



Devon
Children and
Families
Partnership

group 3 child protection

Rachael Courage



learning agreement

- time keeping
- confidentiality
- respect
- positive challenge
- keeping focused
- model partnership behaviours
- share knowledge and expertise
- avoid jargon
- look after yourselves!
- having fun

course aims & objectives

- confirming & building knowledge
- values and attitudes
- making judgements
- interactive risk factors
- responding to disclosures and enquiries
- working in partnership
- increase confidence in using a strengths-based approach
- understanding the child protection pathway – Stronger Families: Safer Children
- increased professional challenge and curiosity

what to **expect**...

The Big Quiz

Part 1

Child protection in practice

video

Part 1

Predisposing vulnerabilities/risk

Part 2

Threshold, CP process, MASH & case resolution

Part 2

Assessment & strengths based work

Referral to MASH

the big quiz...

How did you do...? Any questions?



Who invited **actors??** What are we trying to **do...???**

“Effective protective practice requires an ability to **contextualise** the lives of vulnerable children, **understand the experience and perspectives** of their parents or carers and **engage with them through meaningful interactions and relationships** with the professionals that are involved in their lives.”

“

Questioning and assessments can often be perceived by parents as blame, creating a barrier to collaborative working; professionals need to be both robust and compassionate in responding to this.

”



recording exercise

We would like you to make a record of the scenarios as if you were at work. We'll give you 10 mins to do this – if you don't finish, don't worry.

We'll split you into pairs and on chat in the Breakout Room you can swap and compare the recording you have done.

What are we trying to **do...???**

“The language we use to talk about a child’s circumstances can both support and hinder effective safeguarding. Vague, stock phrases and jargon can minimize/obscure the reality of a child’s life. The use of clear, straightforward language that properly and explicitly depicts issues in ways that do not dilute impact and harm, or the reality of life for the child can lead to more effective safeguarding”

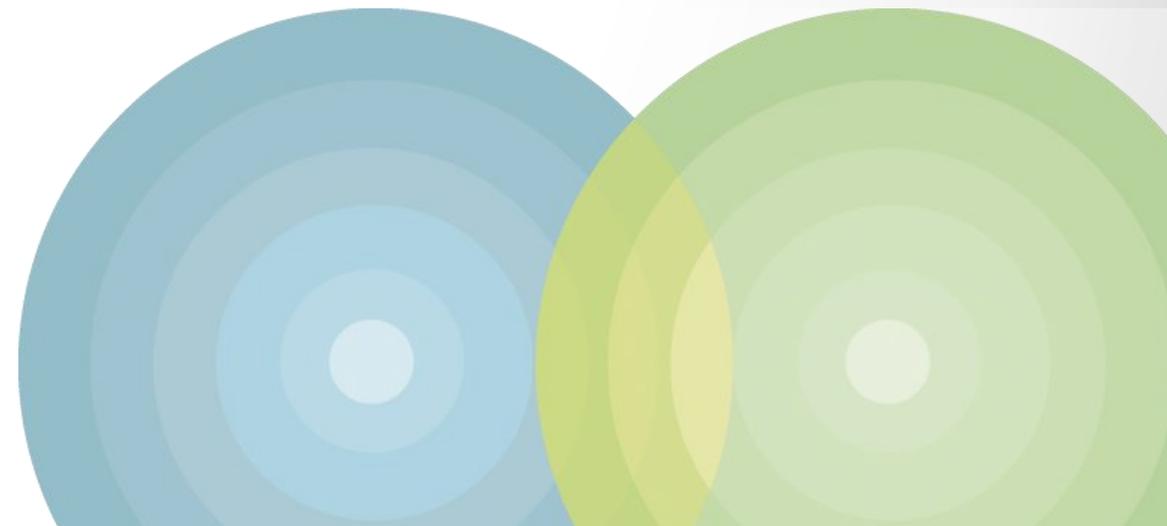
Brandon *et al* (2020) Complexity & Challenge: a triennial analysis of Serious Case Reviews 2014-17 p20

