores/jobs to do? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when they are not in school? Who supervises mealtimes?

Identifying and Understanding Concerns with Families

Overview:

The starting point of any assessment is to get the parents to understand and acknowledge the concerns. They will have possibly been involved in meetings with universal services or previously had an assessment completed by social care, but what understanding do they have of what was discussed and considered and do they understand what the priorities are? The aim of this activity is to make sure the parents/carers understand what the concerns are and to determine the potential for change.

Tools: make some cards labelled with identified concerns relating to the case, or points from the action plan e.g.

*Susan's late
bedtimes*

*Ben missing
school*

*Jamie needs a
coat*

Method: Read through the action plan going over each point with the parent/carer, then using the cards, ask the parent/carer to place the cards into two piles – “High Concern” and “Low Concern”. Encourage them to say why they feel this way.

Further Ideas: It would also be useful to do this activity separately with the child/young person (if appropriate) to establish whether there are any differences of opinion as to what the priorities are, or whether there is agreement within the family. This information can then be used to further the assessment/action plan.

Be creative!: If it is not appropriate to use labelled cards, using picture cards, drawing pictures on paper/flipchart, cutting out pictures from magazines etc. could be more visual ways of engaging children/young people/parents/carers in identifying concerns.

Identifying Parenting Knowledge, Skills & Attributes

The table below will support you provide a focus to discussions with parents about what is expected from them, for example as part of a plan or assessment.

Parenting Tasks	Knowledge, Skills and Attributes
Basic care Meeting child's physical needs Providing appropriate health care and medical attention Ensuring child has nutritious diet, warmth, shelter Giving clean and appropriate clothing and ensuring adequate personal hygiene	Knowledge of: Healthy diet and the food and drink requirements of a child at different ages A comfortable temperature for a baby and small child Toileting requirements of baby or child How to bath a baby and hygiene requirements of child Common ailments and how to cope with accidents How to access GP, dentist, optician etc Particular medical requirements of the child Skill in being able to: Provide a diet that enables child to thrive Recognise if a child is uncomfortable because they are too cold or hot Identify and respond to child's toileting needs Keep a young child clean and teach a child to take increasing responsibility for their own hygiene Identify and respond to child's health care needs Meet the particular needs of the child related to their disability or health issues
Ensuring Safety Ensuring child is adequately protected from harm and danger Protecting children from possible significant harm Avoiding contact with unsafe adults/children Protecting children from self-harm Recognising hazards and dangers both at home and elsewhere	Knowledge of: Sources of potential harm such as hazards in home, need for supervision, risk posed by unsafe adults and other children Ways in which child can become involved in anti-social behaviours and indicators of this involvement Particular vulnerabilities of a disabled child Skill in being able to: Provide a safe environment for the child both within the home and elsewhere Identify the signs and indicators that the child is at possible risk of harm
Stimulation Promoting the child's learning and intellectual development	Knowledge of: The education system and resources available to promote child's intellectual development within the community The way in which a child develops cognitive and language skills



<p>Encouraging, stimulating cognitive development</p> <p>Providing social opportunities</p> <p>Talking and responding to the child</p> <p>Encouraging and joining in play</p> <p>Enabling the child to experience success</p> <p>Ensuring school/nursery attendance</p> <p>Facilitating child to meet the challenges of life</p>	<p>Impact of child's disability on their cognitive development</p> <p>Skill in being able to:</p> <p>Engage with the child in play activities</p> <p>Stimulate the child through verbal communication or child's particular communication method, reading, play materials etc</p> <p>Access and use educational resources in the community</p> <p>Prepare child for preschool and school activities and support child enabling them to maximise the opportunities provided by these activities</p> <p>Have appropriate expectations of child when encouraging them to take on the challenges of life</p>
<p>Emotional Warmth</p> <p>Ensuring the child's emotional needs are met</p> <p>Giving the child a sense of being valued and a positive sense of own race and cultural identity</p> <p>Ensuring the child has secure, stable and affectionate relationships with significant others</p> <p>Demonstrating sensitivity and responsiveness to the child's emotional needs</p> <p>Providing appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement</p>	<p>Knowledge of:</p> <p>The child's cultural background</p> <p>The emotional needs of children</p> <p>Skills in being able to:</p> <p>Offer child love and acceptance and being able to respond sensitively to their needs</p> <p>Foster a sense of identity</p> <p>Have confidence in the child's worth and abilities</p> <p>Provide appropriate physical contact in light of age and ability</p> <p>Demonstrating consistency, reliability and dependability, providing a stable environment</p>
<p>Guidance and Boundaries</p> <p>Enabling the child to regulate their own emotions and behaviours</p> <p>Demonstrating and modelling appropriate behaviour and control of emotions and interactions with others</p> <p>Providing guidance involving the setting of boundaries enabling child to develop values, a conscience and appropriate social behaviours</p> <p>Enabling the child to grow into an autonomous adult acting appropriately with others</p> <p>Allowing child to explore and learn</p>	<p>Knowledge of:</p> <p>Appropriate behaviour for age and ability</p> <p>Effective methods for disciplining child</p> <p>Skills in being able to:</p> <p>Understand how their values and attitudes impact upon others</p> <p>Be authoritative, rather than over protective, permissive or authoritarian</p> <p>Offer a secure environment where rules are clear and consistent</p> <p>Set appropriate boundaries, providing adequate supervision and encouraging children to set their own boundaries</p> <p>Avoid harsh punishments but reinforce good behaviour</p> <p>Model effective methods of dealing with conflict, demonstration of emotions and interactions with others</p> <p>Have confidence in child</p> <p>Have appropriate expectations of child</p>



<p>Enabling child to manage anger, consider others</p> <p>Use effective methods of discipline to shape behaviour</p>	
<p>Stability</p> <p>Provide a sufficiently stable family environment to enable the child to develop and maintain a secure attachment to the primary care-giver</p> <p>Ensure secure attachments are not disrupted</p> <p>Provide consistent emotional warmth</p> <p>Respond in a similar way to the same behaviour</p> <p>Recognise and respond to the child's changing needs</p> <p>Ensure child keeps in contact with family members and significant others</p>	<p>Knowledge of:</p> <p>What a child needs to develop a secure relationship with a care giver</p> <p>Their own upbringing and its effect on their ability to parent</p> <p>Skills in being able to:</p> <p>Maintain relationships with significant people in the child's life</p> <p>Recognise the changing needs of the child as they mature and develop</p> <p>Create a stable home environment</p>



Interactive Observation Chart

Parent/carer details

Childs details

Date and venue

	Child	Parent	Reaction
Playing			
Talking			
Touch/Affection			
Reassurance			
Boundaries			
Guidance			
Praise			
Criticism/ negative comments			



Accumulative Neglect Chronology Example

Date of Referral	Reason for Referral/Issues	Action Taken	Outcome	Risk Level for Specific Referral	Analysis of Impact Accumulative	Accumulative Risk Level
01.01.14	Very poor home conditions; kitchen dirty, no food, no clean clothes	Assessment completed; parents advised to address the issues (left)	Further visit; home conditions improved. Case closed	Low		
25.03.14	Poor home conditions Children found wandering around the street	Assessment completed Child in Gran's care whilst wandering Home conditions good enough	Case closed	Low		
04.06.14	Poor school attendance Child's behaviour deteriorating	Letter to family with community based services EWS informed	Case closed	Low		
05.11.14	Children hungry, children's poor presentation, poor home conditions	House cluttered, limited food available, food parcel given	Refer to tenancy support. Case closed	Low		
02.01.15	Concerns regarding parents drinking, parents arguing; home conditions poor	Assessment completed, child in need plan in place; work with parents around managing the home	Case closed - 01.08.15	Low		
04.02.15	Child calls 999, parents arguing	Police attended – no disclosure made	Case closed	Low		
06.06.15	Domestic Violence incident; parents drunk; poor home conditions	Strategy discussion; S47 investigation; children placed with grandparents; CP conference arranged	CP Plan Case closed – 01.05.16	Medium		
04.06.16	Domestic disturbance; parents drunk; poor home conditions; child with injury	Strategy discussion; S47 investigation; child placed in foster care	ICO applied for, children remain in care	High		

Assessment Checklist – Considerations for Practice

At each section consider whether there is anything that seems likely to have an impact on the child

Physical care and wellbeing

Is there any reason to be concerned about the child's physical care and wellbeing in terms of?

Nutrition and Feeding

- Is the child regularly fed?
- Does the child eat enough food?
- Does the child eat appropriate food?
- Is the child patiently handled during feeding?
- Does the parent/carer seek help regarding nutrition/feeding problems?
- Is the child punished for not eating?
- Is the child encouraged to eat?
- Is the child encouraged to develop appropriate skills?
- Are there flexible routines?
- Is the parent/carer aware of the child being over or under weight?
- Is there evidence that the child is thriving?

Physical Warmth

- Is the child appropriately dressed for the weather?
- Is the bedroom appropriately heated?
- Is the house in general appropriately heated?

Physical Health (includes dental)

- Are physical health needs anticipated by parent?
- Do physical health needs get an appropriate and timely response from parents/carers?
- Is expert advice sought appropriately regarding non-emergencies?
- Is expert advice sought appropriately regarding emergencies?
- Is expert advice acted upon?
- Are any additional needs of the child understood and appropriately responded to?
- Does the parent/carer ignore or not recognise the need for diagnosis and/or treatment of physical health needs?
- Does the parent/carer act in a way that increases the likelihood of poor outcomes for physical health?
- Is there appropriate and active management of any head lice?

Mental and Emotional Health

- Does the parent/carer ignore or not recognise the need for diagnosis and/or treatment of mental and emotional health needs?
- Does the parent/carer refuse to allow or provide or facilitate diagnosis and/or treatment of mental and emotional health needs?
- Does the parent/carer act in a way that increases the likelihood of poor mental and emotional health? (This may include not taking known appropriate measures and/or not acting on advice in this respect)

Safety and Protection

- Is the child left alone inappropriately?
- Are all babysitters of an appropriate age and capability? And known to the child? And are adults or young people without obvious problems that may affect their ability to care for the child?
- Are there safe physical boundaries? For example, not allowed/able to wander from home; parents have clear ideas of limits of play areas
- Is there safety equipment, for example, stair-gates and fireguards? Is the equipment in use?
- Is there a safe bed/cot to sleep in?
- Can the windows and doors be opened by a child if unsafe for them to do so?
- Are dangerous household substances (e.g. bleach and cleaners) kept safely?
- Are dangerous personal items (e.g. medication, needles and drugs) kept safely?
- Is dangerous household equipment (e.g. knives, lighters, electrical appliances) accessible to children?
- Is there effective supervision in potentially dangerous situations in and outside of the home?
- Is the child expected/allowed to do inappropriate dangerous tasks, e.g. cooking, lighting fires, supervising very young siblings etc?
- Is there a history of fire setting, in or outside of the home, by any member of the family?
- Is the area immediately around the home safe? E.g. are there accessible dangerous objects, balconies, stairwells etc?

Cleanliness

- Is general hygiene in the home reasonable?
- Is animal mess cleaned up promptly? Or is it left within reach of the child?
- Is old food cleared away?
- Is rubbish disposed of safely?
- Does the child have clean clothing available?
- Does the child smell? If they do, are they teased/rejected by peers?
- Is there bedding available? If so, is it clean and dry?
- Is food stored hygienically?
- Is the toilet cleaned on a regular basis?
- Are there facilities for washing and bathing? Are they used regularly?
- Does the house have an unclean smell?

Possessions and Personal Space

- Does the child have his/her own clothing?
- Does the child play with age appropriate toys?
- Does the child have toys of his/her own?
- Does the child have personal space (e.g. bedroom), including personal privacy?
- Does the child have appropriate personal possessions?

Animals and Pets

- Are the pets appropriately cared for?
- Are the needs of the pet(s) prioritised over those of the child?
- Are pets safe in terms of harm to the child?
- Do the parents/carers ensure the child learns to behave appropriately with pets, and take appropriate responsibility for them (if age appropriate)?
- Is a significant proportion of family income being spent on the pet(s)? To the detriment of the child?
- Is access to, or ill-treatment of a pet, being used to control or punish the child?
- Are animals harmed by any member of or visitors to the household?

Visitors to the Household

- Is the child's home often frequented by 'visitors', i.e. adults or young people who have no significant relationship with them?
- Is the child left in the care of 'visitors'?
- Does the presence of 'visitors' disrupt the child's normal routines or result in inappropriate routines?
- Do the needs of the 'visitors' take priority over those of the child?
- Do 'visitors' stay overnight?
- Are 'visitors' genuinely friends of a parent, or are they exploiting or abusing a parent?

Parent/carer's Emotional Involvement with the Child

- Is the child comforted when distressed?
- Does the parent expect comfort from the child when the parent is distressed?
- Is the child denigrated?
- Is the child praised/rewarded for achievements?
- Does the parent/carer emphasise or punish failure?
- Does the parent/carer have limited physical and emotional contact with the child?
- Is affection shown and expressed?
- Do the parents/carers have a negative attitude towards the child?
- Do the parents lack emotional maturity?
- Is there a sense of belonging and security in the family? I.e. a sense of the parents/carers commitment to the child and to protect the child?
- Is the child free to express themselves?

Leisure Activity

- Does the child have access to age inappropriate DVD, computer games etc?
- Does the child have access to pornography?
- Does the child have uncontrolled access to the internet?
- Does the child have unrestricted access to late-night television?
- Is the child supervised by a responsible person during potentially dangerous leisure activities?
- Is the child allowed to take part in age inappropriate activities?

Self-Harming

- Self-harming may include using drugs or alcohol or deliberate exposure to danger.
- Does the child experience self-harming, or threats of self-harming by a parent/carer or sibling as part of family life?
- Is the child self-harming, or threatening self-harm?

Educational Needs

- Does the parent/carer ensure the child receives an appropriate education?
- Does the parent/carer allow and/or recognise the need for treatment and/or services regarding serious educational problems or needs?
- Is the parent/carer involved in the child's education? (E.g. assisting with homework, ensuring child has equipment, engaging with teachers as appropriate, and so on)
- Is the child unable to access the curriculum or fully benefit from the educational experience? (E.g. because of their or others behaviour in class, relationships with peers and/or adults in school, ability to concentrate and/or learn, punctuality and/or attendance, social skills and/or acceptability and so on)

Parents/Carers Attitudes to Professionals

- Are parents/carers likely to refuse (actually or effectively) to be involved with professionals?
- Is there any history of disguised or non-compliance?
- Do parents/carers accept that professional involvement is appropriate?
- Do parents/carers accept that professional involvement is necessary?

History and Context

Is there a history or context of current concerns in terms of:

- Abuse or neglect?
- Mental ill health?
- Learning disability?
- Drug or alcohol misuse?
- Poverty or financial problems?
- Homelessness?
- Frequent changes of home and/or school?
- Child going missing, with or without parents/carers?
- Addictive behaviour by parents/carers?

The Child

- Is the child seen as being 'difficult'? (Crying, refusing to engage with parents or in play)
- Is the child 'passive'? (vacant facial expression, failing to respond to adults, reluctant to play)
- Is the child able to enjoy social intercourse, take turns, and respond to adult interest?
- Does the child have a secure attachment to parent/carer?
- Does the child have strong feelings of self-worth and self-confidence?

Substance Misuse Resources

SCODA: Risk assessment with parental drug use

The following checklist outlines seven key domains that can be used as part of risk assessment with parental drug use. These domains were developed by the Standing Conference on Drug Abuse (SCODA) and the Local Government Drugs Forum (LGDF) for use by non-specialist professionals in England, Scotland and Wales. Additions and changes are identified by use of *italics*.

The four scoring categories developed for the DrugNet site (<http://www.drugnet.bizland.com/assessment/checklis1.htm>) aim to broaden a 'yes/no' response and to identify evidence of positive parenting as well as potential child safety issues. The numerical system is a general guide only. Higher scores indicate increased risk and concern. Standardised or validated assessment of the sum totals of this checklist have NOT been developed. The comments section should be used to summarise the assessment from each of the domains.

Subsequent reassessments should provide both worker and parent(s) an opportunity to acknowledge progress. This tool should be used in conjunction with the ten drug management steps outlined in '[Working with a parent or care-giver with an alcohol or other drug use problem](#)'.

This checklist should be completed with the parent(s) where possible. Collateral information (e.g. from a neighbour or relative) may also be sought to validate or otherwise this information. (Note Confidentiality)

Contents

- Parent/care-giver drug issues checklist
- Key to scoring
- The pattern of parental drug use
- Accommodation and home environment
- Provision of basic necessities
- Procurement of drugs
- Health risks
- Family's social network and support systems
- The parents' perception of the situation
- Other Child Safety Issues
- Other Positive Parenting Issues
- Overall summary of findings
- Negotiated recommendations and goals

SCODA: Risk assessment with parental drug use

ECMS number:

Parent/care-giver drug issues checklist				
Key to Scoring Numbers are only intended to discriminate between protective factors, concerns and more serious issues which require immediate intervention. -1 = Positive (positive - congratulate) 1 = Transitional - (somewhat an issue) 2 = Problematic - (requires immediate attention) ? = Unsure - (further information required (or N/A))				
The pattern of parental drug use				
Is there a drug-free parent, supportive partner or relative?	-1	1	2	?
Is the drug use by the parent Experimental? Recreational? Chaotic? Dependent?	-1	1	2	?
Does the user move between categories at different times? Does the drug use also involve alcohol or a combination of drugs?	-1	1	2	?
Are the levels of care different from when the parent is/was a non-user?	-1	1	2	?
Is there any evidence of coexistence of mental health problems alongside the drug use? If there is, do the drugs cause these problems, or have these problems led to the drug use?	-1	1	2	?
Comments: 				
Accommodation and home environment				
Is accommodation adequate for children?	-1	1	2	?
Are parents ensuring that rent and bills are paid?	-1	1	2	?
Does the family remain in one area or move frequently. If the latter, why?	-1	1	2	?
Are other drug users sharing the accommodation? If they are, are relationships with them harmonious, or is there conflict?	-1	1	2	?

SCODA: Risk assessment with parental drug use

ECMS number:

Is the family living in a drug using community?	-1	1	2	?
If parents are using drugs, do children witness the taking of the drugs, or other substances?	-1	1	2	?
Could other aspects of the drug use constitute a risk to children (eg. conflict with or between dealers, exposure to criminal activities related to drug use)?	-1	1	2	?
Does the alcohol or other drug use contribute to any domestic violence issues?	-1	1	2	?
Comments:				
Provision of basic necessities				
Is there adequate food, clothing and warmth for the children?	-1	1	2	?
Are the children attending school regularly?	-1	1	2	?
Are children engaged in age-appropriate activities?	-1	1	2	?
Are the children's emotional needs being adequately met?	-1	1	2	?
Are there any indications that any of the children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities, etc.)?	-1	1	2	?
Comments:				
Procurement of drugs				
Are the children being left alone while their parents are procuring drugs?	-1	1	2	?
Because of their parent's drug use, are the children being taken to places where they could be "at risk"?	-1	1	2	?

SCODA: Risk assessment with parental drug use

ECMS number:

How much are the drugs costing?	-1	1	2	?
How is the money obtained?	-1	1	2	?
Is this causing financial problems?	-1	1	2	?
Are the premises being used to sell drugs?	-1	1	2	?
Are the parents allowing their premises to be used by other drug users?	-1	1	2	?
Comments:				
Health risks				
If drugs and/or injecting equipment are kept on the premises, are they kept securely?	-1	1	2	?
Are the children aware of where the drugs are kept?	-1	1	2	?
If the parents are intravenous drug users: * Do they share injecting equipment? * Do they use a needle exchange scheme? * How do they dispose of syringes? * Are parents aware of the health risks of injecting or using drugs?	-1	1	2	?
If parents are on a substitute prescribing program, such as methadone: * Are parents aware of the dangers of children accessing this medication? * Do they take adequate precautions to ensure this does not happen?	-1	1	2	?
Are parents aware of, and in touch with, local specialist agencies who can advise on issues such as needle exchanges, substitute prescribing programs, detox and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?	-1	1	2	?

SCODA: Risk assessment with parental drug use

ECMS number:

Comments:				
Family's social network and support systems				
Do parents and children associate primarily with: * Other drug users? * Non-users * Both?	-1	1	2	?
Are relatives aware of the drug use? Are they supportive?	-1	1	2	?
Will the parents accept help from the relatives?	-1	1	2	?
Will the parents accept help from statutory/non-statutory agencies?	-1	1	2	?
<i>The degree of social isolation should be considered particularly for those parents living in remote areas where resources may not be available and they may experience social stigmatisation.</i>				
Comments:				
The parents' perception of the situation				
Do the parents see their drug use as harmful to themselves or to their children?	-1	1	2	?
Do the parents place their own needs before the needs of their children?	-1	1	2	?
Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. child protection procedures, statutory powers, other legal issues)?	-1	1	2	?

SCODA: Risk assessment with parental drug use

ECMS number:

Comments:	
Other child safety issues	Other positive parenting issues
Overall summary of findings:	
<ul style="list-style-type: none"> • • • • 	
Negotiated recommendations and goals:	
<ul style="list-style-type: none"> • • • • 	
Source (parent/care-giver/neighbour): Office/case worker:	Dated: Review Date:
<p><i>This checklist is based on 'Guidelines for professionals for assessing risk when working with drug using parents' published in (and available for purchase from) Drug Using Parents: Policy Guidelines for Inter-Agency Working (1997). Initially developed by the South East London Clinic Social Workers Group with the Standing Conference on Drug Abuse (SCODA) and subsequently modified by SCODA and the Local Government Drugs Forum (LGDF). First published in the SCODA Newsletter, Dec/Jan 1986/87.</i></p>	

SCODA: Risk assessment with parental drug use

ECMS number:



Tool for alcohol use

Note: this document was first issued by the Department of Health but has been adapted by Cafcass to keep it updated.

Alcohol use

The [Department of Health guidance for low risk drinking](#) states that, **for all adults**, to keep health risks from alcohol to a low level, it is safest not to drink more than 14 units a week on a regular basis. 1 unit = approximately 1/2 a pint of beer, 1 measure of spirit (25ml), or 1 small glass of wine (125ml).

Name of child:	
Completed by:	
Relationship to child:	
Date:	

Tool for alcohol use

ECMS number:



Alcohol use questionnaire

Please circle the answer most relevant to you.

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+
3. How often during the past year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the past year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Scoring

For each question	0	1	2	3	4
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Tool for alcohol use: guidance

Background

1. Alcohol misuse is estimated to be present in about 6%* of primary carers, ranking it third in frequency behind major depression and generalised anxiety. Higher rates are found in certain localities, particularly amongst parents known to Social Services Departments.
2. Drinking alcohol affects different individuals in different ways. For example, some people may be relatively unaffected by the same amount of alcohol that incapacitates others.
3. The primary concern therefore is not the amount of alcohol consumed but how it impacts on the individual, and more particularly on their role as a parent.
4. Drinking alcohol can affect a carer's behaviour towards their partner or children, even if their alcohol consumption is within the Department of Health guidelines for low health risk drinking. This may be particularly true if the parent has a vulnerable personality.
5. Drinking alcohol may contribute to incidents where there is loss of temper or parental rows. Deep sleep due to alcohol may reduce the parents' awareness of distress in young children at night.
6. Children of parents who misuse alcohol are more likely to have: developmental delays, social problems, emotional detachment, and delinquency.
7. Research has found that individuals who misuse alcohol are more likely to have a parent or relative who misused alcohol.

8. Children of alcoholics are reported to abuse alcohol or drugs more than children who have grown up with non-alcoholics, and are 2–4 times* more likely to have a psychiatric disorder.

The questionnaire

9. This questionnaire can be effective in detecting adults with alcohol disorders and those with hazardous drinking.
10. The questionnaire is designed to be self-administered. Research has found that adults may be more honest in completing this type of questionnaire than in a face-to-face interview.
11. The questionnaire can be scored (see overleaf), but should be viewed primarily as a tool to help to raise the subject of alcohol, and to provide the opportunity to address any issues that may arise, particularly in the responses to questions 3, 4 and 5.
12. The questionnaire covers:
 - Frequency of alcohol consumption (1)
 - Number of drinks consumed in a typical day (2)
 - Ability to control drinking (3)
 - Failure to carry out expected tasks as consequence of the effects of alcohol (4)
 - Whether others are concerned about the individual's drinking (5)

Use

13. The questionnaire can be useful to provide a baseline, either at initial or core assessment or during ongoing work.

14. The questionnaire can help to detect drinking issues in circumstances where alcohol problems are not suspected. Drinking habits are often hidden, even from other family members.
15. It is important that the questionnaire is used as a basis for discussion of drinking patterns. For example, it may be useful to explore with carers how they manage their children when they are drinking. If they go the pub – what happens to the children?
16. Where the worker is uncertain how to interpret the response to the questionnaire they should consult a professional who is experienced in this field.

Administration

17. The introduction of the questionnaire will have to be carefully planned, particularly with carers from communities where the use of alcohol is frowned upon. One approach is to explain that it is important to understand families' approach to drinking alcohol, and that asking parents to fill out a questionnaire can be a useful starting point for discussion. It can be emphasised that the worker is not for or against drinking, but from the children's point of view it is helpful to know what part it plays in day to day family life.
18. Although designed to be self-administered, the questionnaire can also be used as a series of initial probes for use by the worker.

*Further statistics regarding alcohol abuse can be found at:
<https://www.drinkaware.co.uk/research/data/>

Tool for alcohol use

ECMS number:

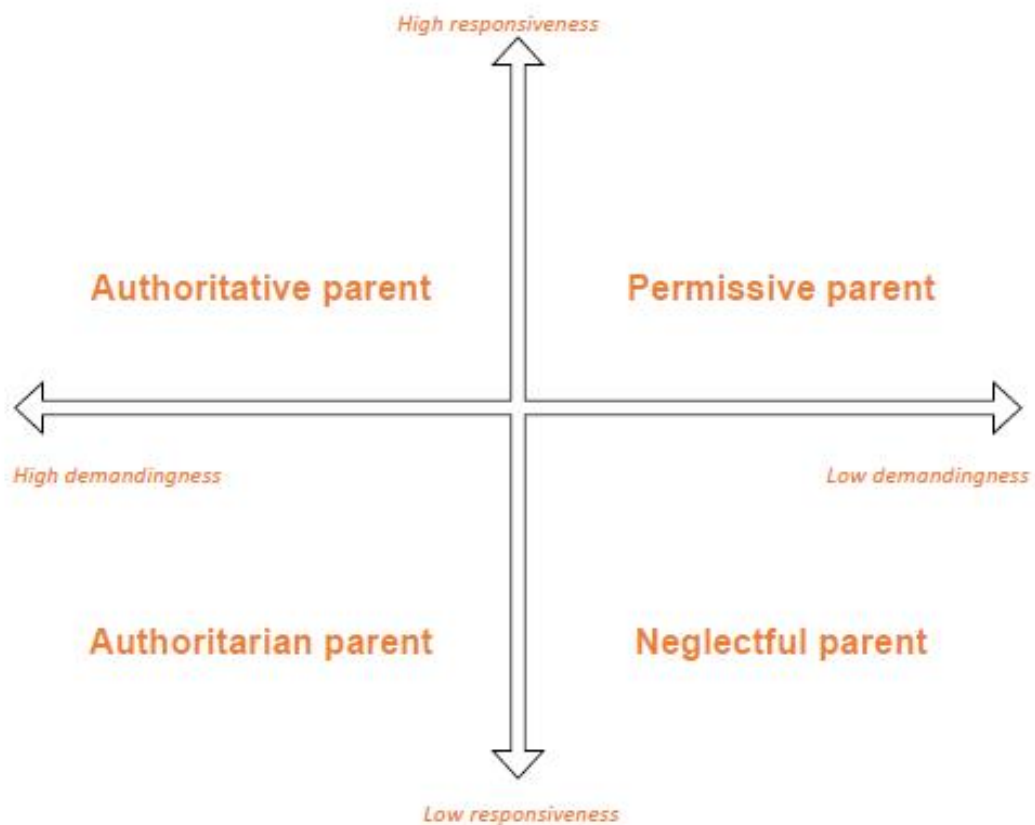


Parenting Capacity Resources

Parenting styles tool (Baumrind Parenting Typology)

Parenting style has a significant impact on children's outcomes and tend to fit under one of four categories: authoritarian, authoritative, indulgent, and neglectful (see indicators below). These styles fit on a matrix of (high/low) warmth/responsiveness and (high /low) demandingness/control. They influence a child's outcomes in relation to autonomy, independence, self-discipline, self-regulation, and ability to navigate and maintain relationships.

Figure 1. Baumrind's model of parenting styles



Parenting Style	Indicators of this type of parenting style	Possible outcomes from this type of parenting style
<p>The indulgent/permissive parent (high warmth/low control)</p> <p>This style is an extremely relaxed approach where parents are generally warm, nurturing and affectionate. However, they are overly accepting of their children's behaviour, good or bad. (Santrock, 2005).</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Parent demonstrates warmth and emotional involvement with their children. <input type="checkbox"/> Parent makes very little demands and places few, if any, limits on the child's behaviour <input type="checkbox"/> Parent believes that children are making their own decisions with little parental guidance. <input type="checkbox"/> Children have few, if any, demands, rules, or restrictions placed on them to avoid arguments. <input type="checkbox"/> Parent is overly responsive to the child's demands, 'gives in' and is 'too soft'. <input type="checkbox"/> Parent seldom sets or enforces consistent rules or responsibilities. <input type="checkbox"/> Parent is easily manipulated and/or controlled by the child. <input type="checkbox"/> Parent may act like more of a friend than a parent; treating the child as equal. <input type="checkbox"/> Children are involved in decision-making process <input type="checkbox"/> Parenting style is welcomed or encouraged by the child. 	<ul style="list-style-type: none"> <input type="checkbox"/> Children tend to develop a lack of self-discipline. <input type="checkbox"/> Children often become self-centred and demanding. <input type="checkbox"/> Children have a tendency to clash with authority. <input type="checkbox"/> Children tend to be aggressive and act out. <input type="checkbox"/> Underage drinking due to lack of rules. <input type="checkbox"/> Children may struggle to understand cause and effect (consequences of their behaviour). <input type="checkbox"/> Children may present as 'spoiled' or 'mature'. <input type="checkbox"/> Children may respond negatively when rules or restrictions are placed upon them by their parent or other adult (i.e. teacher or other authority figure).
<p>Authoritative parents (high warmth/high control)</p> <p>The <i>authoritative parenting style</i> is one that communicates in a warm, accepting, nurturing manner. It is moderate in both responsiveness and the demandingness elements of parenting. (Spera, 2005).</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Parent maintains firm expectations and restrictions on their children's behaviour while holding them accountable for their own actions. <input type="checkbox"/> Parent encourages independence in their children while at the same time placing appropriate limits on their behavior; <input type="checkbox"/> Open parent-child communication is encouraged. <input type="checkbox"/> Warmth and support are consistently displayed toward the child. <input type="checkbox"/> Parent understands their children's feelings. <input type="checkbox"/> The development of autonomy is a main focus. <input type="checkbox"/> Children's views and opinions are strongly considered and respected. <input type="checkbox"/> Parent often allows them to help establish certain rules and guidelines. <input type="checkbox"/> Once clear limits and standards are jointly established, parents closely 	<ul style="list-style-type: none"> <input type="checkbox"/> Children develop the capacity to self-regulate. <input type="checkbox"/> Children tend to be very social. <input type="checkbox"/> Children are good at developing positive relationships. <input type="checkbox"/> Children do very well in school and academic testing. <input type="checkbox"/> Children are emotionally stable. <input type="checkbox"/> Alcohol & illicit drug use by the child or young person is lower than with other parenting styles. <input type="checkbox"/> Children learn respectful behaviours towards others. <input type="checkbox"/> Children learn the framework to create the same secure and positive family environment as an adult. <input type="checkbox"/> Parent-child relationship is likely to be more healthy and



	<p>monitor and enforce the rules set out.</p> <ul style="list-style-type: none"> Children are encouraged to think for themselves and to consider the consequences of any actions. Discipline is consistent and aimed at teaching and learning (communicative approach is taken rather than punishment). Child's emotional development is strongly considered; child is supported to understand and deal with mixed emotions. 	sustainable.
<p>The neglectful parent (low warmth/low control)</p> <p>the parent is totally disengaged and emotionally uninvolved in their child's life. There is little if any expression of love and affection.</p> <p>(Santrock, 1995).</p>	<ul style="list-style-type: none"> Parent is disengaged and/or emotionally uninvolved in their child's life. There is little if any expression of love, warmth and affection. Parent provides only the basic needs of food and shelter. Opportunities for sports, recreation and ordinary pleasures are infrequent or non-existent. Parent may be 'too busy' or self-involved to support their children (i.e. school functions, teach life skills or encourage socially acceptable behaviour). Parent places very few restraints on their children and there is little monitoring of their children's activities. Parent may be immersed in their own lifestyle or circumstances (i.e. battling mental disorders, drug and alcohol addiction or domestic abuse). 	<ul style="list-style-type: none"> Children develop a sense of unimportance to the parent. Children become emotionally withdrawn from social situations. Children develop a sense of loneliness. Children show patterns of truancy in school. Children show patterns of delinquency during adolescence. Children are prone to develop fear, stress and anxiety disorders. Children develop a low self-esteem. Children lack self-control and self-regulation. High risk of addiction to drugs and alcohol. Children often demonstrate defiance to authority figures such as parents, teachers and other adults.
<p>The authoritarian parent (low warmth/ high control)</p> <p>This type of parenting style is a harsh, rigid emotional climate that is low in parental responsiveness (the nurturing aspect of the child) and high in parental demandingness (control over the child).</p> <p>(Spera, 2005).</p>	<ul style="list-style-type: none"> Parent places limits on their children's behaviour but to the point of becoming restrictive. Parent requires unquestioning obedience and are intolerant of inappropriate behaviour. Harsh, punitive measures are often used to ensure compliance with rules and standards. Parent has high expectations and high maturity demands for their children, which they communicate through rules and orders. Little verbal exchange is allowed and displays of affection are kept at a minimum. 	<ul style="list-style-type: none"> Children rarely learn to think on their own. Children feel pressured to conform Children often become socially withdrawn. Children may be very angry, resentful and frustrated. Children can find it hard to deal with their anger. Children may develop a tendency to act out Children develop a fear of failure (do to pressure). Children often have a low self-esteem. Children develop a



	<input type="checkbox"/> The consequence of breaking a rule is absolute punishment. Yelling and spanking of younger children is often resorted to for means of discipline and control over their behaviour. <input type="checkbox"/> Parent often critical of their children if they fail to meet their expectations.	resentment of authority.
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References:

If you would like to see any of the items listed, send the 5 or 6-digit item numbers (in bold) to library@cafcass.gov.uk (for internal use only)

300724. Santrock, J. (2017). *Life-span development* (16th Ed.). New York, NY: McGraw-Hill.

300710. Spera, C. (2005). A review of the relationship among parenting practices, parenting styles, and adolescent school achievement. *Educational Psychology Review*, 17(2), 125-146.

