National Guidance
for Child Protection
in Scotland 2021:
Practice Insights

National Guidance for Child Protection in Scotland 2021: Practice Insights

These practice insights are not part of the [National Guidance for Child Protection in Scotland 2021](#) and have not been subject to public consultation. They will be adapted and improved in response to evolving practice.

The practice insights have been drafted by practitioners, service managers and academics. The experience of children and families is integrated directly in some and indirectly in all. The topics chosen reflect interest and demand voiced in both construction of and public consultation about the National Guidance.

The notes are termed 'insights' because they are intended to:

- illustrate and explain key practice considerations
- offer a resource, in the form of windows on positive practice
- prompt reflection, by providing perspectives from specific services
- signpost selected sources that support practice development

It is essential that readers **do not** expect these insights to offer:

- a multi-agency, national practice manual
- a shortcut to application of the National Guidance
- a protocol, which reduces the need for professional judgement in each situation
- a replacement for any aspect of local multi-agency procedures
- an academic review

The choice of topics is selective, reflecting requests arising during development of and consultation upon the revised National Guidance. The illustration and detail could not be captured efficiently in the National Guidance; and in some instances might lead to inconsistency. The list and the content may be adapted and improved, based on your feedback (contact Child_Protection@gov.scot) and in response to evolving practice.

The topics include explanations of concepts, such as capacity to change; approaches, such as contextual safeguarding; indicators of good practice specific to phases of support and planning including pre-birth, or specific to areas of concern, such as domestic abuse. Some specific tools are introduced, such as chronologies and usage of timelines.

A connecting theme should be apparent in all topics. This is about strengthening engagement with children and families in child protection work. Some insights are explicitly focused on this theme, for example in considering participation of children and young people in planning meetings and making plans accessible to them. A shared lens should be apparent in all topics: this is about realising children's rights.

Contents

1. Inter-agency referral discussion (IRD) and progression to Joint Investigative Interview (JII)

Purpose of this practice insight

This practice insight complements and does not replace the core text in the National Guidance for Child Protection in Scotland 2021, of which Part 3 outlines:

- the decision to hold an inter-agency referral discussion (IRD)
- IRD purposes, components and process

When the IRD determines that a Joint Investigative Interview (JII) is in the best interests of the child and necessary as part of an ongoing investigation, this decision and the rationale for the decision will be carefully documented.

The notes below indicate positive practice during the following stages:

- IRD
- planning for JII
- briefing
- JII
- debriefing

The indicators described in each section below are applicable **right now in 2021, in all areas** of Scotland, and will remain central within the new Scottish Child Interview Model. As such they may be of benefit as a bridge between current and future practice during a transitional stage in the improvement of Joint Investigative Interviewing. Detailed practice guidance on JII is forthcoming.

Rights

There is a direct correlation between the child's participation in a JII and the core principles of the United Nations Convention on the Rights of the Child (UNCRC), notably the child's right to express their views as formulated in Article 12:

"States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law."

The Promise Plan 21-24, page 15 states:

"Listening to and, crucially, making sense of what is heard from children and families will be embedded into all practices and processes that engage with children and families to ensure their voices are heard and they are involved in every decision that affects them. Where support is required for children and families to have their voices heard and to participate in decision making, this will be identified and provided immediately, with the support remaining for as long as it is needed. Regardless of how children and family's voices are heard, there must be a full and considered exploration of how listening, shared sense-making and shared decision-making will be embedded into practice and mechanisms to actively use what is heard, must be put in place."

Inter-agency referral discussion: indicators of positive practice

- information shared is relevant to the investigation
- information which may suggest further sources of risk is explored, including information indicating risks to another child or other children
- strengths in a child and family's circumstances are explored as well as noting the areas of concern
- information about the child and their family is considered through a trauma-informed lens; for example, rather than describing a child's behaviour at school as 'oppositional', consideration is given to the child's experiences and context
- information shared at the IRD is specific; for example, rather than noting that a child presents with 'challenging behaviour', participants describe the behaviour clearly alongside the apparent triggers for this behaviour, and consider what the child is telling us by this behaviour
- if a decision is made to progress to JII, consideration is given to those who know the child well and could potentially inform the interviewers' planning for the interview
- the IRD considers the support needs of the child and their family and interim safety planning should take account of the time required for adequate planning for the interview

"The IRD provides essential information in relation to the child(ren) which assists in planning for the child's needs during the joint investigative interview."

(Pamela, Joint Investigative Interviewer, Lanarkshire)

Planning for a Joint Investigative Interview: indicators of positive practice

- enough time is allowed for interview planning
- planning involves discussions with people who know the child well
- planning includes consideration of how best to support the needs of the child in the interview
- the child's strengths are considered; these can be used to support the child's participation in the interview
- consideration is given to the topics to be addressed during the interview and the forensic detail required
- consideration is given to information required to inform the risk assessment for the child and other children
- planning is a dynamic process, taking account of new information as it comes to light
- trauma informed principles are considered when planning the interview – Choice, Safety, Trust, Collaboration and Empowerment. For example, if possible/appropriate a child could be given a choice about the venue for interview. Many interviews take place in schools and for some children this is appropriate but others would prefer for their interview to take place away from what they consider to be their safe place

"It was too early and I missed school."

"I liked that mum was allowed to come with me."

(Experiences of children who have participated in JIIs)

"When you are provided with the time to plan and the right information to inform that planning, it makes such a difference. As an interviewer, this helps me feel better equipped to engage with the child and support their participation, while also gathering the evidential details relevant to the investigation."

(Davey, Joint Investigative Interviewer, North Strathclyde)

Briefing: indicators of positive practice

- the briefing provides an opportunity for the briefing manager to support interviewers to undertake their role
- the briefing manager is clear about the topics to be addressed during the interview
- the briefing manager ensures that adequate planning has taken place
- the briefing manager is clear about who will be available for the interviewers to consult with during the course of the interview, should this be required
- arrangements for the debriefing are confirmed

The Joint Investigative Interview: indicators of positive practice

- interviewers engage with the child in a trauma-informed way. This aims to prevent children being re-traumatised, and supports achievement of best evidence
- if and when a child needs to take a break during the interview, a person is ready to support this
- refreshments are available for the child
- the child is supported in understanding the process in a way suitable for their age and needs
- the recording equipment is clearly explained to the child
- interviewers respond to the needs of the child during the interview. Consideration is given to this when planning for the interview. On the day this may not unfold as expected and the child's needs may vary during the interview. For example, the child may require further, (non-suggestive), support when discussing the substantive issue
- a break in the interview could allow interviewers to review progress and plan for the rest of the interview
- a child may require more than one break in the course of the interview
- if required there is flexibility for the interview to be continued over more than one meeting with the child. This may be necessary to establish meaningful rapport; or when a child is conveying complex or multiple events
- interviewers are mindful of the evidential requirements of the matter under investigation and ensure that these are fully explored
- interviewers have the option to consult with a manager during the interview
- the interview is ended within the child's 'window of tolerance'
- the child (and caregiver) are helped to understand what happens next

"The interview was long but I got breaks."

"I liked the fidget toys."

(Comments of children who have participated in JIIs)

Debriefing: indicators of positive practice

- the debriefing manager facilitates analysis of evidence and information from the JII
- interviewers provide details of evidence and information secured during the interview, identify gaps and potential further sources of information
- discussion at the debriefing informs further child protection planning
- the debriefing informs the investigation of any potential crimes
- it is an opportunity to confirm that all of the issues identified during the planning and briefing have been addressed
- interviewers draw attention to any further support needs for the child and/or their family identified as a result of the interview
- support needs of the interviewers are meaningfully addressed as part of the debriefing

"Effective briefing and debriefing is critical to support the interviewers in their complex role. The briefing ensures the plan for the interview has been fully developed and all aspects of the child's needs are addressed. The debrief supports the interviewers to effectively analyse information and evidence gathered so that we can make decisions to protect the child. In my experience, this works best when both police supervisors and social work managers undertake briefings and debriefings which allows for crucial information sharing and ensures the child's needs are prioritised."

(Pamela, Detective Sergeant, North Strathclyde)

Improving interview practice: indicators of positive practice

These principles can be applied to Joint Investigative Interview practice across the country, in any context. They can be applied whether or not the Scottish Child Interview Model for Joint Investigative Interviews has been implemented. They are indicators of positive practice which impact positively upon the child's experience of the interview and the quality of evidence and information secured. Small changes can make a big difference.

"The people were really nice and talked to me afterwards which made me feel better."

(Experience of a child who has participated in a JII)

Acknowledgements

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National Joint Investigative Interviewing Project, April 2021

2. Joint chronologies common approach

Purpose of this practice insight

This practice insight builds on the definition and outline of chronologies in Part 3 of the National Guidance and illustrates learning from the Pan-Lothian Multi-Agency Chronologies Project, co-ordinated by NHS Lothian.

Rights

Article 19.2 of the United Nations Convention on the Rights of the Child (UNCRC) requires Parties' protection of children to include measures for identification of all forms of 'maltreatment'.

'The Promise' acknowledges that, underlying situations *"where the worst has happened to children is the acknowledgement that key information about a child was not shared timeously or not listened to. In many cases the information shared was not taken account of by the people who needed that information. There are processes and procedures that can assist with the swift, smooth sharing of information"* (Independent Care Review, p36).

Background

A triennial report on Learning from significant case reviews (Care Inspectorate 2018, p26-7) strongly evidenced the need to improve information sharing, recognition of patterns and analysis of concerns, by means of multi-agency chronologies.

The Pan-Lothian Model was developed by a multi-agency partnership spanning East, Mid, West Lothian and City of Edinburgh health and social care partnerships and Councils, NHS Lothian, Police Scotland, Care Inspectorate and NHS National Services Scotland. It is used to aid analysis of information from the past to improve outcomes for children, young people and/or adults. The Care Inspectorate (2017) Practice Guide to Chronologies remains a central point of reference. Further information is available through the Lothian Chronology Working Group's Knowledge Hub page.

Key features of the model

A single template provides a format for all chronologies, using the headings below. This can be maintained on a single-agency basis; and then integrated into a multi-agency document when needed; for example for a Child Protection Planning Meeting (CPPM). It is noted that every agency has a responsibility to keep the chronology up to date and review before sharing.

The lead professional has the role of coordinating the information into one multi-agency chronology. A technical solution for sharing is in development. In advance of the CPPM or Adult Protection Case Conference, the lead professional requests single agency chronologies from all key partner agencies. The shared template ensures that this can be easily transposed and sorted into date order. The lead professional will summarise and edit information where appropriate, such as where there are duplicate entries or a large amount of historical information. The chronology is then used to support analysis at the meeting and as needed in future.

Proforma column headings and descriptors

Date(s)	Significant events	Outcome	Source: name (and agency where applicable)
The date when the event which is significant for the child/adult took place. If a report is received (e.g. from the police) it is not the report which is the significant event but the incident itself, so the date should reflect when the actual event happened.	**Anything that has or may have a significant positive or negative impact on the wellbeing or future development of this child/adult.** Significant events will not be the same for each individual of concern – even within the same family.	**What happened to the child/adult as a result of the event?** The outcome should reflect what happened to the individual, and the impact, not just an agency response.	**The original source of the information.** Information may come from members of the public, family members, and neighbours as well as agencies.

Template headings

Date: This is the **date of an event** which is significant for the individual. If a report is received (e.g. from the police), it is not the **report** which is the significant event or the date the report was received, but the incident itself, so the date should reflect when the actual event happened. A chronology can group together similar incidents by theme, if there is one eventual/overall outcome identified. The date column should show the period covered by the dates of all the significant events e.g. *"May to November 2015 - 7 incidents of domestic violence in the home - Child accommodated with grandparents."*

Significant event: This may be anything that has or may have a significant positive or negative impact on the wellbeing or future development of this child. Significant events will not be the same for each child – even within the same family. There can be no fixed list. What determines a significant event will always require professional judgment. When a chronology has been analysed, the subsequent version should, wherever possible, group similar events together. The significant event column is not an exhaustive record. It is a reduced and edited list. Case records remain should they be required for reference.

Positive events and developments are also necessary, in order to evidence how needs are being met, or protective steps are taken by parents or wider networks. This information is an essential foundation when plans are being formed on the basis of strengths evidenced over time.

Outcome: The outcome column should reflect what happened to the child, and the consequence for the child*,* **not just an agency response. For example, after an incident of physical** abuse by a parent, the outcome might be that the child remained at home or was removed or the alleged perpetrator was asked to leave. The outcome may contain the mechanism for this (e.g. a Child Protection Order was obtained and child placed with foster carers). An example that is not a 'child protection' matter might be when a child showing social and emotional difficulties is referred to a paediatrician. The outcome may include a diagnosis and provision of specialist services. The outcome column provides evidence of the connection made between an event or series of events and the consequences. This column should reduce long lists of step-by step agency actions.

Source: Information may come from members of the public, family members, and neighbours as well as agencies. This column lists the original source of the information. The source closest to the event affecting the child is needed, both for accuracy and should a fact require to be established in court.

Learning from testing the model: lead professional feedback was that the format keeps entries contextually appropriate and reduces unnecessary entries. The outcome column allows for labelling of impact, keeps focus on the individual of concern, and supports analysis. Implementation processes have shown how essential it is for:

- all agencies to take responsibility for writing their chronologies in accordance with the guidance and common format. If everyone ensures their entries are relevant, accurate, and reviewed before sharing, this limits the amount of editing required by the lead professional when collating
- lead professionals to ensure that time is prioritised for the collation of multi-agency chronologies
- core agencies involved to have a system and protocols for maintaining chronologies, and to follow the guidance

Acknowledgements

3. Pre-birth assessment, early support and planning

'A **person's** a **person**, no matter how **small**' (Dr Seuss)

Purpose of this practice insight

This practice insight draws on learning from evaluation of an inter-agency approach to pre-birth support, and on the experience of a multi-disciplinary early years assessment team. While such teams may not be consistently available, the principles of early, proportionate and collaborative inter-agency support are broadly relevant. These insights should be read with reference to the section on pre-birth support in the National Guidance for Child Protection in Scotland 2021. Companion practice insights on parental 'capacity to change' and 'family group decision making in pre-birth support' provide additional perspectives relevant to this insight.

Rights

The Preamble to the United Nations Convention on the Rights of the Child (UNCRC) cites the Declaration of the Rights of the Child. *"The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."* Article 24 requires provision of pre-natal and post-natal health care for mothers.
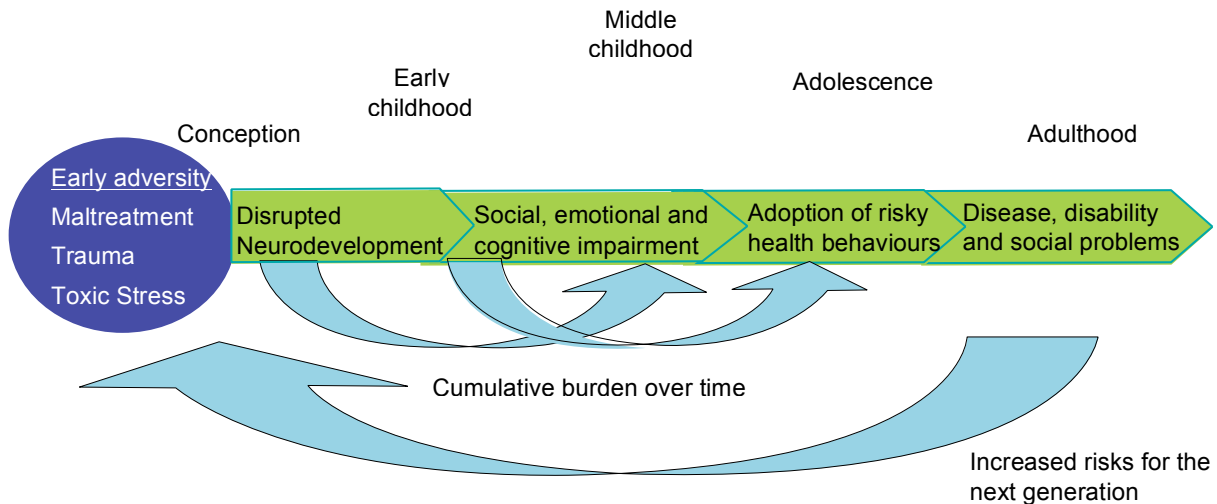
The Promise (Independent Care Review 2020, p54) underlines the role of universal services, especially health visitors and midwives in providing support that is non-stigmatising.

Context

The number of children under 1 year with Child Protection Orders increased by 57% between 2007-18. Between 2011 to 2018, 25.7% of children with Child Protection Orders were aged under 20 days old and 50.4% were under 2 years. In 2020 around half of children on the child protection register (1,325) were aged under five (Children's Social Work Statistics Scotland, 2019-20 (www.gov.scot)).

Children at risk of poor outcomes in Scotland are often identifiable before birth. We should be working strategically, collaboratively and in partnership with parents, as early as possible, in order to prevent those harms we can predict. Pregnancy is a window of opportunity to engage with parents to reduce risk.

Parental response to the emotions and needs of their babies has a profound impact on their long-term physical and mental health as symbolised in the NSPCC diagram below. Pre-birth child protection is about assessment, planning and support to reduce immediate risk of harms that can have lifelong consequences.