Ebbinghaus Forgetting Curve



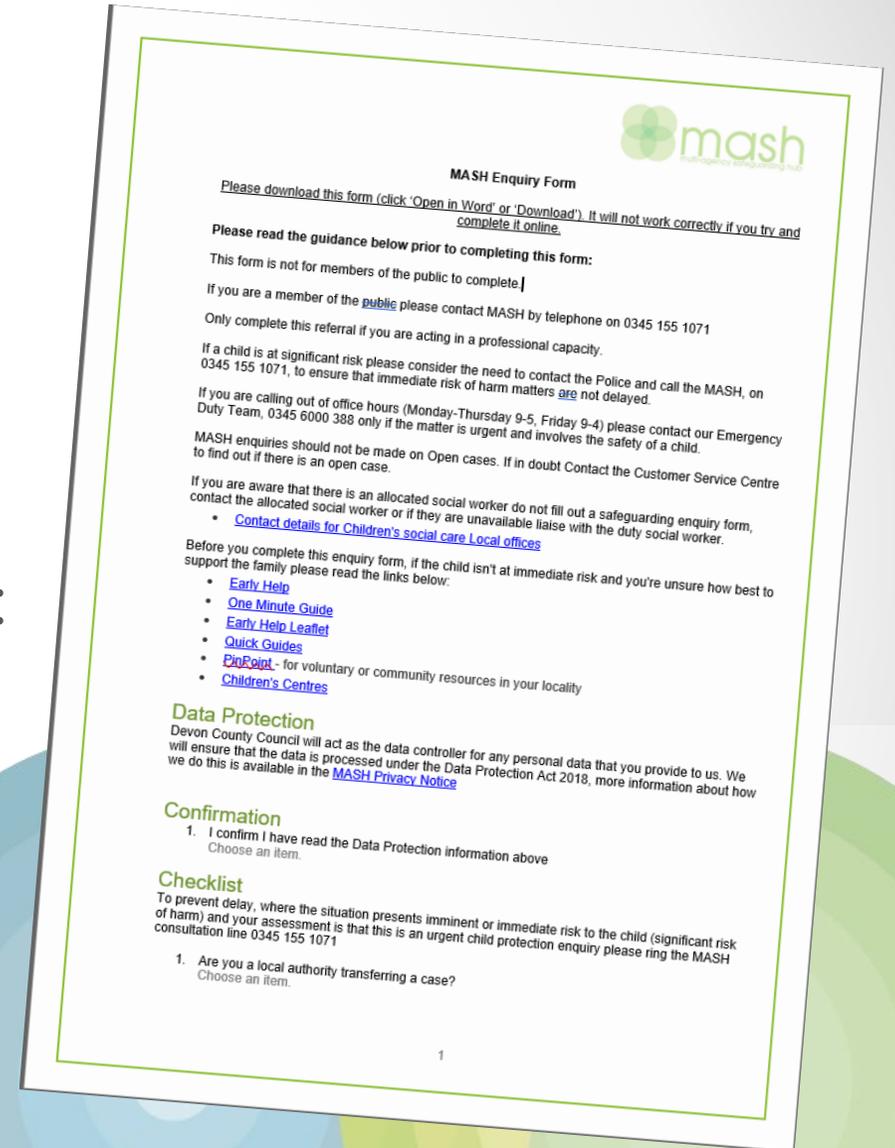
do you have...?

Safeguarding concerns about a child or young person in Devon that may require children's social care involvement?



referring to MASH

- immediate danger or needs accommodation – **PHONE**
- Other cases – download the MASH enquiry form from **dcfp.org.uk**
- Try it out... complete a referral on Peter
- Session 4 is an online session. Log on and access the course in the your profile section: **devon.safeguarding.network/profile**



MASH Enquiry Form

Please download this form (click 'Open in Word' or 'Download'). It will not work correctly if you try and complete it online.