Important: This tool has been developed from existing evidence base and research, however is not a validated tool. The tool should be used to inform the assessment and analysis and is not a replacement for the professional judgement of the practitioner.



Tool for parenting knowledge and style

1. Why do babies cry?

Answer here

2. How would you respond to the different types of crying?

Answer here

3. What physical needs does a child have as s/he is growing up?

Answer here

4. What emotional needs does a child have as s/he is growing up?

Answer here

5. What educational needs does a child have as s/he is growing up?

Answer here

6. How do you think children learn?

Answer here

Tool for parenting knowledge and style

ECMS number:

7. What kind of things do you think are naughty?

Answer here

8. What things can a parent do when a child is naughty?

Answer here

9. Would you ever smack your child? If so, what for?

Answer here

10. Do you think children like to be cuddled? If so, when would you cuddle them?

Answer here

11. Do you think that children should know that parents are 'in charge'?

Answer here

12. If so, how would you let your children know you were in charge?

Answer here

12. Should parents encourage imaginary play with small children, for example, having a tea

Tool for parenting knowledge and style

ECMS number:



party?
Answer here

13. Should parents join in?
Answer here

14. At what age do you think children would want to stop playing at having tea parties or imaginary play?
Answer here

15. How often do you think parents should play with children?
Answer here

16. How long do you think a child of 12 months will concentrate on one game/thing/activity?
<ul style="list-style-type: none"> • One minute • Five minutes • Ten minutes • Fifteen minutes • Thirty minutes • Forty-five minutes

17. Why do you think they can concentrate for that long?
Answer here

Tool for parenting knowledge and style

ECMS number:

18. At what age do you think children should be allowed to go to the shop alone?

Answer here

19. When should children be allowed to have boyfriends/girlfriends?

Answer here

20. When should children be allowed to stay up until 10.00pm?

Answer here

21. At what age should children be allowed to stay in the house alone?

Answer here

22. At what age should children be allowed in the kitchen unsupervised?

Answer here

23. At what age should children be allowed a say in important family decisions – for example, whether a new partner should be allowed to move into the house?

Answer here

Tool for parenting knowledge and style

ECMS number:



24. How old should children be before they are allowed pocket money?
Answer here

25. How old should a child be before they are told about contraception, masturbation, safe sex?
Answer here

26. Is there an age when you think children should be allowed to watch pornographic films?
Answer here

(Fowler, adapted)

Tool for parenting knowledge and style

ECMS number:



Parenting Daily Hassles SCALE

Name of Child:

Completed by:

Relationship to child:

Date:



Parenting Daily Hassles

SCALE

The statements below describe a lot of events that routinely occur in families with young children. These events sometimes make life difficult. Please read each item and circle how often it happens to you (rarely, sometimes, a lot, or constantly) and then circle how much of a 'hassle' you feel that it has been for you **FOR THE PAST 6 MONTHS**. If you have more than one child, these events can include any or all of your children.

EVENT	How often it happens				Hassle (low to high)
1. Continually cleaning up messes of toys or food	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
2. Being nagged, whined at, complained to	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
3. Meal-time difficulties with picky eaters, complaining etc.	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
4. The kids won't listen or do what they are asked without being nagged	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
5. Baby-sitters are hard to find	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
6. The kids' schedules (like pre-school or other activities) interfere with meeting your own household needs	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
7. Sibling arguments or fights require a 'referee'	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
8. The kids demand that you entertain them or play with them	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
9. The kids resist or struggle with you over bed-time	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
10. The kids are constantly underfoot, interfering with other chores	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
11. The need to keep a constant eye on where the kids are and what they are doing	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
12. The kids interrupt adult conversations or interactions	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
13. Having to change your plans because of unprecedented child needs	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
14. The kids get dirty several times a day requiring changes of clothing	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
15. Difficulties in getting privacy (eg. in the bathroom)	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
16. The kids are hard to manage in public (grocery store, shopping centre, restaurant)	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
17. Difficulties in getting kids ready for outings and leaving on time	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
18. Difficulties in leaving kids for a night out or at school or day care	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
19. The kids have difficulties with friends (eg. fighting, trouble, getting along, or no friends available)	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5
20. Having to run extra errands to meet the kids' needs	Rarely	Sometimes	A lot	Constantly	1 2 3 4 5

Questionnaire completed by *mother/father/adoptive parent/foster carer* (please specify)





Scoring

19. (a) The challenging behaviour total score is obtained by adding the intensity scale scores for items: 2, 4, 8, 9, 11, 12, 16. Range: 0–35.
 (b) The parenting tasks total score is obtained by adding the intensity scale scores for items: 1, 6, 7, 10, 13, 14, 17, 20. Range: 0–40
20. There is no cut off for any of the scales but total scores above 50 on the frequency scale or above 70 on the intensity scale indicate on the one hand a high frequency of potentially hassling happenings, and on the other that the parent is experiencing significant pressure over parenting.
21. Events occurring with frequency 3 or 4, or intensity 4 or 5, particularly those where the parent rates high intensity or impact, should be discussed to clarify the extent of need.
22. The total score on the challenging behaviour and parenting tasks scales may be useful in indicating how the parent/caregiver sees the situation, whether difficulties lie in the troublesome behaviour of the children, or the burden of meeting the 'expected' or 'legitimate' needs of the children. The subscores may also be useful in monitoring change.

Reference

- Crnic KA & Greenberg MT (1990) Minor parenting stresses with young children. *Child Development* 61: 1628–1637
- Crnic KA & Booth CL (1991) Mothers' and fathers' perceptions of daily hassles of parenting across early childhood. *Journal of Marriage and the Family* 53: 1043–1050.



Parenting Daily Hassles

GUIDANCE ON USING SCALE



PARENTING DAILY HASSLES SCALE

Background

1. This scale aims to assess the frequency and intensity/impact of 20 experiences that can be a 'hassle' to parents.
2. It has been used in a wide variety of research concerned with children and families. The research in which it has been used includes a parenting programme with families who had major difficulties in raising young children.
3. Parents/Caregivers enjoy completing the scale, because it touches on aspects of being a parent that are very familiar. It helps them express what it feels like to be a parent.
4. During piloting, social workers reported that it depicted concisely areas of pressure felt by the carer. This helped identify areas where assistance could be provided either by the social services department or other agencies.
5. It is seen by parents as a way for them to express their needs for help with parenting.

The Scale

6. The caregiver is asked to score each of the 20 potential **Hassles** in two different ways for **frequency** and **intensity**.
7. The frequency of each type of happening provides an 'objective' marker of how often it occurs.
8. The intensity or impact score indicates the caregiver's 'subjective' appraisal of how much those events affect or 'hassle' them.
9. The time frame for this scale can be varied according to the focus of the assessment. For example, if a family is thought to have been under particular pressure in the last 2 months the parent can be asked to consider how matters have been during that period. However, if it is intended to assess progress, the same time frame should be used on each occasion. Periods of less than one month are probably too short to give a useful picture.

Use

10. The caregiver should understand the aim of filling out the questionnaire, and how it will contribute to the overall assessment.
11. The scale is probably most useful with families that are not well-known. In piloting it was found to highlight areas for future discussion, and help prioritise which parenting issues needed to be addressed first.
12. It can also be used to monitor change.

Administration

13. It should be given to the parent/caregiver to fill out themselves.
14. It can be read out if necessary.
15. It takes about 10 minutes to complete.
16. The scale should always be used as a basis for discussion. In general this is best kept until the parent has finished, but there will be occasions when it is vital to acknowledge, or immediately follow up comments made while it is being filled out.

Scoring

17. The scale can be used in two distinct ways: (a) the totals of the frequency and intensity scales can be obtained, or (b) scores for challenging behaviour and parenting tasks can be derived from the intensity scale.
18. To obtain frequency and intensity total scores
 - a) The frequency scale is scored: rarely = 1, sometimes = 2, a lot = 3, and constantly = 4. If the parent says that an event never occurs, never = 0. The range for this scale is 0–80. A score of 3 or 4 for any one event indicates that it occurs with above average frequency.
 - b) The intensity scale is scored by adding the parents rating of 1–5 for each item. If a 0 has been scored for frequency on an item then it should be scored 0 for intensity. The range for this scale is 0–100. A score of 4 or 5 for any one event indicates that it is at least some problem to the parent.



Mental Health Thinking Tool

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	Lower	Range of behaviours	Higher
Symptom severity	Infrequent, low intensity and some manageable distress	Symptoms may be regular and cause distress but not distorting or causing unmanageable distress. There may be some periods of dysregulation or excessive rumination, but this is not constant or resulting in highly disturbed or risky behavior.	Frequent or constant, intense distress and/or distortion of thinking, requiring intermittent hospitalization. Manifesting aggressive or severely dysregulated behavior, suicidality and/or serious self harm.
Chronicity	Single/first episode	Episodes might be short but frequent or intense, or symptoms may never quite remit but fluctuate over time with some periods of relative relief.	Early onset/long standing and chronic with no periods of remission
Co-morbidity	No co-morbid mental health conditions, substance misuse or learning disability	Other related co-morbid conditions that compound difficulties but do not severely affect functioning or access to treatment.	Several co-morbid conditions including substance misuse and/or learning disability
Functioning	Able to continue with daily activities work, housework, socializing, self-care, taking children to school on time with good level of care.	Able to manage most days but some days functioning is limited or manages basic tasks most of the time but this is a struggle, impact may be loss of employment, long periods off sick, limited self-care and withdrawal from social relationships. Care of children inconsistent, some lateness at school.	All aspects of functioning affected, or some areas affected very severely (e.g. unable to leave the house, no self-care), at risk of self-neglect, homelessness or other serious consequences without remission of symptoms or unable to relate to others or maintain relationships in any way. Children have poor attendance and neglect of the home and basic needs are evident.
Access to treatment	Engaged with appropriate multidisciplinary team and/or appropriate therapy service, GP regularly reviews medication	Some brief therapy services, or time limited CMHT support available during times of difficulty	No appropriate services available in borough, does not meet criteria
Engagement with treatment	Takes medication regularly, manages repeat prescriptions and reviews effectively, attends and engages meaningfully in all therapy sessions	Or takes medication, but refuses therapy, or attends therapy but patchy attendance or superficial/relevant engagement	Non-compliant with medication, refuses to attend any therapy or reviews with CMHT, overtly hostile and defensive to treatment
Response to treatment	Invested in own recovery, seeking	Symptom relief and some	No change in presentation, remains

ECMS Number:

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Mental Health Thinking Tool

The Tavistock and Portman



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	out new opportunities for further treatment, able to respond to crises with new coping strategies, evidence of new thinking and insight, generalizing skills to new situations.	improvement in functioning but fragile to crises or not yet tested in crisis, still can default to old coping mechanisms, needs support to generalize skills to new situations.	hostile to treatment and unwilling to accept there is a problem or has engaged with a great deal of treatment but no discernable change in mental state, insight or coping skills.
Insight	Full insight into nature and degree of own illness, triggers and need for treatment. Also has insight into how this affects others including the child.	Accepts has a difficulty but denies any impact on themselves or their child, may feel they don't need treatment and can manage by themselves. Understands they have a difficulty and there is some impact on the child but feels it is under control or is unrealistic about prognosis.	Does not believe they have a problem, does not feel they need treatment and does not make links between their own mental state and their children's wellbeing.
Impact on parent-child interaction	Warm and attuned interactions noted, attachment behaviours in child indicate security.	Inconsistent or restricted affect, lower involvement, capacity for attunement but at times intrusive or withdrawn. Own emotional states can spill over in front of the child and at times some poor boundaries around sharing.	Consistently poor interactions, low involvement/warmth, intrusive/withdrawn, negative/critical, creates anxiety in the child, draws child into own difficulties. Intermittent bizarre or hostile interactions with child.
Developmental impact	Onset later in child's development and/or very brief and mild episodes.	Onset may have been earlier but episodes more brief or mild, or more severe difficulties with later onset in child's life.	Onset of illness during early developmental phase and continuous throughout.
Child resilience	Child has good coping skills, a secure attachment to at least one caregiver, has an understanding of their parents' difficulties and will seek out support when needed.	Child has some superficial resilience but may be carrying latent vulnerability or be burdened by parentification, some ability to cope and seek help but also concerns of unhelpful coping or holding in difficult emotions at times.	Infant or older child with limited coping resources or developmental disability or already seriously impacted by neglect or abuse. Child's behavior is challenging and likely to place additional stress on parent.
Social support	Well functioning and committed partner who understands illness and is attuned to child, good network of family and friends to offer respite to parent and child	Limited social support, or partner with some moderate difficulties of their own, perhaps a family context that can be supportive but also lacks insight or can be conflictual at times.	Isolated, no supports or mentally unwell or abusive partner or substance misusing partner or social network is predominantly antisocial or substance using with high

ECMS Number:

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	and support child to understand parents' difficulties.		exposure to conflict and risk.
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Opportunities for intervention – 'solvable problems'

N.B. This is a tool to help organise your thinking and critically review evidence in cases where parents have mental health difficulties. It is not designed to be a prescriptive or definitive measure of risk and should be used in the context of your overall structured professional judgement, in conjunction with the broader evidence in the case.

Important: This tool has been developed from existing evidence base and research, however is not a validated tool. The tool should be used to inform the assessment and analysis and is not a replacement for the professional judgement of the practitioner.



Adult Wellbeing THE SCALE

Name of Child:

Completed by:

Relationship to child:

Date:



ADULT WELLBEING SCALE

This form has been designed so that you can show how you have been feeling in the past few days.

Read each item in turn and UNDERLINE the response which shows best how you are feeling or have been feeling in the last few days.

Please complete all of the questionnaire.

1. **I feel cheerful**
Yes, definitely Yes, sometimes No, not much No, not at all
2. **I can sit down and relax quite easily**
Yes, definitely Yes, sometimes No, not much No, not at all
3. **My appetite is**
Very poor Fairly poor Quite good Very good
4. **I lose my temper and shout and snap at others**
Yes, definitely Yes, sometimes No, not much No, not at all
5. **I can laugh and feel amused**
Yes, definitely Yes, sometimes No, not much No, not at all

6. **I feel I might lose control and hit or hurt someone**
Sometimes Occasionally Rarely Never
7. **I have an uncomfortable feeling like butterflies in the stomach**
Yes, definitely Yes, sometimes Not very often Not at all
8. **The thought of hurting myself occurs to me**
Sometimes Not very often Hardly ever Not at all

9. **I'm awake before I need to get up**
For 2 hours or more For about 1 hour For less than 1 hour Not at all. I sleep until it is time to get up
10. **I feel tense or 'wound up'**
Yes, definitely Yes, sometimes No, not much No, not at all
11. **I feel like harming myself**
Yes, definitely Yes, sometimes No, not much No, not at all
12. **I've kept up my old interests**
Yes, most of them Yes, some of them No, not many of them No, none of them
13. **I am patient with other people**
All the time Most of the time Some of the time Hardly ever
14. **I get scared or panicky for no very good reason**
Yes, definitely Yes, sometimes No, not much No, not at all
15. **I get angry with myself or call myself names**
Yes, definitely Yes, sometimes Not often No, not at all

16. **People upset me so that I feel like slamming doors or banging about**
Yes, often Yes, sometimes Only occasionally Not at all
17. **I can go out on my own without feeling anxious**
Yes, always Yes, sometimes No, not often No, I never can
18. **Lately I have been getting annoyed with myself**
Very much so Rather a lot Not much Not at all



Scoring

19. The sheet accompanying the questionnaire indicates the method of scoring the 4 subscales.
20. Use of cut-off scores gives indicators of significant care needs with respect to depression, anxiety, and inwardly and outwardly directed irritability.
21. Inward irritability can point to the possibility of self-harm. Outward irritability raises the possibility of angry actions towards the child(ren).
22. As with any screening instrument, interpretation must be in the context of other information. Some respondents will underreport distress, others exaggerate it. A high or low score on any scale does not guarantee that a significant level of need is present.
23. Most value is obtained by using the scale as a springboard for discussion.

Reference

Snaith RP, Constantopoulos AA, Jardine MY & McGuffin P (1978) A clinical scale for the self-assessment of irritability. *British Journal of Psychiatry*. 132: 163–71.



Adult Wellbeing

GUIDANCE ON USING THE SCALE



ADULT WELLBEING SCALE

Background

1. Parent/Caregiver mental health is a fundamental component of assessment.
2. There is evidence that some people respond more openly to a questionnaire than a face to face interview, when reporting on their mental health.
3. A questionnaire gives caregivers the opportunity to express themselves without having to face another person, however sympathetic that person may be.
4. A questionnaire is no substitute for a good relationship, but it can contribute to the development of a rapport if discussed sensitively.
5. During piloting the use of the questionnaire was found to convey the social worker's concern for the parent's wellbeing. This can be particularly valuable where the parent feels their needs are not being considered.

The Scale

6. The scale is the Irritability, Depression, Anxiety (IDA) Scale developed by Snaith *et al* (1978).
7. This scale allows respondents four possible responses to each item.
8. Four aspects of wellbeing are covered: Depression, Anxiety and Inwardly and Outwardly directed Irritability.

Use

9. In principle the questionnaire can be used with any adult, who is in contact with the child whose development and context are being assessed. In practice this will usually be the main caregiver(s).
10. In piloting, social workers reported that use of the scale raised issues on more than half the occasions that it was used. Probable depression was found amongst almost half the caregivers, and significant anxiety in a third.

11. Where social workers were new to the family situation they said they learnt things they did not know. 'It helped me to be aware of the carers' needs', and 'highlighted stresses'. It helped focus on 'parents' needs and feelings'.
12. Even when parents were known to the workers it gave topics an airing and clarified areas to work on; it 'released tension'.
13. Progress can also be registered. It was 'useful to measure when things were calmer'.
14. Used flexibly it can provide openings to discuss many areas including feelings about relationships with partners and children.

Administration

15. It is vital that the respondent understands why they are being asked to complete the scale. Some will be concerned that revealing mental health needs will prejudice their chances of continuing to care for their child. For example, it can be explained that many carers of children experience considerable stress, and it is important to understand this if they are to be given appropriate support.
16. The scale is best filled out by the carer themselves in the presence of the worker, but it can be administered verbally.
17. It takes about 10 minutes to complete.
18. **Discussion is essential.** Usually this will be when the questionnaire has been completed, so the respondent has an opportunity to consider their own needs uninterrupted. However, there will be times when an important clue to how the caregiver feels may be best picked up immediately. One example occurred during piloting, when a respondent expressed distaste for questions about self-harm.



SCORING THE ADULT WELLBEING SCALE

1. **Depression** – Questions 1, 3, 5, 9 and 12 look at depression. The possible response scores that are shown below run from the left to the right – i.e. for question 1 'I feel cheerful', the scores would be looked at from 'yes, definitely' (0), 'yes, sometimes' (1), 'no, not at all' (3). A score of 4–6 is borderline in this scale and a score above this may indicate a problem

QU1	QU3	QU5	QU9	QU12
0, 1, 2, 3	3, 2, 1, 0	0, 1, 2, 3	3, 2, 1, 0	0, 1, 2, 3

2. **Anxiety** – Questions 2, 7, 10, 14 and 17 look at anxiety. A score of 6–8 is borderline, above this level may indicate a problem in this area.

QU2	QU7	QU10	QU14	QU17
0, 1, 2, 3	3, 2, 1, 0	3, 2, 1, 0	3, 2, 1, 0	0, 1, 2, 3

3. **Outward directed irritability** – Questions 4, 6, 13 and 16 look at outward directed irritability. A score of 5–7 is borderline for this scale, and a score above this may indicate a problem in this area.

QU4	QU6	QU13	QU16
3, 2, 1, 0	3, 2, 1, 0	0, 1, 2, 3	3, 2, 1, 0

4. **Inward directed irritability** – Questions 8, 11, 15 and 18 look at inward directed irritability. A score of 4–6 is borderline, a higher score may indicate a problem.

QU8	QU11	QU15	QU18
3, 2, 1, 0	3, 2, 1, 0	3, 2, 1, 0	3, 2, 1, 0

Use of cut-off scores gives indicators of significant care needs with respect to depression, anxiety, and inwardly and outwardly directed irritability. Inward irritability can point to the possibility of self-harm. Outward irritability raises the possibility of angry actions towards the child(ren).

As with any screening instrument, interpretation must be in the context of other information. Some respondents will underreport distress, others exaggerate. A high or low score on any scale does not guarantee that significant level of need is present.

Most value is obtained by using the scale as a springboard for discussion.



Adult Wellbeing

SCORING THE SCALE

Appropriate touch, sexual health and sexual exploitation Resources



Sexual health & wellbeing for under 25s

e.g. Contraception



Help & Advice Find a Service For Professionals Get Involved About Brook



By identifying sexual behaviours as **GREEN**, **AMBER** or **RED**, professionals across different agencies can work to the same criteria when making decisions and protect children and young people with a unified approach.



This tool lists examples of presenting sexual behaviours within four age categories. All green, amber and red behaviours require some form of attention and response, but the type of intervention will vary according to the behaviour. This tool must be used within the context of the [guidance provided](#) and should not be used in isolation.

0 to 5 years

5 to 9 years

9 to 13 years

13 to 17 years

Brook Sexual Behaviours Traffic Light Tool adapted with permission from True Relationships & Reproductive Health, (2012). Traffic Lights guide to sexual behaviours in children and young people: identify, understand and respond. Brisbane: True Relationships & Reproductive Health, Australia. Retrieved from [here](#)

Book training online

Everything you need to know about booking a place on one of Brook's training courses for professionals.

Background to the Traffic Light Tool

Read about the background to and history of Brook's Traffic Light Tool.

Sexual behaviours in children and young people

Knowing how to distinguish healthy and harmful sexual behaviour in children and young people.

Consent and the law

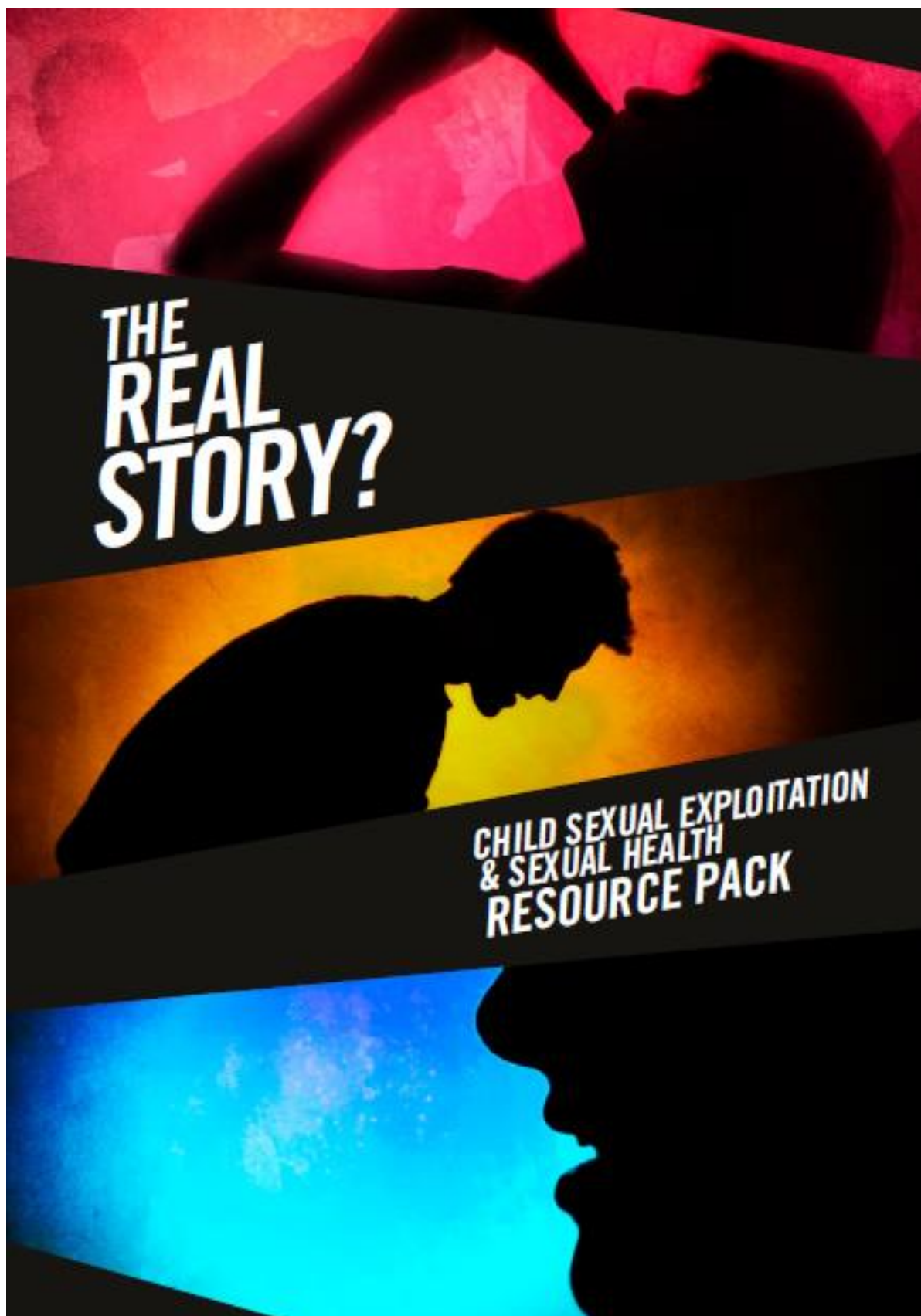
Read more about children, young people, sex and the law.

Challenging beliefs and assumptions

Understand more about how our own beliefs and assumptions can affect the decisions we make about children and young people.

Using the Traffic Light Tool

Guidance on what to do when identifying a green, amber or red behaviour using the Traffic Light Tool.





CONTENTS

- Background & Purpose
- What is Child Sexual Exploitation?
- Predisposing Factors
- Current Indicators
- Model For Intervention
- Guidance Notes
- Safeguarding & Confidentiality
- Session Plan
- Session 1: Values and Beliefs
- Session 2: Grooming
- Session 3: Power & Control/ Healthy Relationships
- Session 4: Consent
- Session 5: Sexual Health
- Session 6: Safe Choices
- Other Resources
- Useful Contacts

ACKNOWLEDGEMENTS

Barnardo's Safe Choices NI have welcomed the opportunity to work in partnership with the South Eastern Health and Social Care Trust. The Trust has been instrumental in the development of this resource with young people and the development of this resource.

The Public Health Agency (PHA) South Eastern Area is committed to improving community development approaches to address health and wellbeing issues and will continue to provide a platform for young people and young people.

Barnardo's Safe Choices NI and the South Eastern Health and Social Care Trust have been instrumental in the development of this resource. The Trust has been instrumental in the development of this resource with young people and the development of this resource.

There are several individuals who have produced the content and facilitated the development and production of this resource pack.



THE REAL STORY?

BACKGROUND & PURPOSE

Barnardo's Safe Choices and the South Eastern Health and Social Care Trust Youth Health Action Service have had a working partnership since September 2012. Through this partnership, group work has been facilitated in a number of youth settings to raise awareness of Child Sexual Exploitation (CSE) and Sexual Health. As a result of this partnership youth work staff have indicated a need for more information and awareness raising on the subject of CSE, Relationships and Sexual Health.

This resource has been designed and facilitated to equip facilities to effectively engage young people aged 13 and above in this subject area. The staff have been designed to enable young people to discuss the issue with professional staff in a safe and secure learning environment.

The success of this work is dependent upon the facilitator's ability to create and maintain a safe learning environment. These sessions can form the basis of a depth discussion and debate. The success of this programme is subject to the professional's own knowledge of the subject area and their ability to engage young people effectively.

It is therefore recommended that staff complete Safe Choices training prior to delivery.

WHAT IS CHILD SEXUAL EXPLOITATION?

'Child Sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.'

(SOM 2014, adapted from CSE Knowledge Transfer Partnership NI)

PREDISPOSING FACTORS

The following should not be read as a definitive list or be taken as a direct indication of sexual exploitation.

- Developmental delay
- Physical mental health
- Learning difficulty/disability
- Low self-esteem
- Lack of protective structures
- Being in care / residential / foster / nursing
- Family breakdown
- Loss
- Domestic violence
- Being a young carer
- Mental health issues
- Charitable household
- History of abuse
- Experience of trauma
- Previous attendance at school
- Homelessness
- Poverty
- Black Minority Ethnic (BME) background
- Family history of sexual abuse
- Mental health issues
- Negative peer group
- Increased levels of stress
- Family history of substance misuse
- Isolation

CURRENT INDICATORS

The following should not be read as a definitive list or be taken as a direct indication of sexual exploitation.