Middle
childhood

Early
childhood

Adolescence

Conception

Adulthood

Early adversity
Maltreatment
Trauma
Toxic Stress

Disrupted
Neurodevelopment

Social, emotional and
cognitive impairment

Adoption of risky
health behaviours

Disease, disability
and social problems

Cumulative burden over time

Increased risks for the
next generation

(NSPCC 2011, All babies count)

Components of effective practice: a multi-disciplinary team approach

The team: Scottish Borders developed and co-located a multi-agency early years assessment team of midwives, social workers, infant mental health practitioners and family support workers. The work of the team was evaluated by CELCIS (2015).

Families prioritised by the service experienced a combination of vulnerabilities including: antenatal and postnatal depression or other mental health problems; early teenage pregnancy; harmful use of drugs and/or alcohol; poor or insecure housing; learning disabilities; loss of a previous child through statutory processes; parental care experience; domestic abuse; offending and custodial sentences.

The aim of the team was to anticipate risk, support and enable families to parent their child well; and when this was not safely possible, to ensure the child was protected from drift and delay in decision making.

Initial family meetings usually occurred with midwives in the team.

Structured multi-agency parenting assessments were initiated as early as possible in pregnancy.

Pre-birth Planning Meetings with parents and families were held to share concerns, and to agree a plan of action and support through pregnancy, birth and the ante-natal period. The purpose of the meetings was to develop a working partnership with parents, building on strengths, but openly acknowledging risks. If the safest option for the child proved to be adoption, the service would support families and hold the child through this process without having to refer to another team or agency. For unborn babies at risk of significant harm, pre-birth child protection processes would apply and a social worker would necessarily be involved throughout assessment and planning processes.

Persistence: If necessary, the team retained contact with families after birth for months or even years in some complex cases as necessary and appropriate. Independent evaluation indicated that the approach led to improved family engagement with professionals; improved parenting; reduced risk of harm; improved child wellbeing; and improved parental wellbeing. In many instances the relationships developed allowed parents to accept and work positively even when the most difficult decisions were made.

Independent evaluation CELCIS (2015) concluded that aspects of the work which appeared critical to the team's impact included: explicitly evidence-informed, value-based practice with a shared infant mental health knowledge base and approach; co-location; consistent partnership working between health, social work, housing and specialist practitioners; provision of longer-term support; and clear leadership with service vision.

All practitioners in the team required a robust understanding of child development, and a neurodevelopmental and trauma informed approach as well as the skills to share this with parents and family. They also found that they developed a shared knowledge and value base and an understanding of how their roles connect and flexible collaboration became possible (for instance almost 'forgetting' that they were health or social work practitioners).

Parents reported feeling respected, included and well-supported. Some commented on staff skills in communicating with their other children. Team members aimed to 'Hold parents in mind', by trying to understand rather than pass judgement. It was critical that they were open, honest about plans and predictably available.

Persistence of support was valued. A mother, with significant substance misuse problems, had experienced the adoption of her eldest child and at the time of interview, her second child had just been placed in foster care. She commented: *"But the Early Years Team were on the 'phone on Monday, and that was just after the weekend o' her going away, and then they were on the phone the Tuesday and Wednesday, so they were always there. Totally different."* (Mother, interview) The support needs of some parents who have had early adverse experiences or who have been traumatised by disrupted care experience and loss of other children must be recognised. Persistence may be necessary.

Wider service providers were of the view that the team improved outcomes for children. The consultant obstetrician reported to CELCIS that the Early years Assessment Team was effectively linked to the maternity department and many of the most vulnerable parents. *"…These links work equally well between the hospital and community. There is very thorough feedback from case conferences and most importantly of all, an individual care plan put together for each parent."*

Challenges and barriers include sustaining investment in preventative work during a period of austerity; developing trusting relationships within compressed timescales; public and media challenges of social work in the pre-birth period, whether 'too little to late' or 'too much too early'.

Tests: Decision makers, hearings, and courts must test evidence for recommendations about best interests. There will always be a struggle to get proportionate early intervention right for each unique child in context. The following recommendations form part of the answer.

Recommendations for effective practice

- co-ordinated multi-agency practice, teams and tools are essential when there is a complex interaction and intersection of risk and need that could lead to significant harm
- check understanding with parents and family at every stage in assessment, support planning and review
- recognise the assets and potential of both parents and extended family
- focus on the experience of the baby, inextricable though this may be from early attention to parental needs, experience and decisions
- ensure staff have training and supervision that integrates consideration of values, knowledge base, application of agreed frameworks and partnership working
- identify and work with parents, step by step, offering both practical and emotional support
- build professional relationships during pregnancy, based on honesty and transparency about how progress is reviewed
- give consideration to development a of concurrency planning model to ensure structured and resourced support for parental change so that they can care for their child; and so that when this is not possible, the child can then remain with their alternative carers
- do everything possible to find alternatives to imprisonment for pregnant mothers. For mothers who are in prison at the time of giving birth there must be support for them to care for and remain with their babies as long as possible where it is safe to do so, as stressed by the Independent Care Review (2020)
- **consider developing a consistent pre-birth assessment framework in Scotland**

Positive developments

- Family Nurse Partnership - a family nurse's perspective: 10 year anniversary
- Love R, McFadyen. Mapping of parent-infant intervention and support services in Scotland (2020)
- NSPCC/Glasgow Infant and Family Mental Health Team (GIFT) (New Orleans Model of multi-disciplinary assessment and treatment)
- The Women and Families Maternal Mental Health Pledge (2020)

References

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Acknowledgements

Linda Davidson: Permanence Consultant, CELCIS, University of Strathclyde, May 2021

4. Early support in pre-birth child protection, using family group decision making

Purpose of this practice insight

This practice insight arises from learning in a local authority service and illustrates the potential of Family Group Decision Making (FGDM) within pre-birth child protection. A companion practice insight provides a perspective on inter-agency pre-birth support and assessment.

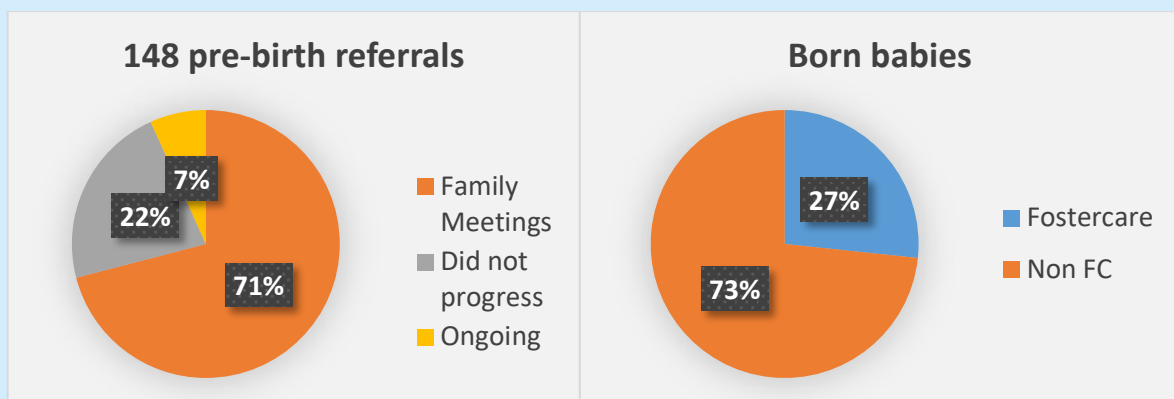**Rights**

From the very beginning (in the Preface) the United Nations Convention on Rights of the Child (UNCRC) associates protection of children, including pre-birth with the *"necessary protection and assistance for families."*

The Independent Care Review recommended that, *"Family group decision making and mediation must become a much more common part of listening and decision-making."* (The Promise, 2020, p34).

Context

The City of Edinburgh Family Group Decision Making Service has evolved over 16 years. It was extended in 2014 in order to provide a focused service for vulnerable babies who may require accommodation at birth. There has been a steady increase in the number of babies accommodated away from family on discharge from hospital. A high proportion has been at risk from parental substance use. There were 148 referrals to the FGDM baby service between April 2018-March 2019, a rise of 52% from 2017-18. Outcomes from these processes are represented below. Previously, barriers to referral include concerns that FGDM processes could compromise safety or the finding of foster care. Now there is a broader understanding of the need for independent help in early, pro-active exploration of family strengths and facilitation of planning in partnership.

148 pre-birth referrals

- 7%
- 22%
- 71%

Family Meetings
Did not progress
Ongoing

Born babies

- 27%
- 73%

Fostercare
Non FC

During the COVID-19 pandemic, numbers referred for family meetings have continued to rise. Online preparation and conduct of family meetings have occurred. In the past, referral for FGDM often arrived too near to the time of delivery to allow thorough exploration of family support or kinship care.

FGDM features

- FGDM co-ordinators are independent of responsibility for assessment
- they approach, invite and carefully prepare with participants for a meeting which should include family network members, professionals and advocacy workers (if involved). In short - those essential to forming a plan and making it work
- within the FGDM meeting or meetings, family participants have private time in which to shape and recommend the plan for a child
- the final stage within the family meeting should produce a collaborative agreement or recommended plan between those who care about and those who have professional responsibilities towards the child
- the plan recommended through the FGDM process can inform the inter-agency Child Protection Plan agreed at a child protection case conference/child protection planning meeting
- FGDM is a vehicle for listening and practical partnership. It does not absolve statutory services from thorough, step by step inter-agency assessment
- ratified plans must be safe and realistic; based on known strengths; teamwork; and observed progress in relation to risks
- supports (professional and family) and contingencies must be carefully considered

A mother's story: Azaria was young and had been using heroin and crack for several years, funded by begging. Azaria was in crisis early in pregnancy, feeling pressured towards a termination following the advice of one professional that her baby would inevitably be taken in to care. However, a specialist encouraged Azaria to consider FGDM and made the referral. This is Azaria's account:

"From the start when I met the co-ordinator, I thought this was going to be a good idea to involve both mine and Alec's family. I knew we would need support around us. I then got a Social Worker who really worked with me. I was seen as a real person. When we had a family meeting it was the first time our families had ever met. They instantly connected. Their focus was about the baby. I was anxious about how things would go. I had no idea how they would be in a meeting with social work. I knew my mum and knew how she would be but I worried about us being blamed. The room felt quiet and safe. It made such a difference. There was food and coffees. I felt it was much more our meeting although the Social worker was there. We could take breaks… it was informal. We were all involved. We talked a lot and talked openly. We weren't being told what to do… we were coming up with a good plan to take to the case conference. I felt like person… A bit more confident… In other meetings you can come out feeling low… Feeling judged. I knew that my baby would be placed on the child protection register…although devastating, I was prepared for this and understood why.

On my 28 weeks scan I stopped using drugs. My mum came with me. I could see my baby. This was real. I needed to sort myself out. My partner stopped 2 days after. We were all very clear that the success of the plan depended on us being drug free. We agreed that we could live with my mum after our baby was born to make sure that she was safe and that we were coping. And we knew our baby wasn't going to be taken away from us if we stuck to the plan that we created. Having this family meeting meant that the Social Worker could really see our families and see the support that was around us. Relationships with the professionals around me were so important and I believe that had this not been the case I would have possibly lost my baby because I would have felt hopeless. I would have continued to use. I would have struggled with contact. I could never have coped seeing her and managing my drug use. This would have meant I would never have managed rehabilitation. I have been clean for 2 years. I have my daughter, my partner. SW have closed the case. I am working with the council as a mentor and a volunteer."

Independent Care Review 2020: The components of the FGDM approach are strongly advocated within the Promise as a means to *'explore the breadth and consequences of decisions about where children should live'*. The features of FGDM that worked for Azaria, tally with the recommendations of the ICR. The language of family support must be plainly understood by all involved. Support should build on family assets; be community based; responsive and timely; flexible; and empowering of the participation of children and families. Support should be holistic and relational, with therapeutic input where needed, for example for parents and children impacted by trauma. Support should be non-stigmatising; patient, persistent and underpinned by children's rights. For some families, support will be a long-term commitment. While FGDM services are not equally accessible across the country, the effective components of this rights-based approach are of broad relevance and congruent with the Getting it right for every child National Practice Model.

Resources and references

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- Mitchell M,Ali S (2020). Adaptive Family Group Conferencing practice: keeping families at the heart of decision making during COVID19, Social Work 2020 under Covid-19 Magazine, edition 5.
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Acknowledgements

5. Domestic abuse informed practice in child protection

Purpose of this practice insight

This practice insight contrasts pitfalls and positive indicators in systems and practice that support families with children affected by domestic abuse. While they are not consistently accessible across Scotland, the Safe & Together Model and the Caledonian System are introduced here to highlight aspects of domestic abuse informed practice in protection of children.

Survivors, usually mothers, are too often held responsible for the impact of domestic abuse upon their children. There has been a tendency to focus on their decision making, rather than the perpetrator's pattern of coercive control. They may be pressured to show that they are protective by carrying out drastic actions like moving home, ending the relationship or calling the police. However, the steps they are already taking to keep their children safe, to help them heal from trauma or to provide stability and nurturance often go unrecognised. At the same time there is often a lack of a systematic approach to holding perpetrators accountable for domestic abuse and for their role (usually as fathers).

Rights

The United Nations Convention on the Rights of the Child (UNCRC) requires Parties to protect children from all forms of physical and psychological violence (Article 19.1).

The Promise has acknowledged that in Scotland there is *"…still some way to go to adopt the principles of supporting families, supporting the victim (mainly mothers), working with perpetrators to understand patterns of abusive behaviour and ensuring the perpetrator is held to account."* (Independent Care Review, 2020, p54).

Examples of responses to gaps in systems and practices which can reduce risk of harm to adult and child survivors and make it easier for them to access support.

When the child's

- experience and concerns about their behaviour are understood in the context of trauma from domestic abuse

When survivors

- are not portrayed as having the power to stop abuse by making 'better choices'
- are not expected to separate, move home, seek protective orders
- are not judged without assessing of the impact of coercive control
- are recognised for their protective actions

When perpetrators

- are engaged, assessed or held to high parenting standards
- take responsibility for attending meetings or appointments
- are subject to any plans which evaluate real change in behaviour

When practitioners

- recognise the perpetrator's behaviour pattern in current and past relationships
- recognise the influence of the perpetrator's behavioural patterns on survivors' mental health/substance use
- do not assume that referral to substance abuse services will stop the perpetrator's abuse
- evaluate the pattern and impact of each partner's behaviours, and do not see violence as 'mutual'

When training is provided

- in how to work in a domestic abuse informed way
- in engaging with perpetrators
- in practical components of assessment, interviewing, documentation and case planning

Domestic abuse informed practice and systems

A perpetrator pattern-based approach is applicable, regardless of whether the perpetrator is engaged or not.

This means that:

- the perpetrator's abusive pattern of behaviour is a choice and is the source of the harm caused to children
- the perpetrator is held responsible for their behaviours and choices
- abusive behaviours and their impact are defined and described
- standards for men as parents are clear and child centred

A perpetrator pattern-based approach can help reduce the influence of race, class and ethnic stereotypes and firmly attributes responsibility for harm with the perpetrator.

The Safe & Together Model and the Caledonian System

The core principles of the **Safe & Together** model:

- keep the child safe with the non-abusive parent;
- form a supportive partnership with the non-abusive parent; and
- hold the abusive parent accountable for their abuse.

The **Caledonian System** consists of an integrated programme of:

- behavioural change for men
- partnership, support safety planning and advocacy services for partners
- support for children

The Caledonian System is accredited as a court-mandated programme but the model can also be delivered on a non-court-mandated basis. Both approaches characterise domestic abuse as a choice and require assessment of patterns of coercive control. Accredited as the national programme for Scotland, the Caledonian System is available in 19 local authorities, covering 75% of the population.

The Caledonian system is congruent with the Safe and Together approach in the following ways:

- work with the non-abusive partner is characterised by respect for the survivor's decision making, validation of their strengths and protective efforts and collaborative safety planning
- appreciation of survivors' choices and decisions depends upon understanding of the perpetrator's pattern of abuse
- it is an essential facet of the programme that the meaningful changes needed and expected are measured
- not all men who are offered the opportunity to change will do so. Not all will become better fathers

The example below illustrates the introduction of relevant principles.

Case extract

Marketa and her partner, Aleksander have two children. Agata is aged seven and Jan aged five. A Multi-Agency Risk Assessment Meeting co-ordinated by the police had previously assessed Marketa to be at high risk.

Case notes for all members of the family revealed Aleksander's pattern of coercive control. He had punched Marketa in the face on two occasions. He had often shouted aggressively at Marketa, called her names, banged and kicked doors, walls and shelves, and had threatened to cut her throat. Both children had seen these incidents and their toys had been damaged. On one occasion, Aleksander had thrown a mobile phone at Marketa. It hit Jan on the head. Marketa described a range of controlling behaviours by Aleksander. He timed her when she went to the shops and did not allow her a key to the house. She was locked in the bedroom with the children when he was drinking. He did not allow Marketa to learn English, in which he was fluent.