Please read the guidance below prior to completing this form:

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- [Contact details for Children's social care Local offices](#)

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- [Early Help](#)
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Data Protection

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Confirmation

1. I confirm I have read the Data Protection information above
Choose an item.

Checklist

To prevent delay, where the situation presents imminent or immediate risk to the child (significant risk of harm) and your assessment is that this is an urgent child protection enquiry please ring the MASH consultation line 0345 155 1071

1. Are you a local authority transferring a case?
Choose an item.

1

completing MASH forms

- What are the risks and impacts on the child(ren)?
- What action have you taken to address the risk?

mash
multi-agency safeguarding hub

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Mini-scenarios

- 5 mini-scenarios of varying levels of concern
- Each group has **15** minutes to decide the order of the scenarios, **starting with** the most concerning
- Discuss the reasons for ranking them in this order
- Record the order, and when returning to the large group put your group number then the order in chat:

Gp3 CDEAB

What creates **vulnerability**...

Children

Parents/carers

Communities

Professionals

risks to infants

- Babies are seven times more at risk of homicide in the first year of life than any other year
- SUDI risk highest at age 1 – read the review...

THE CHILD
SAFEGUARDING
PRACTICE REVIEW PANEL

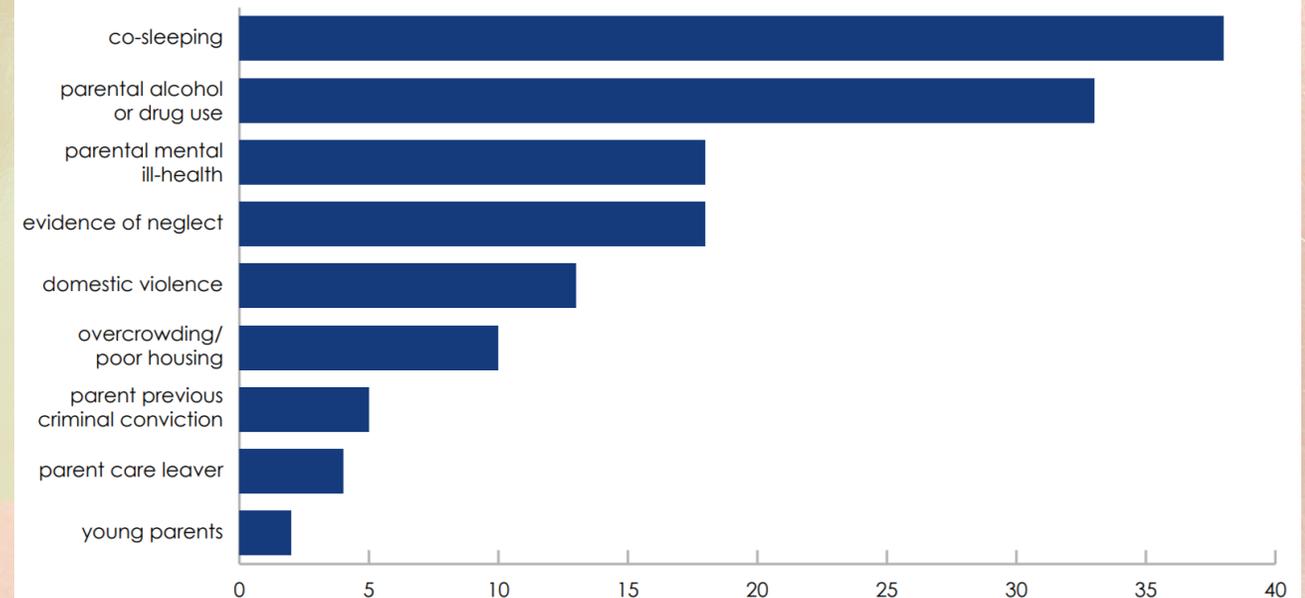
Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm

Final report
July 2020

Box 1: SUDI risk factors

- Unsafe sleep position (prone or side)
- Unsafe sleep environment:
 - co-sleeping in the presence of other risks (including bed sharing)
 - overwrapping (head covered, use of pillows or duvets)
 - soft sleep surfaces (soft or second-hand mattress)
- Tobacco – pregnancy and environmental exposure
- Alcohol and drugs – during pregnancy and when co-sleeping
- Poor post-natal care – late booking and poor ante-natal attendance
- Low birth weight (under 2,500g) and preterm birth (less than 37 weeks' gestation)