- Low self-esteem
- Peer rejection
- Change in personal hygiene
- Self-harm or other expressions of despair
- Sexualised behaviour / language
- Physical symptoms e.g. STIs, bruising, etc.
- Unexplained gifts or possessions
- Known to be sexually active
- Violence or expression of substance misuse
- Leaving home/school without explanation
- Poor attendance outside the usual range of social contacts
- Evidence of having unknown contacts
- Adults or peers behaving outside the child's plans of residence
- Significantly older boyfriend/girlfriend
- Frequenting parties
- Abusive peer relationships
- Being missing or returning late
- Selling
- Non-attendance at school
- Disruption to relationships
- Being in care home for drug and alcohol misuse
- Use of late smartphone by professionals
- Change in appearance
- Mood swings
- Change of peer group
- Sexually transmitted disease
- Loss of interest in hobbies etc.
- Agitated/withdrawn prior to leaving/returning to home or care
- Criminal activity
- Disruption to relationships
- Being in care home for drug and alcohol misuse
- Requesting Emergency Sexual Assault Referral Centre (ESARC)
- Disruption to relationships
- Disruption to relationships

CSE MODEL FOR INTERVENTION

FACILITATOR NOTES:

The Model, illustrated for right, is the guiding framework that frames the content for all of the sessions, activities and features that are contained in this resource.

The aim of this model is to guide practitioners through the safe and effective delivery of Child Sexual Exploitation work. The model is based on emerging themes arising from direct work with young people who are at risk of, or who have experienced CSE.

The model of intervention places CSE at its core, the central elements of which encompass grooming, consent, relationships, power and control and sexual health. Supporting themes which underpin and permeate the work are empathy, confidence, self-esteem, identity, values and beliefs and risk. The delivery of the model should be guided by the 'Plan, Do, Review' process in order to ensure that the work continues to meet the individual needs of the young person.

The model provides the basis for a three-pronged approach to targeting CSE – as a universal, selective and indicated level. Universal interventions target the general population and consist of education or preventative work facilitated in youth centres, schools, community groups etc. Selective interventions focus on work carried out with specific high risk groups, such as those displaying some of the indicators of CSE. Indicated interventions target these young people who have experienced CSE with a view to aiding their recovery process.

THE MODEL ALSO SITS WITHIN BARNARDO'S FOUR A'S APPROACH

APPROACH TO CSE INTERVENTION:

Access – We believe that CSE services should be easily accessible to all children and young people. Workers should meet young people in their locality and carry out work in a space that the young person identifies as being safe, secure and conducive to work.

Attitudes – We recognise and value the importance of relationships in engagement with young people. The focus of work should be agreed with them and they should be enabled to determine the pace and method of delivery. Work should continue for as long as is deemed necessary.

Assertive Outreach – The delivery of training aims to raise awareness of CSE within communities by enhancing the ability of others to recognise it and to respond effectively, by employing persistent engagement techniques.

Advocacy – We are committed to advocating on behalf of young people to ensure their rights are upheld and to ensure their voices are heard by key stakeholders in all decisions that affect them.

The model also reflects the recommendations of *Spotting the Signs, a National Programme for Identifying risk of CSE in Sexual Health Services*

(developed by GUMH in partnership with Think). The programme highlights the importance of adopting a conversational tone when exploring the risk of CSE with a young person.

CSE work is most effective when it is planned and delivered with clear objectives and informed through continuous monitoring, evaluation and critical reflection on the processes and practices employed. The starting point for this work will be dictated by the assessed need of the young person. For example, it may be deemed appropriate to begin work looking at the 'grooming process' for one young person however beginning with 'identity' may be more appropriate for another. Furthermore, each element may be delivered as a stand-alone subject area although input is often maintained by giving due regard to the fact that topics are often inter-linked.

The young person must be at the centre of the process and the success of the work will be largely dependent on the relationship between the young person and the worker. It should be noted that the work is not resource dependent – the worker is the primary resource.

This model should be viewed as a framework within which there is scope for development, given that it provides an educational process and not a fixed programme of work. It should not restrict spontaneity or improvisation, and opportunities for learning should be taken as they arise, as they can greatly enrich the work.

Practitioners are encouraged to use the model to develop their practice and to view it as a tool that can be adapted or re-shaped to meet the holistic needs of individual young people. It is recognised that in some contexts other elements not highlighted here, will be deemed important, such as internet trafficking, going missing, substance misuse etc. It is neither possible nor desirable to construct a model to cover the breadth of issues that arise from CSE. The delivery of the model will be shaped by a combination of factors and individual circumstances, including:

Age / Religion / Cultural background / Sexual Orientation / Learning style / Disability / Gender

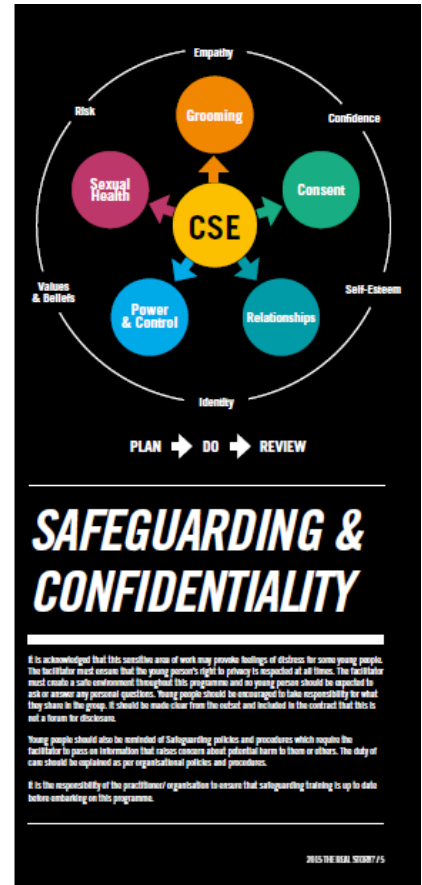
Practitioners should recognise that treating everyone the same is not the same as treating everyone fairly. It is important to appreciate the value of different experiences, cultures and perspectives.

This model is underpinned by child-centred practices. 'Child-centred' is a widely used term that is often misunderstood. Within this context, working in a way which is child-centred involves seeing young people as active participants in their own learning and focuses on their interests, abilities and learning styles. Being child-centred allows the child to make choices whilst affording freedom to think, experience, explore, question and search for answers.

Child-centred practice is a key principle highlighted by Munn (2012) in Working Together to Safeguard Children¹, statutory guidance on inter-agency working to safeguard and promote the welfare of children. Munn (2012) suggests that in order for services to be child-centred, 'they should be based on a clear understanding of the needs and views of children.'

Munn (2012) also references the dangers of 'standardised services' that do not provide the required range of responses to address the variety of need that is presented. It is recommended that professionals move away from a 'compliance culture' to a 'learning culture', where they have more freedom to use their expertise in assessing need and providing the right help.

Experiences suggests that restrictions around the length of intervention can inhibit practice and can be detrimental to the young people involved. The centrality of forming relationships with children and families to enable practitioners to understand and support them can become obscured by focusing solely on bureaucratic demands.



SESSION PLAN

This resource has been developed as a six session programme held around 3 short films but individual sessions may be used for bespoke sessions as deemed suitable by the facilitator.

The resource can be used with young people aged 13 and up however it is at the discretion of the practitioner if they wish to use this resource with younger children. Facilitator notes should be read in advance of each session.

An introduction will be suggested to complement each session but this can be replaced or added to as deemed appropriate.

At the end of each session an evaluation should be completed. We suggest a worksheet exercise as a possible tool for evaluation. Facilitator invites young people to offer a word or a sentence to sum up their feelings about the session. Alternatively, established methods of evaluations may be employed.

FACILITATOR NOTES:

These exercises will set the scene with the young people and professionals. It will help the worker ascertain the level of understanding and attitude regarding values and beliefs, identity, relationships and self-esteem.

SESSION 1: VALUES & BELIEFS

INTRODUCTION & CONTRACT

A contract is the protective skin that provides and contains a safe learning environment. It is a safety barrier that defines the purpose of being together and agrees an acceptable code of behaviour. It ensures a sense of shared responsibility between the worker and young people. If things go wrong, it will form the basis of any required conflict resolution.

SAMPLE CONTRACT

1. Define purpose, duration, time and breaks
2. Define acceptable behaviour
- Show Respect, Care and Consideration for self/others and property (may need expanded upon depending on the group)
- Confidentiality – Be responsible for what you share. (It is unrealistic to expect young people not to talk about the group outside of the group)
- Mobile phones off/on silent

RESOURCES:

- Human Bingo sheet (p.10)
- Pens

ICEBREAKER: HUMAN BINGO

- Hand out pen and bingo sheet to each member of the group
- Young people move round the group and find a name to put next to each question
- The only rule is that young people cannot ask the same person 2 questions in a row
- First person to have a name against every question on the sheet shouts 'Bingo!' and wins the game.

RESOURCES:

- Floating Debate Statements (p.10)
- Prepare 2 sheets A4 - Safe/Unsafe/Don't Know

AIMS:

- To enable young people to become aware of their own values and beliefs
- To provide the facilitator with insight into the knowledge and understanding of the group
- To create a safe space to explore CSE and its complexities
- To provide insight into group dynamics and culture
- To encourage interaction and participation

OUTCOMES:

- Increased awareness of values and beliefs
- Increased communication and listening skills
- Increased understanding and acceptance of others.

FLOATING DEBATE

EXPLANATION:

1. Facilitator lays agenda, disagree & don't know sheets out across the room.
2. Young people are presented with a series of statements and are asked to adopt an agree/disagree or don't know stance.
3. Participants try to encourage people of opposing opinions to conform to theirs by providing explanations for their chosen stance.
4. If a young person changes their opinion they must adopt their new position in the room.

It is the role of the facilitator in this session to encourage and promote debate resulting in young people moving around the room as they reflect on their own opinion.

This challenges values and beliefs and forces young people to take a physical position to defend their own opinion or to follow the opinion of others. This aids the facilitator to see group dynamics and a level of understanding and different roles within the group: example, leader, follower, joker, and manipulator.

HOW RISKY?

RESOURCES:

- How Risky Statements p.10 (1 set for every small group)

AIMS:

- To encourage young people to discuss and explore their perception of risk
- To help young people articulate their own opinion whilst considering the opinion of others.

OUTCOMES:

- Enhanced communication skills
- Increased understanding of risk
- Increased understanding of how emotional vulnerabilities can influence choices

RESOURCES:

- Prepare 2 sheets A4 - Safe/Unsafe
- Safe/Unsafe statements (p.10)

AIM:

- To explore and discuss safe and unsafe situations

OUTCOMES:

- Increased awareness of unsafe situations
- Increased ability to debate social issues
- Increased awareness of internet safety

EXPLANATION:

1. Split young people into smaller groups.
2. Present each group of young people with 12 statements and ask them to place these in order of perceived risk. 1 being lowest risk and 12 being the highest risk.
3. Facilitator should ensure that all young people are included in the discussion.
4. Facilitator should adopt a controversial stance to encourage young people to reflect and reason, for example: If group places "need to be loved" at a low risk rating, facilitator suggests that "need to be loved" may result in young people getting drunk with strangers, meeting stranger from Facebook etc
5. Each group presents their agreed order to larger group

Facilitator encourages discussion and debate about different levels of risk. Facilitator must be aware that the content of the scenario could influence the risk rating, for example "14 year old gets into car with 21 year old Male" – could potentially be high risk or could be no risk if the 21 year old is her brother.

SAFE vs UNSAFE

EXPLANATION:

- Facilitator reads out statements and young people are invited to decide if statements are Safe or Unsafe and place them underneath the relevant sheet.

EVALUATION + CLOSE



SESSION 1: HUMAN BINGO!

FIND SOMEONE WHO...

Can name 3 sexually transmitted diseases	Thinks it's OK for a girl to ask a boy out	Knows what the age of consent is
Watches Coronation Street	Thinks condoms prevent STIs	Thinks that relationships should be equal
Has blue eyes	Can name 3 methods of contraception	Brushed their teeth this morning
Would not drop friends for boyfriends/girlfriends	Changes underwear every day	Knows what love is
Thinks child abuse is wrong	Thinks education is important	Wears make-up

8 / THE REAL STORY? 2015

SESSION 1: FLOATING DEBATE



- There is nothing wrong with two 15yr olds having sex.
- If someone gives you alcohol or drugs, you should have sex with them.
- It's ok to take legal highs because they are legal.
- If a 16yr old boy has sex with his 11yr old sister it is not abuse because he loves her.
- If you sleep with lots of people it means you are popular.
- If someone loves you, they want to know where you are all the time.
- It's ok to send naked photos to your boyfriend/ girlfriend.
- It's risky for a 13 yr old to get into a car with a 21yr old.
- Young people should not tell if they have been abused by a family member or friend.
- It's ok to smoke weed so long as you stay away from legal highs.
- Parents should not let their 14yr olds boyfriend/ girlfriend have a sleep over in the house.
- Boys get sexually abused.
- Young people take drugs to help them forget about their problems.
- Your boyfriend/girlfriend will love you more if you sleep with people to pay off debts.
- It's ok to have sex with your boyfriend/ girlfriend if they are 'out of it'.
- A relationship should be based on trust.
- It's a laugh to spike someone at a party.
- Everyone wants to be loved.
- Paramilitaries control communities.
- Sex is not as good if you use a condom.

2015 THE REAL STORY? / 9

SESSION 1: HOW RISKY?

Meeting someone from Facebook	Needing a boyfriend
Getting drunk with strangers	Having lots of friends on Facebook
Having an older boyfriend	Going to party houses
Staying out without permission	Wanting to be loved
Keeping secrets from parents/carers	Getting a lift with strangers
Posting naked images on Facebook	Keeping a relationship a secret

SESSION 1: SAFE vs UNSAFE

- Jenny has been going out with Roy for one week. Roy wants to buy her new clothes and take her out for dinner.
- Almee is at a party and takes legal highs. John asks her to have sex on the snooker table for a laugh.
- Sarah (17) uploads a photo on an online dating site.
- Jo and his mates are playing 'Rap the door'.
- Jack (18) picks Rebekah up to go for a drive in his Subaru Impreza.
- Severina lives in a house with her mother, father, two sisters and three uncles.
- Chloe's friend has a new boyfriend who has hot mates. Chloe is invited to party with them at the weekend.
- There will be drink and drugs at the party.
- A religious leader invites Carl into his house for coffee.
- Febi tells her friend that she has to go back to Nigeria for a special operation.
- Daniel has unprotected sex with his boyfriend who he has known for years.
- Tom posts on Facebook that he has had a massive row with his parents and he hates them.
- Lee is going camping at the weekend with a group of male and female friends.

10 / THE REAL STORY? 2015

SESSION 2: GROOMING

FACILITATOR NOTES:

The themes which will be addressed in particular during this session and activities are Grooming and Consent and this will lay a foundation for a subsequent session on Power and Control and Relationships.

HOW DOES CHILD GROOMING WORK?

People who commit sexual offences against children typically have close relationships with the children that they abuse. They use grooming to create a trust that is later used to keep the child in the sexual relationship as well as to keep them from sharing it with anyone. Family members can also be groomed to increase the vulnerability of the child.

SIX STAGES OF CHILD GROOMING:

- 1) Targeting the victim.** A groomer will identify some type of vulnerability within the intended victim. Children with less involved parents are more desirable although all young people are potential victims.
- 2) Gaining the victim's trust.** The groomer gains their victim's trust by gathering information about the child, their needs and how to fill them. They make the child feel understood and valued.
- 3) Filling a need.** Once the groomer has figured out what the child's needs are, they begin to fill the void. They may provide drink, drugs, somewhere to stay, thoughtful gifts, but most significantly, the groomer will make the child feel loved and special.
- 4) Isolating the child.** The groomer will encourage the child to sever protective contacts with family and friends and assume a protective and understanding position.
- 5) Sexualising the relationship.** After the emotional attachment and trust of the child has been obtained, the groomer progressively sexualises the relationship. Desensitisation of the child may occur through looking, watching pornography and having sexual contact. The child may begin to see their relationship in more special terms.
- 6) Maintaining control.** Once the sexual abuse has begun, child sex abusers use secrecy, blame and threats to manipulate the child into silence and participation. Threats may be made against the child's family and friends. The abuser may also threaten to circulate indecent/abusive images.

ICEBREAKER: TRUTH OR SPOOF

- Young people are invited to share three pieces of superficial information with the group, two being true and one being a lie. Young people are encouraged to think of things that may not be known to the group. The group then decides which one is a lie.

RESOURCES:

Short Film: The Innocent Add

SHORT FILM: THE INNOCENT ADD

WATCH 'THE INNOCENT ADD'

QUESTIONS TO CONSIDER:

- 1) Would you have accepted the friend's request?
- 2) Do you think she should have sent pictures?
- 3) When did the relationship become controlling?
- 4) If you got was your friend what advice would you give her?

2015 THE REAL STORY? / 11



RESOURCES:

- Prepare sheet with individual stages of grooming: Identify? Gain trust? Fill a need? Sexualise? Isolate? Maintain control?
- Portable Grooming Triangle p.13

AIMS:

- To enable young people identify and understand grooming
- To provide young people with information to make safer choices
- To enable young people to consider the complexities of the grooming process with their peers.

OUTCOMES:

- Increased ability to identify the stages of grooming
- Increased ability to recognise when relationships are becoming controlling/oppressive
- Increased ability to recognise with others who may have been groomed
- Increased communication and presenting skills

RESOURCES:

- Sexual abuse worksheet p.14
- CSE worksheet p.15

AIM:

- To encourage discussion and debate to clarify understanding of Sexual Abuse and CSE

OUTCOMES:

- Increased understanding of the differences between Sexual Abuse and CSE
- Increased ability to recognise that it is not young people's fault if they are abused or exploited

STAGES OF GROOMING

EXPLANATION:

1. Young people are split into manageable sized groups and presented with the 6 stages of grooming and asked to place in sequential order.
2. Facilitator takes feedback from the groups and presents the stages of grooming in their sequential order, emphasising that this is not an exact process and stages may vary and be interlinked.
3. Young people are then invited to suggest practical examples of how they would recognise the various stages of grooming on a printed triangle or flipchart.
4. Young people present completed triangle back to larger group.

If young people are aware of grooming they have the knowledge to protect themselves from this abusive process.

SEXUAL ABUSE OR CSE?

SEXUAL ABUSE DEFINITION:

"Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to believe in sexually inappropriate ways" (NSPCC, May 2009)

CSE DEFINITION:

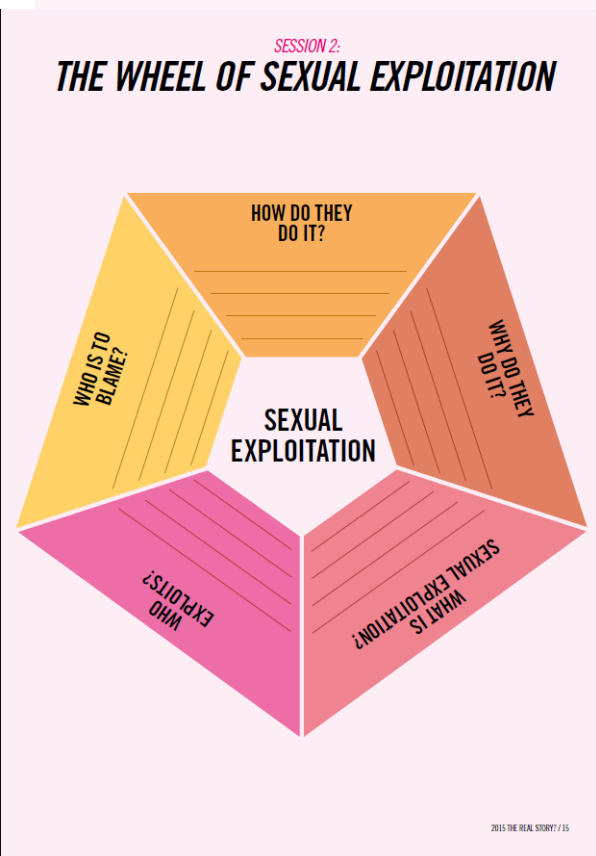
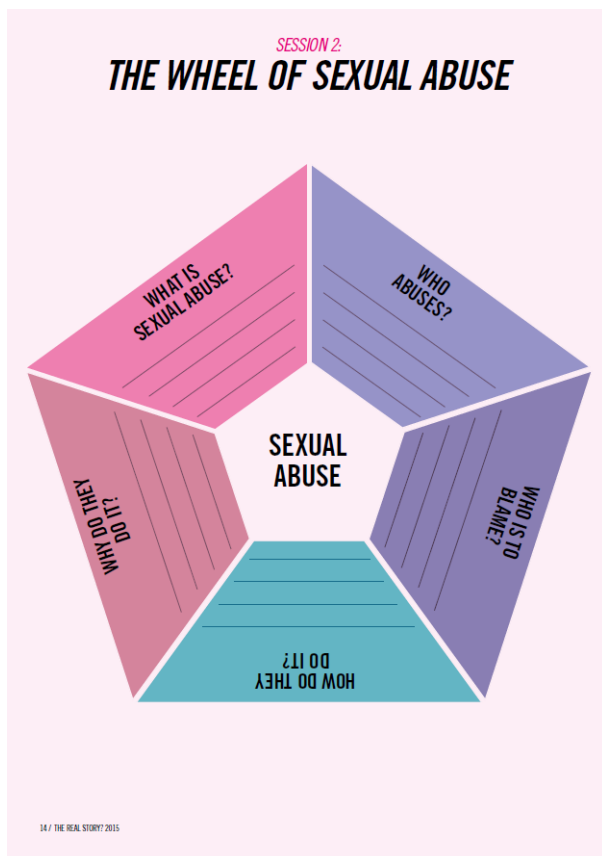
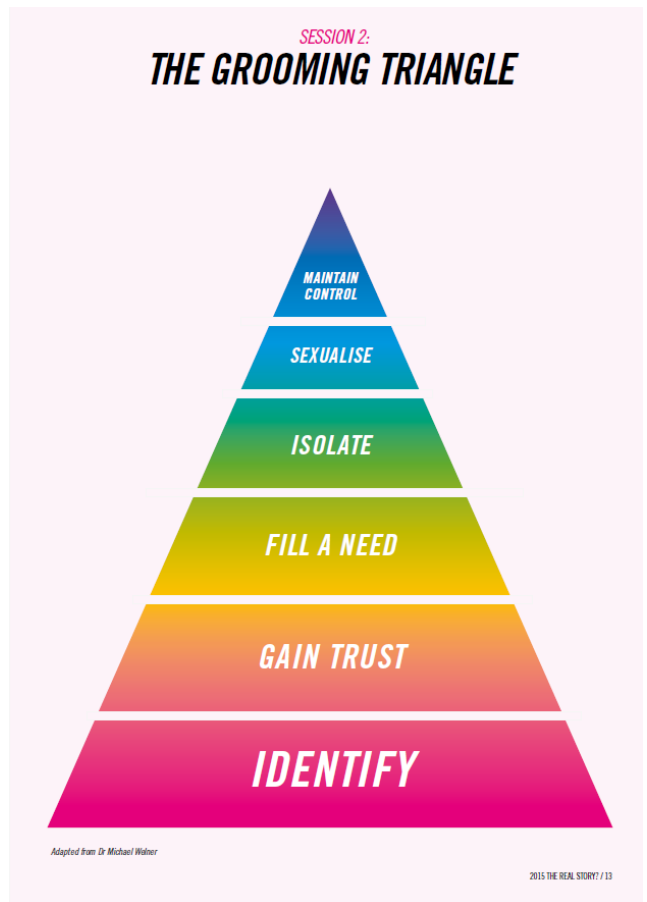
"Child Sexual Exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse" (SOFI 2014, adopted from CSE Knowledge Transfer Partnership NI)

EXPLANATION:

1. Young people are asked questions on sexual abuse as per worksheet
2. The same questions are then asked again but using the CSE diagram
3. Facilitator should explore the similarities and differences between the two headings
4. Possible questions to aid discussion:
 - Are CSE and Sexual Abuse the same?
 - What's the difference between CSE and Sexual Abuse?
 - Is a young person to blame if they are sexually exploited?
 - Can a 16-year old be sexually abused?
 - Are males sexually exploited?

EVALUATION & CLOSE

12 / THE REAL STORY? 2015



SESSION 3: POWER AND CONTROL

ICEBREAKER: LINE UP

Young people are invited to stand in a straight line, then without talking are asked to place themselves in different orders e.g.

- lightest to darkest hair colour
- tallest to shortest
- oldest to youngest
- highest number of brothers and sisters to lowest number
- highest number of pets to lowest number of pets

Young people may develop alternative methods of communication such as tapping, pointing etc.

WHEEL OF POWER & CONTROL

EXPLANATION

1. Facilitator presents the Wheel of Power & Control to the group.
2. Young people are split into smaller groups and given a blank wheel of power & control or blank flipchart paper to create their own wheel. They are then asked how they they were being emotionally, sexually, physically, or financially controlled or if they were being isolated from protective networks? (What would be said?)
3. Feedback is presented back to the large group

RELATIONSHIP AUCTION

EXPLANATION

1. Young people are invited to list qualities and attributes which they consider important in a relationship.
2. Facilitator writes down what the young people have said on individual pieces of paper.
3. When an extensive list has been completed, facilitator may need to offer suggestions which include physical appearance, hobbies, skills, belief system, education, family, personality, young people are then presented with £200 of printable money.
4. Facilitator acts as an auctioneer and invites the young person to bid on the qualities which they value most.
5. Young people then present their ideal partner back to the group as purchased in the auction.
6. Facilitator challenges values and beliefs by introducing additional information which had not been considered.

For example, young person presents a partner who is kind, has blue eyes, blonde hair, funny, kind to them, and wears nice clothes. Facilitator then asks if this person was a drug dealer/drug user's years older/starts fights with others/cheats or unfaithful etc., would this impact on the relationship choice.

Discussion is encouraged among the group and helps the group to see different values and beliefs which are held amongst individuals. This encourages young people to think about what is important in a relationship and what they would not compromise on. This should enable them to make healthier relationship choices.

FACILITATOR NOTES:

This model of power & control is adapted from the original work by Judith Cole, Domestic Abuse Intervention Project, Massachusetts, USA.

Young people are asked to identify the different types of abuse under the label 'battering'.

In order to consolidate learning, young people may be presented with controlling statements (as defined by facilitator) with responses in the group and asked to place these under the most appropriate heading. This enables young people to identify control within a relationship even in the most subtle forms. Being able to recognise the signs may help young people protect themselves from controlling relationships in all their forms.

This is used to initiate discussion around abusive relationships. Other suggestions can be made more than one heading, eg. hitting someone (physical) can cause trauma which can lead to people not wanting to leave the house and needs to be isolated.

Forcing someone to have sex and saying they should be grateful as no one else would want them because they are so ugly is sexual and emotional abuse.

I hit you because I love you and I don't want you looking to other men, I will give you money when you learn how to behave, incorporate physical, emotional and financial abuse.

RESOURCES:

- Wheel of Power and Control (p.17)
- Flipchart paper
- Post-it markers

AIMS:

- To help young people identify power imbalances within relationships
- To enable young people identify when a relationship becomes abusive

OUTCOMES:

- Increased awareness and understanding of abusive relationships
- Enhanced ability to question the early signs of abuse before behaviour becomes normalised
- Enhanced communication and presentation skills

FACILITATOR NOTES:

This is a fun, high energy activity to explore healthy relationships.

RESOURCES:

- Printable money (p.18)
- Blank sheets of paper

OUTCOMES:

- Increased understanding of healthy relationships
- Increased knowledge of personal relationship preferences and choices
- Increased awareness of choices and consequences

16 / THE REAL STORY / 2015

SESSION 3: THE WHEEL OF POWER & CONTROL

SEXUAL
Forced sex or sexual activity when the young person and victim do not want to have sex. Forcing them to have sex when they do not want to. Forcing them to have sex when they do not want to. Forcing them to have sex when they do not want to.

PHYSICAL
Hitting, kicking, slapping, shaking, choking, burning, bruising, or any other physical harm.

FINANCIAL
Controlling the young person's money, preventing them from working, or forcing them to spend money on the perpetrator.

ISOLATION
Preventing the young person from seeing friends or family, or preventing them from going to school or work.

EMOTIONAL
Making the young person feel guilty, ashamed, or worthless, or making them feel like they are not good enough.

POWER & CONTROL

2015 THE REAL STORY / 17

SESSION 3: RELATIONSHIP AUCTION

£100
One Hundred Pounds
The Central Bank of Valentine

£20
Twenty Pounds
The Central Bank of Valentine

£20
Twenty Pounds
The Central Bank of Valentine

£10
Ten Pounds
The Central Bank of Valentine

£10
Ten Pounds
The Central Bank of Valentine

£5
Five Pounds
The Central Bank of Valentine

£5
Five Pounds
The Central Bank of Valentine

£5
Five Pounds
The Central Bank of Valentine

£5
Five Pounds
The Central Bank of Valentine

SESSION 4: CONSENT & PEER EXPLOITATION

ICEBREAKER: BACK TO BACK DRAWING

Young people are split into pairs and position two chairs back to back and sit down. If anyone turns around they are out. Both young people are presented with a piece of paper and a marker. One young person is given one minute to draw a picture. They then have 5 minutes to describe their drawing to the other young person who tries to recreate it. Both images are then compared. Young people then change roles.

Facilitator then explains any communication difficulties.

FACILITATOR NOTES:

Consent is voluntary positive agreement between participants to engage in specific sexual activity.

- Can be communicated in a variety of ways.
- Shouldn't be presumed to the absence of clear refusal agreement.
- Alcohol and drugs render a person incapable of giving valid consent.

Consent is agreeing by CHOICE and having the FREEDOM and CAPACITY to make that choice.

Sexual Offences (SO) Order 2008, s.74(3) It is worth considering what might impact on a young person's ability to provide informed consent to sexual activity. Sometimes young people do not say NO as they are afraid of the consequences, eg.

- Socially accepted norms within a peer group
- Social activity while under the influence of something
- Sexual activity to exchange for something
- Pressure to take part in the agreed sexual activity with multiple partners
- Pressure to avoid sexual harassment (teasing)
- Recalling of sexual activity

RESOURCES:

- Chairs, paper and markers.

RESOURCES:

- Short Film: THE JOURNEY HOME

AIM:

- To explore consent and how it impacts on peer relationships.

OUTCOME:

- Increased awareness around consent and personal consent.

RESOURCES:

- Agency Aunt Problems Page p.20

AIM:

- To explore the role of the peer group in CSE.

OUTCOMES:

- Increased understanding of consent
- Increased understanding of the influence of peer groups
- Improved communication, negotiating and presenting skills

AGONY AUNT

EXPLANATION

1. Young people are split into small groups and asked to respond to the agony column given to them.
2. Feedback is presented to the larger group to discuss and debate differing opinions.
3. Facilitator highlights consent issues and explores if consent was freely given or abductively obtained.

EVALUATION & CLOSE

2015 THE REAL STORY / 19



SESSION 4:

AGONY AUNT'S PROBLEM PAGE

Dear Agony Aunt

My name is Sarah and I am 16. I was at a party last Friday night with my friend Jason. Jason asked to go with me; I said no, he's just a friend. Jason gave me drugs and we had a great time until I blacked out. I woke up naked in bed with Jason on Saturday morning. My friend Lucy said she saw Jason spike my drink. Lucy says Jason raped me, but how could he, I have no bruises. Jason made me tea before driving me home. I had a laugh and anyway, how can you be raped if you enjoy it? I always enjoy sex. Is Lucy mad?

Sarah

Dear Agony Aunt

My mother died from cancer 6 months ago. Since then I have been spending a lot of time with her best friend, Beth. One night I was having a drink with Beth and we ended up having sex. We have had sex several times since. I like spending time with her as she reminds me of Mum. Beth is 38, I am 16. Is there anything wrong with this relationship?