A child protection investigation followed an inter-agency referral discussion. The children and families Social Worker was really worried about the emotional and physical harm to the children. He was weighing up whether to recommend removal from the family home. The health visitor said Marketa sometimes smelled of alcohol. Education staff often reported that the children attended school with dirty clothes. The youngest child never had his glasses. The father tended to be the person calling the police after leaving the house with the children during arguments. He presented as articulate, calm and in control. Marketa was often hysterical when the police attended. The focus of multi-agency records was on Marketa's behaviour and perceived failings.

As part of a multi-agency assessment, Sarah, a Caledonian Children's Worker trained in Safe & Together, undertook a 'case mapping', using the Safe & Together Perpetrator Pattern Mapping Tool'. Sarah co-ordinated a meeting between professionals involved. She started by describing Safe & Together principles.

The meeting helped to:

- identify the pattern of coercive control and harm caused to the children
- prompt discovery that this pattern was well established. A records check in Poland revealed that there was an order prohibiting Aleksander from having contact with his children from a previous relationship
- map the way his abusive behaviour accelerated complicating factors including Marketa's anxiety, depression, mental health problems, use of alcohol and chronic financial problems

From the meeting, it became clear that:

- Marketa was striving to maintain stability and routine in the household
- Aleksander's behaviour was directly disrupting family routines
- Aleksander was encouraging Marketa to resort to alcohol
- the children were disruptive in school after crises involving the police
- Marketa tried to protect the children, for example by sending them to the neighbour or putting them to bed early, talking to them about what happened and encouraging them to go to after-school classes

Steps from the meeting

The mapping meeting was a significant step in reframing the inter-agency understanding of the dynamic. It led to a more accurately informed child protection planning meeting and practical decisions about next steps.

Understanding of the children's behaviour was reflected in additional support in school and regular liaison with Marketa. The children and families Social Worker made regular time to meet with the children and begin to develop a first-hand impression of their presentation and experience.

Therapeutic support was continued and adapted by Agata's Art Therapist, who was previously unaware of domestic abuse at home and had cause to review her previous assessment that Agata had ADHD.

The police began to engage with Marketa in order to support her struggle to manage the children alone as it was becoming clear how Aleksander's communication with the police was constantly undermining and condemning her.

These steps were a beginning and all professionals concerned were aware that this could be a period of heightened risk for Marketa as Aleksander may have felt more threatened as the mother and children felt less isolated.

A crucial part of the integrated response was the structured behaviour change work undertaken with Aleksander within 'Respekt', a project which delivers the Caledonian Programme in Polish in a culturally informed way. He engaged with the programme and was expected to identify his pattern of abusive behaviour and the impact of that behaviour on his children, including the way that behaviour undermined Marketa's parenting. He was challenged to rethink some of the attitudes and expectations which underpinned his abusive behaviour and to demonstrate an understanding of what his children and Marketa needed from him as a father.

As an essential part of the integrated Caledonian response, Marketa was offered a Polish-speaking worker. The current child protection plan is for the children to remain living with Marketa.

Overall, the focus of intervention shifted from criticism to support of the non-abusing parent; recognition of the children's experience; and methodical, step by step engagement with the person causing the child welfare concerns – Aleksander.

Practice tips applicable within these casework processes are listed below.

Practice tips

When speaking with survivors, ask direct, non-judgmental questions about the specifics of the perpetrator's behaviours. For example, "What does it look like when he gets angry or is unhappy?" "What does he do or say?" For example, "You said that he isolated her. Can you describe his behaviour?" "What he said or did to isolate her?" "How might that have impacted on the child?"

Conversations about children and domestic abuse should start with mapping the perpetrator's pattern of behaviour.

When speaking to perpetrators as fathers ask direct questions about ways in which his children may have been affected by his behaviour but do not initially expect a full disclosure about a pattern of behaviour. Affirm any accountability he shows and focus on the kind of father he wants to be, the steps he needs to take to get there and what help can be offered.

When there appear to be two violent parents, practitioners can map out the full scope of each parent's behaviours to help them assess who has the control and then move forward to create an informed plan for intervention.

When confronted with a survivor's decision that appears risky or in poor judgment, seek to understand their choices in the context of the perpetrator's pattern and the family ecology. Try asking them, "Why was it safer for you to do that?' It will help survivors to feel less blame and guilt as parents.

Ask yourself and others, 'if we removed the perpetrator's pattern, are we still worried about the survivor's parenting?'

Plans for families related to domestic abuse should include perpetrator behaviour change goals, not just a referral for services. These plans can help other professionals, like Sheriffs or Children's Hearing Panel members, make decisions based on whether the perpetrator has made concrete behaviour changes.

Resources

- COSLA/Scottish Government: [Coronavirus (COVID-19) Supplementary National Violence Against Women and Girls Guidance](#)
- Donagh B (2020) From Unnoticed to Invisible: The Impact of COVID-19 on Children and Young People Experiencing Domestic Violence and Abuse Child Abuse Review Volume 29, Issue 4 July/August 2020 Pages 387-391 https://doi.org/10.1002/car.2649
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- Safe and Together Institute (2020): companion document: the Safe and Together model and domestic abuse perpetrator programmes
- The Safe & Together Model: www.safeandtogetherinstitute.com
- Online learning and resources: https://academy.safeandtogetherinstitute.com/
- Safe & Together Events in the UK: https://safeandtogetherinstitute.com/events-main/europe/
- Scottish Association for Social Workers (2020) Domestic abuse and child welfare: a practice guide for social workers
- Safe Lives/Scottish Government (2020) Domestic Abuse Awareness Raising E-Learning Package (DAART)
- Scottish Women's Aid/CEDAR/Improvement Service (2020) Infographic. The impact of lockdown on children affected by domestic abuse during COVID-19 https://www.improvementservice.org.uk/__data/assets/pdf_file/0020/19190/covid19-domestic-abuse-infographic-3.pdf

Acknowledgements

6. Contextual safeguarding

Purpose of this practice insight

This practice insight introduces the concept of contextual safeguarding. A parallel insight provides a perspective on child sexual exploitation.

Contextual Safeguarding is referenced in Part 2B of the National Guidance for Child Protection in Scotland 2021 and is relevant to specific concerns about forms of abuse beyond the family, including child sexual and criminal exploitation. These areas of concern are outlined in Part 4 of the National Guidance.

Rights

Articles 19 and 34 of the United Nations Convention on Rights of the Child (UNCRC) define children's rights to protection from such harm. The Independent Care Review (Chapter 2), entitled 'Voice', echoes and develops requirements in Article 12 of the UNCRC. In all protective decision making, we must attend to the child's perspective.

Background

Contextual Safeguarding is an ecological and flexible approach to policy and practice rather than an intervention, model or a technique. It fits well with the ecological Getting it right for every child National Practice Model, emphasising the need to understand the child's world. This includes working to understand and intervene to safeguard, when there are harmful interactions between young people, their families, peers, schools, and neighbourhoods, including online. Contextual safeguarding was designed to enhance responses to abuse and significant harm in extra-familial settings, and can add value to various stages of practice including engagement, assessment, planning and intervention as well as prevention.

When a system, service, team or practitioner adopts a Contextual Safeguarding (Figure 1) approach they:

1. **Target contexts** (and social conditions) in which a young person is experiencing harm – for example a high street where they have been groomed into drug dealing, or a school where they have been sexually assaulted by peers. As opposed to only working with the young person and their family to increase parental capacity.

2. **Use a child-welfare, and child protection, lens** in response to extra-familial forms of abuse, and the contexts in which this abuse occurs – rather than solely managing risk in these settings through a community safety agenda.

3. **Form and use partnerships** with individuals and organisations with a reach into extra-familial contexts – for example, those working in retail, parks and recreation, housing, waste management services and education – in order to increase safety.

4. **Measure impact contextually**, to understand if the support offered is increasing safety in the places and spaces where harm has occurred, and going beyond any single individual identified as being affected in that place at a given time.

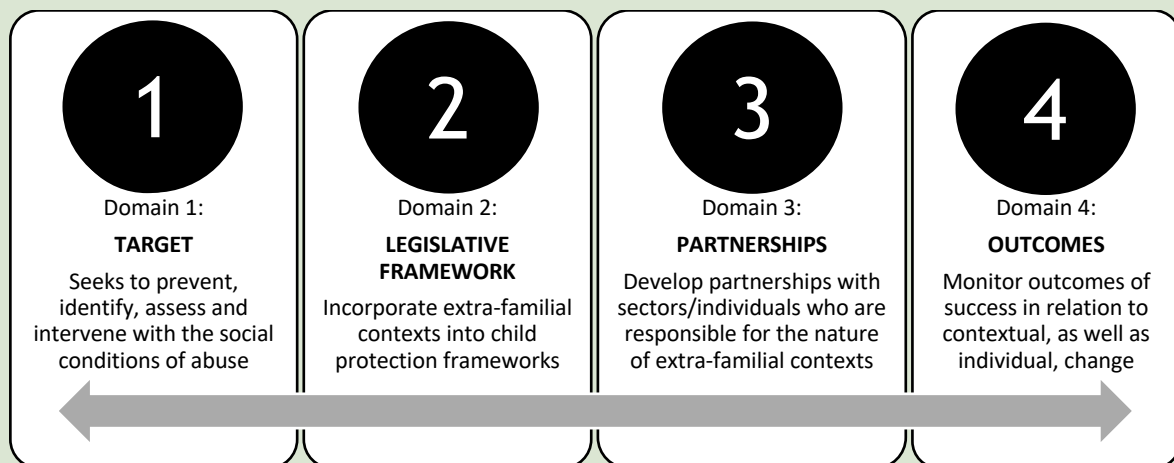| **1**	**2**	**3**	**4**
Domain 1: **TARGET**	Domain 2: **LEGISLATIVE FRAMEWORK**	Domain 3: **PARTNERSHIPS**	Domain 4: **OUTCOMES**
Seeks to prevent, identify, assess and intervene with the social conditions of abuse	Incorporate extra-familial contexts into child protection frameworks	Develop partnerships with sectors/individuals who are responsible for the nature of extra-familial contexts	Monitor outcomes of success in relation to contextual, as well as individual, change

Figure 1. Contextual Safeguarding Framework: Firmin (2017)

This approach to safeguarding can be adopted at two levels (Firmin, 2019).

At Level 1 all opportunity is taken to draw context into work with children and families.
For example, if a young person is stabbed, sexually assaulted, or groomed into drug dealing in extra-familial contexts:

- when they are referred into children's service, the location where they have been abused (when known) is recorded on the referral in addition to their home address logged on the system
- when assessing a young person's needs, practitioners use opportunities to map (Nykaro, 2018) and understand the physical spaces (both online and offline) where that young person spends their time and where they feel safe or unsafe when they do
- mapping informs a young person's plan. If a young person has to travel through a zone they feel unsafe in to meet their worker or attend school, practitioners act to find a safe person for them in that area. Or they begin to raise concerns about the area itself

At Level 2, practitioners identify, assess and respond to the contexts in which abuse is occurring.
They might assess a young person's peer group if abuse has occurred in that context, or protection could be sourced there. Using resources, such as a peer assessment framework (Contextual Safeguarding Network, 2019), practitioners can explore:

- a group's dynamic (who leads and follows, where are the positive relationships, what do they offer each other?)
- the 'guardianship capacity' around the group: their parents, a youth worker, teacher, member of the community or other adult they trust who has a caring investment in the group's needs
- the contexts in which the group spends their time – does their behaviour change depending on where they are?

Such an approach can help practitioners identify the partners needed to increase safety in schools, public places and peer groups, and source collective and contextual solutions.

Levels 1 and 2 run in parallel and inform each other. Consider a situation where multiple young people are identified as being groomed into drug dealing in exchange for marijuana outside a library where they spend time to access free Wi-Fi. The library staff feel unsafe.

- **Identification and assessment:**
  Level 1: The library location has been included on numerous referrals for individual young people in relation to the concerns around drug dealing.
  Level 2: Due to these escalating concerns, practitioners carry out an assessment of the library, and use it to develop a safeguarding plan.
- **Intervention:**
  Level 1: Youth club workers support some individual young people to access further support around substance use linked to their previous experiences of trauma.
  Level 2: A pop up youth club is run in the library to disrupt the use of the space. Training is provided to library staff to engage positively with young people and sustain guardianship.

Outcome: The wider group of up to 80 young people who spent time there feel welcome in the library. The library is hostile to abuse due to increased guardianship.

References

- Contextual Safeguarding Network, 2019. Context Assessment Triangles. Luton: University of Bedfordshire.
- Firmin, C (2017). *Abuse between Young People: A Contextual Account.* Oxon: Routledge.
- Firmin, (2019). *Contextual Safeguarding: A Briefing for ADCS*. ADCS.
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- Hyde M, Gadd D, Grund T (2019). Role of narrative and social networks in thwarting violence and sexual abuse in young people's lives. British Journal of Social Work, 1–19. doi: 10.1093/bjsw/bcz114.
- Nykaro, 2019 *Safety Mapping Exercise*. Luton: University of Bedfordshire.

7. Safeguarding and child sexual exploitation

Purpose of this practice insight

This practice insight should be read with reference to core text in the National Guidance for Child Protection in Scotland defining child sexual exploitation (CSE) and introducing contextual safeguarding. There is also a companion practice insight on contextual safeguarding.

This practice insight suggests ways in which recognition of the conditions which combine to create harm can inform prevention, protection and support.

The conditions for harm from CSE are a product of an interaction of factors, including:

- the source of harm (perpetrators and/or associated place/context)
- a child's vulnerabilities (due to both internal and external factors)
- the limitations of protective systems

Rights

Children's right to protection from all forms of abuse applies whatever the context.

A rights-based approach to protection and recovery from sexual exploitation is fundamentally supported by the United Nations Convention on the Rights of the Child (UNCRC); and specifically Articles 19, 34, 35, 36 and 39.

As reflected in Article 12 of UNCRC, The Promise (Independent Care Review 2020) also expects that children should be *"…meaningfully and appropriately involved"* in all protective planning and decision making.

Children and young people's involvement in strategic and service development is key to rights-based and effective service development. Barnardo's (2021) Complex Abuse and Exploitation Risk Approach (CAERA) Development Project Findings on Professional, Young People and Parent/Carer Consultations.

Age

For the purposes of this practice insight, as in relation to national policy in protection of children from exploitation, 'child' means child or young person up to age 18.

Changing the conditions: the significance of place and local partnership

The three real-life situations below derive from Barnardo's Safer Choices, a specialist service which supports children under 18 who are at risk of, or already experiencing CSE.

1. A parent told Safer Choices that she had reason to believe a busy bus station was a hub for sexual exploitation of children. Safer Choices shared concerns with social work, taxi drivers, travel and retail staff in and around the station. This process raised awareness locally. Barnardo's night-time economy leaflets were distributed[1], alerting recipients to signs of CSE. Local staff were encouraged to report concerns to local police. Safer Choices relayed concerns about specific persons and observations to Police Scotland.

2. Police Scotland shared intelligence with Safer Choices that a number of young women were being sexually exploited in specific hotels throughout Glasgow. Safer Choices supported the young women at initial police interviews. They spoke with hotel staff, encouraging them to report concerns. Night-time economy leaflets were distributed. Concerns were shared with social work. When appropriate, referrals were made to the Reporter.

3. During an evening street shift, Safer Choices workers observed two boys aged around 12/13 years old in an area where the sale of drugs and other criminal activities were a concern. Staff identified themselves to the boys who were anxious and reluctant to talk. The same boys were seen again during the shift. They were being spoken to by a man who then entered a hotel. Approached by Safer Choices workers, the boys claimed they were waiting for an 'uncle'. When the man left the hotel he was observed handing the boys something. They then ran off. Safer Choices shared concerns at the local youth centre and with social work. The identities of both young people were realised. An intelligence report was shared with police because of the probability of criminal exploitation. Police attended the hotel where the man was staying. Hotel staff said they had noted other young people waiting around about the building. The Hotel team took part in an awareness-raising workshop about criminal and sexual exploitation.

In these examples, safeguarding efforts were collaborative, multi-agency and proactive. 'Disclosure' is not necessary in order to engage in this way to reduce risk. The incentives for young people not to tell can include a mixture of fear, peer pressure, loss of material reward and recognition, emotional need and manipulation of relationship. They may be affected by other forms of abuse and neglect. Each individual will have their own experience of 'choice'.

[1] https://www.celcis.org/knowledge-bank/search-bank/nightwatch-cse-materials/ and https://www.celcis.org/knowledge-bank/spotlight/child-sexual-exploitation/

Indicators of positive practice

- seek to engage and listen rather than judge choice
- recognise the choices from the perspective of each child
- try to understand how an individual experiences peer relationships
- help young people navigate or steer clear of risks they recognise
- provide information in plain language. Explain roles and processes
- acknowledge feelings of isolation, fear and powerlessness
- recognise elements of excitement, affirmation and reward
- listen to local community/business outlets about places of risk
- be responsive and informative about potential risks in local areas
- be proactive in collaborating with police, social work, education, voluntary agencies and the private sector
- be prompt and thorough in sharing concerns about risk of harm
- guard against general assumptions about racial or cultural communities
- be aware of the limitations of 'tick box' risk assessments
- be alert to the possibility that the same children may have been subject to transitory risk assessments more than once
- provide 'return discussions' for children returning from a missing episode in line with the National Missing Persons Framework and local agreements
- work together to 'join the dots' and disrupt opportunities for exploitation
- appreciate that every service within such a safeguarding partnership will bring their own expertise and access to the context of concern. Every service can make a significant contribution to local contextual responses

Insights from 16 Barnardo's UK services during COVID-19 'lockdown'

- 'sources of harm' keep in contact digitally, face to face, through family
- children are being targeted online and are spending increased time online
- children with regular missing episodes are not always reported due to reduction in school contact, family capacity or choice
- risk is accentuated when there are fewer people around in public places
- children who do not already have a relationship with staff are less likely to use virtual support; and conversely, those with trusting relationships are using virtual support well
- children living in households where abuse or experience of domestic abuse is occurring are even more isolated than before
- children who do not want to be 'returned home' are spending time at locations which they will not share
- reduced contact with children and families reduces the depth of information that professionals can share at virtual multi-agency meetings
- consider: what does it mean for a child if staff are using the same media platform to contact them which they have been abused through?