Figure 3: Risk factors identified in the notified cases (n=40)



parental factors



dialogue

Domestic abuse	59%
Mental health problems	55%
Separation (acrimonious)	54% (15%)
Adverse childhood experiences	37%
Alcohol misuse	36%
Drug misuse	36%
Poverty	35%
Criminal record (violence ex DA)	30% (15%)
Transient lifestyle	29%
Multiple partners	24%
Social isolation	18%
Intellectual disability	13%

86% reported at least one of these family characteristics as being present;

67% reported two or more and

19% at least four



**NOTHING IS
PERFECT.
LIFE IS MESSY.
RELATIONSHIPS
ARE COMPLEX.
OUTCOMES ARE
UNCERTAIN.
PEOPLE ARE
IRRATIONAL.**

[Hugh Mackay](#)

“**Uncertainty and risk** are features of child protection work...Risk management cannot eradicate risk: it can only try to reduce the probability of harm.... Those involved in child protection must be “**risk sensible**”. There is no option of being risk averse since there is no absolutely safe option”

The Munro Review of Child Protection:
A Child Centred System, May 2011



The accuracy of ... how an individual presents in interview is 'only slightly better' than guessing

The accuracy of ... how an individual presents in interview is 'only slightly better' than guessing



 HM Government

Working Together to Safeguard Children

A guide to inter-agency working to safeguard and promote the welfare of children

July 2018

 Devon Safeguarding Children Board

Keeping children safe is everyone's responsibility

Threshold Tool

Practice guidance for improving outcomes for children and young people through the early identification of need and vulnerability

www.devonsafeguardingchildren.org

 Devon County Council

SAFER ME ASSESSMENT

Your agency's own tools and approaches

 Devon Children and Families Partnership

Devon Children and Families Partnership

PRACTITIONER TOOLKIT: NEGLECT



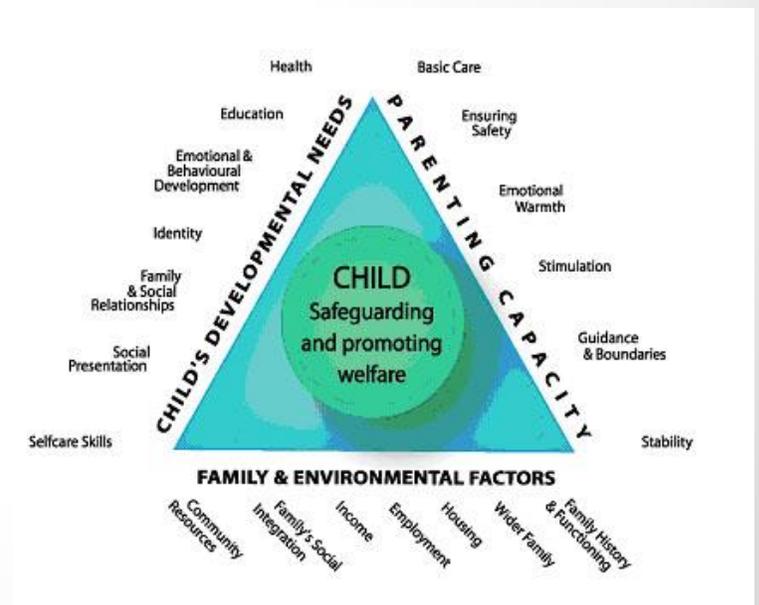
NSPCC Graded Care Profile 2

MEASURING CARE, HELPING FAMILIES

There's a more effective way to identify neglect

Graded Care Profile 2 is a strength-based tool that helps you assess and measure the quality of care a child is receiving and help you identify when they are being neglected. Use the tool with families and be quick to spot when child is at real risk.