Darren

Dear Agony Aunt

Please help me; I don't know what to do. My Mammy has parties every weekend. Every time I have to have sex with someone, sometimes it's very sore and it makes me bleed. My mammy always cuddles me and tells me she loves me, she always makes me laugh. I really really really love my mammy. How can I make the sex stop?

Lee

Dear Agony Aunt

All my friends are posting naked pics on-line. I don't want to, but I think they will fall out with me if I don't. Then I will have no friends. I am really scared. What will I do?

Jamie

Dear Agony Aunt

Every evening and weekend I hang out in the local park with my friends. It's a laugh most of the time. Sam is the leader of the group, he's really funny and everyone likes him, he's a really good fighter as well. Last Saturday Sam bit us all to be in the park for 7pm. When we arrived he told us he had got a girl to give us all blowjobs. I nearly died, he was standing with Chloe, and she was off her head. There were 12 of us. Sam told us all to line up and get ready for action. I was really nervous; I did not want to stand in a line and wait for a blowjob. I had never had a blowjob before, but I couldn't stand the thought of everyone laughing at me or even beating me up. I stood and waited for it to be over. It was awful. I'm not sure Chloe had a good time either. The other boys were all laughing and saying how great it was and how great Sam was. I've just got a bit from Sam, 'same time next week boys'. What will I do? Have I done anything wrong?

Peter (15)

Dear Agony Aunt

I can never leave the house again!!!!!! I met Craig on line. We chatted for weeks. He made me feel really special. He asked me for a topless pic so I sent it. I went into school the next day and EVERYONE was laughing at me. Everyone had seen my pic. There was NO Craig it was girls in my class letting on to be him. I can't stop crying, I can never go back to school, I have been such a fool. My parents have seen the photo; they are so disappointed in me. My head hurts and I feel sick all the time. Is there anything I can do to make my life better?

Sue (14)

20 / THE REAL STORY? 2015



SESSION 5: SEXUAL HEALTH

RESOURCES:

- Flipchart paper and pen markers

AIMS:

- To explore a young person's values and beliefs in relation to sex
- To encourage empathy and acceptance of the values and beliefs of others

OUTCOMES:

- Increased awareness of values and beliefs and how they impact on sex.
- Increased awareness of peer influences relating to having sex
- Enhanced knowledge of the social emotional and physical aspects of sex

RESOURCES:

- Short Film : The First Time

ICEBREAKER: WHY DO PEOPLE HAVE SEX?

EXPLANATION

1. Divide young people into small groups and provide them with flip chart, coloured pens and ask them to write down the reasons why they think people may choose to have sex.
2. Prompt discussion through using soaps, media and culture etc. Encourage young people to fill the page with as many reasons as possible.
3. Once completed ask each group to circle the 'top 3 reasons' which they think are the most common reasons why a young person may choose to have sex. Acknowledge that not all young people will choose to have sex but if they did, what would be the most common reasons.
4. Once agreed each group feeds back what they have written down.

Please note: During feedback, some of the group answers may mention Rape or Sexual Assault—in this scenario it is important to acknowledge that this does happen but that in this exercise we are discussing Choice and remind participants that rape is where choice has been taken away from a person so therefore will not be discussed in this session.

5. Facilitator may use the top 3 reasons to create some discussion and debate. It is important to acknowledge that everyone is an individual and therefore will have differing opinions on this topic.
6. It is important to be mindful of different values and reasons when we approach sexual relationships as expectancy of what comes after sex may be different to the other individual involved.

SHORT FILM: *THE FIRST TIME*

WATCH 'THE FIRST TIME'

QUESTIONS TO CONSIDER:

- 1) Did Jonny really want to have sex?
- 2) Why do you think Jonny and Emma had sex?
- 3) Can you get an STI the first time you have sex?
- 4) Where is your nearest sexual health clinic?

2015 THE REAL STORY? / 21



RESOURCES:

- STI myths and Facts (p.25)
- Add page/Sheet Instruction
- Prepare 2 sheets A4 paper: True/False

AIMS:

- To increase the awareness of Sexually Transmitted Infections (STIs) amongst young people
- To educate about signs and symptoms and treatment of STIs and how to seek help

OUTCOMES:

- Increased knowledge of local services available for sexual health check-ups
- Enhanced understanding of the transmission of STIs
- An increased understanding of safer sex

STIs: *TRUE OR FALSE*

EXPLANATION

1. Invite group to stand together in the centre of the room
2. Facilitator lays out True and False cards at opposite sides of the room.
3. Facilitator reads out statements to the group. Young people are asked to stand at the True or False card to express their opinion.
4. Facilitator asks young people to explain why they have adopted that stance.
5. After young people have answered, the facilitator will provide the correct answer and explanation from the Fact Sheet
6. At the end of this session the facilitator should highlight the local services available for any young person or friend who may want to get further information or a check-up. Signpost young people to appropriate websites such as www.brook.org.uk, www.nhs.co.uk/Livewell
7. Leaflets are also available for further reading and information as pdf versions from <http://www.fpa.org.uk/resources/downloads>

ANSWERS AND FACILITATOR NOTES:

You can get a sexual health check-up without needing an intimate examination

Answer: TRUE. You are able to get a sexual health check-up without needing to be examined. This involves a blood test for HIV, Syphilis and Hepatitis and a urine sample for boys or a self-taken swab for girls which both test for Chlamydia and Gonorrhoea. If the person has symptoms a clinic will recommend an examination but it is always the patient's choice and if they have no symptoms then no examination needs to be carried out.

If you had Chlamydia you would know

Answer: FALSE. Chlamydia is the most common Sexually Transmitted Infection (STI) in young people under 25 years old. Most of the time someone who has Chlamydia will have no signs or symptoms. Chlamydia is easily treatable and cleared with antibiotics.

If a person does get symptoms for any STI these are the most common ones to look out for:

In women and men:

- pain when you pass urine (pee)
- itching, burning or tingling around the genitals
- blisters, sores, spots or lumps around the genitals or anus

In women:

- yellow or green vaginal discharge
- discharge that smells
- bleeding between periods or after sex
- pain during sex
- lower abdominal pain

In men:

- discharge from the penis
- irritation of the urethra (the tube where urine comes out)

These symptoms don't necessarily mean that you have an STI, but it's worth seeing a doctor so you can find out what's causing the symptoms and treat it.

If you get Chlamydia you should always tell your sexual partner(s)

Answer: True and False (depending on value base) It is important that any recent sexual partners (usually from the last 6 months) should also be tested and treated.

This statement is to help explore attitudes and beliefs as this could generate healthy debate about roles and responsibilities in sexual relationships and confidentiality etc.

Sexual Health clinics offer the opportunity for partners to be notified where the Health Advisor from the clinic can contact any partners anonymously and keep the patient's information confidential.

You can get an STI from only having oral sex

Answer: TRUE. Most STIs can be passed on through oral sex. Oral sex is when the mouth comes in to contact with a partner's genitals. The cold sore virus can be easily transmitted onto the genitals through oral sex and this can then develop as Herpes. Other STIs such as Chlamydia, Gonorrhoea, Syphilis and HIV can be transmitted through oral sex.



If you go to a sexual health clinic they will always write to your GP or parents

Answer: FALSE. Anyone can refer themselves to a sexual health clinic for a check-up and the nurse or doctor will discuss confidentiality with the person when they attend a clinic. They will always endeavour to act in the best interests of the patient and confidentiality is always respected and afforded to every individual who attends a clinic. The nurse or doctor will encourage and support a young person to talk to their parents/guardian about this. If the nurse or doctor has concerns about the young person's welfare and safety then they may need to break that confidentiality and this is the only time when that would be happen. This would be to exercise their duty of care towards the young person and get the appropriate help and support for them. If the nurse or doctor deems the young person competent and not at risk, then no information is required to be shared with their GP/ Parent/ Guardian if this is not the young person's wish.

All STIs can be cured

Answer: FALSE. Not all STIs can be cured however all STIs can be managed. Bacterial infections such as Chlamydia, Gonorrhoea and Syphilis can be treated with specific antibiotics. Viral STIs such as HIV and Herpes remain with the person for life but can be managed with treatment. The most important message is that it is much better for the individual to know so that they can get the right support, help and treatment.

Women taking the pill are protected from STIs

Answer: FALSE. The hormonal contraceptive pill does not protect women against STIs. Barrier contraception, such as Male or Female condoms are the only type of contraception options which offer protections against STIs.

Using condoms can help prevent you catching an STI

Answer: TRUE. Condoms offer good protection from preventing the onward transmission of STIs. Condoms must be used consistently and correctly to be effective. (Please refer to the condom quiz activity for further info.)

Safer sex is about choosing your partners carefully. Delaying sexual intercourse and encouraging discussion about negotiating safer sex with potential partners will also help improve sexual health. Encouraging individuals to attend for a sexual health check-up is important. This should be considered if:

- they have never had a sexual health check up before
- they have a new sexual partner or relationship (since their last check-up)
- they have had recent unprotected sex (condom omission or failure).

If someone has no signs or symptoms a check-up, two weeks after sexual exposure, will be reliable for Chlamydia and Gonorrhoea. It is advised to have a HIV test at least 4 weeks after sexual exposure. If they are very anxious regarding their partner or have signs or symptoms they should attend a clinic as soon as possible.

ACTIVITY: CONDOM QUIZ

FACILITATOR NOTES:

Using a light hearted but informative quiz participants are introduced to the Condom Quiz and invited to participate as much or as little as they feel comfortable.

Participants are made aware that the quiz is intended to be light hearted but not offensive and will be used for the purposes of educating young people about condom use. Remind young people that it is good to ask questions and that no question is too silly, stupid or wrong to ask. Remind the group that different people will have different levels of knowledge about this topic but that this is an informal exercise and not a test.

RESOURCES:

- Copy of Condom Quiz p.26
- Safer Sex leaflets and websites:
<http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sex-and-young-people-hub.aspx>
- Information about local Sexual Health Clinics, Young people's services and where young people can access condom provision locally may be appropriate.

EXPLANATION

1. Facilitator reads out question and possible answers
2. Young people are invited to answer via a show of hands or shout out (facilitator will decide a best method suitable to group)
3. The facilitator will relay the correct answer and explanation to the group. Discussion should be encouraged.

ANSWERS:

1/ C. In a cool, dry, dark place

A condom should be stored safely and free from possible ripping, tearing, damage.

2/ A. The use by date

C. The size

Condoms can go out of date. They may appear ok but it is important to check the date as otherwise the condom may not be safe to use. The correct size of condom is important, there are different sizes available. Different sizes are on account of the width or girth of the penis rather than length.

3/ C. Before penetration

D. Before genital contact

A condom should always be used before any type of genital contact, including full intercourse. There are flavoured condoms available to promote safer oral sex.

2015 THE REAL STORY? / 23



AIMS:

- To educate young people about the correct usage of condoms
- To promote safer sex messages
- To empower young people to make safer choices about their sexual health
- To know when it is appropriate to seek help and services

OUTCOMES:

- Enhanced understanding of correct condom usage
- Increased awareness of the consequences relating to poor or omitted condom use
- Knowledge of available services

4/ A. 1

Condoms can only be used once and therefore an individual should make sure they have enough and know where they are available. Condoms may be bought in supermarkets and chemists. Condoms are free and available at Sexual Health Clinics, Family Planning Clinics, Sexual Reproductive Health Clinics, Brook Clinics and most Youth Health Advice / FE College Clinics.

5/ B. Making sure they are put on the right way round

Correct condom use is essential as if used incorrectly they may come off or split during sex.

6/ C. KY Jelly

KY Jelly is a water based lubricant and is therefore the correct and safest type of lube to use. The oils present in other lubricants can cause damage to the condom.

7/ D. Put it in a bin

8/ C. Get emergency contraception

D. Get a check-up at a clinic if you're worried about infection

E. Talk to a caring/ responsible adult

C. If a heterosexual couple have had unprotected vaginal sex or a failed condom use then the female may want to avail of emergency hormonal contraception (the morning after pill) and can be accessed up to 72 hours after having sex. This prevents a pregnancy from taking place and is important if the young person is not on a normal contraceptive or has had a missed pill or episode of illness recently. Emergency hormonal contraception is available for free from Sexual Health Clinics, family planning clinics, Brook Clinics and some Youth Health Advice clinics and GPs. It can be bought over the counter at most pharmacies. There is an emergency hormonal contraceptive pill available up to 5 days after having sex but not all services may have this in stock. An IUD (intrauterine device) may also be fitted as a form of emergency contraception—this can be arranged through the service you attend.

D. If the young person develops symptoms they should contact their local sexual health clinic to book a check-up. If the young person has no signs or symptoms then they should wait for 2 weeks after having unprotected sex before they have a sexual health check-up.

RESOURCES:

- AA print outs of pregnancy quiz (p.27)
- Prepare two sheets AA paper: True/False

AIMS:

- Dispel myths around how a woman can or can't get pregnant
- Educate young person about conception and how to prevent a pregnancy
- Promote discussion and awareness of contraception

OUTCOME:

- The young person will know the importance of contraception in preventing an unwanted pregnancy

PREGNANCY TRUE/ FALSE QUIZ

EXPLANATION

1. Ask for two volunteers to hold up a 'True' sign at one end of the room and another volunteer to hold the 'False' sign at the opposite end. (This may be some of the quiet/shy members of the group who may not be comfortable about discussing sexual health)
2. Randomly distribute the True/False statements amongst group members and then ask the participants to read their statement, decide whether it is true or false and then stand at the respective end of the room.
3. Take a short time to feedback and be aware of certain myths that may be believed or talked about amongst the group.
4. If there is not enough time to cover all the myths and facts, pick out the most relevant and topical statements.

ANSWERS:

1. False , 2. False , 3. False , 4. False , 5. False , 6. False , 7. True , 8. False , 9. False , 10. False , 11. False



SESSION 5:

STIs

TRUE OR FALSE?



YOU CAN GET A SEXUAL HEALTH CHECK-UP WITHOUT NEEDING AN INTIMATE EXAMINATION

IF YOU HAD CHLAMYDIA YOU WOULD KNOW

IF YOU GET CHLAMYDIA YOU SHOULD ALWAYS TELL YOUR SEXUAL PARTNERS

YOU CAN'T GET AN STI FROM ONLY HAVING ORAL SEX

IF YOU GO TO A SEXUAL HEALTH CLINIC THEY WILL ALWAYS WRITE TO YOUR GP OR PARENTS

ALL STIs CAN BE CURED

WOMEN TAKING THE PILL ARE PROTECTED FROM STIs

USING CONDOMS CAN HELP PREVENT YOU CATCHING AN STI

2015 THE REAL STORY? / 25



SESSION 5: **CONDOM QUIZ**

1. WHERE SHOULD CONDOMS BE KEPT?

- a) In your back pocket b) In the fridge c) In a cool, dry, dark place d) Beside the bed

2. WHAT SHOULD YOU CHECK FOR ON A PACKET OF CONDOMS?

- a) The use by date b) The flavour c) The size d) The price

3. WHEN SHOULD YOU PUT A CONDOM ON?

- a) When you go to bed b) Just before you come c) Before penetration d) Before genital contact

4. HOW MANY TIMES SHOULD YOU USE A CONDOM?

- a) 1 b) 2 c) Up to 5 d) Until it splits

5. WHAT MAKES USING A CONDOM SAFER?

- a) Using two at a time b) Put on the right way round c) Saying a prayer d) Tying them onto your penis

6. WHAT SORT OF LUBRICANT CAN YOU USE WITH THE LATEX CONDOMS?

- a) Vaseline b) Baby oil c) KY Jelly d) Engine oil

7. WHAT SHOULD YOU DO WITH A CONDOM AFTER SEX?

- a) Flush it down a toilet b) Wash it out and keep it for next time c) Shove it under your partner's pillow d) Put it in a bin

8. WHAT SHOULD YOU DO IF YOUR CONDOM SPLITS DURING SEX?

- a) Nothing- there's no point in worrying b) Panic c) Get emergency contraception
d) Get a check-up at a clinic if you're worried about infection e) Talk to a caring/ responsible adult



SESSION 5:

PREGNANCY QUIZ TRUE OR FALSE?



1. WHEN A GIRL STARTS HER PERIODS IT MEANS SHE IS READY TO HAVE SEX
2. A WOMAN MAY GET PREGNANT IF SHE SWALLOWS A MANS SPERM
3. A WOMAN CAN'T GET PREGNANT IF SHE HAS SEX DURING HER PERIOD
4. THE 'PILL' CAN PROTECT YOU FROM SOME SEXUALLY TRANSMITTED INFECTIONS
5. A WOMAN WON'T GET PREGNANT IF SHE HAS SEX WHEN SHE IS DRUNK
OR HER PARTNER IS DRUNK
6. A WOMAN WON'T GET PREGNANT THE FIRST TIME SHE HAS SEX
7. A MAN'S SPERM CAN REMAIN ALIVE INSIDE A WOMAN FOR UP TO 5 DAYS
8. IF A MAN WITHDRAWS HIS PENIS FROM A WOMAN'S VAGINA BEFORE HE EJACULATES
(COMES) THE WOMAN CAN'T GET PREGNANT
9. YOU CAN USE CLINGFILM AS A CONDOM
10. A WOMAN IS VERY UNLIKELY TO GET PREGNANT IF SHE HAS SEX STANDING UP
11. CONDOMS ARE NOT VERY EFFECTIVE IN PREVENTING PREGNANCY

2015 THE REAL STORY? / 27





SESSION 6: THE REAL STORY?

FACILITATOR NOTES:

The facilitator should be mindful to avoid scaring young people but promote the benefits of having accurate information to make informed choices. The facilitator should not provide later reassurance but, when there are concerns, they should signpost on to Sexual Health Services and encourage the importance of getting a check-up and that all STIs can be managed.

ICEBREAKER: ONE AT A TIME

Young people are asked to line up at one side of the room and hold hands. They are advised that they are not allowed to speak. They are then instructed that everyone has to move across to the other side of the room. One young person can only move at a time, if more than one moves or if anyone speaks everyone must return to the start position. Facilitator must decide a time to complete the task.

Task can be successfully completed if young people take a step in sequential order, beginning at one end of the line and moving down. This needs to be communicated through non-verbal means by the young people.

RESOURCES:

- Sexual Network Map (p.30)
- Local Service Information of clinics & relevant websites

AIMS:

- To improve knowledge and awareness of how STIs are contracted
- To provide information on awareness
- To provide information of where and when to seek help from Sexual Health Services

OUTCOMES:

- Increased knowledge of the transmission of STIs and safe sex
- Knowledge of local services and when to attend for a check up
- An enhanced understanding of the importance of encouraging partners certainly to protect your sexual health.

WHO HAVE YOU HAD SEX WITH?

EXPLANATION

1. Ask the young people to make up 2 fictional characters or celebrities in a relationship. The couple may be heterosexual or a same sex relationship — facilitator has the responsibility to ensure diversity is reflected. Label the names on the sexual network map couple (bottom of diagram).
2. The young people are then invited to create a story based on the two fictional characters which concludes with the couple having unprotected sex.
3. Facilitator suggests that one of the couple has tested positive for Chlamydia
4. The facilitator should then ask the group to provide an explanation for this. For example: cheating, open relationship etc.
5. This is an opportunity for the facilitator to pull out common attitudes and beliefs about people who have STIs and an opportunity to educate and dispel myths.
6. In this scenario the individual may only have had one or two partners before and these partners had no symptoms. However now we have learnt that Chlamydia does not usually have any signs or symptoms and therefore can be innocently and unknowingly passed on to sexual partners. This story helps to dispel some of the myths about STIs, that they only occur within an unfaithful relationship or that an individual who has an STI must have had several partners.
7. Acknowledging a partner may have a sexual history before entering into a new relationship is helpful to consider when choosing a new partner or thinking about having sex.
8. The sexual network map is a helpful and effective tool to build a picture and contextualise the importance of Safer Sex and getting a sexual health check-up.

RESOURCES:

- Short Film: The Whole Story

AIM:

- To consolidate prior learning

OUTCOMES:

- Increased understanding of CSE & sexual health
- Increased ability to make safer choices
- Increased knowledge of existing services

SHORT FILM: THE WHOLE STORY

A FINAL REVIEW OF ALL 3 SECTIONS OF SAFE CHOICES

WATCH 'THE WHOLE STORY'

Lee (the story teller) was at a party where;

- Claire exchanged sex for pills and money
- Her close friend, Jonny, felt pressured into having sex for the first time (without a condom)
- She met a boy who went on to groom and sexually exploit her.

QUESTIONS TO CONSIDER:

- 1) What was really going on for Claire? Did she really want to have sex with loads of people?
- 2) Was 'Crazy Claire' really having a good time?
- 3) Did Jonny really want to have sex?
- 4) Does peer pressure really influence the decision to have sex?
- 5) Do you think Lee really consented to have sex with all her boyfriends' mates?
- 6) Why does Lee keep going back to Paul? Does she really want to be with him?

SIGNPOSTING:

Young people should be made aware of Agencies that can offer support & advice. (p.31)

EVALUATION & CLOSE

CSE RESOURCES & SERVICES

Barnardo's Safe Choices NI

230b Belmont Rd, Belfast,
BT4 2AW. Phone: 028 9065 8511
www.barnardos.org.uk/nisafechoices.htm

South Eastern Health & Social Care Trust

Youth Health Advice Service
Health Development, Lisburn Health Centre
Linenhall Street, Lisburn, BT28 1LU
Phone: 028 9250 1373
<http://www.setrust.hscni.net/healthy/living/2427.htm>

'Sick Party' CSE DVD:

<http://basistraining.org.uk/sick-party-dvd/>

The Rowan, Regional Sexual Assault Referral Centre:

<http://therowan.net/>

NI Sexual Health Clinics Map:

http://www.belfasttrust.hscni.net/pdf/GUM_Sexual_Health_Clinics_Northern_Ireland.pdf

FPA Sexual Health Information leaflets:

<http://www.fpa.org.uk/resources/downloads>

NHS Choices Website:

<http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sex-and-young-people-hub.aspx>

BASHH 'Spotting the Signs' Proforma:

<http://www.fash.org/pdfs/SpottingTheSignsNationalProforma.pdf>

SBNI:

<http://www.safeguardingni.org/resources>

NSPCC:

<http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/>

Brook & ARK: Sexual Risks among young people:

<http://web-previews.com/brook3/>

NEXUS NI:

<http://www.nexusni.org/>

Sex, Relationships + The Internet

www.thinkuknow.co.uk/14_plus/

CEOP Child Exploitation + Online Protection Centre

www.ceop.police.uk

Childline

0800 1111

Lifeline

0808 800 8000

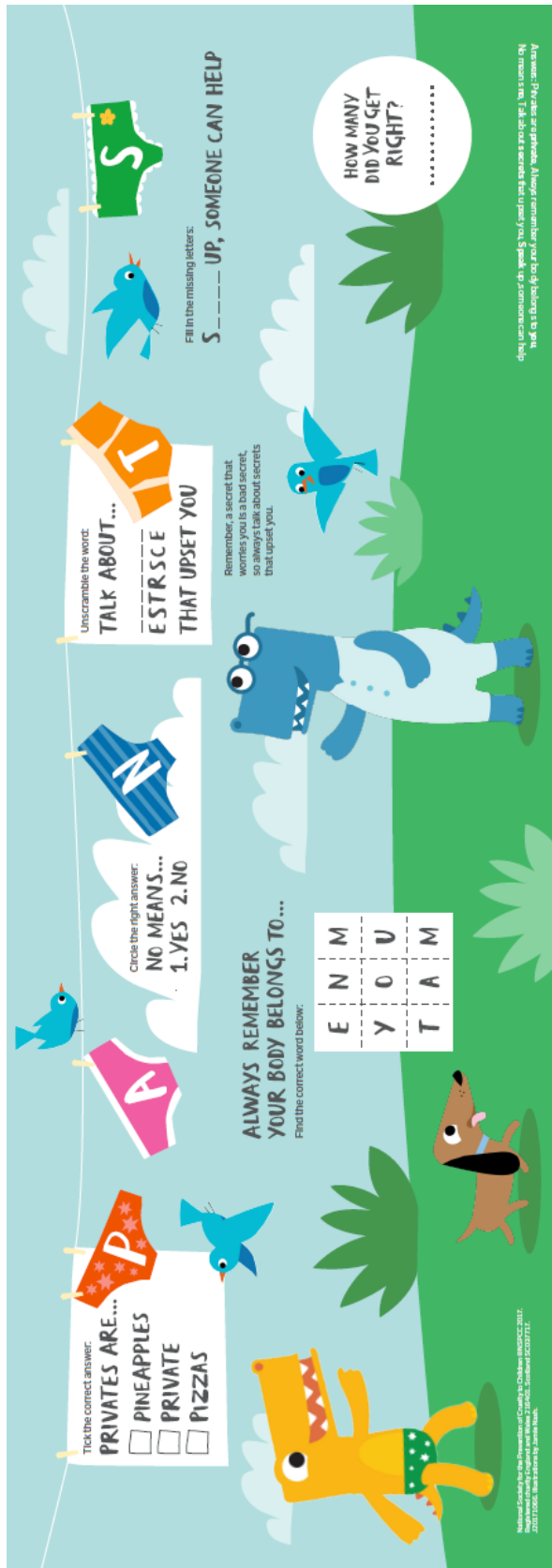
Independent Inquiry Into Child Sexual Exploitation (CSE) in Northern Ireland: CSE Inquiry Report:

<https://www.rqia.org.uk/cseinquiry/>

2015 THE REAL STORY? / 31







For children with
learning disabilities



This booklet will give you
some information about
the PANTS rules.

These rules can help
keep you safe.

NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR



How to remember the PANTS rules.

There is an easy way to remember how to talk PANTS.



Just remember the word PANTS.

Each letter in the word PANTS gives you one of the safety rules.



Privates are private

Always remember your body belongs to you

No means no

Talk about secrets that upset you

Speak up, someone can help





The next few pages will tell you more about talking PANTS.



P is for
Privates are private

Parts of your body covered by underwear are private. No one should ask to see, or touch them.



Sometimes doctors, nurses or family members might have to. But they should always explain why, and ask if it's OK first.





A is for
**Always remember your
body belongs to you**

It's your body, no one else's. No one should make you do things that make you feel unhappy or uncomfortable.

If anyone tries to touch you in a place that makes you feel uncomfortable, tell an adult you trust.

If you don't want to talk to someone you know you can call Childline on **0800 1111**.



N is for
No means no

You are allowed to say no, even to a family member or someone you love.

Remember, you are in control of your body and your feelings are important.



T is for
Talk about secrets that upset you

Secrets shouldn't make you feel upset or worried.

If they do, tell an adult you trust.

You will never get into trouble for sharing a secret that upsets you.





S is for
**Speak up,
someone can help**

Talk about stuff that
makes you worried
or upset.



An adult you trust will
listen, and be able to help.



If you don't want to talk
to someone you know
you can call Childline
on **0800 1111**.



This version was adapted from our original
children's guide, with help from Mencap.

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charity England and Wales 216401. Scotland SC037717.
Illustration by Jamie Nash. J20161202.

LEARN THE PANTS RULES FOR STAYING SAFE

PRIVATES ARE PRIVATE

Parts of your body covered by underwear are private. No one should ask to see or touch them. No one should ask you to touch or look at parts of their body that are covered by underwear.

Sometimes doctors, nurses or family members might have to. But they should always explain why, and ask if it's OK first.



ALWAYS REMEMBER YOUR BODY BELONGS TO YOU

It's your body, no one else's. No one should make you do things that make you feel embarrassed or uncomfortable. If anyone tries, tell an adult you trust.



NO MEANS NO

You have the right to say 'no' – even to a family member or someone you love. Remember, you're in control of your body and your feelings are important.



SPEAK UP, SOMEONE CAN HELP

Talk about stuff that makes you worried or upset. An adult you trust will listen, and be able to help. It doesn't have to be a family member. It can be a teacher or a friend's parent – you can also call Childline on 0800 1111 and someone will always be there to listen. If you find it difficult to talk about, you could write it down or draw a picture instead.



TALK ABOUT SECRETS THAT UPSET YOU

Secrets shouldn't make you feel upset or worried. If they do, tell an adult you trust. You will never get into trouble for sharing a secret that upsets you.



NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR

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Planning & Review with Children and Young People

Involving children in the development of plans means that they are more likely to be successful and to actually improve the felt experience of the child at home or elsewhere.

In this section you will find tools which will support you to consider and include the views of children and young people in decision making and their plans. There are also some resources for creating Safety Plans with children in relation to specific risks or issues they may be exposed to.

Thinking about the questions below and making notes will help **you** to take part in **your** Child Protection Conference

Why are people worried about me/my brothers and sisters?	What things do people need to know about me?	What things work well in my family?
Do I feel safe/worried/unhappy?	What things do I need to know more about?	If I felt worried or unsafe I would talk to?
What things need to change to make me feel safe/less worried/much happier and who can help my family to make those changes?	What else would I like people to do to help me and my family?	



You might want to try something like the tool below in relation to explaining next steps to a child if the above is too advanced.



One day there was a boy and a girl. The grown-ups who knew the boy and girl were worried because they did not think the boy and girl were happy, safe and well.



A social worker came to talk to the boy and the girl. They talked about how the social worker could help them and their family.



The social worker went to meeting with all the important people who know the boy and girl and their family. They all made a plan about how they could help them.



The social worker went to see the boy and girl and told them all about the plan and what the grown-ups are going to do.

If you were sad or, you and your were not safe, who would you talk to? Why not think about who they would be and write their names below.

.....

.....

.....

.....



What I want to say....

About where I live:



About my family:



About school:



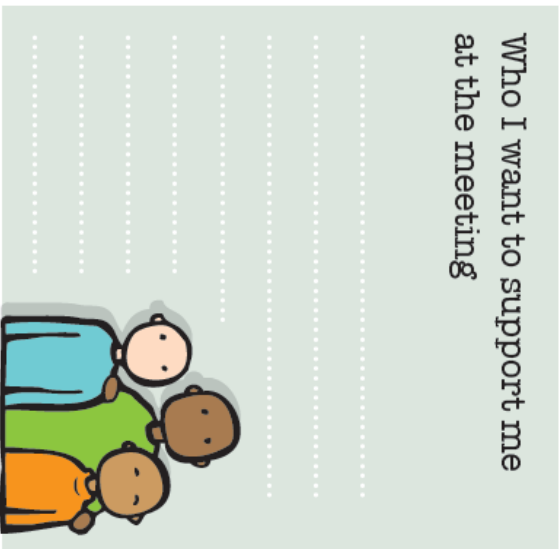
The Child Protection Conference (for children aged 10+ who may want to attend)

What I want to talk about at the meeting (someone else can say these things for you)

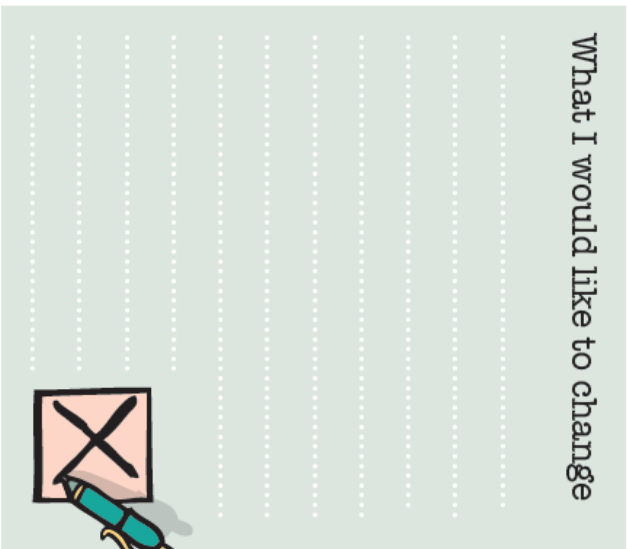
The Child Protection Conference (for children aged 10+ who may want to attend)

What I want to talk about at the meeting (someone else can say these things for you)

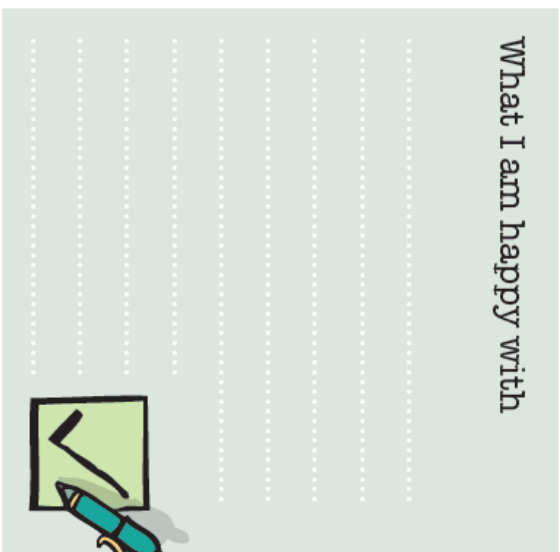
Who I want to support me
at the meeting



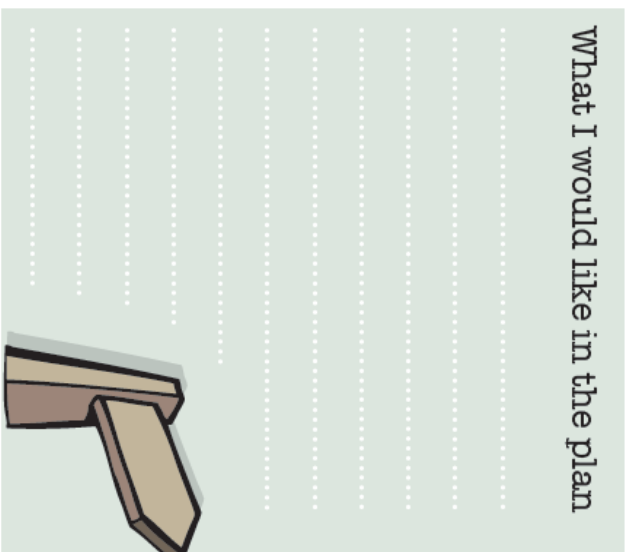
What I would like to change



What I am happy with



What I would like in the plan



About my family

What happens when your family feels sad, worried or angry?