Conditions enabling children and young people to share their experience[2,3]

Staff

- recognise signals of the need to tell
- provide opportunity to tell: ask and provide a safe space to talk
- give an accepting and caring response, especially when shame is experienced

The child

- retains a feeling of choice and control of the process
- recognises that the abuse is not 'normal'
- has access to someone trusted or perceived as safe/trustworthy
- expects to be believed by parents and friends
- believes that something can be done and that the benefits of telling outweigh the costs, especially in the face of threats from perpetrators

[2] Brennan E et al (2020). What helps children tell? Child Abuse Review Vol 29, 2020.

[3] Special Issue, Addressing Child Sexual Abuse and Exploitation: Improvements in Understanding and Practice: Child Abuse Review, Volume 28, Issue 6. 2019.

Working together to prevent CSE in Scotland

- A multi-agency approach is needed in appreciating children's evolving use of technology and the relevance to forms of CSE. Parents, schools and specialist services all have a preventative role to play in helping raise awareness of risky digital behaviours, especially communicating about sexuality with adults. Girls (13–17 years) tend to be at higher risk for online sexual exploitation (than younger children or boys) and those experiencing other forms of conflict, distress or abuse offline tend to be more vulnerable online. Very few online perpetrators are complete strangers. Grooming may be gradual. Some victims feel they are in a special relationship with the abuser[4].

- The NSPCC website is amongst those which recognise that abusers may be known to the victim[5]. The NSPCC Speak Out Stay Safe schools programme delivers sessions to primary schools.

- Stop It Now! Scotland[6] developed the Upstream online resource in 2019, as a primary prevention toolkit, supporting learning, early identification and the prevention of child sexual abuse and child sexual exploitation.

- Education Scotland provides guidance on issues, practice and approaches to safeguarding those at risk of CSE[7].

- Police Scotland have completed two campaigns targeting perpetrators of online CSE, both including a call to action for those offending online, or thinking about offending, to seek help by contacting Stop it Now! In April 2020, Police Scotland launched a third campaign targeting online perpetrators of online CSE. The campaign is called 'RealWorld' and is a short film to demonstrate that grooming a child online is no different to grooming a child offline. The link at #GetHelpOrGetCaught again directs those offending or in danger of offending to seek help from Stop It Now!

- Legal developments: once commenced, the Abusive Behaviour and Sexual Offences (Scotland) 2016 Act will provide for the creation of Sexual Harm Prevention Orders (SHPO) and Sexual Risk Orders (SRO). The test of 'serious sexual harm' in existing provision will be replaced. A court will be able to grant a new order if it is satisfied that it is necessary to protect a person from 'sexual harm'.

[4] Wurtele S, Kenny M (2016) Technology-Related Sexual Solicitation of Adolescents: A Review of Prevention Efforts. Child Abuse Review Vol. 25: 332–344.

[5] https://www.nspcc.org.uk/keeping-children-safe/online-safety/

[6] https://www.stopitnow.org.uk/stop-it-now-scotland/upstream-online-resource/

[7] https://education.gov.scot/improvement/learning-resources/safeguarding-child-sexual-exploitation

Organisations addressing CSE in Scotland

Action for Children
https://www.actionforchildren.org.uk/

Barnardo's Scotland
https://www.barnardos.org.uk/

Child Protection Committees Scotland https://www.childprotection.scot/

Childnet
https://www.childnet.com/

Children 1st
https://www.children1st.org.uk/

Crime Stoppers Scotland
https://crimestoppers-uk.org/

Education Scotland
https://education.gov.scot/

Fearless Scotland
https://www.fearless.org/en

Missing People
https://www.missingpeople.org.uk/

NSPCC and Childline
https://www.nspcc.org.uk/

Police Scotland
https://www.scotland.police.uk/

Rape Crises Scotland
https://www.rapecrisisscotland.org.uk/

Report Harmful Content
https://reportharmfulcontent.com/

Stop It Now! Scotland
https://www.stopitnow.org.uk/stop-it-now-scotland/

The Internet Watch Foundation
https://www.iwf.org.uk/

The National Crime Agency
https://www.ceop.police.uk/safety-centre

The Moira Anderson Foundation
https://moiraanderson.org/

The Scottish Violence Reduction Unit
http://www.svru.co.uk/

The South West Grid for Learning
https://swgfl.org.uk/

The UK Safer Internet Centre
https://www.saferinternet.org.uk/

Woman's Support Project
http://www.womenssupportproject.co.uk/

Young Scot
https://young.scot/

Youth Link Scotland
https://www.youthlinkscotland.org/

8. Familial child sexual abuse

Purpose of this practice insight

This practice insight builds on the definition of child sexual abuse in Part 1 of the National Guidance for Child Protection in Scotland 2021; and provides insights into familial child sexual abuse through the eyes of a child. It aims to highlight some aspects of practice which would benefit children, young people and families who have experienced sexual abuse.

Rights

The United Nations Convention on the Rights of the Child (UNCRC) Article 19: *"States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."*

UNCRC Article 34: *"States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse."*

UNCRC Article 39: *"States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse…. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child."*

The Promise: *"Children want to be loved, and recovery from trauma is often built on a foundation of loving, caring relationships"* (Independent Care Review, 2020, p8).

When a child discloses child sexual abuse to you

Familial sexual abuse refers to child sexual abuse that occurs within a family environment. The abuser will be related to the child – directly or indirectly.

Child sexual abuse within a family is rarely an isolated occurrence and often by the time the child has the courage to disclose, the abuse will have gone on for some time, often years. Sharing experience of abuse is a process, rarely a single event.

Children who have been abused within a familial setting often feel conflicted about speaking out for a number of reasons such as the abuser getting into trouble, they sometimes feel it's their own fault, they may worry about what will happen to their family if they speak out. In addition, familial abuse can confuse a child into believing the attention they receive from their abuser is normal. It can also cause the child to feel they are betraying their family if they speak out.

If a child discloses familial abuse to you, firstly you should feel privileged that the child has trusted you with their secret. Your actions and support thereafter are critical in helping the child through the next steps and here are some considerations to support you to do this:

- The child will be worried about what happens next. Showing care and compassion and letting the child know they are believed will be the first step. Try to remain calm, don't appear shocked or worried and if possible, take note of exactly what the child said to you.
- Asking the child detailed questions should be avoided. This will come later. However, there are some key considerations, which it may be possible to establish in the course of listening, which are likely to assist an effective and supportive child protection response, such as:
    - **Who is the abuser and what relation are they to the child?** What does the child say about the person's role and involvement in the child's life?
    - **When will the child see the abuser next?** – the child might be worried about seeing the person soon or at a certain time. This will affect what needs to happen and how quickly to make the child safe.
    - **When did the abuse last happen?** – the child may share an experience that has occurred very recently and that will affect considerations about the need for medical examination.
    - **Does the abuser have access to other children?** – if the child shares that other children are involved this is relevant to consideration of protective measures for other children.
    - **Does anyone else know about the abuse?** – is there an adult person in the child's life who can support them? It may be that the child relays that an adult has been told about the abuse and yet has taken no further action.
- We know that children who disclose want to be kept informed about what will happen next. Explaining to a child what is going to happen; why; and when, can help build the child's trust and help them feel they have some control of the situation.
- Depending on the circumstances and risk assessment, the child protection response may not be the same day the child discloses. If this is the case, then an explanation to the child will help reduce the anxiety of wondering what is going to happen.

The Child Protection Investigation: the experience of children and families

Part 3 of the National Guidance outlines stages in child protection processes and explains the link between inter-agency referral discussions and Joint Investigative Interviews. Police Scotland and Social Work Scotland are working in partnership with the Scottish Government to develop a new Scottish Child Interview Model, which should remove the need for children to give evidence in court and so reduce the potential further trauma for child victims and witnesses.

For those supporting a child, as for those undertaking interviews, it is important to be aware that use of prompts that suggest answers. For example, suggesting a certain person was involved or did a certain thing could well compromise an investigation. At the same time children need to feel that the adults supporting and listening to them can be trusted not to avoid the subject and are able to listen calmly and accept that which they need to share and yet may fear sharing.

Children are more likely to share with a person whom they experience as interested in and caring about them, their lives, their perspective and their wellbeing.

Children often choose to confide in friends first. Sometimes concerns arise through friends and in the context of peer relationships. The relevance of place and context (to prevention, assessment, safety planning and support) is introduced in companion practice insights on a contextual approach to safeguarding and protection from child sexual exploitation.

The child protection process can be confusing for parents and carers. Those who are not 'accused' of harm may be left with a sense of having done something wrong. They need clear explanations in advance (repeated as necessary), about roles and each stage in child protection processes; practical help and advice about interviews, medical examinations or meetings; understanding; and support to navigate the unfolding impact of processes for both for themselves and for the child. Parents also really value being given the opportunity to ask questions.

For practitioners there are some common themes in helping reduce anxiety and increase a sense of safety by giving children and parents a sense of:

- understanding about what is happening
- being heard and understood
- awareness of choice
- emotional, physical and personal care
- awareness of the need follow up support (see below)

Isla's experience of telling her story

Isla had the courage to tell about her abuse. The abuse stopped, but the events following disclosure had a devastating impact on her overall sense of wellbeing. Here is an account of how this felt, spoken as if being told by Isla, although this is shared by her support worker.

'When I was nearly 11 years old I told my mum, what my uncle was doing to me. I think it started when I was about 7. I was really scared to tell because I didn't know what would happen and I was told not to tell, or he'd hurt my little brother and do other bad stuff.

That was a long time ago now, over two and a half years. There was an investigation. I had to talk about what happened to me. It was horrible talking to strangers about all those things. It made me feel very bad. The police talked to my uncle and he was charged because of what he did to me, although he tells everyone that he didn't do it, and that I lied. I had a long wait until there was a trial. Every time we thought it was going to happen it was stopped. It was stopped 3 times and I felt sick and scared every time the trial date got near.

Everyone says it was right to tell but things got even worse for me after that. We found out that my uncle abused other kids, but my aunty doesn't believe me or them and we don't see her anymore. I really miss my aunty. Things are not the same, she doesn't speak to me and my family at all. They live close to us and I hate going out with my friends in case I see him. It's been in the local papers too so I'm scared people will work out it's me. I feel so ashamed.

Since I told, I can't concentrate at school and it got so bad that sometimes I haven't been able to go to school at all. I've missed loads of work, I'm really behind now. I have nightmares and daymares and weird thoughts and feelings. I feel horrible inside, I hate myself. I cut myself to feel better, but people get upset. Then I think I need to get out and stop it all, but I've taken tablets lots of times and only ended up in hospital.

I don't like seeing my friends anymore, but I go out anyway and do all the wrong stuff but it's not on purpose. I keep getting into trouble, but I don't know why I do it. Other people have tried to hurt me like my uncle did. I don't know why this is happening it must be my fault.'

Things that alerted a school nurse to Isla's need for follow up support

Isla felt guilty about the impact that telling her mum about the abuse had on her family contact.

Isla began to move away from positive friendships and was **drawn into friendships that led her to be unhappy.**

Isla began to feel that she was to blame for everything that happened to her, that she was bad.

Isla **was less able to make good choices or say no.** She was seen to be making unsafe choices and began to 'get into trouble' in her local community.

Isla was **showing signs of distress** in how she was managing her peer friendships and in school.

Reflections on Isla's story and what can help young people in Isla's situation

School support: Isla told her mum about her abuse when the time was right for her. She found herself in a crisis. She felt she was no longer able to cope. At that time Isla was 'acting out' and being destructive in school, although no-one had asked her why. Once they knew about her disclosure, her school were really supportive and understanding of her circumstances, despite her frequent absences.

Therapeutic support: Isla responded really well to being offered recovery support. She connected quickly with her worker and began to share her worries and fears. The advice that the worker would give to professionals who investigate cases relating to young people like Isla, is that it is important to consider their need for follow-up support.

Assessment of wellbeing: assessment of the need for follow-up support should not be based upon whether the child has been able to make a full statement or whether there is enough evidence to press charges. Take time to consider how the child is presenting in other areas of their life, such as relationships with their immediate family, parents and carers, their friendships and with their peers, in school and out in the wider community.

Relational practice: children often use adult's reactions to determine how much or how little to share about their experience of abuse. If this is not favourable then this may inhibit them for sharing anything further about this. Equally, they need trusted adults to recognise when they feel distressed and need to speak with them. A focus on relationships is central and agencies should consider "the need for developing protocols for asking children directly about their experiences to help them to disclose if abuse has occurred"[1].

Participation: helping children speak out can be further strengthened by creating cultures in which children are listened to and participation is embedded in agencies' decision making processes[2].

Whole Family Support: sexual abuse within a family can have a devastating impact on family relationships. Parents, carers and siblings of the child often need support to think about what this means for their contact with family members and how to keep safe. Family members often experience feelings of shame and guilt.

Parents and caregivers will have many questions. How could this happen secretly in their family? The family may experience conflict. The recognition of sexual abuse of one child may trigger recall of familial abuse for other family members. Family members may need time to talk about, reflect on, understand and consider the current situation and their own unresolved issues.

Family assessment: a child protection assessment and plan may have to take into account the capacity of a non-abusing parent or carer together with other family members to parent and to offer supervision and protection. It is beyond the scope of this insight to outline such assessment, which will necessarily take into account the interaction of factors such as individual capacity, coping strategies and stability; recognition of harm; ability to empathise with the child; available supports; ability to work together with professionals around the child within agreed plans boundaries; with sufficient confidence and authority.

Children who are looked after and accommodated after sexual abuse: disclosure of familial sexual abuse can lead to family separation. Some children find themselves being placed apart from their family on grounds of safety. This may be as difficult for them as the abuse itself. *'Removing a child from their family creates trauma for the child, the family and the community'* (Independent Care Review 2020). When the decision is made that a child needs to live outwith their family home, care must be taken to ask the child about who they need and love and want to see. Each child needs a plan that supports relationships crucial to their wellbeing; and which balances the need for connection against probable risks.

The need to feel loved and in touch has been further complicated during the COVID-19 pandemic. Collaborative and creative planning to support the relationships of looked after children now has to factor in public health imperatives for each child and every person affected by direct contact arrangements. https://socialworkscotland.org/publication/connections-for-wellbeing/

Support in school: a compassionate approach to the reason behind her absence helped Isla reduce the pressure and likelihood of self-harming to cope with the stress associated with school attendance. Like Isla, some children find that they are not emotionally settled enough to be able to focus and learn within a class environment. Other children find that they benefit from the distraction of school. Many others are too hyper-aroused to be able to focus. What matters is that each child's needs in relation to school are considered following disclosure of sexual abuse, so that support can be put in place to ensure that disclosing abuse does not lead to a child feeling they are being blamed and unsupported by their school.

Support with self-image and self-esteem: children who experience sexual abuse invariably have low self-esteem, affecting relationships, especially with peers. Isla was drawn into friendships that proved to be less safe. These provided a degree of comfort to her. Grooming processes can make it hard for children to make positive choices, or to say no in situations that may be risky. It may take time for a child to feel that although they felt powerless within previous abuse, they can now make choices. Some children seem to believe that they deserve to be hurt. They need sustained help to grow the relationships, skills and self-belief that builds resilience and hope.

Understanding the child's perspective: some children do not identify with the term 'vulnerability'. On the contrary, the impact of abuse can leave feelings of responsibility or complicity in abuse by others. Feelings of shame, guilt, self-hate and confusion may occur, as may distressing physical and psychological symptoms such as nightmares/flashbacks/body memories. It is important that children feel engaged in any protection plan and that they have control and agency as far as possible. Support with safe friendships and relationships: the experience of abuse can accentuate vulnerability to further predatory behaviour. This is due to multiple factors resulting from: loss of innocence, trust, self-worth. A relationship with a trusted professional provides an opportunity to support the child, (and support parents and carers to support the child) to keep themselves safe from further abusive and predatory behaviour, including online.

Support with self-care: self-harming is sometimes associated with despair and urgent need for care and attention. For Isla this was connected to the abuse and to the process of investigation. A protracted legal process and public reporting caused Isla significant additional stress. She sought relief through self-harming. Investigative and criminal processes can cause trauma and they hold the child in continual connection to the abuse.