"100% of staff, who we trained in GCP2, felt better able to assess and analyse neglect."
Stockton Local Authority





Training and resources for professionals

- Safer recruitment and DBS checks
- Policies and procedures
- Safeguarding Practice Reviews
- Managing allegations
- Child protection pathway
- Neglect strategy and toolkit
- Threshold tool
- Championing All Our Children
- MASH
- SEND Strategy
- Homeless Prevention
- Child sexual exploitation
- Safeguarding in schools
- Working Together 2018
- CAP (Child Assault Prevention) UK
- Exploitation of Children Strategy
- SW Child Protection Procedures
- VOYC Devon
- Appreciative Resources

Worried that a child is at risk?

if you think it, report it.

Child abuse COVID-19 Advice

Coron
We woul
the gover
situation
more ad
safe and

situation and working with
est information on the
COVID-19 advice page. For
for guidance on keeping
onavirus page.



I HAVE THE RIGHT TO BE LISTENED TO, AND TAKEN SERIOUSLY

WAS NOT HEARD



04:15

Listen to the words, **pick** one phrase and note it down, **decide** what you will do about it in your work, **paste** your phrase and commitment into the chat after the **break...**



I HAVE THE RIGHT TO BE LISTENED TO, AND TAKEN SERIOUSLY

WAS NOT HEARD



Session 2

What did you hear? What will you do?

referring Peter to MASH

- Not everyone will have done this yet...
- Easy to do...?
- Learning points...?
- Will this improve your practice?



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child protection **process**

MASH enquiry

strategy discussion

section 47 investigation

child protection conference

core group

exercise

Supervision following a **deficit model** (focusing mainly on problems)?
What was the impact on your work?

Supervision in a **strengths based model**?

What was the impact on your work?

Is this any different for families we work with...?

Deficit Bias – research

- Reduces optimism and hope
- Leads to inaccurate conclusions about risk and potential for change
- Leads to anxiety-based relationships that result in an additional barrier to change. (NSPCC what works research)
- It seems to, but does not reduce risk.
- It is so habitual it needs active recognition and intentional change.

Restorative Devon approach

- strength based
- families feel prepared, listened to and included
- strong, explicit message of trust & relationship
- clear about our worries and what we need to do

“**Strengths-based** practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's **strengths**. Taking a strengths-based perspective means finding out what we have got and applying it to improve outcomes.”

Balanced – *recognises how strengths mitigate risks.*

Focused on identifying assets - *Personal, family, social, organisational and community*

Clear and Measurable – *Scaling*

Optimistic – *Every family has strengths*

Collaborative and Appreciative – *The parent/carer/YP is an expert and active participant*

Outcome or Solution-Oriented – *Realistic and Achievable Plans*

Focused on long-term resilience

Motivational

Aspirational

scaling

0

No issues – confident that the child/ young person is safe and well

10

Serious impact on the child/young person. Highest possible risk.

What are we trying to **do...???**

“

Assessments should not only look at what has happened to the child in the past and what that implies for their needs now, but also look to the future and what help will be needed as the child grows

”

Evidenced-based approach to **neglect**



- Understand parental experiences
- Assess key roles and relationships (inc the myth of the absent fathers/male partners/new partners)
- Wider family/kinship care
- Neighbourhood & community support
- Importance of housing services

capacity to change

- establish **baseline** using a tool
- **where** are the parents? (e.g. precontemplation)
- **what** should change?
- **how** will it work...
- **when** will you know?