Can your family sort it out?

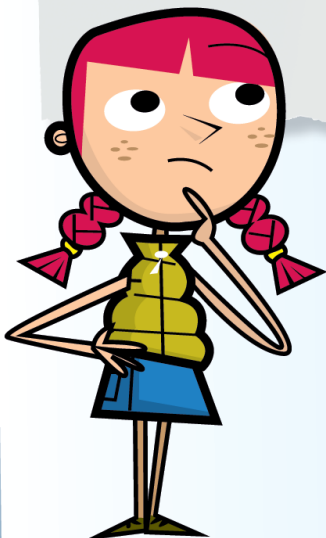
YES

NO

Don't know

If YES, how?

If NO, how does that make you feel when your family can't sort it out?



Does that make you worry about what will happen?

YES

NO

Sometimes

Don't know

Do you worry about this when you are not at home, for example when you are at school?

YES

NO

Sometimes

Don't know



My Future

My views:



My hopes:



My dreams:



My fears:



My needs

What needs to remain the same?
What needs to change?

Who I see?



Where I live?



My activities?



Keeping healthy?



Getting the best education?



My religion?



Keeping me safe and secure?



Important people to me

Think of all the relationships that you have. Put the names of those closest to you in the inner circle, the names of the next closest people in the next circle, and so on until you have put down everyone that you want to.



The kind of
person I am

Look at the following list and put a circle
around the things that you agree with

I lose my
temper easily

I never finish
anything

I'm a bully

I'm noisy

I'm reliable

I'm friendly

I'm bossy

I feel
happy
a lot

I don't like
people my own

I'm clever

I can
stick
up for
myself

I let
people
push me
around

I can't concentrate

I'm shy/nervous

I hate
sharing
things

I work hard

I like helping
people

I'm lazy

I feel miserable a lot

I like meeting
new people

I am kind

I like to be busy

I'm a good
listener

I make people laugh

I talk too
much

I'd rather be
by myself

I have lots
of friends

I like to
pick fights

I'm generous



My Future

What I would like for my future...

Handwriting practice lines for the text "What I would like for my future...". The page contains 10 horizontal dotted lines on a light beige background.

How I feel about my future?

worried

confused

lonely

happy

excited

angry

scared

OK

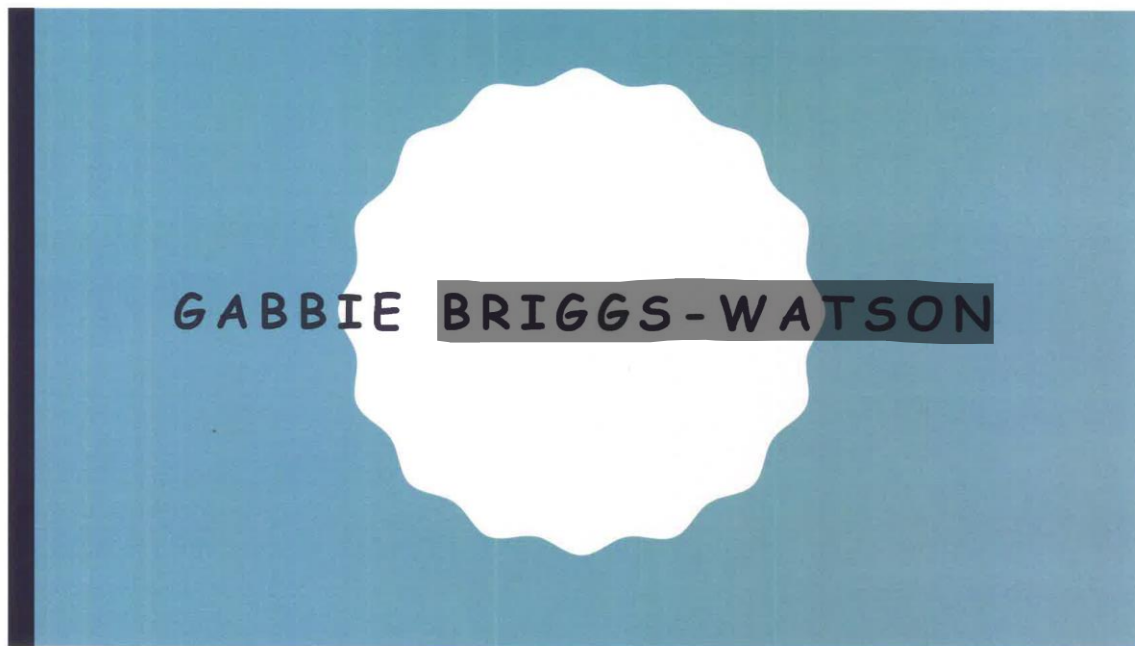
giddy

fed up

pressured



On the next few pages you will find an example of a piece of work created by a Social Worker in IRS to prepare a child for a Child Protection Conference. This tool supports a child or young person to share their views and feelings with the IRO and with those who will be at the conference. After the conference, the Social Worker fills in the last page and give this back to the child



On Monday 20th May, there is a meeting all about Gabbie, MJ, Elsa and Eva.

The people at the meeting will be mam, dad, Claire, Mr Healy, Eva's health visitor, Janet, your school nurse and the Police.

The person in charge of the meeting is called Lesley



At the meeting, everyone tells Lesley all the good things about Gabbie, MJ, Elsa and Eva.

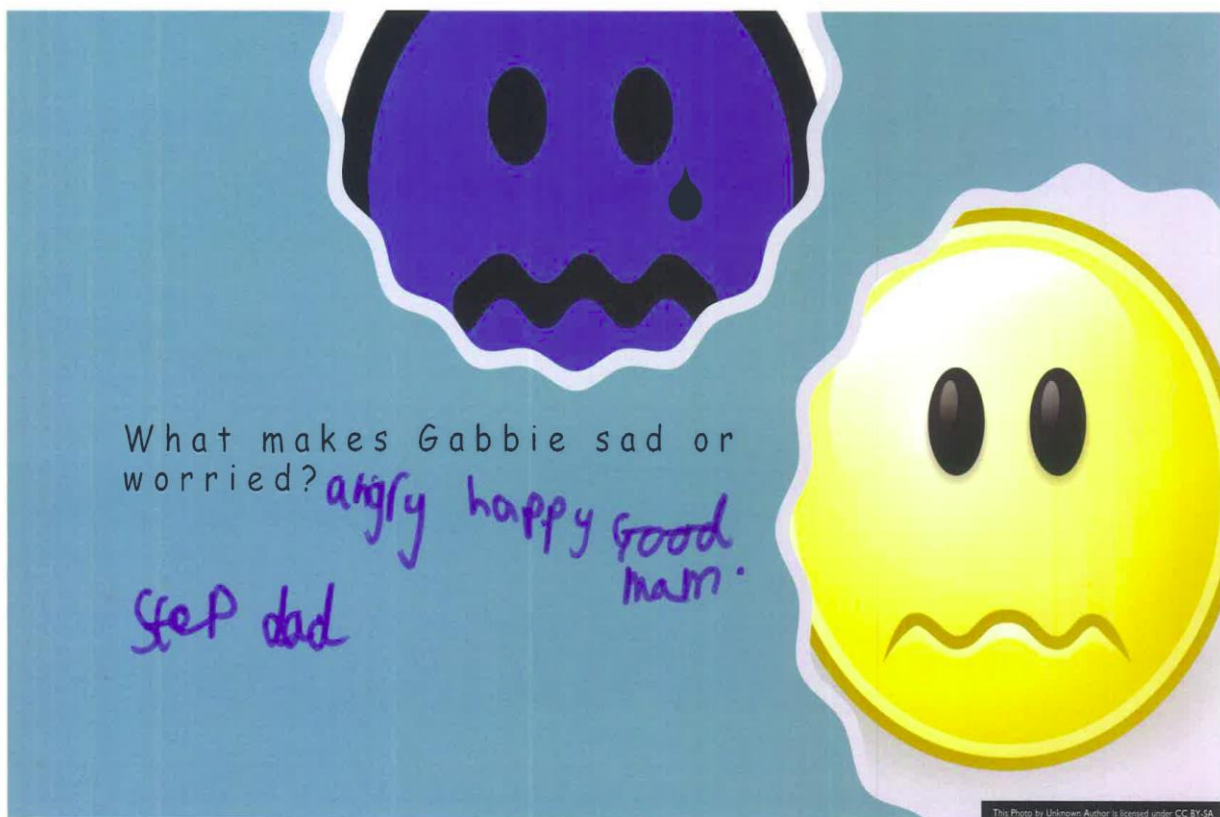
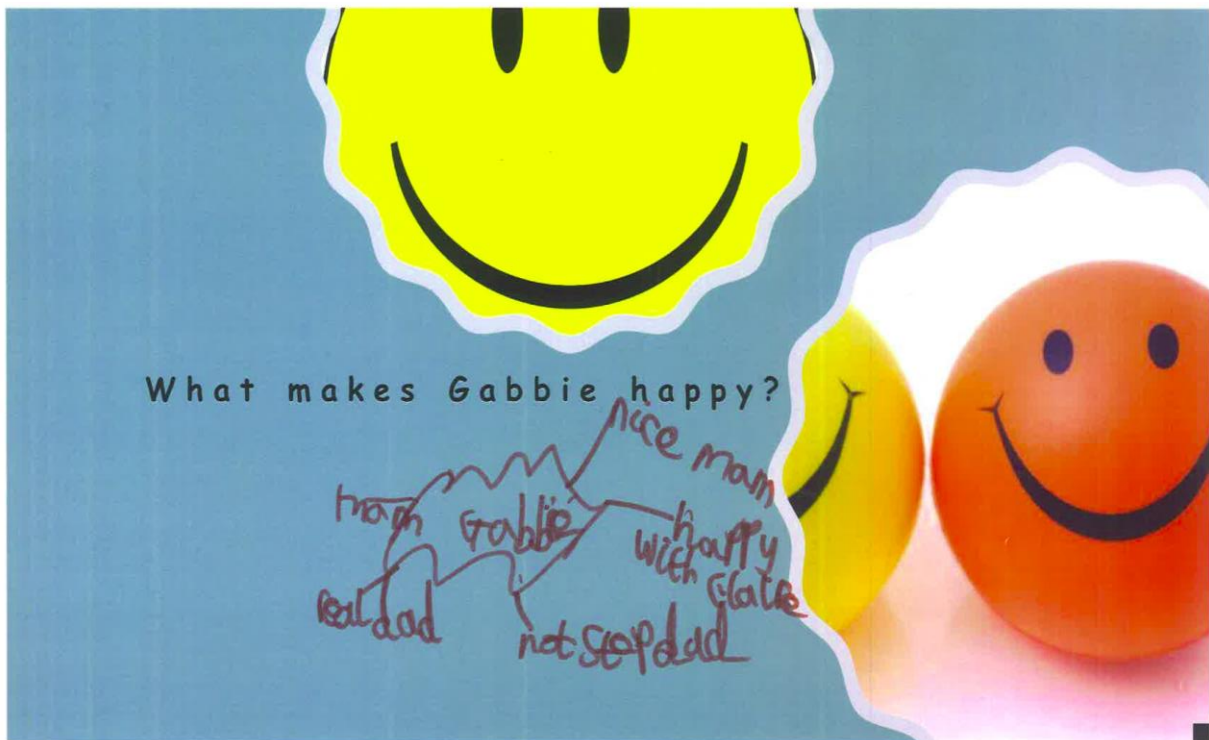
We also tell Lesley about what worries we have for Gabbie, MJ, Elsa and Eva.

Claire will tell Lesley that she is worried about Gabbie feeling scared in her home about Shaun. Claire is worried that Shaun might come to the house again and frighten and worry Gabbie.

Lesley would like to know about Gabbie and what we can all do to help you feel safe and happy.

A picture of Gabbie and her family





When Lesley has listened to everyone talk, she will have a think and decide if all of us need to make a plan to make some changes. A plan is a list of things to do.

What 3 things would be on your list of things to change?



1. keep shawn away from our house
2. move to newburn.
3. playing out more.

Is there anything else you want Lesley to know about you or how you are?

I done well on my SATS



This page is for Lesley and Claire to tell you a little bit about the meeting and if there is anything on the list of things to do.

Scaling

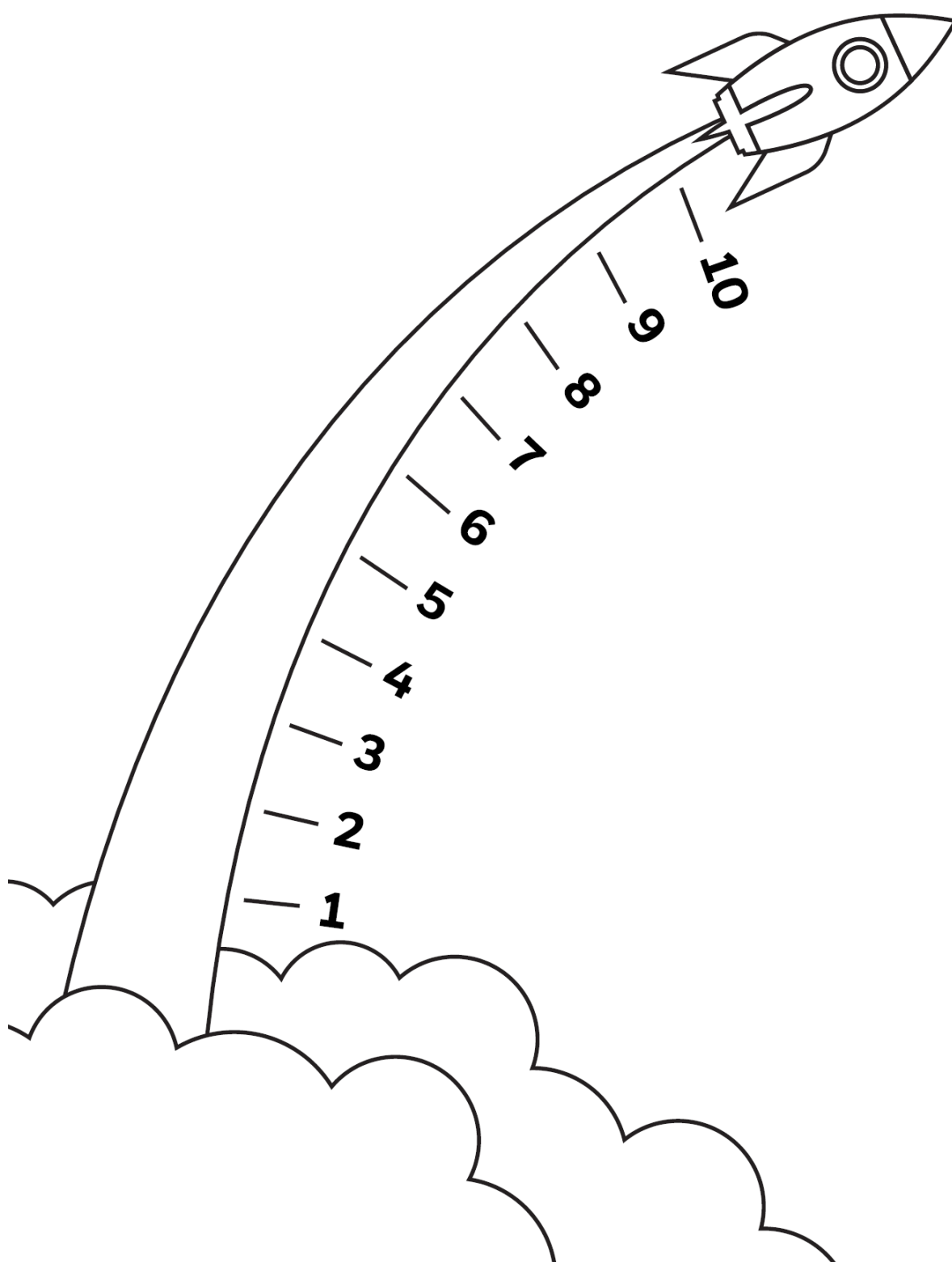
Scaling is a tool from solution focused and motivational interviewing approaches. Most commonly, in the context of child protection work, 0-10 scales are used to measure a variety of aspects of a situation, from the child's perspective, including how safe a child feels in a particular situation or in the care of a particular person, how well they feel they get on with parents, siblings or friends, how they feel about themselves, how they have been coping with difficulties in their life and for setting attainable goals.

Scaling questions can be particularly helpful when thinking about how improvements will be measured in the planning process.

It is important to think creatively about scales with children and give space for the child to develop scales with you. Some children like to use drawings for scaling, for example drawing a hill, mountain or ladder can be very useful for talking with a younger child about the current situation and what life would be like towards the top of the hill, mountain or ladder.

You could also use stickers for children who prefer to have visual information. For example, at the lower end of the scale you could use sad face stickers, in the middle stickers of medals, to note that things are improving and towards the top stickers of trophies, to mark that goals have been achieved.

Some children might also like to be more physical and have large laminated numbers or pictures (like a ladder or steps) laid out on the floor so they can stand at different points on the scale to show you where they are now and what will need to happen to move them to the 'right' end of the scale.



Worryometer

Use this when you want
to explain how it is for you



Huge,
scary
worry



Enormous
worry



Big
worry

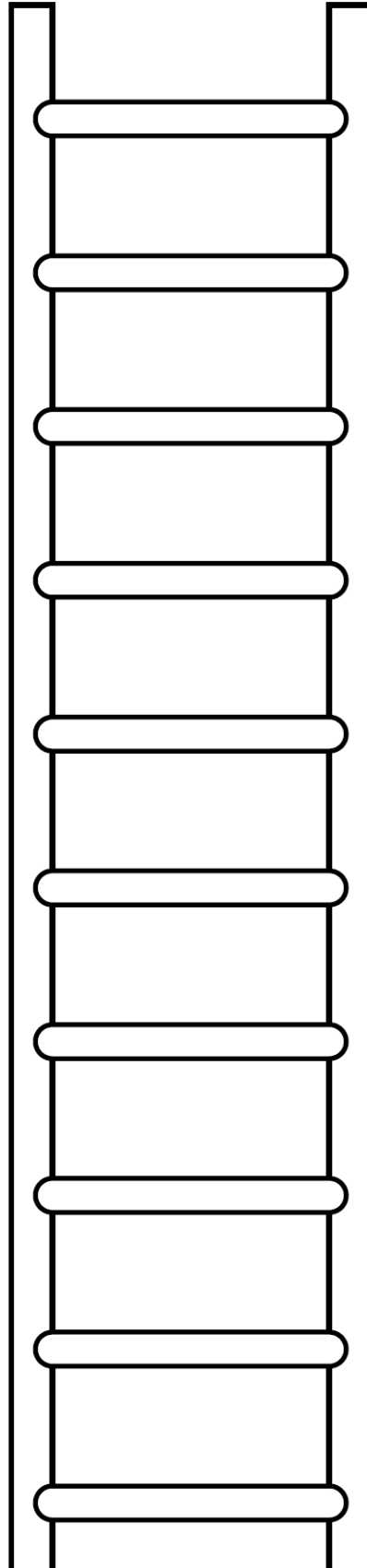


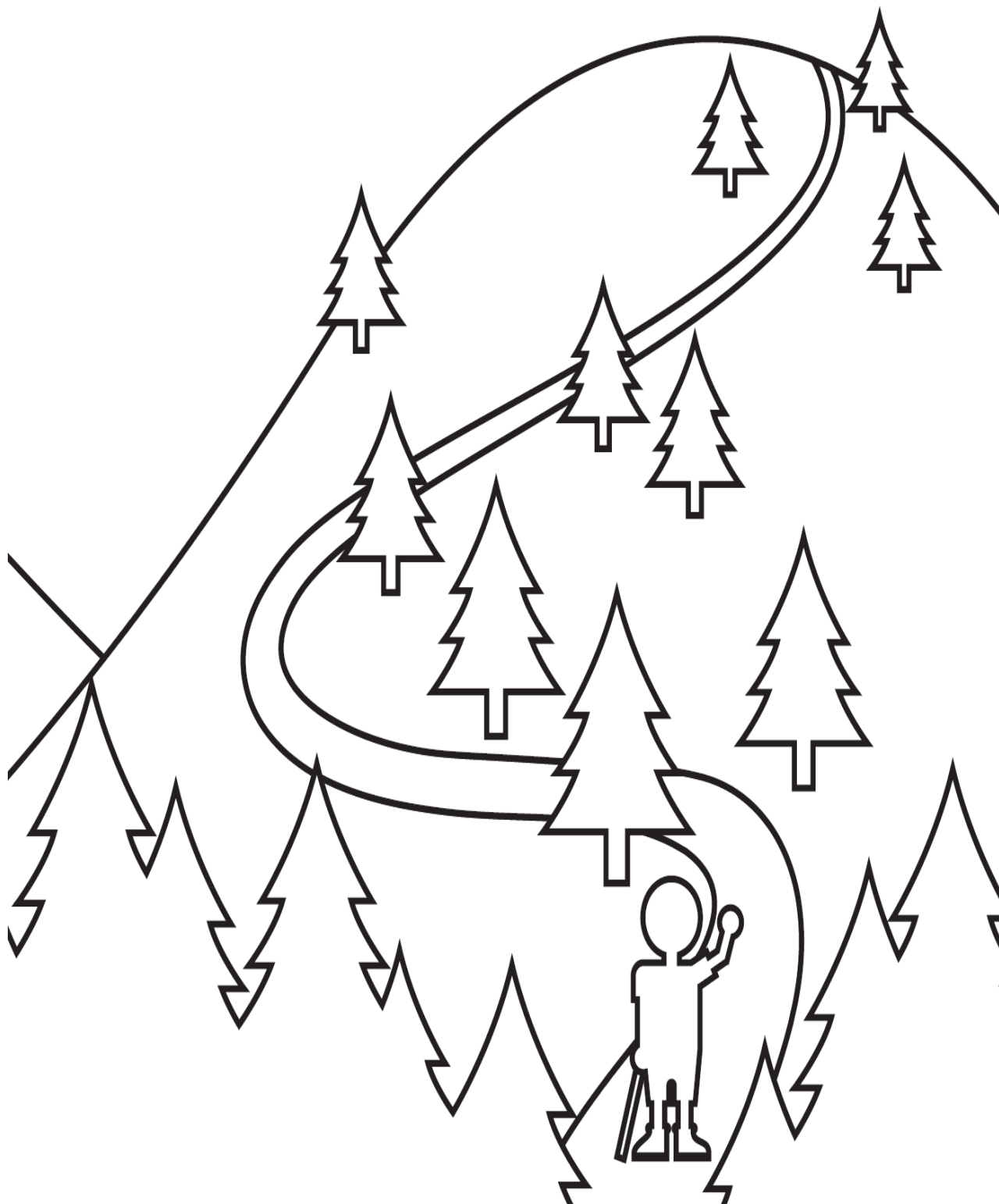
Medium
worry



small
worry







Review

Children need to be continually involved in reviewing their plan which needs to reflect their changing circumstances and the progress made.

In this section you will find resources and tools which you can use to support you engage children and young people on a more ongoing basis. However, nothing will or should replace the importance of investing time into a young person to build rapport, understanding and a meaningful, trusted relationship.



Mind of My Own

What is Mind of My Own?

Mind of My Own, is a web application that gives young people an instant and convenient way to express their views, wishes and feelings, and social workers a smart way to record them.

Mind of My Own One

The original Mind of My Own app for children, young people and their workers.

Mind of My Own One can be:

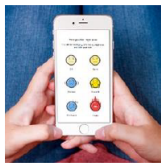
- used independently on a young person's account
- co-used with a worker or carer on a worker's account
- used for meetings, reviews, to share good news and to sort out problems

Mind of My Own Express

Another feature on Mind of My Own designed for young people with a learning disability and younger children.

Mind of My Own Express:

- uses expressive pictures, minimal text and affirming sounds
- can be used for any education, health or social care planning or review process,
- is designed to be co-used with a worker (cannot be used independently)



How does it work?

Mind of My Own guides young people through a selection of different clickable scenarios, offering free text and clickable responses. Once a scenario has been completed, Mind of My Own turns what a young person has said into a pdf statement of their views. This is then sent to you via email.

Using Mind of My Own

It is the Social Workers responsibility to introduce a young person to Mind of My Own and assist them to set up an account. Thereafter, a young person can use it on their own to express their views, wishes and feelings.

It is essential that a young person's views are captured and evidenced via Mind of My Own in preparation for LAC reviews and CP conference.

Training

To sign up for training check LMS for training courses.

Help & Support

Visit Mind of My Own's help page via www.mindofmyown.org.uk/help/.



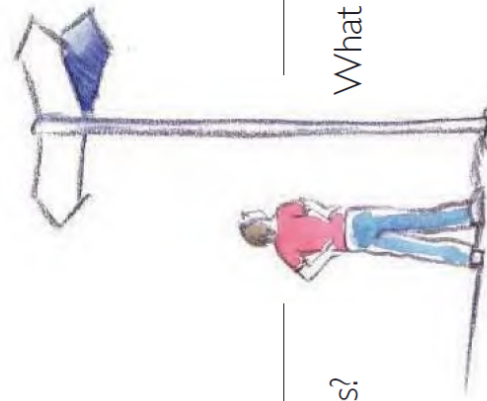
60: Thinking ahead - what are your hopes for the future?

Where do you hope to be?

What would you like to do?

What will you need to get these things?

What or who can help you achieve these things?



PLO & Court Resources



Children's beliefs about parental divorce scale

The following are some statements about children and their separated parents.

- Some of the statements are *true* about how you think and feel, so you will want to check **Yes**.
- Some are *not true* about how you think or feel, so you will want to check **No**.

There are no right or wrong answers. Your answers will just tell us some of the things that you are thinking now about your parents' separations.

	Yes	No
1. It would upset me if other kids asked a lot of questions about my parents.		
2. It was usually my father's fault when my parents had a fight		
3. I sometimes worry that both my parents will want to live without me		
4. When my family was unhappy it was usually because of my mother		
5. My parents will always live apart		
6. My parents often argue with each other after I misbehave		
7. I like talking to my friends as much now as I used to		
8. My father is usually a nice person		
9. It's possible that both my parents will never want to see me again		
10. My mother is usually a nice person		
11. If I behave better I might be able to bring my family back together		
12. I like playing with my friends as much now as I used to		
13. When my family was unhappy it was usually because of something my father said or did		
14. I sometimes worry that I'll be left all alone		
15. Often I have a bad time when I'm with my mother		
16. My family will probably do things together just like before		
17. My parents probably argue more when I'm with them than when I'm gone		
18. I'd rather be alone than play with other kids		

Children's beliefs about parental divorce

ECMS number:



19	My father caused most of the trouble in my family		
20	I feel that my parents still love me		
21	My mother caused most of the trouble		
22	My parents will probably see that they have made a mistake and get back together again		
23	My parents are happier when I'm with them than when I'm not		
24	My friends and I do many things together		
25	There are a lot of things about my father I like		
26	I sometimes think that one day I may have to go live with a friend or relative		
27	My mother is more good than bad		
28	I sometimes think that my parents will one day live together again		
29	I can make my parents unhappy with each other by what I say or do		
30	My friends understand how I feel about my parents		
31	My father is more good than bad		
32	I feel my parents still like me		
33	There are a lot of things about my mother I like		
34	I sometimes think that once my parents realize how much I want them to they'll live together again		
35	My parents would probably still be living together if it weren't for me		

Children's beliefs about parental divorce

ECMS number:

Scoring

The CBAPS identifies problematic responding. A "yes" response on items 1, 2, 3, 4, 6, 9, 11, 13-19, 21, 22, 26, 28, 29, 34, 35 and a "no" response on items 5, 7, 8, 10, 12, 20, 23-25, 27, 30-33 indicate a problematic reaction to one's parents divorcing. A total score is derived by summing the number of problematic beliefs across all items, with a total score of 35. The higher the score, the more problematic the beliefs about parental divorce.

		Yes	No
1	It would upset me if other kids asked a lot of questions about my parents.	1	
2	It was usually my father's fault when my parents had a fight	1	
3	I sometimes worry that both my parents will want to live without me	1	
4	When my family was unhappy it was usually because of my mother	1	
5	My parents will always live apart		1
6	My parents often argue with each other after I misbehave	1	
7	I like talking to my friends as much now as I used to		1
8	My father is usually a nice person		1
9	It's possible that both my parents will never want to see me again	1	
10	My mother is usually a nice person		1
11	If I behave better I might be able to bring my family back together	1	
12	I like playing with my friends as much now as I used to		1
13	When my family was unhappy it was usually because of something my father said or did	1	
14	I sometimes worry that I'll be left all alone	1	
15	Often I have a bad time when I'm with my mother	1	
16	My family will probably do things together just like before	1	
17	My parents probably argue more when I'm with them than when I'm gone	1	
18	I'd rather be alone than play with other kids	1	
19	My father caused most of the trouble in my family	1	
20	I feel that my parents still love me		1
21	My mother caused most of the trouble	1	
22	My parents will probably see that they have made a mistake and	1	

Children's beliefs about parental divorce

ECMS number:

	get back together again		
23	My parents are happier when I'm with them than when I'm not		1
24	My friends and I do many things together		1
25	There are a lot of things about my father I like		1
26	I sometimes think that one day I may have to go live with a friend or relative	1	
27	My mother is more good than bad		1
28	I sometimes think that my parents will one day live together again	1	
29	I can make my parents unhappy with each other by what I say or do	1	
30	My friends understand how I feel about my parents		1
31	My father is more good than bad		1
32	I feel my parents still like me		1
33	There are a lot of things about my mother I like		1
34	I sometimes think that once my parents realize how much I want them to they'll live together again	1	
35	My parents would probably still be living together if it weren't for me	1	

Total score	
-------------	--

References:

If you would like to see any of the items listed, send the 5 or 6-digit item numbers (in **bold**) to library@cafccass.gov.uk (for internal use only)

188886. Kurdek, L., & Berg, B. (1987). Children's beliefs about parental divorce scale: Psychometric characteristics and concurrent validity. *Journal of Consulting and Clinical Psychology* 55(5), 712-18.