Sibling sexual abuse: Isla was abused by her uncle. Sometimes abuse occurs between siblings. This has an impact on every relationship in the family. Interventions often focus on either the child 'victim' or the child who has 'caused the harm'. Support and therapeutic work should consider the family as a whole and each child and adult's distinctive needs. Safety planning should take place in partnership with parents, children and statutory agencies.

[1] Brendan E, McElvaney R 2020. What helps children tell? A qualitative meta-analysis of child sexual abuse disclosure. Child Abuse Review: 29(2):97-113. https://doi.org/10.1002/car.2617

[2] Attensi/Innovate UK (2020) Learn to navigate difficult conversations with children about abuse with 'Talk to Me' | NSPCC Learning

Note

Isla's case study is composite, provided by a recovery service which has supported many hundreds of young people who have survived sexual abuse, including familial abuse. The specific details of Isla's case study have been compiled by experiences of a number of different young people, to create a realistic scenario from which to draw key points for practice learning, whilst protecting the anonymity of all the young people supported by the service.

9. Equal protection, child protection and cultural competence

Purpose of this practice insight

This practice insight provides a view of 'cultural competence' where there are concerns about physical abuse of children. The content follows community and social work engagement with African families who had experienced child protection processes in Glasgow.

Rights

The United Nations Convention on the Rights of the Child (UNCRC) preamble takes *"...due account of the importance of the traditions and cultural values of each people for the protection and… development of the child."* Article 2 requires Parties to respect and ensure all Convention rights, *"without discrimination of any kind."*

The Promise emphasises that when children are safe in their families and feel loved, they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way. Within statutory processes, children must be *"…listened to, and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need."* (Independent Care Review, 2020).

Context

The [Children (Equal Protection from Assault) (Scotland) Act 2019](#) took effect on 7/11/20, as outlined in the section on Physical Abuse in Part 4 of the National Guidance for Child Protection in Scotland. This Act removes the defence of 'reasonable chastisement.'

The aim of all services working together is to shift social attitudes and behaviours about physical discipline in families and communities where this is necessary. Children may experience trauma even when no physical injury is caused. The risk of later emotional and behavioural problems increases with persistence of physical abuse. Risk of harm is compounded when physical abuse combines with other forms of maltreatment such as neglect or witnessing of domestic abuse. Every situation has distinct components and risk factors.

While all children need to be protected with cultural awareness and respect, cultural competence must be part of, rather than a deflection from, the child's needs and experience. The protection of children from physical abuse is equally pertinent to all cultures, faiths, income groups, ages and localities.

Support for families should be practical as well as understanding. Alternative discipline strategies and parental self-management strategies may be features in successful support.

What are features of 'cultural competence' in child protection?

- recognising that we all participate in multiple cultures linked to our ethnicity, nationality, social class and other aspects of our identity
- knowing, learning about or seeking advice on the culture and/or faith by which the child and family live their daily life – including from the family themselves
- being self-reflective about how one's own cultural background impacts on your practice
- appreciating how each family understands and will respond to your role
- being culturally sensitive while keeping focus on the child's experience and potential harm
- developing knowledge of local services, cultural and faith-related supports

The example below considers how the concept may apply in practice. Two practice tools provide prompts which help to bridge principles and practice:

- *"A Framework for Cultural Competence"* aids exploration of the reason for referral and what the practitioner's role means with each family in context. Professional curiosity is encouraged. Practitioners should be aware of the way in which their own fears, for example about being accused of racism or disloyalty to someone of the same cultural background as their own (Lord Laming 2003) and assumptions, affect engagement and use of authority
- the *"The Two Houses"* prompts exploration of how a person's earlier cultural experiences shape their current identity, beliefs and parenting

Practice considerations/example

Child protection concerns about physical abuse of children lead to a response without delay in order to prevent further harm. However, a procedural response that reacts to the "what" without considering the "why" can be harmful in itself to children and their families.

Example:

Social work services receive a referral of an alleged physical assault by a parent on their child. An inter-agency referral discussion (IRD) follows. This includes consideration of the need for a child protection investigation and immediate action to protect the child.

This is due to the risk of potential further harm and ongoing enquiries conducted by Police. Safe care arrangements are determined necessary. The child (and other children in the household) are separated from the parent and placed with an extended family member (an aunt, identified by the parents), whilst a child protection investigation progresses.

During investigation the child refers to being "beaten". The parent advises that they are "training their child" by doing so. Further checks highlight that the aunt with whom the children have been placed is not a family member. She is someone whom the family know in their community. Concerns about physical abuse are compounded, by a suspicion that the family are being deceptive, about the 'aunt'.

A culturally competent response to the same scenario might prevent premature assumptions and actions.

In the course of information-gathering by the social worker in order to inform an assessment and view about risk of significant harm, the Social Worker uses the "Framework for Cultural Competence" or "The Two Houses".

In this example the Social Worker learns that:

- the family moved to Scotland recently from a town in Nigeria
- the love between both mum and dad and children is evident. Parents appear strongly motivated to be "good parents"
- the family has not previously been known to services; there are no known other risk factors – with particularly positive reports from schools highlighting strong promotion of education, excellent attendance, good parental engagement with the school etc.
- in their country of origin, it is a parent's duty to raise your child appropriately and physical discipline ("beating") is a culturally normal and acceptable method of parenting – a teaching about consequences that has been traditional in many cultures. In this context, to "train" your child means to raise your child
- "Auntie" is a term of respect in Nigerian culture (albeit, not universally). It is normal to refer to a woman older (and therefore considered wiser) by the prefix Auntie and is disrespectful not to. There was no intention to deceive the Social Worker – there had been a cultural misunderstanding
- the parents were not aware of the law, policy and practice in Scotland in relation to the physical chastisement of children. They are offended and distressed, struggling with a professional viewpoint that they might not be parenting their children appropriately. They ask for more information and acknowledge that they will need support with alternative parenting strategies

Outcome: Having heard and seen the child and their relationships at home; listened to parents and family; and taken account of other available information, the developing view of the Social Worker is that the parents are loving and protective in their motivation; upset but open to support.

This is professionally challenging for the Social Worker to process and understand. Whatever the intention, besides being against the law, the impact on the child is still considered to be harmful.

Therefore, does this child and their family require separation or support?

- if information from the child had suggested a very minor assault (strike to the hand or bottom for instance); then taking in to account the context including the child's description and presentation and parent's explanation, a single agency response may well have been proportionate. Senior social work staff would be consulted in forming this professional judgement
- otherwise, consideration of the concern in context would be expected through consultation with the Police
- an inter-agency referral discussion would be indicated where significant harm or risk of significant harm is identified
- if the Police identify that a crime has taken place, they may consider that a Recorded Police Warning (RPW) is appropriate under the circumstances
- should this family subsequently come to the attention of services for similar concerns, the child protection response may be different. Parents would also need to understand that they may be charged with a criminal offence
- in any single or multi-agency process, proportionate, supportive and culturally sensitive approach is needed – focusing on education in terms of child protection laws and processes, and alternative parenting strategies

Appendix 1

Framework supporting a culturally competent response

These questions, and key considerations symbolised in the diagram below are adapted from a framework used by Glasgow City Health and Social Care Partnership (May 2020). The questions may assist exploration of the significance of cultural factors to a child's experience and their family strengths and needs.

1. What values, ceremonies, beliefs, rituals and taboos are significant for this child/children and family in this context?

2. What do we need to understand about this family's (verbal and non-verbal) communication, relationships, child rearing and household patterns?

3. What strengths and coping mechanisms are apparent and have been significant to the child's/ children's experience in the past? What supports are available?

4. How do individual family members identify with their cultural identity? What do they share and are there differences that impact on the child's/children's experience?

5. How is the history of this family's experience relevant to the child e.g. in terms of integration, community cohesion or isolation?

6. How are community structures relevant to the child's experience? E.g. in terms of traditional or religious practice; community provision of help (what does community mean for this child and family?). How does this family and/or community view the role of the social worker, teacher, police officer etc.? (in some communities the role of the pastor commands greater respect).
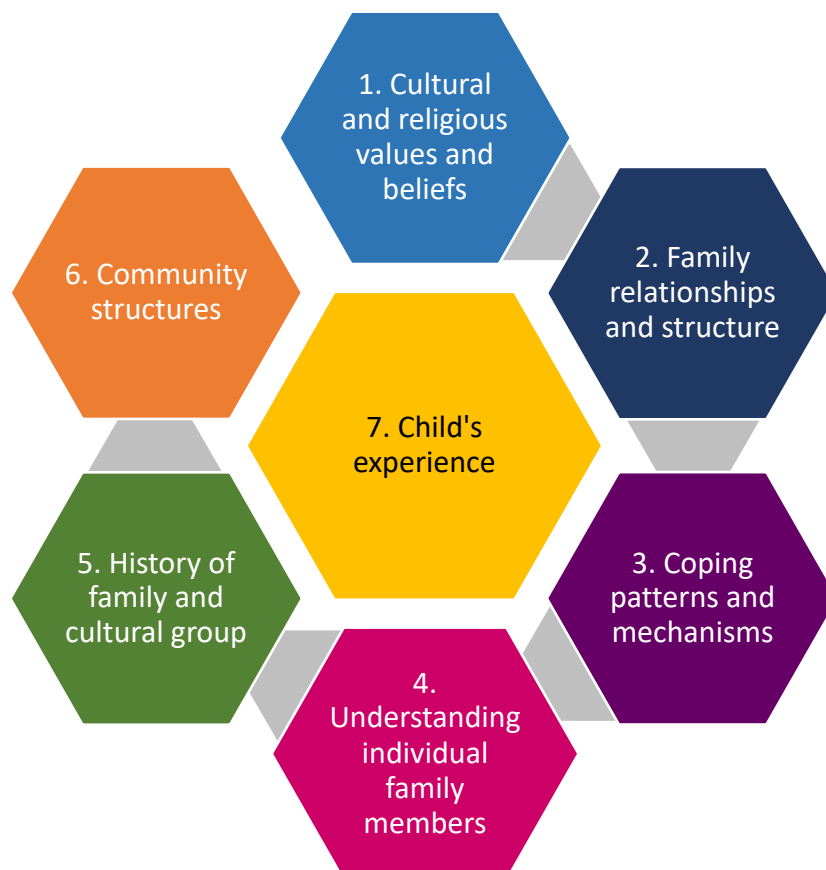
Appendix 2

The 'Two Houses'

The concept symbolises the first house (house of origin) and the second house (house of residence). Practitioners should be considering and accurately identifying the first house, and how this defines the family's views and is present in the second house.

First House (House of origin)	Second House (House of residence)
• What was the experience of family members within the first house? • What shaped the family when they were living there including relationships, family and cultural history, values, beliefs, community connections? • How much does the family identify with the first house and how much does this influence their present house?	• Memories of moving; reasons for moves? • What is the family's understanding of the social, economic, cultural, formal and informal societal systems of this house? • Experience of/access to help from social work services, health, education, police etc.? • How much influence does the first house have today on the second house?

The first house exercises a strong influence on the second house. To what extent have the family attempted to recreate the first house, whilst coping with the differences they find in the second house?

The impact of the first house on the second house should not be minimised – nor should it be assumed that the family has adopted the cultural and societal norms of the second house. This becomes more complex when we consider children who have been born into the second house and who identify with this house as their first house.

Adapted from the idea of Amma Anane-Agyei (2015).

Concluding comments

The intention of work in this context is to safeguard the child, as far as possible alongside and in partnership with the child and his/her family. Long-term separation of children from their families is rarely an outcome as a result of a child protection investigation resulting from a physical abuse referral. Yet, short-term separation whilst a child protection investigation progresses regularly happens. The impact of this family separation can be harmful to the child.

Practice considerations

- child protection begins with listening, and trying to reach a shared understanding of needs and strengths as well as concerns
- helping parents find alternative strategies for discipline and self-management are likely to be key to enhancing confidence, self-control and safe parenting
- parents can be confused and stigmatised by professionalised terms. The language used must make sense to all involved
- a rigid and impersonal procedural response is unlikely to achieve understanding and may cause secondary harm
- understanding what lies beneath use of physical discipline is key to differentiating between the children of families who require support; and those who require immediate care and protection
- assessing risk of harm involves assessment of parental ability to protect
- cultural sensitivity must not blur the recognition of harm or clarity about the line that has been drawn by Equal Protection
- commitment to anti-oppressive practice involves reflection on how our own cultural backgrounds and experiences impact on our practice. As practitioners, we need to be mindful of our own 'house' and how this defines both self and the extent to which it is present in our practice
- critical evaluation of practice and process is essential to continual improvement of systems and protection of rights. When necessary, this includes *"challenge to practice that is not meeting the needs of children and families"* (The Promise, Independent Care Review, p105)

References and resources

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- NSPCC: Learning from serious case reviews: culture and faith. https://learning.nspcc.org.uk/media/1332/learning-from-case-reviews_culture-and-faith.pdf
- Parenting Across Scotland: resources for parental support. https://www.parentingacrossscotland.org/about-us/

Acknowledgements

10. Disabled children and child protection investigative interviews

Purpose of this practice insight

This practice insight flags considerations in the early stages of child protection investigations when disabled children are the subject of concerns. It combines practice contributions from Glasgow City Council (social work), Aberdeenshire Council and NHS Grampian.

Rights

The United Nations Convention on the Rights of the Child (UNCRC) Article 2 *"States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."*

'The Promise' states *"Scotland must make particular effort to understand and act upon quieter voices, including infants and nonverbal children and those with learning disabilities. No group should ever be considered 'hard to reach.'"* (Independent Care Review, 2020, p32).

The best protection lies in prevention. A report on parents' views on working together to prevent sexual abuse of disabled children provides 10 succinct recommendations (Franklin et al 2019, p22).

Bringing rights in reality

Although there is limited systematic data about the numbers and experience of disabled children in the child protection system in Scotland, there has been evidence to support the probability that some disabled children are additionally vulnerable to abuse and neglect; and that abuse of disabled children may more easily go unrecognised. Investigative interviews of disabled children are proportionately infrequent, perhaps due at times to presumptions about a disabled child's lack of ability and agency (Stalker et al 2015). Complex interactions in barriers to protection of deaf children are indicated in Learning from case reviews briefing: deaf and disabled children (nspcc.org.uk).

Those planning investigations at the inter-agency referral stage may have concerns about the quality of evidence that may be gained from investigative interviews. As regards forensic interviewing, a 'one size fits all' approach is unlikely to be effective. Every investigative interview should be *"tailored to the age, cognitive development, communication needs and vulnerabilities of each individual child."* (Scottish Courts and Tribunal Service, p14). Within and beyond the interview(s) it is essential to consider all of a child's support needs and not just those associated with disability.

Tailored training and supervision are also needed for such work. Glasgow CPC commissioned independent training from Triangle for a multi-agency group of social workers, health professionals, police, education and social work staff. The focus of the training was on a pre-assessment stage, building up an understanding of each child's communication style and how communication methods and materials might (or could not) effectively be employed by a worker in each situation.

In one situation, based on a first meeting with a child in the context of a carer's home, it was initially judged unfeasible to conduct a Joint Investigative Interview (JII) with a five year old child with a learning disability. However, in a different context (school), the child's potential to communicate her views and feelings confidently became apparent. Indeed she could be a "bright and bubbly chatterbox". A planning meeting drew on the knowledge of all involved with her care and education. The joint investigative interview could be carefully planned to reduce anxiety and maximise the child's confidence in communication. This led to a clear account of her experience of abuse and effective protective steps.

	Consider the following:
At the inter-agency referral discussion stage, social work and health professionals in Aberdeenshire offered examples of the practical considerations affecting the planning and organisation of an interview around the needs of each child.	
How does the child communicate?	• check with the school, nursery, health visitor or family (if appropriate) • if there is a Child Psychiatrist involved, they may be able to provide specific advice on strategies • is there a need for someone to support communication in the JII? • does the child use visual aids, Makaton or sign language? • if so, is an interpreter required? Please refer to service information regarding interpretation and translation services • consider/explore: is Speech and Language Therapist (SLT) Information available from previous/current assessment on the child's levels of comprehension and communication methods?
Does the child have a processing delay?	• check with all relevant parties how this impacts on the child's ability to manage information
Does the child have any particular requirements?	• does the child have a visual impairment? If so, what specific adjustments and supports are required? (i.e. verbal explanation of room layout and the people present) • is wheelchair access required? • size of room/layout of room? (The child or young person may need space to pace or soft area for safety) • facilities for personal care • medical requirements such as medication, inhaler, EpiPen etc. • encourage child to take a comforting item (e.g. teddy, blanket) into interview if this would soothe them

Does the child have specific sensory processing differences (needs)?	Is the child **hyper** sensitive? (child will require a reduction of stimulus, e.g. ear defenders)
	Is the child **hypo** sensitive? (child will require an increase in stimulus, e.g. weighted blanket or loud music)
	Hypo/hyper sensitivity – an update will be required on the day from someone who knows the child as their presentation can change.
	You may need to consider:
	- issues with lighting - size, colour or layout of room - does the child use fidget toys or a weighted blanket to help them remain calm? - does the child use self-stimulatory behaviours (stimming, e.g. flapping, rocking)? - stimming is self-soothing behaviour, which should be permitted and made safe - does the child struggle with transitions? - if so, what resources are required?
Developmental stage?	- what is the child's level of understanding? - will adjustments be required to account for this? - does the child use visual aids? - does the child need to be supported by someone known to them?