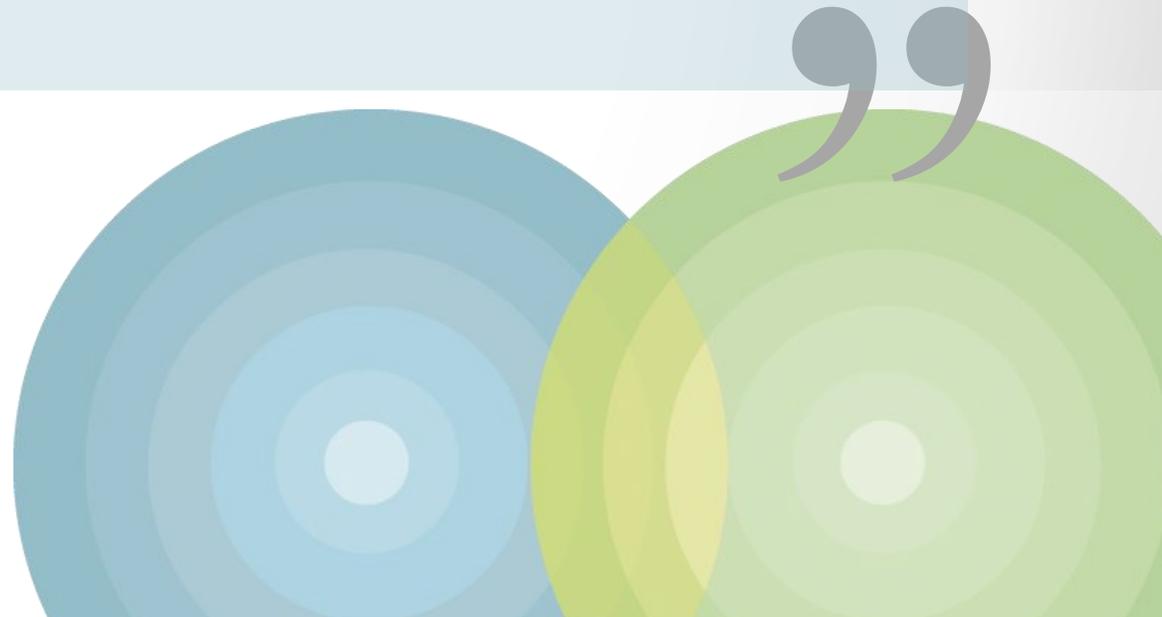


stages in assessment

1. **cross-sectional** assessment using an assessment framework
2. **clear** short-term goals in **collaboration** with the family
3. **time-limited** intervention to demonstrate goal achievement.
4. **progress** reviewed: reassess!

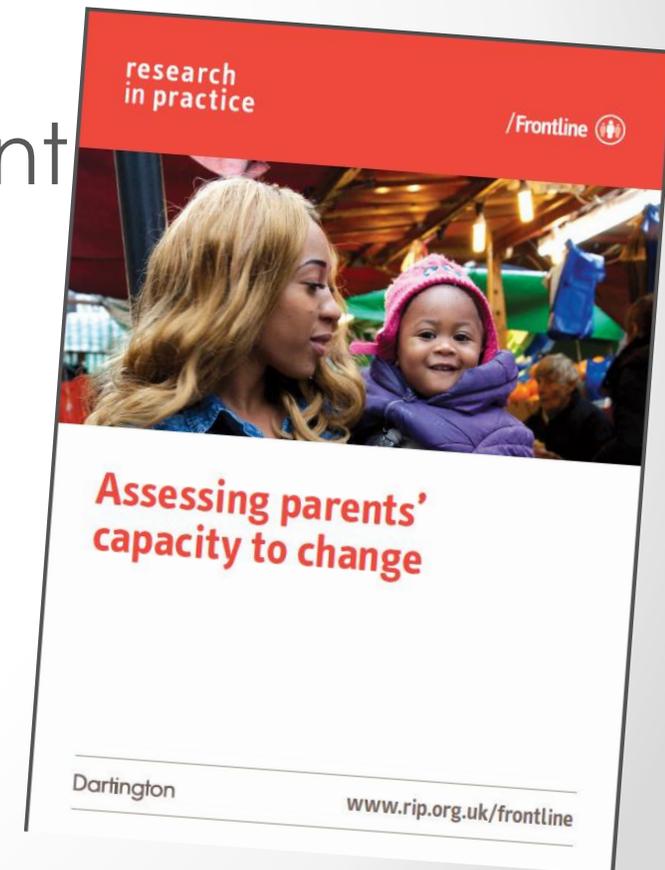
“ Professional judgement alone is not enough, just as standardised tools without professional expertise and skills can never be enough.