Used by permission of Dr. Kurdek.

Important: This tool has been developed from existing evidence base and research, however is not a validated tool. The tool should be used to inform the assessment and analysis and is not a replacement for the professional judgement of the practitioner.

Children's beliefs about parental divorce

ECMS number:





Tool for parental concerns

1. What are the specific factors which you consider present a risk to the children?

Answer here

2. How do you feel the children may be harmed?

Answer here

3. Do you think your child/ren have suffered in any way?

Answer here

4. What have you done to try to address these issues?

Answer here

5. What do you feel needs to be done to address these concerns?

Answer here

Tool for parental concerns

ECMS number:



A young person's guide to care proceedings

'People are trying to make sure I'm safe'

When people are concerned about the safety of a child, the local authority might begin care proceedings with the family court.

Care proceedings or a care order is something that the family court can put in place to keep a child safe.

Children and young people come into care when people are really worried that you are not being looked after properly or might be harmed.

The most important thing to remember if you are in care proceedings is that **none of this is your fault**.

What is a family court?

A family court is **very different to a criminal court** where people go when they might have done something wrong. The judge in the family court listens to what everyone has to say. It's their job to **make safe decisions for you** and your family.



What are social workers?

Social workers help to **make sure children and young people are safe and properly looked after**. If they think children and young people are not safe or properly looked after they must take action.

They will work with your family to see if it is possible for you to safely stay with them.

If the court decides that is not possible, they will help to make sure there is somewhere safe where you can live.



How does Cafcass help?

The court will ask a Cafcass worker (sometimes called a 'Children's Guardian') to **help them decide what is best for you.**

They will do this by:

- looking at what the social worker is planning for you and telling the court what they think needs to happen next
- making sure you have a special legal adviser, called a solicitor
- in most cases, talking with you to find out what you think and how you feel about everything
- in most cases, speaking to other people who care about you, like your parents, family and sometimes your teachers and social worker
- telling the court what they think will help you be kept safe and well.



What does a solicitor do?

Children and young people in care cases also have a solicitor to help them. The solicitor is a lawyer who works with the Cafcass worker to make sure the best decisions are made for you.

How are decisions made?

It normally takes about 26 weeks for a court to decide what is going to happen. During that time a lot will be happening.

The judge will **listen carefully to what everyone has to say**, including your views, and then make a decision on what's best for you. After the meeting at court, your Cafcass worker will make sure someone explains what the court decided and how it affects you.

Through it all you can choose to have your say but no one should put pressure on you. If you need help and support your Cafcass worker will make sure you get this.



What will happen in the end?

Lots of different things are possible. Everyone will try to make it possible for you to safely stay at home but sometimes children go to live somewhere new.

If you have to live somewhere else, your social worker will try to see if you can stay with someone you already know, like someone in your family. If that is not possible you may have to go and live with people called 'foster carers'.

Everyone will try to make sure brothers and sisters can stay together.

Sometimes this isn't possible though. You should let your social worker and Cafcass worker know if you are worried about seeing your brothers and sisters.

Even if you are not living with your parents you might still be able to see them.

The court can also decide how often you should see your parents and where you should see them. This might be where you are living, or it might be at another place such as a family centre.

It's really important to know though that sometimes the court will decide that it is not good for you to see your parents. This could be because they are worried that they might hurt or upset you.



What does 'going into care' mean?

Going into care means that the local authority is responsible for making sure that you have somewhere to live that is safe and where you are properly looked after.

Sometimes children and young people are allowed to go on living at home. However, it is more usual for children and young people who are taken into care to have to leave their home, at least for some time.





Children and young person's guide: Family court after separation

Sometimes after parents separate they find it hard to agree on important things and will ask the court for help. Cafcass knows that this can be a really hard time for you and that you may feel unsure about what is going to happen next. Here is some information for you about what might happen when your family goes to court and who can help you.



What is Cafcass?

Cafcass stands for Children and Family Court Advisory and Support Service. Sometimes families have problems that they can't sort out on their own. Cafcass workers, called Family Court Advisers, help adults work out things like who looks after you and who you should spend time with. The Cafcass worker is here to make sure that the best things happen for you. Cafcass and the courts will help you and your family in the safest way possible and as quickly as they can.

A court is where a judge or magistrate will make the key decision about you, so...

What is a judge or magistrate?

- * **A judge** works in the family court. They listen to information about you and will make the decision about what is right for you.
- * **Magistrates** are trained members of the community who also work in the family court. There are normally three magistrates who will make a decision about you.

The most important thing to **remember** is that whatever is happening to you and your family right now is **NOT your fault** and that people will listen to you and try to help.

You can find out more about Cafcass by checking out www.cafcass.gov.uk.

You will be able to read stories and watch clips from other children and young people. You can also take a look at a [Glossary](#) that will explain what certain words mean that you may hear or read that you don't understand, plus lots more useful information.



Here is a step by step guide that explains what happens when families go to court



Your parent or carer has asked the court to help with making the right decision about you by filling in an application. This decision might be about who you should live with or how much time you can spend with each parent.

The court looks at the application and decides whether a judge or magistrate is best to help. The court will decide a date for a meeting at court, called a hearing.



The court will then ask Cafcass to help. A Cafcass worker will contact your parents to talk about the issues they are having. They will also talk to the police and local authority to see whether they have any relevant information about your family. They then write a report called a Safeguarding Letter to the court to tell them about your situation.

Your parents and a Cafcass worker will attend court and they will tell the judge or magistrate what they think will be best for you. The judge or magistrate will read the Safeguarding Letter and hear from your parents. They will decide whether they have enough information to make a decision, which is written down - this is called a court order.



If the court need more information they will ask Cafcass to complete a Section 7 report. This report will be completed by another Cafcass worker and will include more information from your parents and maybe from other people, like your school. In most cases the Cafcass worker will talk to you about your wishes and feelings. You can also ask them questions.

The Cafcass worker will ask you if you would like to write a letter or draw a picture to the judge. You can also ask the Cafcass worker if you would like to meet with the judge. The judge will decide if this is ok.

At the court hearing the judge will make a decision about what is best for you. They will know your wishes and feelings, but will also think about all the other information from your parents and the Cafcass worker.



My plan

Here is what a good plan
for me would look like

You could
consider:

where i'd like
to live?

pets?

Seeing my brothers
or sisters?

school and
friends?

C10013/0407



My Family Court Record

My name is:

cafcass worker:

Solicitor:

Social worker:

Age when court proceedings...

Began:

Ended:

Why is my case in court?



what I wish to happen...



My needs...



My feelings...



The court decided that...



happy

The court decision
makes me feel...



sad

I can find out
more about what
happened here:

ok

not sure



www.cafcass.gov.uk

ISBN 9780117038578

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What I want to say

what do
you think?



My letter to the judge



Anything else
you would
like to say?



C1002910407



What I want to say



My letter to the judge



C10015/0407

Express yourself



How do you feel about the court process?

How do you feel about the way plans are being made for you?

Do your carers know your views?

Yes / No

Do they understand your views?

Yes / No If no, please explain why

Do you need help sharing your views with them?

Yes / No



C10028/0407



Express yourself



1. How do you feel about the court process?

2. How do you feel about the way plans are being made for you?

3. Do your carers know your views?

Yes No

4. Do they understand your views?

Yes No if no, please explain why

5. Do you need help sharing your views with them?

Yes No



CI 0014/0407



read
my story
inside

what will
happen next?

My family's changing

why is
this happening?

look inside
for advice
from other
young people



If you want more help, see the contact details on the back page



Why is this happening?

There are lots of reasons why some parents split up. Usually it's because one or both of them is unhappy. They might think they need to be apart to make things better.

Your parents may argue and shout, but you must remember it's not your fault that this is happening.

This booklet can help you work out how you are feeling. You might want to show it to your mum or dad, or other adults.



It can be very confusing when parents split up.
You could talk to an adult, like a parent or
teacher, about any questions you have.

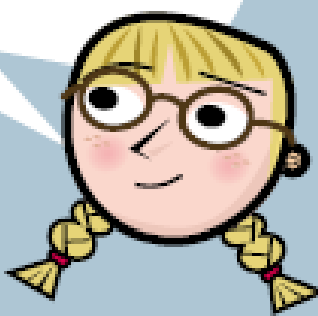


What do you want for the future?


Use this page to write down what you want to happen. If you want, you could show it to your parents. You might not get what you want, but it might help to write it all down.

Where would you like to live?
Who would you like to see?
Where would you like to go to school?
What activities would you like to do?







When mum and dad split up I moved to a new place with my mum. I was worried that I wouldn't get to see my friends any more, but when I visit my dad I get to see my friends too. Plus I have new friends where I'm living now.



When my family changed I thought my life was ruined. But I found lots of different ways to help me cope - try to look for the positives!



Me and my sister are still together with mum. I still live in the same house and go to the same school. I wasn't sure how often I would see my dad, but it turned out ok and I see him at weekends.



I thought that when it was just dad and me living together I wouldn't get to see my nana and her cat Betty and this upset me. I still get to see them at weekends and holidays though.

What happens next?

When parents split up, they have to think about lots of different things, like where you will live and when you will see the parent that you don't live with.

Sometimes parents find it difficult to agree on plans for their children. They may talk to mediators (people who are trained in helping parents agree) or get advice from lawyers.

If parents can't agree, a judge or magistrate from a family court might be asked to help. A family court is very different to a criminal court where people go when they might have done something wrong.



The judge may ask a Cafcass worker to talk to you and your parents. The Cafcass worker will tell the court what they think will be best for you.

The judge will listen carefully to what everyone has to say, and then try to help everyone agree. If this still isn't possible, the judge will make a decision on what's best for you.



How do you feel?

You might feel sad, lonely, angry or confused. It's normal to feel all these things. Sometimes you might feel lots of different things all at once. It's ok to have mixed feelings, like feeling happy and sad at the same time.

How do you feel? You can write down other feelings here too.

happy
angry
sad
don't know
confused
worried

OK



Sometimes we talk about feelings and sometimes we keep them hidden.

There are lots of feelings to find in this word search. Which of these feelings are you keeping hidden?

There are ten more feelings in this word search – can you find them?

c w s r e t y h i o p
a c d c g h s a d z x
j v o a a q w p r h y
e h i n l r j p g o k
a f z g f v e y m p s
l w e r e u y d i e p
o s d y g h s k l f x
u v w o r r i e d u y
s y i a f r a i d l d
l o n e l y b n m a s
c v b n m q w e r t y

afraid	hopeful	sad
angry	jealous	scared
confused	lonely	worried 4
happy	ok	



Feelings: let them out!

If you're angry, sad or worried, you might want to keep your feelings hidden. But sometimes it helps to talk to someone.

Talk to people who are close to you:

- your family
- friends and their families. Some of them might have been through the same thing
- teachers and youth workers.

If you don't want to talk to someone you know, you could call one of the numbers on the back page.

don't bottle up
your feelings
- let them out!



Let your parents know how you feel

Talk to your parents about how you feel and what you want to happen. Be honest about how you feel, and don't be afraid to ask questions. Just say what you think is right and what you want, not what other people want.

If you want, you can write down what you want to talk to your parents about here.

just say what you
think is right and what
you want - not what
you think other people
want to hear



Quick tips

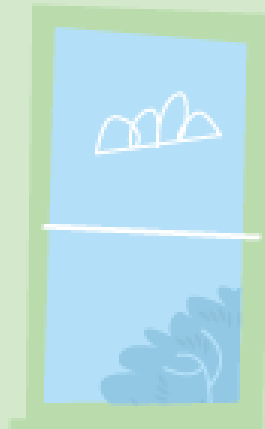
Buy a pad to scribble on when you get angry.

Do something that makes you happy – watch one of your favourite films or read a favourite book.

Do some sport – football, swimming or dancing can make you feel better.

If you feel really angry, hit a big, soft cushion.

These things won't make things go back to the way they were, but they might make you feel better.





Dealing with change

Change is not always easy. It might take some time for everyone to get used to new ways. But most children find that things get better over time.

Some children live with their mum or dad most of the time, and visit the other parent at weekends or over the holidays.

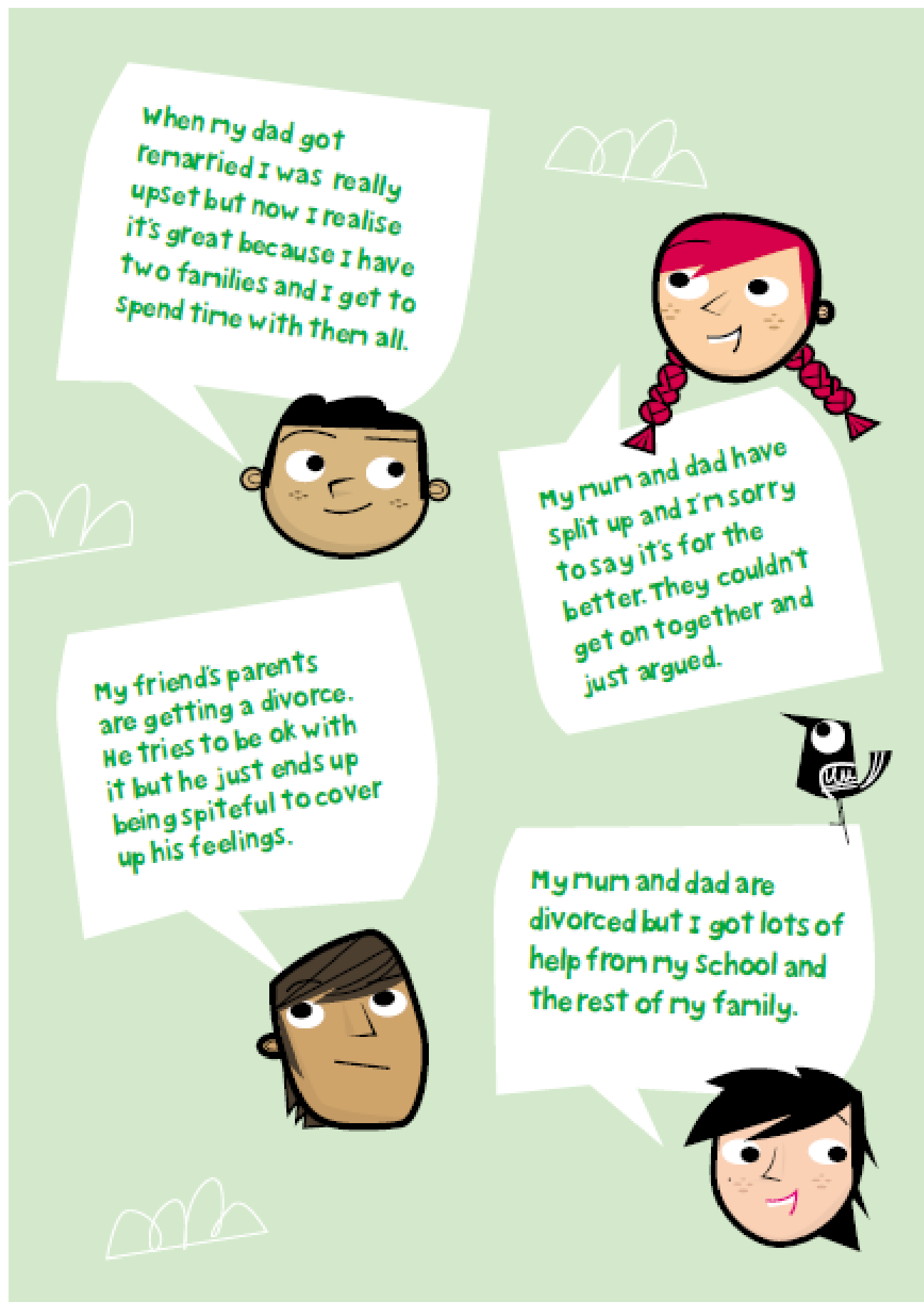
Some children spend the same amount of time with each of their parents.

Some children spend time with other people, like grandparents.

Some children have stepfamilies. A stepfamily is when one or both of your parents live with someone who isn't your mum or dad. They may have children too.

Remember, families come in all shapes and sizes!





Help!

Childline

A special help line
for children

0800 1111

www.childline.org.uk

National Youth

Advocacy Service

Information and advice

0808 808 1001

help@nyas.net

www.nyas.net

Voice

You can call this number
if you are unhappy with
decisions that have been
made about your care

0808 800 5792

help@voiceyp.org

www.voiceyp.org



Court Resource Packs for Children & Young People

Going to court: A booklet for children and young people who are going to be witnesses at Crown, magistrates' or youth court

A colourful booklet which tells children

- What a witness does
- Who will be at court
- What happens at court
- Ways to help you give evidence (special measures)
- What happens after the trial

[Going to Court: Younger Children 5-11](#)

[Going to Court: Older Children 12 - 17](#)

Family Time Support & Resources

Gingerbread

Single parents, equal families

Support, advice and factsheets for parents about family time when separated

[Gingerbread Family Time](#)

Children in Our Care & Adoption

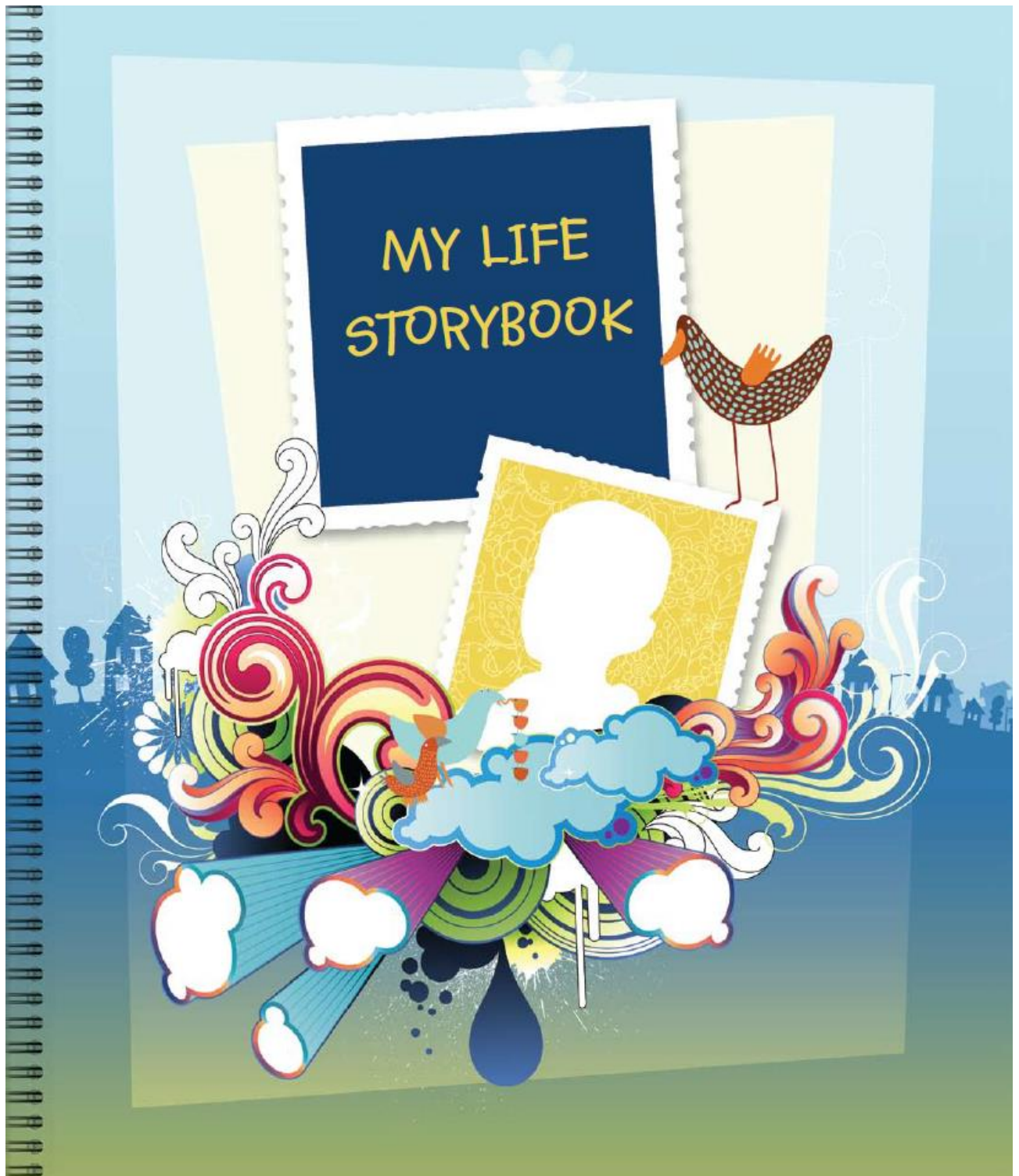
Life Story Work

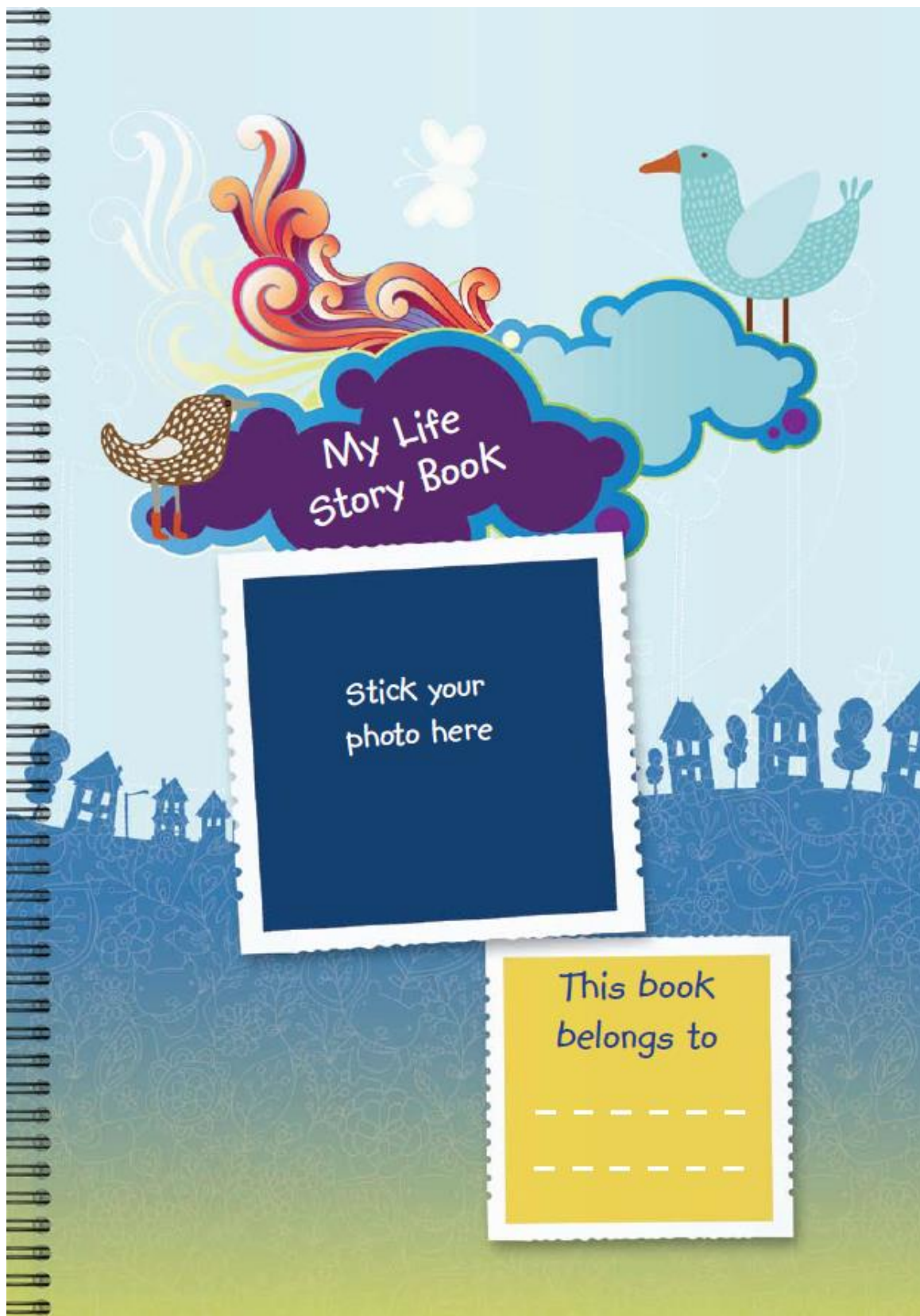
“Children separated from their birth families are often denied the opportunity to know about their past and to clarify past events in terms of the present. Losing track of the past can make it difficult for children to develop emotionally and socially. Life story work is an attempt to give back this past to children separated from their birth families. It can help children to begin to accept their past and move positively into the future and give them a structure and understandable way of talking about themselves.”

Life Story Work by Tony Ryan & Rodger Walker (2007)

The requirement to complete life story work was introduced in the Adoption and Children Act 2002, which emphasised the importance of listening to a child’s view and ensuring that on placement for adoption comprehensive information is available to the child. Further guidance is given in statutory adoption guidance (2013), which states that a child’s life story book helps them explore and understand their early history and life before their adoption, and stresses the need for it to be written in a simple and age-appropriate style.

Attached to this Section of the toolkit is a link to the ‘Life Story Work’ Practice Tool available for all practitioners on Community Care Inform (you will need to be logged into your account to access the Practice Guide). There are also some good examples of Life Story Work to see and draw inspiration from.







Questions and Answers about My Life Story Book

Q. What do I do with My Life Story Book?

- A. This book has been given to you to help you collect lots of different information about your life. You can use it like a diary to help you remember things about growing up, your family, your school days, the places you have lived and other things about yourself. This book belongs to you, and you don't have to show it to anyone if you don't want to. You can choose someone to help you with the book if you like, or you can just put things in it by yourself – it's up to you.

Q. Why do I have to use this book?

- A. You don't have to use this book if you don't want to. The reason why it has been given to you is to help you collect lots of information about your life so that you can remember what it was like growing up. Sometimes grown-ups want to remember things about when they were kids, but they can't because it was so long ago. This book will help you remember important things and you can look back on it as you get older.

If you don't want to use *My Life Story Book*, your carer or caseworker might still keep some information about you growing up so that you might be able to add it into the book later on if you like. If you want to keep some memories, but don't want to use this book, you could also use a treasure box, an exercise book, a photo album or a video. The important thing is to keep some memories of your time growing up.

Q. Where do I keep my book?

- A. The best place to keep your book is where you think it will be safe. It's important to look after your book so that you can look back over it when you are older and be able to remember your time growing up. If you think the book would be safest with you, then keep it with you where you live. If you think that the book will not be safe or get wrecked where you live, then you could ask your carer or caseworker to look after it for you.

Q. When do I write in my book or add stuff to my book?

- A. The book is there for you to use whenever you want to add some information about yourself in it. So, you can write a little bit every day, or leave it for a while and write only sometimes when you feel like it. The important thing is to keep adding bits to it all the time so that it has lots of information in it about you growing up.

If you have decided that your book is not safe with you where you live, then you need to make sure that you can see the book from time to time to add things to it. Your caseworker might sometimes ask you how your *My Life Story Book* is going, and may sometimes even have things for you to put in your *My Life Story Book*.





Q. What if I need extra pages to write things on?

A. Your caseworker will be able to give you extra pages for *My Life Story Book*.

The pages you can re-order are called, 'Health Record', 'Visits with My Family', 'Awards and Certificates', 'Places I Have Lived', 'What Makes Me Happy', 'What Makes Me Sad', 'Things I Like to Do', and 'In the Future'. If the page you want is not on this list, the book has lots of blank pages in it that you can use to write extra things on, draw on or paste pictures on. You can also ask for more of these blank pages. Let your carer and/or caseworker know which extra pages you need and they will order them for you.

Q. Can I add other things to *My Life Story Book*?

A. Yes you can. You might like to add photos, a copy of your birth certificate, drawings, school report cards, awards and certificates, postcards or pictures of the place you were born, a drawing of your family tree, and information about the holidays and special trips you have been on. These are just some of the things you might like to add to your *My Life Story Book*, but you can add anything you want.

Q. Who can help me with *My Life Story Book*?

A. Your carer and/or caseworker are there to help you with your book. Your carer can help you collect things like photos, awards and certificates or reports from school to put in your book. Your caseworker will want to make sure that information about you growing up is kept, so he or she might sometimes ask you how your *My Life Story Book* is going, or want to meet with you to help you do some things in it. You can also ask other people like your mum or dad, grandparents or other family members to help you with your *My Life Story Book*.

Q. What will happen to *My Life Story Book* if I move?

A. Your *My Life Story Book* should always go with you when you move. It is yours to keep and add to as you grow up. If you have given it to your carer or caseworker to look after, make sure you ask them for it back when you move. You can also ask your caseworker to send it on for you.



If you have any other questions about how to use *My Life Story Book* and you can't find the answers here, your carer or caseworker might be able to help.





According to My Birth Records

My full name

I was born at (place)

On (date)

At (time)

I was cm long and weighed kg



My family

Mother's name

Father's name

Other members of my family

.....

.....

.....

.....

.....

.....





What happened the day I was born...

[illegible]



Milestones

The first time I...

(Fill in your age or the date when you achieved each milestone)

smiled

held my head up

laughed

reached for a toy

crawled

sat up

stood up

drank from a cup

walked

gave kisses

waved goodbye

ate my myself

ran

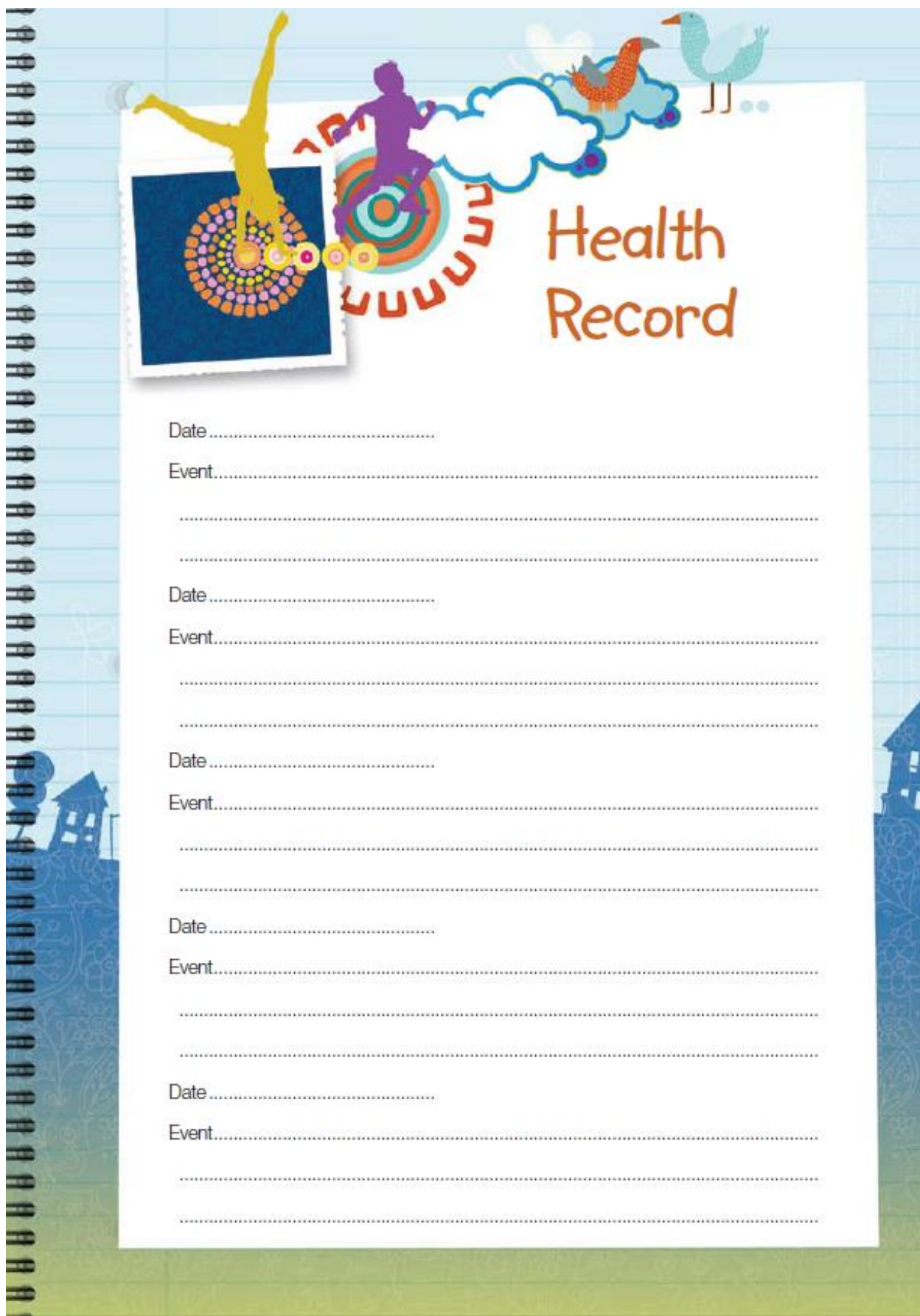
My first word was

My first sentence was

.....