Examples of support tools and resources for joint investigative interviews

The following options may be helpful in some circumstances to aid interview planning and supporting a child within the JII process. The tools are intended to be used by JII trained Police Officers and Social Workers in conjunction with the support of a Speech and Language Therapist (SLT).

Social Stories is an approach devised by Carol Gray to help children manage difficult or confusing situations. She describes them as a "*social learning tool that supports safe and meaningful exchange of information*". They are short descriptions of a particular situation, event, activity or skill. This includes information about what will happen and why.

Social Stories can be used to: help understand a situation; aid understanding another person's point of view; learn routines or rules; explain other people's expectations; give information about a future event; and celebrate achievement. They can be used to support understanding of the interview process as well as explaining what will happen next.

Features of a Social Story

- share accurate social information in a way that is easily understood. It can include words like 'sometimes' and 'usually' for situations where a particular outcome is not guaranteed
- written from the individual's perspective. Gives information about concepts or skills that are most relevant to the individual
- if you are writing a Social Story for a person with autism, please be mindful of how they will perceive the situation as it may be different to how we would experience it
- Social Stories present information in a literal concrete way which can improve the child's understanding of a previously difficult or ambiguous situation or activity
- it can help with sequencing (what comes next in a series of activities) and executive functioning (planning and organising) which can be difficult for people with a disability or diagnosis of autism
- by providing information about what might happen in a particular situation and some guidelines of behaviours, you can increase structure in a person's life and thereby reduce anxiety
- Social Stories will follow the normal structure of a story and will have an introduction, body and conclusion

There are different sentence types that can be used within a Social Story. These include:

- descriptive sentences – these are the factual statements that answer the "wh" questions such as where do this situation occur? Who is it with? What happens? These questions can be answered very efficiently in succinct stories, they don't have to be too long
- perspective – these types of sentences describe what goes on for someone else – their feelings, thoughts or moods
- directive – this sentence explains what behaviour is expected from the person and/or in a particular situation. This sentence type does not feature heavily within a Social Story

There are other sentence types listed within some literature and websites such as affirmative, co-operative, control and partial sentences but these three sentence types cover those in one way or another and are the best ones to focus on for this area of use.

How to introduce a Social Story

- present the story at a time when everyone is feeling calm and relaxed
- use an honest and straightforward approach
- review the story as often as require
- maintain a positive, reassuring attitude when reviewing the story
- involve others in the review of the story where appropriate

Elklan resources and the National Autistic Society website https://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx

Visual supports can be key in supporting children's understanding, expression and participation. Children with a disability or speech, language or communication need (SLCN) may find it difficult to remember instructions or stay on task. That lends itself to repetition of information which can include a lot of language being used which can be confusing. Using visual aids to support verbal instructions can reduce the cognitive load and gives the child something to refer back to.

If a child finds the concept of time difficult, visual supports can help give a structure, reduce anxiety, enable the child to focus on the task at hand and work more independently.

Visual supports can vary widely and can be adapted to meet the needs of the child. Those who know the child or family you are working with will be able to help you be flexible and adapt resources to meet their needs. Examples of some visual supports:

- tactile symbols or objects of reference e.g. swimming costume for swimming, fork for meals, etc.
- photographs
- symbols
- written words

It is important that the child has experience of using visual supports in everyday situations before using them in a different environment such as a JII. If using them, refer to them as you go along to support the child's understanding of their meaning. Just because a symbol is available does not mean it will automatically be meaningful or supportive.

References and resources

- Franklin A, Toft A , Goff S (2019) Parents' and carers' views on how we can work together to prevent the sexual abuse of disabled children. NSPCC/University of Coventry/Ann Craft Trust. Anita Franklin, Alex Toft, Sarah Goff
- Elklan resources and the National Autistic Society https://www.autism.org.uk/about/strategies/visual-supports.aspx
- Introductory training for staff NHS Grampian : https://www.nhsgrampianelearning.scot.nhs.uk/Modules/Temp/ChildProtection/CD/story.html
- Jones L et al (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. The Lancet 380(9845):899-907
- NSPCC (2016) Deaf and Disabled Children: learning from significant case reviews: https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/deaf-disabled-children
- Stalker S, McArthur K (2012) Child abuse, child protection and disabled children: a review of recent research. Child Abuse Review Vol 21.1(2012.p24-40)
- Stalker K, Taylor J, Fry D, Stewart A (2015) A study of disabled children and child protection in Scotland: a hidden group? Children and Youth Services Review 56: 126-134
- Scottish Courts and Tribunal Service (2017) Joint Investigative Interview Workstream Report. Evidence and Procedure Review. https://socialworkscotland.org/projects/joint-investigative-interviews/
- Triangle resources: (https://triangle.org.uk/what-we-do)

11. Child protection in transitions to adult life and services for disabled children

Purpose of this practice insight

This insight is about how positive child protection practice relates to principles of good transition for disabled children as they move towards and enter adult life and services.

Rights

'The Promise' (Independent Care Review 2020) associates safety, timing and relationship in achieving successful transitions. *'Independence is rooted in relationships, and young people should be able to transition to adulthood in a supportive and positive way when they feel ready to do so.'* The Promise also highlighted the need for provision of specialist advocacy, as necessary.

These messages fit well with expectations in the United Nations Convention on the Rights of the Child (UNCRC), specifically in Articles 2, 12, 19 and 23 in relation to non-discrimination; protection from all forms of abuse; self-expression and participation; and support for *"…self-reliance and…the fullest possible social integration and individual development."*

Context

For children with complex additional support needs, the age at which they leave school heralds the end or change in relationships with professionals and associated communities in health, education, social work and social care. The internal and external fabric of the child's world and of their family has usually been patterned and coloured by their experience of these relationships.

Dimensions of transition

The journey is unique for each person in context but may include experience of excitement, new found responsibilities, options for exploration and growth. For the individual and their families it may also include emotional waves associated with separation, loss and new threat. These can roll in some time after practical plans have been realised.

Effective safeguarding

Effective protection entails early collaborative planning and sufficient continuity of support which enshrines confidence and clear communication during a vulnerable phase. It also entails prompt and attuned response to signs and signals about risk of harm, as indicated in the second part of this insight. The primary safeguard is step by step teamwork, and listening to the person. Principles of Good Transitions 3 (Arc Scotland/Scottish Government 2017) and Transitions: principles in to Practice. (Arc Scotland/Scottish Government, forthcoming) signpost recommendations about optimal transitional support. Considerations specific to transitions during the COVID-19 pandemic are also highlighted by ARC-Scotland.

Example

In Dumfries and Galloway, the local authority allocate a 'transitions' social worker for disabled children approaching school leaving age when they need co-ordinated planning of transitions. Quarriers services work in partnership with the local authority in delivery of transitional support until the person is 22. Local authority and third sector professionals offer expertise and work in relationship with the young person and their family. They provide a bridge over what can be a fracture zone, by advising on choices, liaising as necessary with services, resources and supports; besides responding to urgent concerns during transitions.

Safeguarding and support in transitional phases includes

- an understanding of family and of the interaction of relationships that are part of each young person's growth and development through transitional stages
- sufficient continuity of a co-ordinating key professional during transitional phases
- approachability and pro-activity of key professionals
- practicality and expertise of key professionals offering guidance during loss, separation and service change
- early, guided accessibility to information about processes, resources and timelines
- adequacy/inadequacy of budget allocation in relation to all wellbeing needs
- creative bridging of gaps for individuals through partnerships between family, third sector and statutory services
- respect, honesty, encouragement and support for parents and carers who may find themselves in adversarial positions (Alliance/Scottish Government 2017)

Protective response when there are concerns about harm: example

Sometimes there are risks that cannot be pre-empted by the most careful planning. The following example prompts reflections on improving practice.

Emma is a sociable and engaging young person of 17 with affectionate family and community relationships. She is severely affected by learning disabilities and epilepsy. Her mother has been her main carer but is in poor health. A self-directed support plan involves a small team of personal carers.

Carers and parents notice Emma losing weight and becoming withdrawn. She is uncharacteristically low and tearful in mood over several months, refusing to go out and reluctant to go swimming – her favourite activity. Carers and parents fear she is ill or stressed as mum's health deteriorates; or reacting to developmental stage. However, mum thinks there is 'something else'.

There is a bewildering and uncharacteristically angry refusal to shower on a day when Anne, the transitions social worker is visiting. Emma is used to sharing news and feelings with Anne. Today she avoids eye contact and hugs a cushion - something she does when she is anxious or believes she has done something wrong. Anne learns her fear is about a trusted person in the local family network who has known Emma since childhood; and with whom she has often spent time alone. Emma's long experience of presents, trust and hugs has merged in to traumatic confusion from sexual touching and frightening words. It is unclear whether another young friend of Emma also visits the same person.

Emma conveys she feels safe at home and with her personal carers. An inter-agency referral discussion is triggered and a Joint Investigative Interview carefully planned and prepared, taking account of Emma's communication needs and level of understanding. There is a decision that the multi-agency assessment should include a joint paediatric forensic health examination. Anne is alongside Emma and parents in helping them understand and deal with each potentially confusing and traumatising step. Parallel and co-ordinated investigation is needed in relation to the experience of Emma's young friend.

Reflections

- parents were loving and attuned but it took a long time to realise what was happening
- Emma was afraid. She had been told that 'telling' would make her mum more ill
- Emma's personal carers were competent and empathic but there were six of them in the rota. It took a while for them to develop a shared sense that something was badly wrong
- Emma had had time to begin to trust her transitions worker, or the beginning of the process of sharing would have taken longer
- family and professionals reflected that as a team, Emma could have had more support in understanding her own sexual health and development so that she had words for feelings. She did not have the confidence and awareness to say strongly what was wrong
- in this situation, teamwork around Emma was co-ordinated. Her voice and her parents' view and expertise were central to next steps. There is also a place for advocacy for young people in transition and for family members. This can be essential when procedures feel bewildering and disempowering
- there are implications for staff recruitment, training and support in relation to sexual health and safeguarding needs of individuals with complex disabilities, especially when they will be transitioning in to new dependent care arrangements
- staff need to be comfortable asking and talking and assessing in the territory of health and harmful sexual behaviour; and capable of acting as an inter-agency team in response to allegations of sexual abuse
- ongoing transitions planning with and around Emma integrated therapeutic support

Child protection, Adult Protection and family involvement

National Guidance for child protection presumes that in general, child protection processes will be triggered in relation to children and young people up to 18 years of age. Inter-agency referral discussions are an opportunity to determine the relevance of applicable legislation.

There can be tensions around the involvement of parents and carers in protective processes around young disabled adults. In line with the principles of the Adult Support and Protection (Scotland) Act 2007, there should be regard for the views of the adult's nearest relative, any primary carer, guardian or attorney and any other person who has an interest in the adult's wellbeing or property will be included in any enquiry, investigation and subsequent intervention.

In practice, and taking account of the views of the adult and any other legal barriers to sharing information, consideration will be given from the outset to how the family will be made aware of and involved in the adult protection process and outcome.

Providing the family with a single point of contact and agreeing in advance when updates will be provided (even if there is no progress to report) will reduce anxiety and build trust in the process as it proceeds to outcome.

It may be necessary to make the family aware that while they will be kept informed and involved, there may be limitations on what can be shared. This may be because the adult has requested that information is not shared with the family; or because the information relates to third parties; or where it is considered that sharing with the family may increase risk of harm or compromise investigation.

In many situations, family will actively contribute to the investigation and subsequent protection plan. This is entirely appropriate and will follow local investigation procedures and relevant legislation. Where the family may be responsible for the harm reported then sharing information about the investigation with them is likely to be limited, as appropriate in each situation.

In all situations preventative and protective planning and action should be a co-ordinated, holistic and rights-based process. The diagram below seeks to emphasise those qualities and processes that are likely to safeguard the child/young person/young adult through phases of risk and stress.

Child's rights in transition:

Participation

Non-discrimination

Best interests

LISTENING
Discover the child's experience, potential, hopes and fears

WELLBEING
Explore evolving relationships and developing wellbeing needs now and on the journey ahead

RELIABLE
Do what is agreed
Find out what works and does not
Act to address gaps and improve the plan systems

TEAMWORK
Build on known strengths in collaboration between those who will continue to care about and have responsibilities towards the child

PRACTICAL
Ensure decisions and plans are co-ordinated, agreed, practical (realistic/ resourced) and understood

SAFETY
Learn about the child's world and choices 'from the inside out'. Consider how to reduce risks and develop resilience in plans which safeguard and protect.

12. Supporting parents with learning/intellectual disabilities

Purpose of this practice insight

This practice insight outlines the meaning of *'supported parenting'* with parents who have a learning/intellectual disability, when child protection processes may be necessary. While supported parenting is an approach applicable with other groups of parents, every child and family situation is unique. In this practice insight, we also address the need to balance both rights and risks when working with families where the parents have a learning/intellectual disability. The safety and best interests of each child must be considered in each situation.

Rights

UNCRC Article 2.1. *"States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."*

UNCRC. Article 27.3. *"States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing."*

The Promise (Independent Care Review 2020) states *"Parents with learning disabilities have a significant likelihood of having their children removed from their care with them often reporting that where removal has occurred, they are not clear why this decision was taken. Research and engagement repeatedly highlights that parents with learning disabilities can and do become good parents with the right support. Support is likely to be long-term and, at times, intensive, as children reach particular developmental milestones. The care planning must be specific and supportive; working with their assets to build on their capabilities as parents."*

Supporting Parenting

Part 12 of the Children and Young People (Scotland) Act (2014)[1] places a duty on local areas to provide supported parenting where a child is at risk of being removed from their parent's care. CELCIS[2] has identified ambiguity and inconsistency regarding what is meant by supported parenting. Supported parenting is an approach which integrates five key factors outlined below.

Supported parenting includes

1. **Accessible information and communication**
   Accessible information can include Easy Read, the use of large print, a CD or DVD, face to face meetings, accessible websites and support from an advocate to understand. People with learning/intellectual disabilities have said that social workers who they think are good at communication explained things clearly, didn't use jargon, took time to communicate, gave information in the required formats, gave individuals choice and told individuals about independent advocacy.

2. **Clear and co-ordinated referral and assessment procedures and processes, eligibility criteria and care pathways**
   This means that referral and assessment procedures, appropriate prioritisation and care pathways should prevent avoidable difficulties arising by:

   - recognising low levels of need which, if not addressed, are likely to lead to difficulties for parents and undermine children's welfare
   - recognising support needs at the early stages of the parenting experience
   - anticipating support needs which may arise at different stages in a family's life cycle

3. **Support designed to meet the needs of parents and children based on assessments of their needs and strengths**
   Support should be based on the learning needs of parents. If parents with learning/intellectual disabilities are to benefit from parenting education programs these will need to be adapted to meet the particular learning needs and learning styles of the parents concerned. The key elements of successful parenting skills support are the use of role-playing and modelling, repeating of topics and frequent practice opportunities, providing step by step pictures showing how to complete the task and developing personalised 'props'.

4. **Long-term support where necessary**
   Long-term support needs are a reality for some people with learning/intellectual disabilities. Just as some people will need long-term support to maintain a tenancy, some parents will need long-term support with their parenting responsibilities. Although a parent's skills and confidence may grow over time, any impairment they have will not go away.

5. **Access to independent advocacy**
   People with learning/intellectual disabilities have a right to access independent advocacy under the Mental Health Care and Treatment (Scotland) Act (2003). Parents must be supported to access independent advocacy if they want or need to at the earliest possible stage. Independent advocacy can help parents make better-informed choices, can help them say what they want to say, and can help them achieve something they want to achieve e.g. access to a mainstream parenting group. Parents should have access to both self-advocacy and individual advocacy.

[1] The Children and Young People (Scotland) Act (2014)

[2] Supporting Families CELCIS (2019)

Sharon and Clare's Story

Following the breakdown of Sharon's marriage, she left the family home which she had shared with her husband and three children. Around this time, social work became involved with one of her daughters, Clare, because her father was struggling to care for her. Like Sharon, Clare has a learning/intellectual disability. When Sharon heard that foster care was being considered, she said she wanted to try to be the primary carer for Clare.

With support from her advocate, Sharon requested a parenting assessment from a Psychologist in the Community Learning Disability Team. She developed a positive trusting relationship with both the Psychologist and her Social Worker and was able to be open and honest with them. Specialist behaviour support for Clare helped Sharon, and the programme was extended to meet Sharon's needs.

Despite positive elements of support, Sharon found parts of the process difficult. She felt that some professionals had a negative attitude towards her being able to care for Clare right from the start. She found the assessments to be challenging and she faced barriers to understanding the child protection meetings. Support from her independent advocate helped with the child protection meetings. Having everything explained before each meeting helped put her at ease before meetings.

Following the assessment process, it was decided that Clare could live with Sharon. The support package included support for parenting and respite for Sharon. From the start, Sharon knew that the support would be available long-term, which reassured her. Co-ordination between agencies and the family was key at this point.

Sharon is now Clare's main carer. She feels confident that she is getting the right, long-term, flexible support to meet Clare's needs. Throughout this process, Sharon's confidence was bolstered by being part of a group of parents with learning/intellectual disabilities.