Research in Practice
Assessing parents' capacity to change (2014:10)

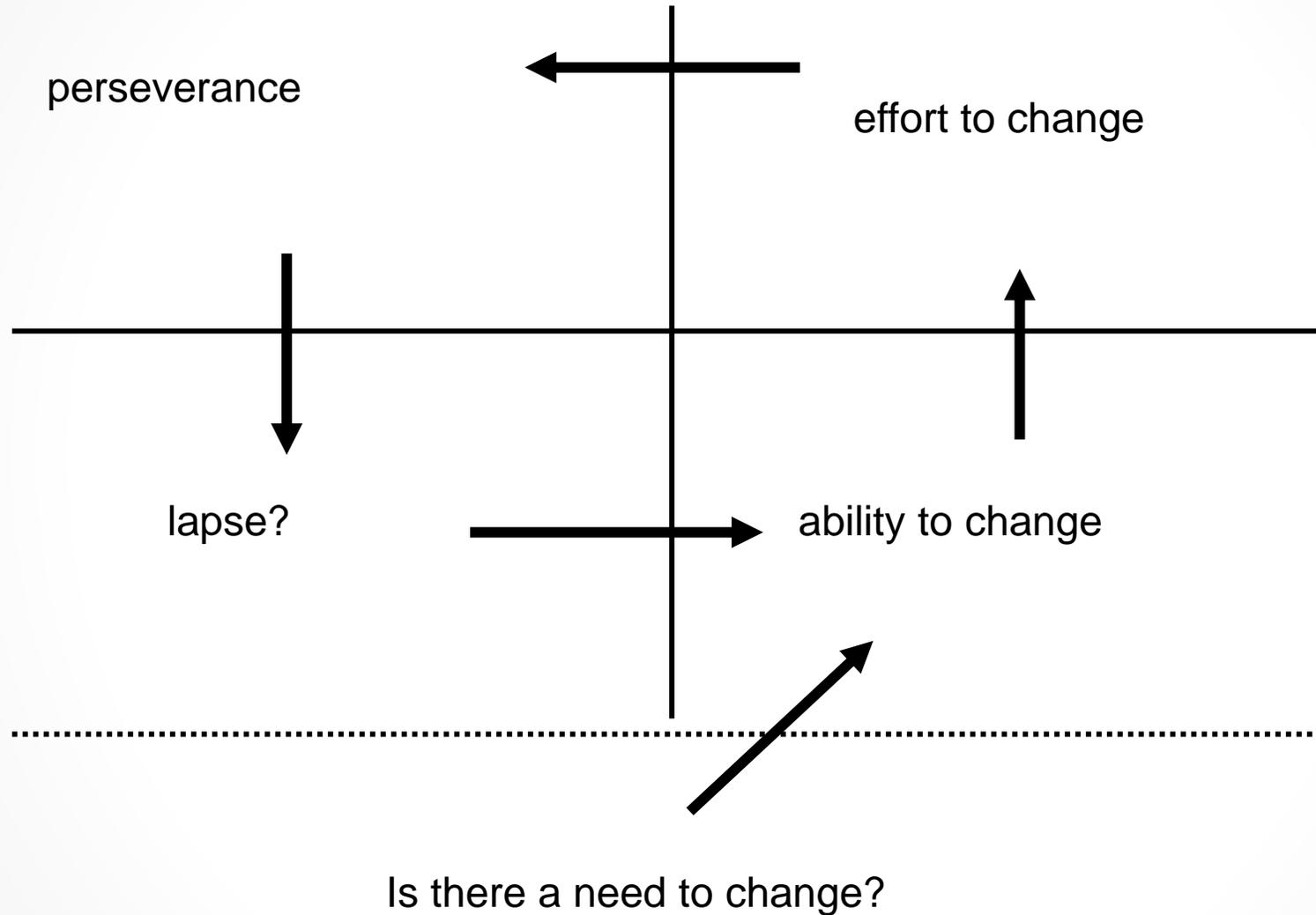


good plans

- tailored to **specific needs** of family
- build on **strengths**
- involve effective support & **challenge**
- backed by **proactive** case management



change...



What next...?

Make that difference, speak out

Advanced training

Refresher training

...



dialogue
dialogueltd.co.uk/contact