.....





Health Record

Date

Event.....

.....

.....

Date

Event.....

.....

.....

Date

Event.....

.....

.....

Date

Event.....

.....

.....

My Family

These are the members of my family

.....

.....

.....

.....

.....

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.....

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.....

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.....

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.....

.....

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Visits with My Family

Things I like to do when I see my family.....

.....

Places I like to visit when I see my family.....

.....

Members of my family who I see.....


.....

When I see my family I feel.....

.....

Things I would like to happen when I see my family.....

.....



This is ME!!

My favourite colour

My favourite food.....

I am good at

My favourite music or song.....

My favourite band or singer

Things I like to do.....

.....

Things I like to wear

.....

My favourite toy or game

.....

Sports I like to play.....

.....

People I like to spend time with

.....

Things I like about myself.....

.....

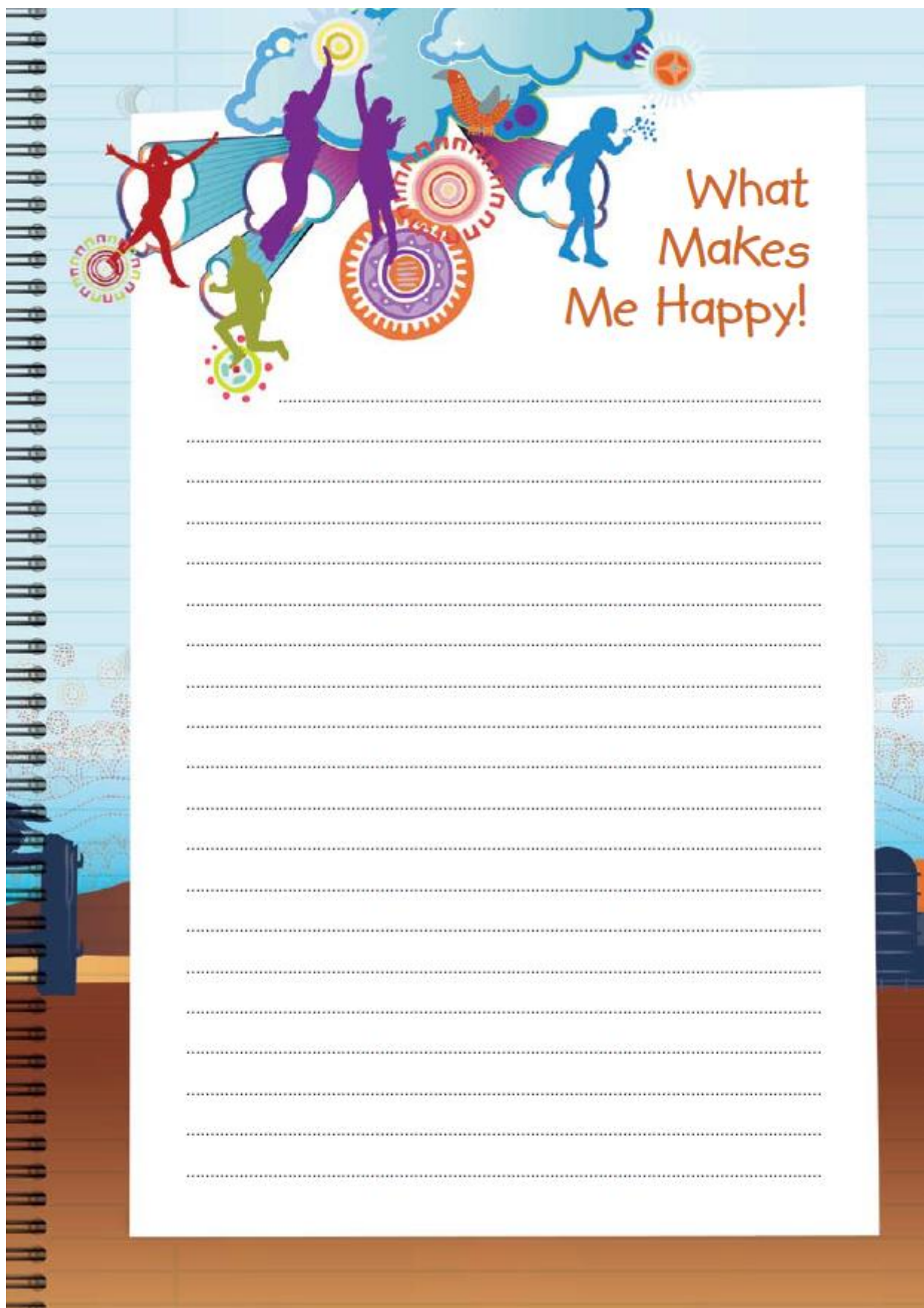
On the weekend I like to

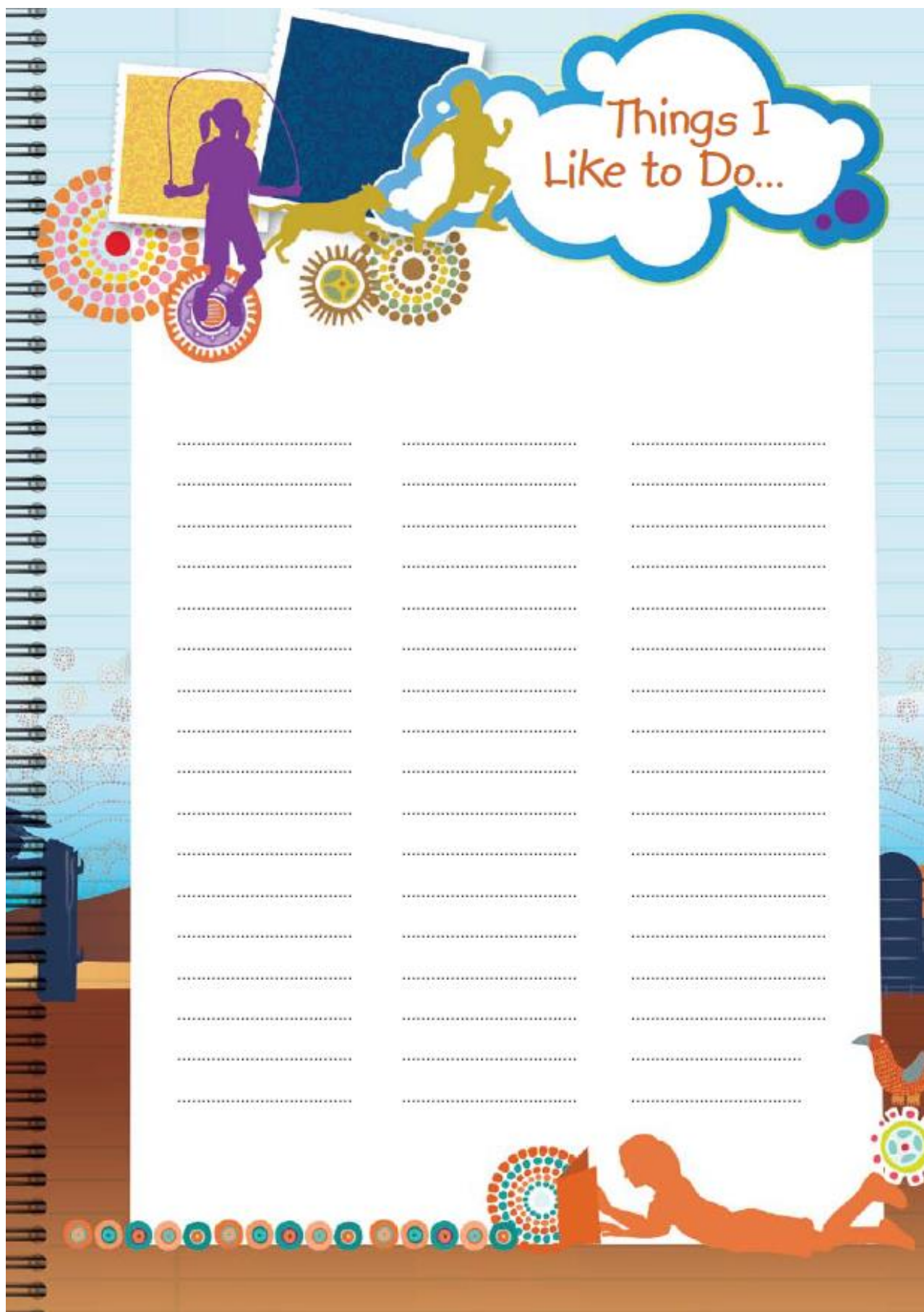
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Date Age

In 5 years time

.....

In the future, I would like to work as a

.....

Things I wish for my future

.....

In 10 years time

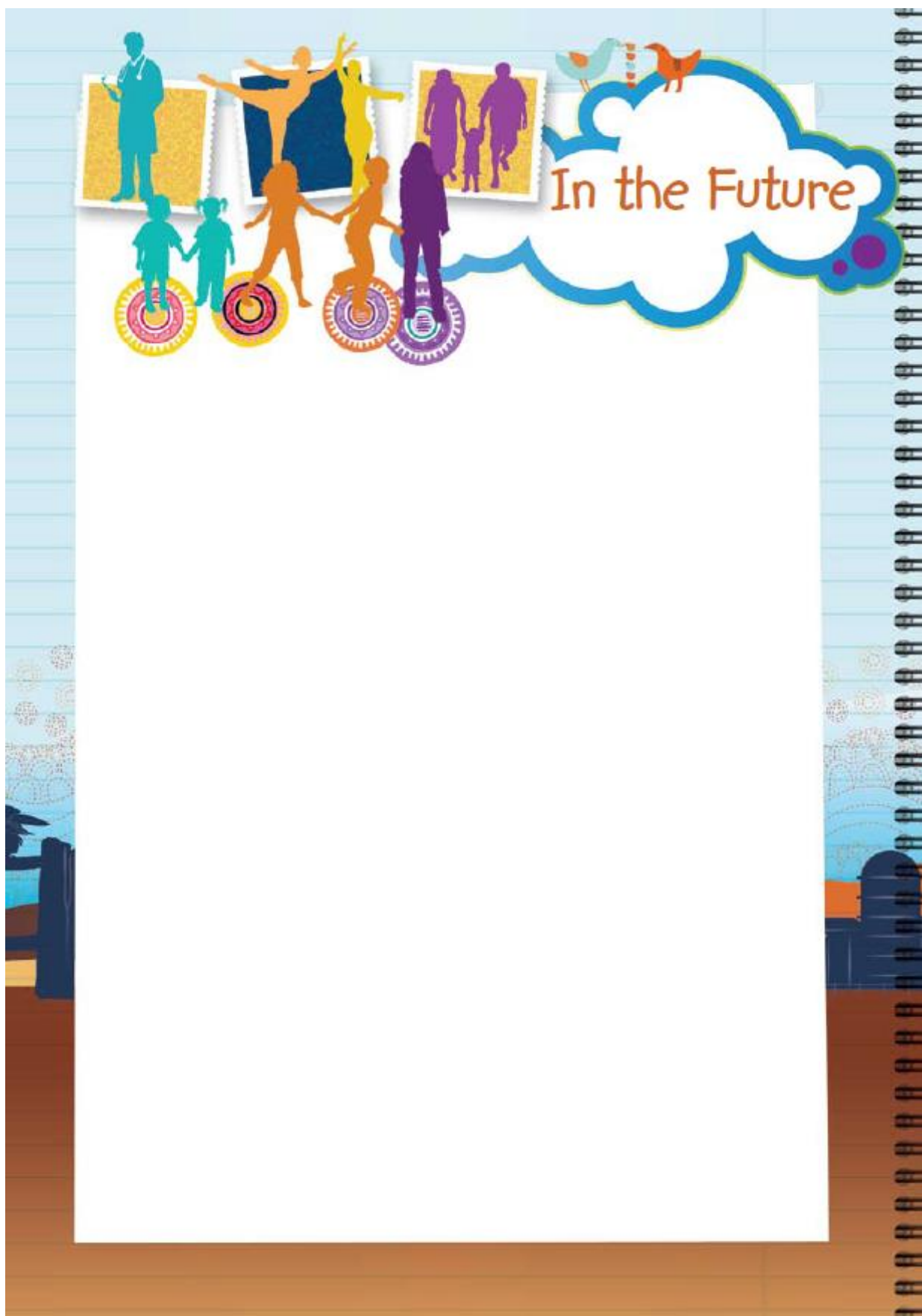
.....

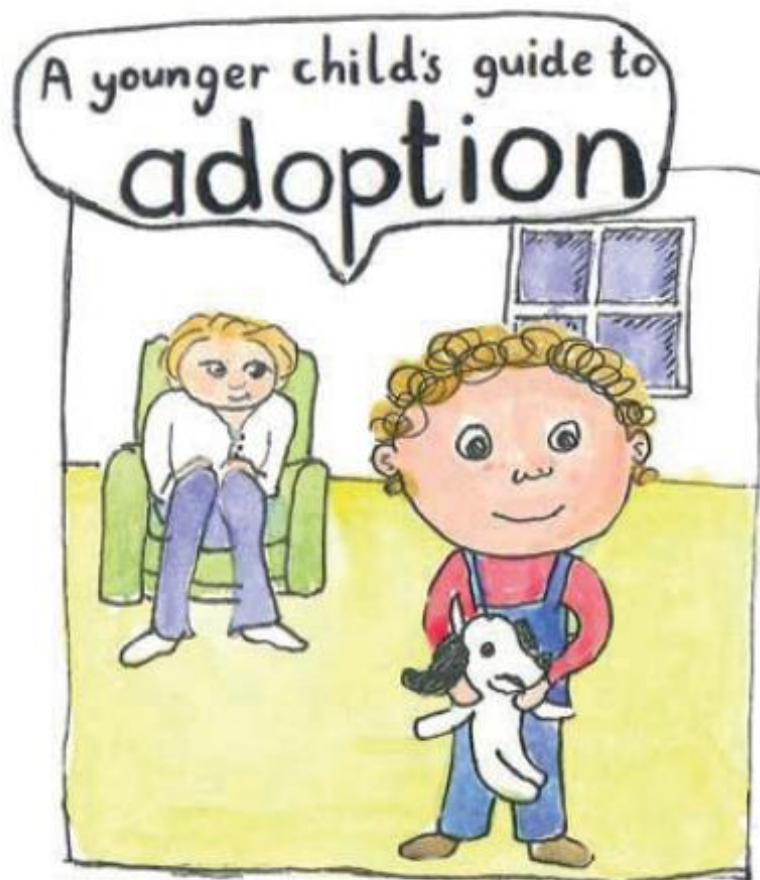
If I could have 3 wishes for the future they would be

.....

.....







Hello, my name is Harry. I'm adopted.
What's your name?

Like you I was told that I am going to be adopted. I thought it might be helpful if I told my story to help you learn what adoption means. You could read this with your social worker or foster carers and ask them about anything you don't understand.

Draw a picture of yourself in the frame
so people know this is your book.



My social worker told me that every baby has parents that they are born to. We call them our “birth family” and this might include a mummy, daddy, brothers and sisters, grandparents, aunties, uncles and cousins.

She said, sometimes the families that children are born into cannot look after them. Some parents find it difficult to manage to look after children properly. Some parents hurt their children in different ways and it is important that children do not get hurt. Some birth families might understand that they can’t look after their child properly and agree that it would be better for their child not to live with them. Some birth families don’t want their children to stop living with them even though they can’t look after them properly or keep them safe.

Like you, I couldn’t live with my birth family anymore. My birth mum and dad had problems they couldn’t sort out which meant they couldn’t look after me and keep me safe and this made me sad.



My social worker says that all children need to be loved, cuddled, and kept warm and safe. When birth parents can't do this children will sometimes live with adoptive families who can.

Living with an adoptive family means we will grow up in a new family. Our new family will provide us with the things that all children need to grow up and be strong, healthy and safe.

You and I are not the only children that are adopted, there are thousands of babies, young and older children adopted every year. Some are adopted with their brothers and sister and some are adopted from different countries around the world.

Before you are adopted, children live with a foster family who will look after you and care for you while plans are being made and an adoptive family is being looked for. This is me with my foster mummy and foster sister. They had a cat called Tommy too.



Whilst we live with our foster families we might still see our birth family. Sometimes our social workers will plan for us to see our birth families at a family centre, or park.

My social worker also made sure that my important belongings were with me when I moved.

Why don't you write down the things you like and don't like and give the list to your social worker?

Handwriting practice lines consisting of multiple rows of dashed lines for tracing and solid lines for writing.



Why don't you make a list of the important things you would like to take with you?

Handwriting practice lines for the text "Why don't you make a list of the important things you would like to take with you?". The page contains 20 rows of dashed lines for tracing and 20 rows of solid lines for independent writing.



Your social worker will work with a group of people who belong to The Best Interests Panel. They will then decide the best way for you to grow up safe and happy. Once they have decided that everything has been done to support your birth family to look after you, they will ask your social worker to speak to a judge. She will ask the judge if it would be OK to look for a new adoptive family for you.



Like with me, social workers and a judge will learn all about you and your birth family, and the judge will listen to everyone before making that decision.

A judge is a person who is very wise and clever and will make sure that being adopted is the right decision for you in your best interests.

What would you like the judge to know about you?

.....

.....



When the judge made the decision that I should be adopted I asked my social worker "Who will find me a new adoptive family?" She told me that social workers do this. They will speak to us, our birth families, foster carers and other people who are important in our lives.

The social worker will ask about things we like and don't like, and what we will need as we get bigger.

Our social worker will find out about different adoptive families. They will get help to find the right family before they make a decision. It might take a long time and lots of searching to make sure they find the right family for us.

My social worker told me that she'd found an adoptive family for me. Before I met them she gave me lots of information. I joined them last month. This is a picture of me with my new adoptive family.



My adoptive family listen to me and keep me safe. When I get muddled, confused and all jumbled up inside they help me to understand why I feel like that. They tell me it's OK to feel the way I do and give me lots of reassurance, love and cuddles. They sometimes help me to look at my life storybook so I can understand about my birth family.

Just because children are adopted does not mean they forget their birth family. Some adopted children see their birth family from time to time and some swop letters and photos with their birth families.

I really enjoyed telling you my story, I hope you learnt lots about adoption. Adoption can be confusing and we might have lots of questions about being adopted. Make sure you ask the important people in your life... and don't forget to tell your social worker what kind of adoptive family you want. I did and now I'm happy and cared for.

Bye Bye, from Harry

A Guide for Children being **Adopted**



A Guide for Children being Adopted

1 What is adoption?

If you can't live at home with your own family, you may be adopted. Adoption means you grow up in a new family where you are safe, loved and cared for.

2 Why are children adopted?

There are lots of reasons why children sometimes can't live at home. Maybe your parents find it hard to look after you properly - or to keep you safe.



3 What is it like being adopted?

You live in a new place with your new family. You may have new brothers and sisters. You might also get new grandparents, cousins, aunts and uncles.

4 What are adopters like?

Families come in all shapes and sizes. There may be just one parent or there may be two. Sometimes it will be two women, sometimes two men. Some have other children of their own. They may go out to work or they may not work. Some live in the town, others live in the country.



5 You're not alone - lots of famous people have been adopted!

Shaun Wright-Phillips - a professional footballer
Rhona Cameron - a comedian and TV presenter
Nelson Mandela - South Africa's first black President.
Moses - a leader in the Bible
David Dickinson - from TV's 'Bargain Hunt'

And Superman was adopted too!

6 Who will help me become adopted?

A social worker is someone who helps children and their families when they have problems. They are there to help you, to make sure you are safe and happy, and to help find new families for children who need them.

A Children's Guardian is someone who listens to your feelings about what is going on and makes sure that you are listened to.



7 Who can I talk to about adoption?

It is the job of your social worker or the Children's Guardian to make sure that:

- You know what is going on all of the time
- You have someone to talk to about what is happening
- You have contact with your mum and dad if you want and if it is safe to do so
- You have contact with anyone else who is important to you.

8 Who decides I am going to be adopted?

The judge sits in Court and decides whether or not you should be adopted. The judge listens to your parents, your social worker and your Children's Guardian.

Use this space to write down any worries you have or any questions you want to discuss with your social worker or Children's Guardian.



A large, empty rectangular box with a light purple background, intended for writing down worries or questions.



9 Who chooses my new family?

Social workers are always looking for people who want to adopt children. Your social worker will talk to you about the type of family you want and they will take great care choosing a family that is right for you.

Do you want to make a list of things to talk about with your social worker?



10 Will I be able to meet my new family before moving in with them?

Yes! You will meet your new family and have the chance to get to know them, and if you like them, you may go and live with them in their home.

11 But what about my foster family?

They will help to prepare you for your new family by talking to you about them, showing you photographs and helping you think about what your life will be like when you live with them.

Foster families often stay in touch with the children they have looked after.



12 Will I still be able to stay in touch with people who are special to me?

Your social worker will talk with you very carefully about this.

When you are adopted it does not mean you forget your birth family. You may have memories of your birth mum/dad/sisters/brother/grandparents or foster carers who looked after you.

Your social worker will talk to you about what is important to you. Perhaps your adoptive parents can write a letter every so often to let people from your past know how you are, and they may get a letter in return. This is known as the Letterbox Service.



13 How do I get adopted by my new family?

When you and your new family are ready, all the information is sent to the Court. The judge makes the final decision for you to be adopted by your new family. They will want to make sure that this is the best decision for you.

What do judges look like? Have you seen one on TV?
Could you draw one here?

14 What if I've got some worries about being adopted.

You should talk to your social worker. They will listen to your reasons and explain the way you feel to the judge.



15 Maybe you might like to read one of these stories with your foster carer or social worker?

- 'Finding a family for Tommy' by Rebecca Daniels
- 'Dennis Duckling' by Barbara Orritt
- 'Chester and Daisy' move on by Angela Lidster
- 'Nutmeg gets Adopted' by Judith Foxan
- 'Nutmeg gets a Letter' by Judith Foxan
- 'Belonging doesn't mean Forgetting' by BAAF
- 'Katie Kitten gets Adopted' by Catherine Adair





Why did I go into care? This is a really important question, and one that you may want answered. There may be lots of different reasons, and different people may have quite different views on it. Their answers are all part of the picture. Here's a space to keep these answers for whenever you need to know or find yourself thinking about this question:

My social worker thinks it was because...

My Mum thinks it was because...

My Dad thinks it was because...

My carer(s) thinks it was because...

I think it was because...



Difficult Stories

In this section you will find words and phrases that may be helpful for using with young children when talking to a child about their early life experiences or the reasons why they may no longer be in the care of their birth parents. These could also be provided to foster carers and family and friends' carers where appropriate and when discussed with the family.

Emotional Abuse

Sometimes it was hard for your birth mummy to think about how things she did would make you feel. She was not very good at imagining what children feel and how sad and frightened grownups can make them feel. She was too involved in her life to think enough about how it made other people feel. Because she was not feeling very happy about herself it made her feel better to be rude and hurt your feelings. This is not right and was not fair of her as children are all by themselves with their parent a lot of the time and often don't have other grownups to make them feel better.

Neglect

Sometimes the reasons that parents don't look after their children properly are that they do not know how to and have had nobody to teach them how to do it right. Maybe your birth parents had parents who did not look after them very well, as well.

Physical Abuse [Non-Accidental Injury]

Sometimes your birth mummy/daddy would get very angry. They were not very good at being grown up when they had angry feelings. One day when you were only [age] your birth mummy/daddy hit you very hard. You were very badly hurt. It was very frightening for you and Social Workers got to hear that this had happened. Although your birth mummy/daddy did not mean to hurt you and still loves you very much and feels terrible about what has happened, because you were so badly hurt, no one felt it was safe for you to stay with your birth mummy/daddy. Babies need to be looked after so carefully as they can't look after themselves.

You can ask the child: 'What do babies need to be alright?'

Child may need to be prompted to cover these areas - to be cuddled, to be fed, to have their nappies changed, to be washed, to be put to bed, to be comforted when they cry.

Adult can then say that parents need to be good enough at being a birth mummy/daddy to be able to do all these things and not to get too angry when they are tired.



Adult can talk about all the things that were difficult in the parents' life for example 'Birth mummy did not have very many friends or family around to help her with being a parent' Sometimes birth mummies get very tired and upset as well. Sometimes birth mummies and daddies think that the children are crying or shouting or breaking their toys just to annoy them. Then they get angry when really it can be that the children need their nappies changed or are hungry or want a cuddle. Some mummies and daddies don't understand children well enough to know why they cry and shout.

Sexual Abuse

Sometimes adults touch children in ways they shouldn't. It is fine for parents and other grown-ups that look after children to give children a hug, help them get their clothes on and, when they are very little, to wash their bodies for them. It is not all right to touch children's private parts when you are not washing them or changing nappies or putting cream on them. Adults who get good feelings from touching children and getting children to touch them are not being fair on the children. They are breaking the law and if a judge and the police are sure that the adult has done this, they may be sent to prison.

The children who have been touched or have touched the adult have done nothing wrong. Sometimes it can be very scary for children who are touched by adults and they can feel upset and ashamed by what has happened.

However the child feels about it, it is not their fault and the adult has behaved in an unkind way. Adults are there to look after children and adults who do this are using the fact they are bigger and more powerful than children.

These adults often don't understand how to love people and sometimes they think what they are doing is all right. They want it to be kept a secret because they always know that other adults would not think it was all right. Children do not deserve to be touched by adults in this way and it is very important that they get help to talk about it and to make it stop happening.

It is important to remember that if anyone touches you in a way that makes you feel uncomfortable and they are bigger than you that you tell someone you trust about it.

Alcoholism

Many people drink alcohol but if you drink too much too often it can be a problem. Your birth mummy drank too much alcohol and sometimes drank it all through the day and in the night times too. Sometimes people get better from alcoholism and stop drinking but they need lots of help and it takes time to know they are really better. It can be very difficult to stop.

People often become alcoholics because they are not very happy about things in their lives. Alcohol can at first make them feel happy and relaxed. Too much alcohol is not good for a person or for children around them and all that the person can think about is having more to drink. It can make people loud, angry and clumsy. They can only care about what they want when they are drunk and not what anyone else thinks or says.

Relate the alcohol abuse to the child's particular history and give examples if you can of the type of scenario's that might have occurred for the child. If these are not in the reports that you have been given, then make sure you use the word 'might' when you give a story.

Drug Abuse

Your birth mummy/daddy did love you very much, but they had a problem with drugs, which meant they could not manage their life very well. We do not know why your birth mummy took drugs, but it could have been because people she knew did it or because she did not feel very happy about things. Once people start to take drugs it can be very difficult to stop, and people just want more and more. Drugs are illegal which means they are against the law and the police and the Judges in the Courts can punish you if they find you taking them. Some drugs are like a bad medicine that no Doctor would give you because they can make you very ill and very mean. The trouble is that, a bit like chocolates and fizzy drinks, they can make you feel great for a while but like chocolate if you ate it all the time you would get very, very ill.

Drugs are expensive too. Drugs can make them do things that are not right, like steal money to buy more of the drug and all people can care about is getting more of the drug. When people use drugs, they feel lots of different feelings. Sometimes they are happy sometimes sad, sometimes they are angry and sometimes worried. It is hard for children living with a birth mummy on drugs as they don't know what their birth mummy is going to be like. They might get ignored or shouted at even if they have done nothing wrong. Taking drugs can be a bit like taking the wrong medicine that makes you ill instead of making you better. No doctor would give you this medicine because it can make people very ill and very mean. Drugs did not help your birth mummy behave in a way that was safe for you.

(Describe the particular circumstances of the neglect or abuse and their connection to drugs if this seems relevant).

Domestic Violence

Sometimes your birth daddy was very unkind to your mother and they shouted and rowed together. Your birth daddy could not manage his temper and even hit and hurt your birth mummy. It is very wrong when this happens and if the police get to hear about it they know that the law has been broken. When grown-ups hit and hurt each other it is very frightening for anyone who is there. For children they love both their parents even if they don't like what is happening and it leaves them feeling muddled about what is wrong and right. It is wrong for a daddy to hit a mummy or a mummy to hit a daddy. It means that the grown-up who is so angry that they hit people needs help with their bad temper and must learn to be kind. It can be quite hard for grown-ups to change. Most grown-ups and mummies and daddies do not hurt each other like this.

Suicide

This is a frightening subject as it invites children to contemplate the extremes of psychological suffering and on occasions [if the act was performed in a violent way] the physical pain of a person intimately connected to them. Not only can it be seen as an act of ultimate self negation and despair but suicide can contain a reproach to anyone who cared about them. It could suggest to a child that they were not good enough or lovable enough to want to stay with, in life. It is even possible that some children due to the act being performed by a 'parent' may see it as a model of behaviour they could copy as a response to future distress and sadness.

People who commit suicide may or may not have mental health problems although one in five who kill themselves have seen a mental health professional in the previous year [UK stats]. Three times more men than women kill themselves in the UK.

Your birth mummy felt so low and fed up about her life [be specific about what you know was going wrong] that she wanted it all to stop hurting. The part of her that loved people and enjoyed her life she could not feel. She could not think properly and she did not have anyone she wanted to talk to so she just gave up.

If appropriate say; it was because of your mummy's illness [depression/bi polar disorder/schizophrenia] that she could not see that there were lots of important things and people to stay alive for.

It is important not to underestimate the power of children's imagination and it could be a subject that you need to return to. The child may need reassurance that it is not something 'in the genes' and that worries and feelings do not get so huge and overpowering to result in suicide if they are shared with other loving people as they come up.



Depression

Depression is something that grown-ups can get. People who are depressed often feel sad about their life and don't have any energy. It can make people not want to get up in the mornings and not see the point in doing anything. Sometimes it stops people from wanting to talk to other people because they feel too sad to bother. It is nobody's fault, but it is like an illness that just seems to happen to some people. There are many different reasons for it happening which the doctors who have seen your birth mummy/daddy understand best. Depression does not always last for ever and people can get better from it.

What it can mean:

It can mean that your birth mummy/daddy is not very well. Even though there is no part of their body that hurts or looks painful they do not feel happy about their life. Sometimes because of this they can seem strange to other people and it can be hard for them to keep up jobs and to look after children or to look after themselves. They may behave differently to usual if they become mentally ill.

Safety Plans & Online Safety

Everyone has the right to be safe from harm and it's important that children and young people can stay safe.

In this section you will find some examples and templates of Safety Plans that can be used with children and young people. For younger children, using the SOS Safety House can be a good way to develop a safety plan.