What worked for Sharon and Clare?

- support that was long-term and flexible
- support that was focused on strengths based with a clear assessment process
- support based on mutual support and trust
- peer support and independent advocacy

Balancing rights and risk

In child protection processes, professionals have to apply professional judgement in the light of a balance of considerations, taking into account the needs, risks and strengths apparent in each situation. When working with families with learning/intellectual disabilities, practitioners may experience a tension between the rights of parents with learning/intellectual disabilities (in line with the Human Rights Act and the United Nations Convention on Rights of Persons with Disabilities) with that of the safety, best interests and rights of the child. Learning disabilities may be just one of an interaction of factors giving rise to concern. Finding and keeping this balance requires persistent efforts at collaboration with parents, persistent inter-agency teamwork and sufficiently persistent review of support needs for child and family.

References/resources

For more information about Supporting Parents with Learning Disabilities please refer to:

- Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities
- The Scottish Commission for people with Learning Disabilities has a range of resources about supporting parents with learning disabilities.
- McIntyre G, Stewart A, McGregor S (2019). The double-edged sword of vulnerability: Explaining the persistent challenges for practitioners in supporting parents with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities. Vol 32:6, p1523-1534, https://doi.org/10.1111/jar.12647
- Tarleton, B., Turney, D (2020). Understanding 'Successful Practice/s' with Parents with Learning Difficulties when there are Concerns about Child Neglect: the Contribution of Social Practice Theory. Child Ind Res 13, p387–409.

(See resource section on this subject in the National Guidance)

Acknowledgements

Oonagh Brown Policy & Implementation Officer (Parenting), The Scottish Commission for People with Learning Disabilities, May 2021

13. Understanding a child's journey and keeping the child at the centre of decision making

Purpose of this practice insight

This practice insight presents an approach for developing a shared understanding of a child's journey. It should be read alongside companion insights on sharing understanding about child protection plans with children and joint chronologies.

Children can become 'lost' in our system. A 'timeline' can be used to illustrate lived experience. Key events, patterns, gaps and decisions come in to focus, which can assist memory and understanding by visualising children's journeys.

A timeline can take various forms and may be adapted to enable parents, carers, social workers, panel members and sheriffs - to keep the child at the centre of decision making and to 'see', consider and understand the child's journey through life.

A timeline can also highlight significant events and most importantly a child's age and stage of development at the time.

Rights

The Promise (Independent Care Review, 2020) states that:

"Alongside listening, access to good data can enhance good decision making. Currently, official statistics report on a single 'episode of care' basis and present a series of 'snapshots' at specific points in time. This means that an individual's 'journey of care' (constituted by linking together the individual episodes which make up their care experience) and their progress over time is not represented in official statistics."

…"A significantly greater effort will be required to ensure the meaningful participation of people with lived experience in decisions about their own journey, and to inform relational policy and practice"

…"The workforce must understand and be supported to consider the identities of the children they are working with, so children have a cohesive understanding of self and are able to hold their life experiences and understand them. These experiences should not define the course of their life journey."

These expectations fit closely with requirements within the United Nations Convention on the Rights of the Child (UNCRC), for example in relation to children's right to express their views and be heard in relation to matters affecting them (Article 12); and in relation to support for recovery from all forms abuse, neglect, exploitation and violence (Article 39).

What is a timeline?

- a timeline tells the child's story simply, in a single visual
- the child's journey is clearly presented, with placement moves, and critical decisions, including other selected key events shown together
- a timeline is unique to a child and can be used to consider attachment, trauma, and loss
- it assists analysis of the child's experience, the significance of each experience and assists in developing the child's plan
- unlike a written chronology, gaps in the timeline are a crucial visual representation of how much time has passed between each event, and can bring a chronology to life
- this can also help all those caring for the child to emotionally connect with the child's experiences and consider how best to support them

How can a timeline be used?

- **With parents** - they can be actively involved in adding details to the timeline and it can support parents to maintain a focus on their child. It can motivate parents to be more actively involved in decision making and assist them in understanding the importance of timescales for their child.
- **With carers and extended family** - when a child moves to a new care setting, a timeline can assist the new carers or family members to understand the child's experience to date, without having to read lengthy reports.
- **With decision makers** - social workers attending meetings, reviews, children's hearings and court can use a visual timeline to support their analysis and recommendation. It can be a useful addition to the other reports shared and can assist in keeping the needs of the child at the centre of decision making. It highlights the time the child has been looked after and the implications of further delay. It can assist decision makers to see the child as a person.
- **Within supervision** – a timeline can support reflective practice and assist workers in developing their understanding of a child's development. When a new worker is allocated an existing case, a timeline can assist them in understanding the child's journey, prior to their involvement.
- **With children and young people** – a timeline can facilitate and support a child's understanding of their own life story, and can enable a conversation about what happened to them, the age they were at each point and what this meant for them.

Examples (a) - (e) below illustrate options for structure detail.

(a) This hand-drawn example shows how simple a timeline can be while still conveying a substantial amount of information about the child's experience.
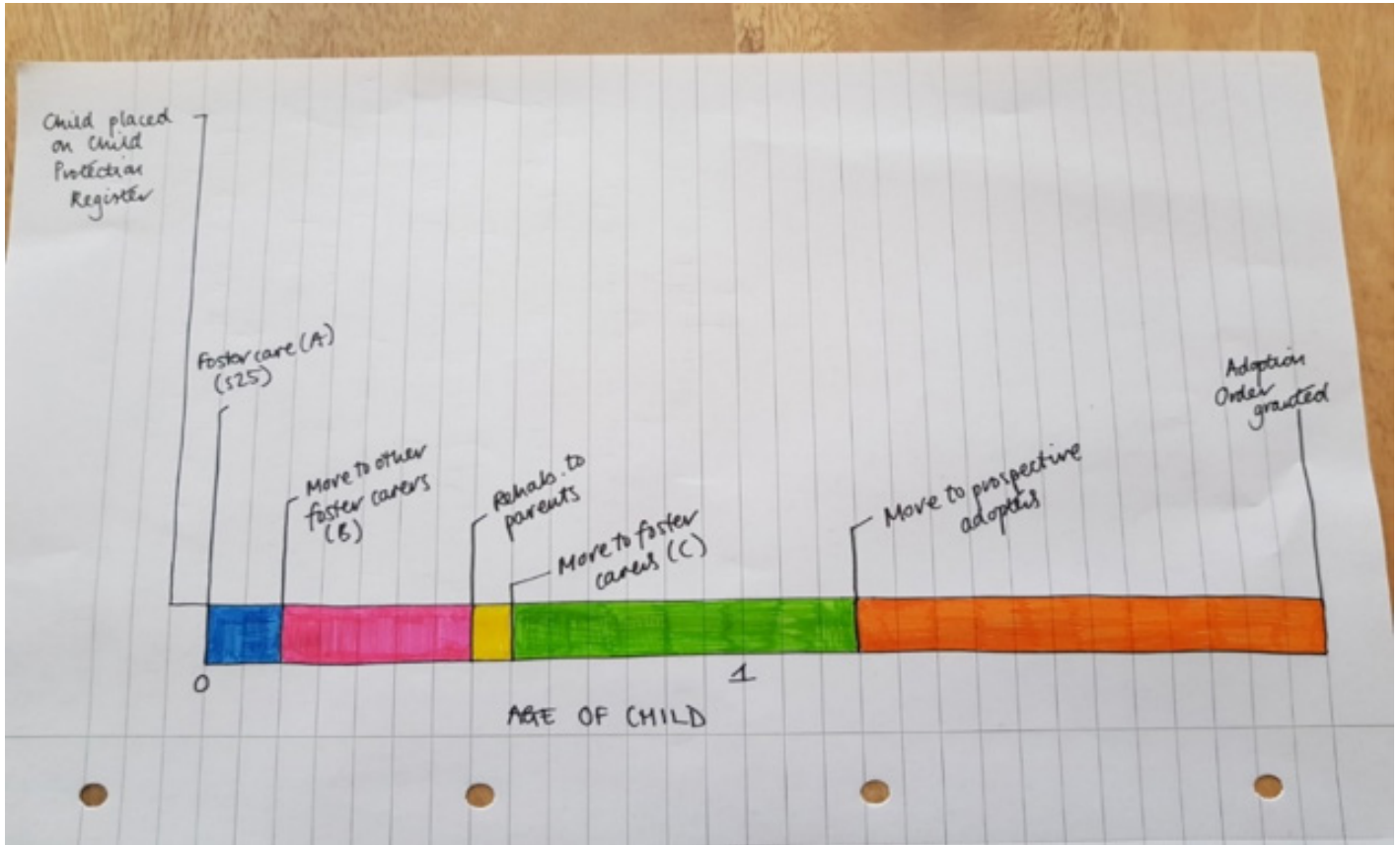

(b) This is the same child's timeline, with key events including the pre-birth initial child protection case conference shown. The child silhouettes emphasise the child's development over this period.
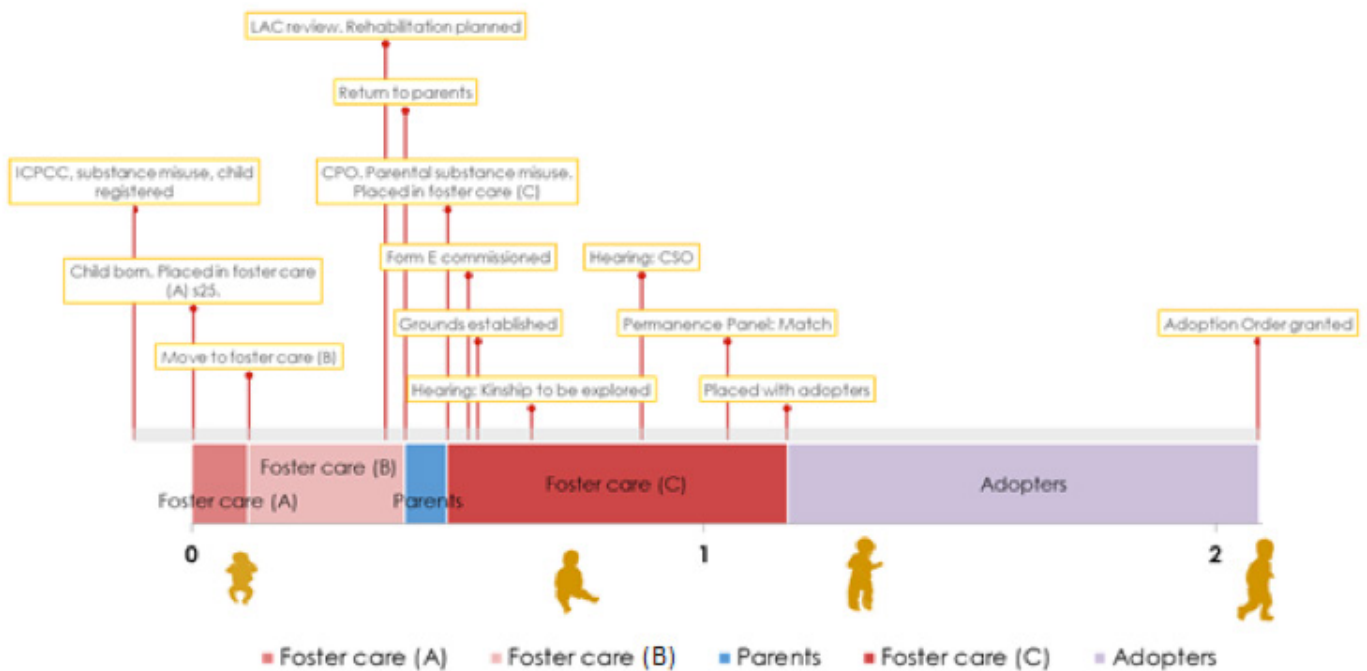
(c) Timelines can also be used to highlight the experience of a group of siblings. In this example, the older siblings of Baby T have had several unsuccessful attempts at rehabilitation to their parental home.
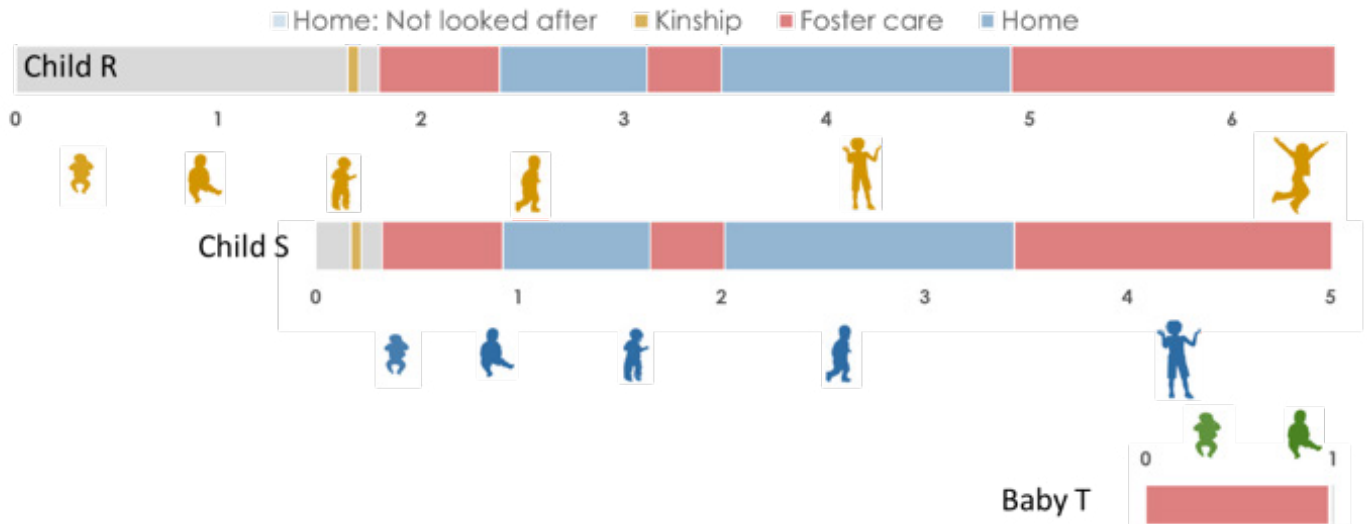
(d) The timeline example below shows how information can be layered. The top blocks show the child's legal status history. The placement blocks at the bottom show that the child was in care with a relative before returning home for a year, and then moved to a foster care placement which was legally secured with a permanence order when the child was 8. Unfortunately that wasn't the end of this child's care journey, as this placement ended when the child was 12. The child experienced further moves, including a spell in residential care. Three incidents of exclusion from school are overlaid, which coincide with the period of instability when the child was 12. Layering information can tell more about the child's story and their experience of being looked after. Looking at individual journeys allows us to step into the child's shoes; it has an emotional impact and tells us a lot about the experience of the child or young person.
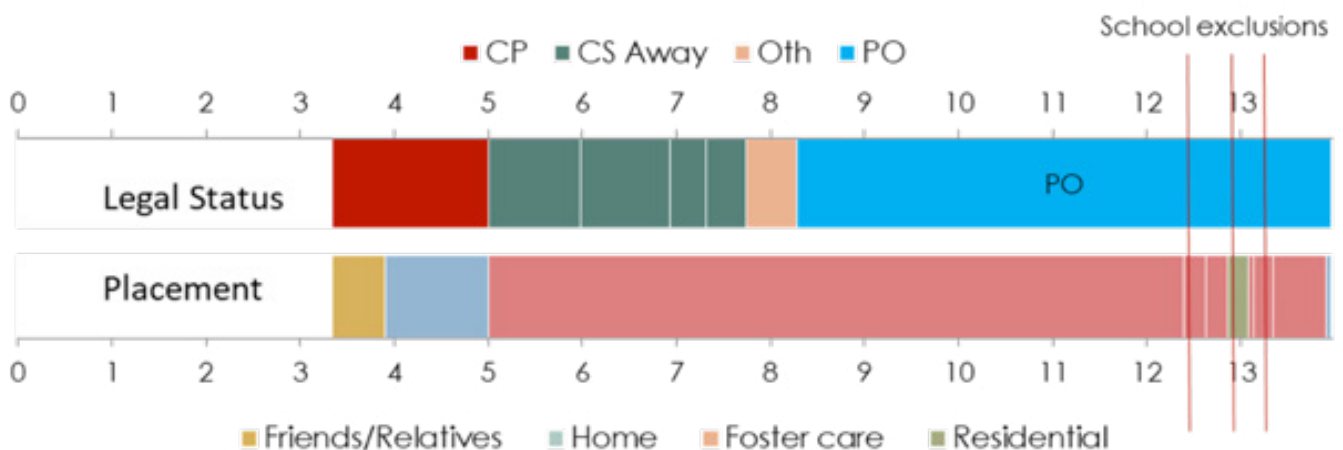
(e) Groups of timelines can indicate how our systems are performing. The timeline below shows children formally looked after with kin for more than two years. Each child is represented by a column with age on the vertical axis. Just above each child's timeline the child's last legal status is noted. In this example, a substantial number of children and young people have been looked after with kin on a voluntary basis under s25 for long periods of time.