Help and support

Below is a list of helpline numbers where you can talk to someone about what you are experiencing. **If you're in immediate danger, dial 999.**

ChildLine

0800 1111

www.childline.org.uk

ChildLine is a private and confidential service for children and young people up to the age of 19 providing phone and website support.

The Hideout

www.thehideout.org.uk

A website for children and young people with interactive resources to help them understand domestic abuse and where to get help from.

Respect not Fear

www.respectnotfear.co.uk

A website for young people about relationships with information support and interactive games.

Respect Not Fear Facebook page – search for “respectnotfear”.

Respect Not Fear iPhone App – free to download from the Apple App Store.

Broken Rainbow

0845 260 4460

www.brokenrainbow.org.uk

Broken Rainbow is a specialist phone support for lesbian, gay, bisexual and transgender survivors of domestic abuse.

Men's Advice Line

0808 801 0327

www.mensadvice.org.uk

Men's Advice Line is a confidential helpline for any man experiencing domestic violence and abuse from a partner (or ex-partner).

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Marie Collins Foundation

01677 460168

www.mariecollinsfoundation.org.uk

The Marie Collins Foundation helps children and young people who have been harmed online.

IKWRO

0207 920 6460

www.ikwro.org.uk

The Iranian and Kurdish Women's Rights Organisation (IKWRO) is a national charity which provides advice and support to women and girls from the UK's Middle Eastern communities who are affected by honour-based violence, child and forced marriage, FGM and other forms of abuse.

Leap Confronting Conflict

www.leapconfrontingconflict.org.uk

Leap works nationally with young people and adults, helping them to understand and manage the everyday conflict in their lives, and supporting them to become role models and leaders of positive change.

The Child Exploitation and Online Protection (CEOP) Centre

ceop.police.uk/safety-centre

CEOP helps children stay safe online. If someone has acted inappropriately towards you online, or to a child or young person you know, you can report it using an online form.

Local support details

This safety plan has been developed as part of the Young People's Programme. We would like to give special acknowledgment and thanks to the young people involved for their input in this document.



Safety plan for young people

Relieve in children
Barnardo's

IKWRO
Iranian and Kurdish Women's Rights Organisation

leap
learning together

The Marie Collins
FOUNDATION

leaves
ending
violence
abuse

Funded by
Department
for Education



What is a safety plan?

A safety plan is a way to help you to stay safe. All adults, young people and children who are experiencing or have experienced abuse in their relationships should have a safety plan even if the abuse has stopped. The safety plan (see opposite page) should be completed to help protect you from getting hurt, and to help keep you safe.

Planning your safety involves looking at the risks you are facing, your physical and emotional needs, and equipping you to make choices that may keep you from serious harm. The person that you are working with will help you to think through lifestyle changes that you may need to make, in order to reduce risks, and to be as safe as possible wherever you are.

Why do I need a safety plan?

Everyone, including you, deserves healthy, safe and supportive relationships. A safety plan can lower your risk of harm and abuse – you can't control your partner but you can take action to reduce risk or avoid risky situations. It is important that this safety plan is about you and your current situation.

Remember

Only share personal details, such as your current address, support you are receiving and your family situation, with people that need to know and that you trust.

How do I make a safety plan?

The adult you're working with will take time to discuss your situation to understand what risks you're facing and to think about what can be done to make you safer. They will explain what they will do with the information you provide before they ask the questions.

Once the adult who works with you has completed the risk assessment, they will spend some time putting together a safety plan with you. They can also help you to decide what you want to change and what you want to remain the same in your relationship. They will give you open and honest guidance about what your choices and options are, and help you make decisions that are right for you.

Complete the template on the next page to create your own safety plan.



My emergency safety plan

If I don't feel safe inside my house, I will go to a safe place and talk to the professional I am working with. If I need to, I will go somewhere else inside my house, and make the call.

My safe place inside my house is:

The person I can ring is called:

Their number is:

Or if I need to I will go somewhere outside of my house.

My safe place outside my house is:

I will phone the police if I am afraid that I might get hurt or if I am hurt.

Their number is:

I will talk to someone that I trust about what is happening to me, so that I have a friend that I can turn to.

That person is:

I can contact them at:

If they are not available I can contact:

I know the details of two support services I could access who understand about young people experiencing relationship violence and abuse.

Name:

Number:

Name:

Number:

These are the two things that I know will help to keep me safe:

MY SAFETY PLAN



MY SAFETY PLAN

- Feeling safe means:
- I know that someone will take care of me
- I know what is expected of me
- I have an idea about what will probably happen next
- I am not worried that I or someone else will get hurt
- I don't feel scared
- I feel ok

Safe People I can talk to when I don't feel safe:

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |
| 4. _____ | Phone: _____ |

When there is trouble, I can call someone. Places where there are telephones (and other things I use to communicate with/ talk to people) in my house:

Where can I go when I don't feel safe at home?

- A safe place has more than one way out.
- A safe place does not have things that can be used as weapons

Safe places in my home are:

Safe places near my home are:

How will I get out of the house if there is danger?

I should NOT try to stop a fight because:

When I am afraid that someone will get hurt or of getting hurt myself, I can call 999

When I call 999 I will:

Describe what is happening

Tell my address. My address is:

My telephone number is:

If we have to leave home quickly, here are the things I want to take with me:

- 1.
- 2.
- 3.
- 4.

Here are some of the things about me that I am proud of or things that I can do well:

- 1.
- 2.
- 3.
- 4.

REMEMBER

- We all have the right to feel safe all the time
- Others have the right to feel safe with us
- We can talk about anything with someone we trust, no matter how awful or how big or small
- When adults fight, kids are not at fault
- Kids should not try to stop fights between adults

Safety Plan (Example)

Risks	What is the Risk?	What we will do (to reduce the risks)
Zoe making threats to self-harm by cutting herself with scissors, knives, glass or other sharp implements.	Zoe might cause herself serious harm	<ol style="list-style-type: none"> 1. Store all knives, scissors and sharp implements in a safe and secure place so that Zoe does not have access to them unless supervised. 2. Ensure razor blades are stored securely in the bathroom and that objects from which blades can be removed (ie. Pencil sharpeners) are removed from Zoe. 3. Be aware of the whereabouts of all knives and sharp bladed objects and always supervise their use. <p>If Zoe does self-harm:</p> <ol style="list-style-type: none"> 1. With a knife or object: If Zoe is bleeding heavily, call 999 immediately for medical assistance. If harm appears 'superficial', contact NHS Direct for advice and seek medical attention from the GP as soon as possible.
Zoe asks to go out with friends or to stay at a friend's house	Zoe isn't where she says she is or stays out later than Mum would allow and places herself at risk	<ol style="list-style-type: none"> 1. Zoe to provide addresses or places she will be in the community with friends and provide set times she will be home agreed before any outings. The current agreed curfew is 10pm. 2. Talk to Zoe about her plans and what she will be doing; identifying triggers (a party, a plan to consume alcohol) and develop a safety plan for Zoe to utilise on the night out with friends (she will agree to call or text regularly, she will call you for a lift home or support if her friends want to start using alcohol) 3. If Zoe fails to return home by the agreed time, after 30 minutes Zoe is to be reported as missing to the police.
Zoe is home later than her curfew	Zoe could be at risk of harm and her whereabouts are unknown	<ol style="list-style-type: none"> 1. Ensure Zoe is aware of her curfew before she leaves the house 2. If she is not home on time, make efforts to contact her or her friends and their parents 3. If possible and safe, go to the obvious places (usual hang outs) to try and locate her 4. Within 30 minutes, if no luck finding her, call 101 and report her missing to the police

Zoe appears heavily under the influence of alcohol (or something else)	Zoe is at risk of harm due to her level of intoxication. We also know that Zoe's substance and alcohol misuse can trigger her self-harm and lead her to harm herself.	<ol style="list-style-type: none"> 1. Stay calm 2. Ask Zoe what she has drunk/taken/how much 3. Ensure Zoe gets safely to bed and has some water- get her to bed before going to bed yourself 4. Encourage Zoe to sleep on her side in case she is sick, you might want to place a bowl or bucket by her side 5. Monitor Zoe through the night (every 2 hours) as we know this is usually the time that Zoe self-harms 6. If Zoe is too drunk or under the influence to converse with her/ she falls asleep and you cannot wake her or you suspect she has used drugs as well as alcohol; seek medical attention. You could phone NHS Direct or EDT for advice or 999 for immediate medical attention.
You suspect Zoe is using her phone to contact unsuitable people	Zoe is placing herself and others at risk by communicating with unsafe adults and young people on her phone	<ol style="list-style-type: none"> 1. Ask to see Zoe's phone and check the messages as you have done before 2. If necessary share contact details of inappropriate adults or young people with the police 3. If Mum has concerns about Zoe's phone use (ie. Her mood when using her phone, the frequency she is texting, or Zoe shares any worries related to her phone use with her mum) Mum will share her concerns with the professionals and family members involved. 4. It might be necessary to change Zoe's number which she has been open to in the past.

Other useful numbers

101- Police non-emergency line

999- Emergency services

08454647- NHS Direct

CYPS (CAMHS) – 0191 246 6910

CAT, Crisis Assessment Team (emergency mental health team, out of hours) –

0191 2194646 or 0191 219 4647

Children's Social Care- IRS - 0191 277 2500. Long Term 0191 211 5845

EDT (Emergency Duty Team)- 0191 278 7878

Remember, you should ring 999 straight away if you feel that you or anyone else is at immediate risk of harm or injury because of their own or someone else's behaviour.

Safety Plan

Risks	What is the Risk?	What we will do (to reduce the risks)



Other useful numbers:

Online Safety Resources

Easy read resources to help explain to and engage people in conversation about online safety:

Stop It Now ~ I have made a new friend online

Stop It Now ~ What am I looking at online?

Change People ~ Keeping Safe Online Easy Read Guide

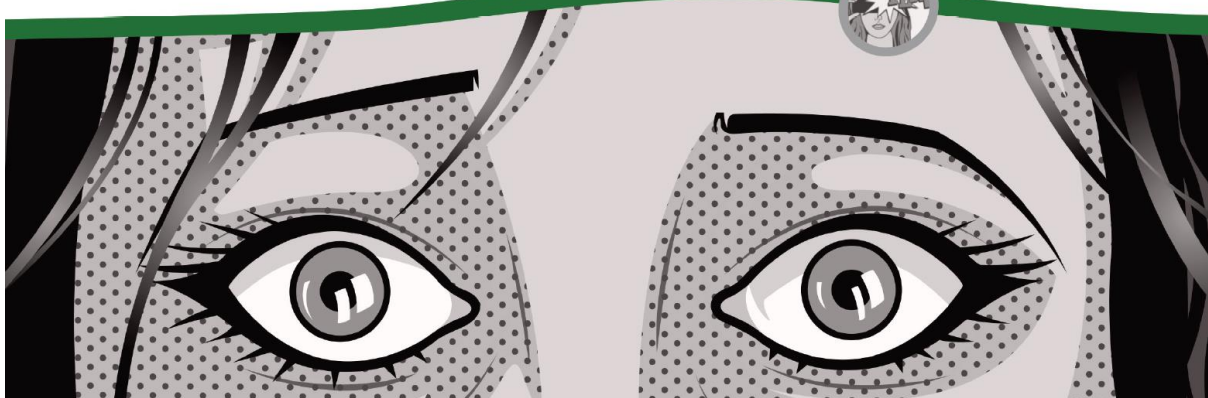
mencap ~ safe surfing

mencap ~ Internet Safety

<https://www.thinkuknow.co.uk/>

Thinkuknow is the education programme from NCA-CEOP, a UK organisation which protects children both online and offline.

Explore one of the six Thinkuknow websites for advice about staying safe when you're on a phone, tablet or computer.

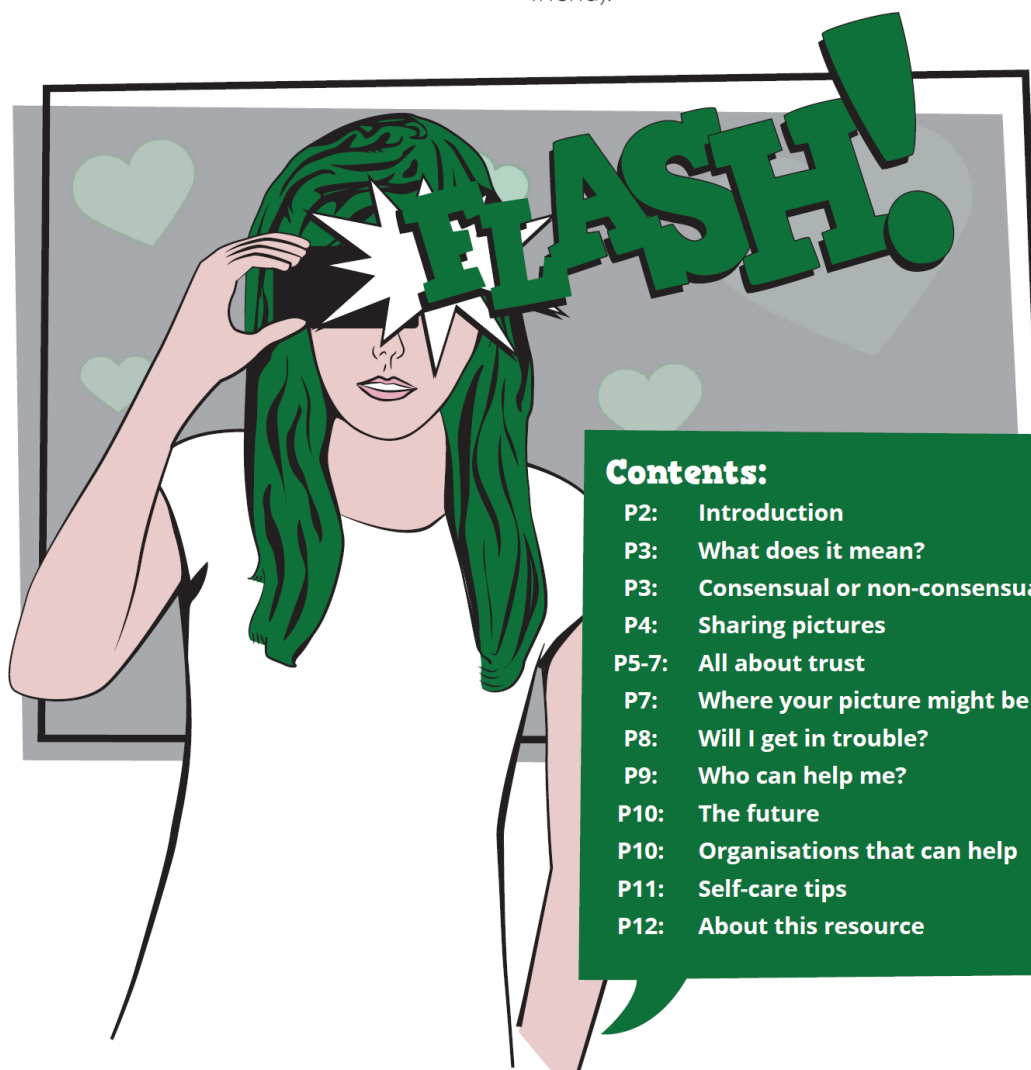


So you got **naked** online...

OK... so I guess if you have picked this up and started to read, it's likely that you have done something online that you are now regretting. Or perhaps you are trying to help someone who has done something? And if that something involved nakedness or something sexual, then that may look more serious than other things you see happening online.

But don't stress just yet... you are obviously keen to find out more about how you can help yourself or your friend, get some advice and a plan for how to improve things. Well, you're in the right place.

You don't have to read this whole thing through but it does help to browse each section to get a really good understanding of how and why this stuff causes problems. The more clued-up you are, the better decisions you are going to make for yourself (or friend).



Contents:

- P2: Introduction
- P3: What does it mean?
- P3: Consensual or non-consensual
- P4: Sharing pictures
- P5-7: All about trust
- P7: Where your picture might be
- P8: Will I get in trouble?
- P9: Who can help me?
- P10: The future
- P10: Organisations that can help
- P11: Self-care tips
- P12: About this resource



What does sexting mean?

“Sexting” is a term used to describe the sharing of intimate images or videos with another person.

This content can be anything from flirty texts to naked pictures and videos. Very often it is between partners, but can be between groups and can be shared across various online spaces. Sexting is not always about sex or sexual gratification. Some people use sexual images of others to abuse, harass and bully them. Sexting isn't always consensual either, just because someone took a naked selfie, that doesn't always mean that they wanted to. But we will talk about that a bit more later...

Consensual or non-consensual

If you are reading this booklet, you probably already know what sexting is but you might not recognize what's happened to you as sexting. In the news and online there is usually one narrative in sexting: that it's bad, that it always goes wrong and the people involved are in trouble or distraught. We know however that's not always the case and sexting is a bit more complex than just that one version.

Most sexting is consensual and takes place within a healthy relationship. You may have willingly and happily shared your nude with your partner and vice versa, it's when the image gets shared beyond the



trusting relationship that things can get a bit scary.

If you have shared your image with

just one person and then they share it with other people, you did not consent for them to do so and they have therefore broken your trust, and the law.

Just because someone has taken and then sent a nude, that doesn't always mean they wanted to either. Controlling or coercive behavior in sexting can happen. It might start with flirty texts and selfies. Then they want to see more. They might say if you don't send more, they'll stop talking to you or start being mean to you. This pressure might make you feel like you have to send more revealing pictures to fit in or keep their interest.

Even if you already sent a picture, that doesn't give anyone else the right to expect more from you. If you make your friend a cup of tea but half way through they decide they no longer want the tea, you don't force them to drink it! It's the same with sex and sexting, consent is a fluid thing and you can change your mind at any moment.

Unintended sexting is more likely to happen if your judgement is clouded and the consequences don't seem important e.g. if you have had alcohol or taken drugs or are under pressure from those around you. This might be:

- getting confused and pressing the wrong send button
- feeling brave about sending a risky photograph
- feeling more sexually confident
- being encouraged by mates to do it as a dare
- thinking that it is a good laugh and there is no harm in it



Sometimes you might receive images that you didn't ask for or expect. It could be from someone you know well or not so well; perhaps they like you and think by sending an image they are flirting with you, trying to get your interest or hoping you will send one in return.

Occasionally, somebody might send you an image of someone else, perhaps that you both know.

Even images you have taken or shared that were innocent but revealing can be used by others with the intent to cause trouble e.g. dieting shots, modelling or swimming poses.

Celebrities too have had private images hacked, stolen and published. It can affect anyone.

As complex as these situations might be, there is no single solution for how to deal with them. Your response depends on your relationships (both online and offline) and context is everything.

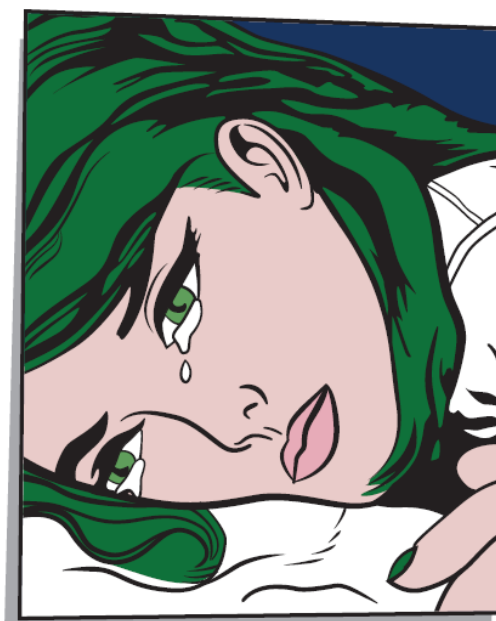
But as we will discuss later, there are some quick wins in protecting yourself and hopefully your friends if you or they have problems.

LOL or OMG?!

People sharing naked pictures as part of a safe relationship is not a new thing.

What has changed though is the speed with which you can share, and how many people you can share with at any one time.

Live streaming can be a really fun and exciting experience. Gaining live followers and seeing your numbers



increase can be very exciting, but would you take your top off if it meant you got more followers and felt popular?

From 1 January to 30 June 2019: IWF dealt with 22,484 reports of self-generated child sexual abuse material. That's just 6 months. A lot of these images were captured during live streams and then found their way onto darker corners of the internet.

The thing is, when you are on a live stream it is possible for your viewers to take a screenshot and that image can then be shared, stored or even sold on to people that have an unhealthy sexual interest in children. Validation from likes and followers is fleeting. You may end up sharing way more than you wanted to just for that short moment of feeling good about yourself, that's why it's important you have hobbies and interests in your life that make you feel happy and proud of yourself.



In your parents' younger years, the embarrassing stuff they did was rarely seen by anyone else. Today with mobile phones and the internet, that has changed. The internet has the potential of a huge audience and of course, if a photo is shared and uploaded, it could unfortunately be there forever.

But this is not the end of the world. It just needs some thought on how you can minimise the effect and take back some control.

Was I right to have trusted the person I sent it to? Was I being naive?

Most of the time, intimate pictures are shared within a relationship and don't get shared any further, even when the relationship ends. But we have to be mindful that when relationships breakdown, we often see a different side to people. Feelings of jealousy and anger may provoke people to break your trust, acting out of character.

Sometimes, yes, you can trust the person you text.

But, and this is a big but, do you really need to send them pictures of your body? If the person asking acts up when you refuse, is this someone you can trust? If they accept your refusal without question they sound like a good partner who respects your decisions.

Others letting you down...

Some of the problem will be around people you thought you could trust sharing the image or joining in the negative comments. This might be the person who you sent the image to in the first place, or friends, or others who then circulate it. People get caught up in the gossip, banter and bitching sessions, often without meaning harm to the victim, either to impress other people, to "belong", or because it starts as a joke which escalates. Sometimes people just do it to bully someone.

What if other people see it?

There is a big difference between worrying and understanding how far the image may have gone beyond your control. It depends how the image was published; if you sent it directly to someone and have then had second thoughts, you need



I REALLY NEED A FRIEND RIGHT NOW!

to have an honest conversation with them as soon as possible to ask them to delete it. Posting it directly to social networks makes it harder to regain control. DMs and Snaps can feel like a less risky way to send nudes, but it's important to be aware that images sent in this way can be saved or screenshot by the person you sent it to. On Snapchat it tells you if someone takes a screenshot, however there are apps you can download that can save Snaps without notifying the sender. DMs on Instagram do disappear after a while, but again they can be saved or screenshot and the sender is never notified.

Once shared, it can be hard to know where the image has gone and who has got it.

But you can challenge content about you that has been published by others using the site's "report abuse" option. It is important to draw their attention to it and why you think it should be removed. It's not enough to just say "I don't like it", your request needs to show that it breaks the terms of service and/or community guidelines on the site.

Sites like Facebook and Instagram won't allow nudity so it should be straightforward. We've included some links to the relevant reporting routes at the end of this booklet. If your report fails, let a teacher know

and they can call the Professionals Online Safety Helpline to have this report escalated.

It is also important to understand how you yourself can change or remove content that you have posted but changed your mind about.

It's important in life to have friends around you that you can trust and on whom you can rely; this is no different online. It's less likely your close friends would want to do anything serious to hurt you; very often they're the first ones you might turn to for help.

What is your definition of a "friend" or "friend of a friend"?

We often add friends because our other friends know them. Your friend however may have only added them because one of their friends had, and that friend may have... etc etc

How far back in the chain do you



**TAKE CONTROL OF
YOUR PRIVACY!**





have to go before someone actually knows this person? Given that many people now meet their future partners online, it's pointless to say "don't talk to strangers online", but it is wise to do some screening before trusting someone you have no "IRL" connection with. Do their pictures look genuine? Do they have pictures with other friends or people that you know? It's easy for anyone to use other peoples' pictures and create profiles that do not reflect who they really are.

There are ways in which you can manage who sees your profile or your content.

Explore the platform's privacy settings and use them. On Instagram and Facebook, you can also set up groups so that you can share content with a select group of friends instead of everyone, for example.

We have created privacy checklists for lots of social networks, they can be found on our website.

Does your friend need help?

You might have noticed that your friend is struggling and suspect something is up. Tell tale signs when someone is worried or upset about something might be: withdrawing from usual activities, not talking much, change in appetite and generally just seeming down.

How can you support them?

Check in and ask how they are, ask twice and have the conversation away from other people so they don't have to share how they are feeling with anyone they don't want to.

Reassure them that you will help and will support them to get this under control. Follow the steps on page 8 to make sure they are getting all the help they need.

Where your picture might be

The truth is, when an image has been shared beyond your control, it could



be in various places. But the content is illegal and you can report it for removal. The internet is a massive place but, that being said, if an image of you is somewhere, you are likely to know about it and be able to report it.

Well done for asking for help. You are a strong person and this is the first step to getting this sorted.

It might seem like the end of the world but try not to panic! Take a deep breath and give yourself a chance to think about how this might affect you.

First off, are you ok? You will need some support to go through this, so think about who is best to support you now... friends, family, school? You choose, it's important that you are comfortable with the person that is going to help you. There is also a list of organisations at the end of this booklet that can help.

Sometimes that first step of asking for help is a difficult one. But you have to be honest with yourself. Real friends and professionals trying to help are only able to do so when they know all the facts and how you feel about it. Noting down a quick timeline before you talk to someone may be a good idea, so you have something to refer back to. If you know of a friend who is trying to deal with this maybe you could show them this booklet.



If you decide you need to do something, don't wait! The quicker you get help, the better.

Will I get in trouble?

The law is on your side and was not designed to punish young people for making mistakes while experimenting with their sexuality.

The law is aimed firmly at those who choose to trade or profit from sexual pictures of children. The law was also written in 1978, a time when mobile phones hadn't been invented and the idea of a camera phone was probably mind-blowing! The law wasn't designed to consider sexting and self-generated content. But police and law makers today understand this.

Even though (if you are under 18) the image(s) you sent are indecent image(s) of a child, the Association of Chief Police Officers have clearly stated that young people will be treated as victims in the first instance and only extreme cases may be reviewed or looked at differently. In 2016 the police also introduced something called Outcome 21, which allows the police to record a crime as having happened but for no formal criminal justice action to be taken as it is not considered to be in the public interest to do so. The police are there to help protect and safeguard you, not prosecute.



I NEED HELP!



Who can help me?

School

You might want to consider telling someone at school. It might seem like a hard thing to do but your welfare is their number one concern. If you are worried about telling your parents, you can tell your school first and they will be able to safeguard and help you and later help you talk to your parents about it, if needed. Schools have trained staff that have access to a whole range of help that will be much more effective than dealing with it on your own. One service they can use is the Professionals Online Safety Helpline.

Parents

It may be your worst nightmare thinking of telling your parents you shared intimate images, and yes, they may kick off at first but they need to know; how are they going to support you if they don't know?

Use your discretion, if you don't think the pictures will go viral, then don't upset them for no reason. If you feel there is a risk, or if the picture has already been shared beyond your trust, you will probably need them on board. Yes, they will probably be upset, but they will get over it and, in the long run, respect you more for being upfront about it.



If you feel telling them could put you in danger, then please seek support from your school instead. There is a chance they may need to tell your parents, but they will assess the risk and do what is best for you.

IWF

The Internet Watch Foundation is an organisation in the UK who have the ability to remove child sexual abuse imagery, hosted in the UK. If your picture has been shared online and you know where it is, you can report the link to the IWF. They will review the image and if it is illegal, will remove it. <https://report.iwf.org.uk/en>

CEOP

CEOP is the Child Exploitation Online Protection Centre and was set up by the Government in 2006 to help protect children across the UK from online predators. As well as helping UK police forces to bring these people to justice, CEOP can help provide advice to you and your parents when something like this happens.

You can report something to CEOP here: <https://www.thinkuknow.co.uk/parents/Get-help/Reporting-an-incident/>

Advice for parents and carers here: <https://www.thinkuknow.co.uk/parents/Concerned-about-your-child/>

Local Police

Police could possibly be involved if what has happened is having a very negative impact on the wellbeing of everyone involved, or there are any other worrying factors at play.



Is this going to affect things for me in the future?

Hopefully in most cases your continuing digital life will 'bury' this incident. There is, however, no guarantee that the pictures will not be seen by others later. Your reputation could be affected if future employers, college, sixth form friends see this. But most people will be understanding, knowing this could happen to anyone. Being honest and admitting what's happened is the best approach, as it will be with any future relationships.

Knowing about your reputation

Do you know what's online about you?

You should first check what others can see about you. Search for your name using a search engine, Google doesn't always show you everything, so try using a few like Bing and Duck Duck Go.

If you find anything offensive or require anything removed, report it to the hosting site immediately. Remember it will need to break the site's terms and conditions. If it is a naked or semi-naked image of you it is highly likely to breach these conditions and the legal implications mean the site host is likely to remove it quickly when made aware.

Bury the bad stuff! Increase your positive online presence. Sadly there are some occasions where online content can't be removed, for example if your image is shared and posted on a porn website hosted outside the UK, it may fall outside the limits of the IWF, so we advise burying it. The best way to do this is to set up social

networking accounts (you don't have to use them, just set them up and leave your name publicly searchable), to regularly comment on news articles and forums, and create a small blog. The more you add, the further down the search lists this unwanted content will be.

OK, now we have helped you manage the situation and everything is in hand.

Dealing with these types of issues can sometimes be emotionally draining and you might feel like you've lost all power but **help is out there**. Talking to someone about what has happened might help you to deal with this and most importantly, move on. In your school or college, you might have a teacher or someone in a support position who you can speak to, but to cover all bases, we've also listed some national support services that you could call or talk to online for some more emotional support:

- **Childline** are open all day every day (24/7) to help and support children and young people anywhere in the UK. You can call them on **0800 111** or visit their website for more help and support or to access their 1-1 counsellor chat messenger: **childline.org.uk**
- **The Mix** provides free, confidential emotional support for young people aged 16 – 25. Their helpline is open from 5pm – 11pm which you can call on **0808 808 4994** or find their website for more information and speak to them on their webchat: **themix.org.uk**



- **Young Minds** offer a free 24/7 crisis messenger for under 18s to access support when experiencing a mental health crisis. You can access the crisis messenger by texting **YM** to 85258. Find more information on their website: [youngminds.org.uk](https://www.youngminds.org.uk)
- **Young Minds** also operate a **Parents' Helpline** which offers advice to parents and carers worried about a child or young person under 25. Call: **0808 802 5544** or find their website for more details.

When you feel like you're at a point where you can move on, pause and take some time for yourself. We have put together some suggestions of self-care tips. You don't have to spend hours on it, but any small gesture that recognises that you deserve some care and kindness is only going to benefit you later.



Accept what's happened. No one is perfect and this could happen to anyone. Try to focus on the things you can do, or what you've done to resolve the situation rather than blaming yourself for what happened in the first place.



Get outside. So cliché we know, but it is scientifically proven that fresh air and exercise can improve your happiness, overall health and help you have a good night's sleep!



Connect IRL. Why not have a monthly *digital detox*? Meet up with friends or family for the day and keep your phones away. Trust me, Instagram will be there when you get back.



Find some positive social media influencers. When you are spending time online, make sure you're surrounding yourself with positive and inspirational people to learn good values and boost your mood.



Learn to love yourself. In the infamous words of Ru Paul, "*if you can't love yourself, how are you going to love anyone else?*" Finding an activity or hobby that you're good at will make you feel proud of yourself and gain a sense of achievement, without needing the likes and followers.



About this resource:

This is a resource for children, young people and parents that offers advice and explores strategies to support the issues resulting from sexting incidents.

The resource will be available shortly in the following alternative formats:

- A printed resource
- A comic book style summary of key advice for young people
- Interactive web resource from the UK Safer Internet Centre

Visit www.swgfl.org.uk/sextinghelp for more information.

It is produced by South West Grid for Learning and UK Safer Internet Centre and co-funded by the European Union.



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Connecting Europe Facility

South West Grid for Learning Trust is a not for profit, charitable trust company, dedicated to empowering the safe and secure use of technology through innovative services, tools, content and policy, nationally and globally. Find more resources at www.swgfl.org.uk.

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