Kinship over 2 years
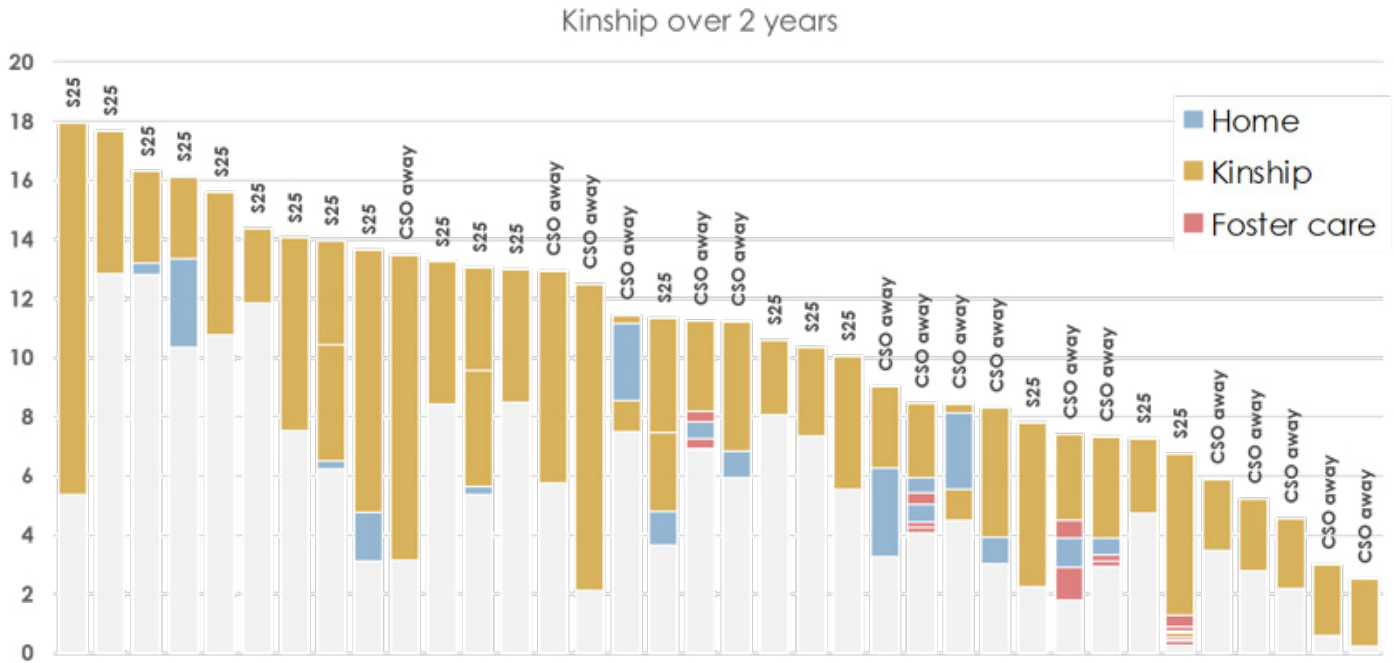
We must keep children 'at the centre' of decision making – their experience, needs, understanding and participation. Timelines can be a really useful visual tool to bring the child's experience to life.

Acknowledgements

14. Assessing parental capacity to change

Purpose of this practice insight

This insight introduces assessment of parental capacity and encourages an approach that is rights-based, transparent in purpose and collaborative in method.

Rights

There is a clear expectation in the United Nations Convention on the Rights of the Child (UNCRC), Article 19.2, that "*States Parties provide protective measures, procedures and social programmes which can provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up to …maltreatment.*"

Context

The National Practice Model (Scottish Government 2016) provides a set of dimensions of parenting to be considered in any assessment of parenting capacity. When considering the needs of the child or young person, an assessment is required of the parent or caregiver's capacity to meet those evolving needs at different developmental stages. Answering the question "What do I (the child) need from people who look after me?" requires practitioners to think carefully about how to assess the parent's ability to change sufficiently or quickly enough when they are unable to meet the child's full range of fundamental needs.

Serious and significant case reviews have highlighted the potential for 'disguised non-compliance' where parents appear to be cooperating but are actually concealing harmful situations, as highlighted by the Care Inspectorate's Triennial Review 2018 (and forthcoming 2021 Review). While practitioners may recognise parental resistance as an understandable reaction to professional intervention, they also need to undertake assessments which are both authoritative and compassionate. Assessment of parenting capacity and assessment of capacity to change therefore requires an appropriate framework and approach.

Key elements of assessment of capacity to change

Any assessment of parental capacity to change needs to combine an assessment of what helps and what hinders individual parents to make changes in their lives with an assessment of what changes (if any) have actually happened. The Capacity to Change model (Platt et al. 2017) suggests a number of principles which can usefully underpin this kind of assessment:

Capacity to change should be assessed in relation to particular defined behaviour and consequent impact on the child. Capacity for change is influenced by the individual's life history, priorities and motivation, as well as habits, skills, knowledge and the situation. Each of these key areas interrelate with one another. Barriers that affect one area are likely to affect other key areas. For example, a parent experiencing domestic abuse may make the decision to end the relationship; however, the abusing parent may refuse to leave the family home resulting in difficulties with accommodation and possibly having to move one or more children to a different school. A non-abusing parent may also be financially reliant on the abusing parent, therefore making it more challenging to sustain a separation from them.

Assessments of parental capacity to change must be integrated into existing frameworks for assessment. The National Practice Model supports holistic assessment of the child, parents or caregivers and the child's wider world. Where risks are identified as arising from unmet needs, the changes required to meet these needs must be identified. An element of the assessment should establish whether changes are going to be sufficient to address those risks and meet the needs of the child in future.

Alongside the National Practice Model, an assessment of Parental Capacity to Change can be integrated into a Local Authority Assessment Framework. It is crucial that focus is given to each parent's views on change. For example, the parent responsible for domestic abuse may be undertaking a domestic abuse programme. Their views on the impact of the programme need to be considered alongside central consideration of the experience of the child and the views of the non-abusing parent.

All relevant parents or caregivers should be assessed separately. While parents and caregivers will interact dynamically in their caregiving, their contribution, as well as any changes they may need to make, will be different.

Assessment of capacity to change considers two main sources of information. The factors that are known to help and to hinder change are combined with analysis of observable behaviour. Observing actual behavioural change is central to fair and accurate assessments of change. For example, in a situation where a child has been neglected, a parent may try and address this through attending a parenting programme; and/or other supports tailored to the parent and the situation may have been provided. As part of the ongoing assessment, it is important to observe the interaction between the parent and the child to ascertain how well the parent is able to understand the experience and needs of the child.

The child's needs must be kept central in the assessment. The timescales and targets set for changes in the parent or caregiver's behaviours should allow the child's needs to be met within the child's developmental timeframe. Parents need to be given the opportunity to make the changes and be supported in a realistic way to do so. It is however crucial that the child's best interests remain at the core of any planning or decision making. The Permanence and Care Excellence (PACE) programme demonstrated the impact of drift and delay in decision making on a child's timeline of development and the impact of frequent changes in caregivers. Decisions on where and with whom a child will live to ensure a safe and stable home life are required through well-evidenced and compassionate decision making and minimum timescales. Consistency of care givers is vital to enable best outcomes for a child.

It is crucial to understand the experience of the child. Ultimately, the assessment must help us understand the child, and this includes their experience of parental change.

Goal Setting

Power imbalances in child protection mean that partnership with parents is particularly important but can be difficult to achieve. Parents value (and deserve) practitioners who are honest and clear with them. They are also more likely to work towards change if they feel they are meaningfully involved in creating the plan for change. Goals or objectives for change should be negotiated with parents and should be both meaningful and measurable. Agreed measures should be applied to establish the extent to which the desired change has been achieved. 'Before and after' measures (like completing a set of questions) need to be supported by what has been seen, from a range of sources and in a range of ways.

Practice illustration

Andy and Laura have long-standing issues with their problematic use of alcohol. As a result, they have been unable to meet their children's needs and their two children, Dylan (6) and Cory (4) are looked after by foster carers. The parents live together and clearly state that they want to have the boys returned to their care but have been unable to sustain change, resulting in Dylan and Cory experiencing several periods of alternative care. An assessment of capacity to change is being carried out to inform recommendations about whether further attempts at reunification are likely to be in the children's best interests.

The Social Worker has considered the unique barriers and facilitators for change individually for Andy and Laura. It was crucial for the Social Worker to form a genuine relationship with both parents because this created a space where they could talk about important events and relationships in their own lives. Respectful curiosity in these discussions helped Laura and Andy to talk about their own experiences of being cared for.

The Social Worker was able to explore the links between these experiences and the way that they may have influenced Andy and Laura. Their beliefs and views about themselves, other people and the wider world flow from their experiences and are important barriers and facilitators to change. Andy was able to identify a number of positive events and supportive relationships in his childhood and, while Laura reported a happy childhood, she resisted many attempts to discuss her early years. Laura's own case notes report her experiencing sexual abuse and violence at home when young so this mismatch between Laura's narrative and case records was something that the Social Worker needed to consider further as a potential barrier to change.

This careful consideration of what helps and what hinders change was matched with an assessment of what was actually happening in family relationships and interactions. The Social Worker worked with a Social Work Assistant to look at interactions between parents and children at contact sessions. They planned this with the parents to make the sessions as 'normal' as possible and agreed to observe some specific tasks that would provide insight into relationships (such as playing a game). The Social Worker ensured that observations were purposeful by agreeing in advance with the Social Work Assistant what kinds of things they were focusing on (such as how responsive or attuned the parent was). As part of the plan for care and assessment, the foster carer supported the children through the sessions and provided the Social Worker with information on the children's presentation before and after contact.

In their analysis, the Social Worker was trying to answer the assessment question: "Can this parent change sufficiently or quickly enough to be able to meet each child's full range of fundamental needs within the child's developmental timescale?" To help them answer this question, they set out the information that they had gathered about barriers and facilitators to change alongside evidence of actual change that had been collected. They used the structure offered by the assessment framework to check that they had relevant and valid information, both from within the capacity to change assessment and wider multi-agency assessment. The analysis was complex but it identified crucially that, while the likelihood of change for Andy was quite high, change was unlikely for Laura with no indicators of her making significant changes during the period of assessment.

Using Goal Attainment Scaling (Horwath et al. 2018) the Social Worker could review Andy and Laura's alcohol use with them against these measures of achievement:

1	Much less than was expected
2	Less successful than expected
3	Successful
4	Somewhat more successful than expected
5	Much more successful than expected

This indicated that Andy had been more successful than he had initially expected and this could be linked to his motivation and reflection on the coping techniques and sense of self-worth that he had gained from the people who had cared for him as a child. Laura was less successful than she had expected and, while she linked this to the pressures of being observed and the stress of attending Hearings, the Social Worker noted the same patterns of behaviour in Laura as had been observed in different situations and circumstances over time.

Observations of parenting during contact showed that Andy was increasingly able to meet the boys' fundamental needs. He was nurturing and responsive although not always able to see things from his child's point of view. Observations of Laura's interactions with Dylan and Cory indicated that she struggled to prioritise their needs, often leaving Andy to play with the children while she messaged on her phone.

The capacity to change assessment provided a much clearer assessment of Andy and Laura's individual capacity to change sufficiently and quickly enough. It questioned previous assumptions about Andy's unwillingness to change his use of alcohol and provided evidence that, despite Laura's positive statements of commitment and love of her children, considerable barriers to actual change remained. As a consequence, the Social Worker needed to revisit the plan with the family and to explore the consequences of the emerging evidence that change for Laura was looking unlikely but that Andy may still be able to change sufficiently to meet Dylan and Cory's needs within their timescales.

The process – key messages

- identify and prioritise parental behaviours that need to change to secure the child or young person's safety and wellbeing
- identify the child's views, needs and experience now/at each stage and with reference to their previous experience
- establish the timescales for change required to meet the child or young person's needs within their developmental time frame
- negotiate meaningful and measurable goals for change. Establish a 'bottom line' of minimal level of acceptable change
- analyse the barriers and facilitators of change, and the evidence of actual change
- evaluate the extent to which the developmental needs are now being met

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15. Identifying and addressing neglect: applying the Graded Care Profile

Purpose of this practice insight

This insight introduces the potential use and some necessary considerations in implementing use of the Graded Care Profile 2 (GCP2).

Rights

The GCP2 fits well with the United Nations Convention on the Rights of the Child (UNCRC) Article 19.2, which requires that *"States Parties provide protective measures, procedures and social programmes which can provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up to …maltreatment."*

Context

Graded Care Profile 2 (GCP2) is one adaptation of the original Graded Care Profile. The original tool has also been (or is being) adapted in other areas to suit the needs of different geographical areas across Scotland. Within Glasgow the tool has been adapted jointly by Glasgow HSCP and Action for Children and published as the Assessment of Care Toolkit. The Assessment of Care Toolkit is being used in partnership with families, to support early intervention and identify where aspects of intensive family support might be required.

The GCP2 may be a tested example of a structured assessment tool but is not a national requirement. This structured and licensed assessment framework has been evolved by the NSPCC from the work of Srivastava (1995-2015). Recent evaluation (Smith et al., 2019) has found it to be a useful tool in assessment and addressing neglect in a way that is collaborative, promoting shared understanding and purpose; and transparent, aiding analysis of needs and evidence of progress.

The GCP2 enables a shared and specific understanding of strengths and areas for support for change. Current care is 'graded' in four domains: Physical Care, Safety, Emotional Care and Developmental Care, drawing on Maslow's Hierarchy of needs, and these are subdivided as follows:

- Physical Care: Nutrition, Housing, Clothing, Hygiene and Health
- Safety: In Parent's Presence (Awareness, Practice, Online, Traffic and Practical Safety Features) and In Parent's Absence
- Emotional Care: Parent's Responsiveness (Sensitivity, Timing and Quality) and Mutual Engagement (Initiation and Quality)
- Developmental Care: Age, Approval, Disapproval and Acceptance

Training, support and supervision should ensure that this tool is not applied in the manner of a 'tick box' exercise but as one dimension of work to achieve change together and to form such professional judgement as may be required. A purposeful and structured approach should be applied in a way that is compatible with the emphasis in the 'The Promise' on provision of a responsive 'scaffolding of support', and on a workforce trained appropriately and empowered to work in relationship with families.

What do the 'grades' mean?	
Grade	Description
1	All the child's needs are always met and the parent goes the extra mile. The child is always put first.
2	All essential needs are always met. The child is a priority.
3	Most of the time the essential needs of the child are met.
4	Most of the time the essential needs of the child are not met. The child's needs are placed second to those of the parent/carer's.
5	The child's essential needs are not met. May be due to intentional disregard. The child is not considered.

When may the GCP2 be useful?

- as part of collaborative early help with parents
- as part of collaborative planning with a 'Team Around The Child' (https://www.gov.scot/policies/girfec/)
- as part of a multi-agency child protection plan
- by Health Visitors and Early Years Workers as a basis for referral to social work
- as a component in planned collaborative work within compulsory supervision
- guidance accompanying the tool has sections explaining how it can be used more flexibly and with different populations such as teenagers

Who should be involved?

Parents/carers are the primary partners in the assessment. It is essential that they understand the reasons for assessment; methods used; and they should be encouraged to take part in grading and to self-grade. Children can and should be involved as much as possible and as appropriate in each situation. Their involvement and understanding is often an area of consideration that receives less attention.

All members of the 'Team Around The Child' have a part to play in assessment and scoring processes. If information is not known no score should be given.

Planning and Reviewing

When applied, the GCP2 Assessment is used to inform development of the child's plan. Targeted help is agreed and specified with responsibilities and timescales for reassessment and review of progress by the Team around the Child. Concerns may focus in a specific domain but a holistic approach to wellbeing, needs and strengths remains a principal part of the underpinning national practice model.

Supervision and self-evaluation

Supervision is essential for considering when the GCP2 is likely to be helpful and for supporting best application of the framework. For this reason it has proven necessary for team managers to be trained in GCP2. Completed assessments and reflections on grading, risk and progress are reviewed in supervision. Self-evaluation and quality assurance are necessary parts of implementation to ensure consistent and credible scoring and analysis.

Strengths of using GCP2

Local feedback echoes findings in the evaluation of the GCP2 (Smith et al 2019). Practitioners valued the potential for an honest, methodical, strength-based, transparent and holistic approach with families. A shared language and shared knowledge and understanding of neglect is more likely.

- *"I like that it's really visual. I used it with a parent with learning needs and she was quite resistant to start with but then when I sat down and went through the colours and numbers and really broke it down - she began to understand it more. When I showed it to her…, it made sense. She was able to see what was great and what was not so great and what needed to change."* (Social Worker)
- *"Everyone likes the parent leaflet; that makes things a lot easier than what we had before!"* (Implementation Lead)
- *"It's got online safety in it, that's dead relevant,… it feels less kind of punitive… I think families can say "Yeah, okay, we've worked through that; I can see there are bits that I might need to look at"* (Family Support Worker)
- There were some concerns about blind spots e.g. *"[When] family are spending on everything but the rent… lack of sleep/staying with different relatives all the time so [the child] never has the right clothing with them and parent's inability to see that some routine/stability is necessary."* (Training Officer)

Concluding comment: The GCP2 clearly identifies areas requiring further support. It captures and frames the quality of care a child receives at one single point of time. This can be revisited, following intervention, to gauge progress and if needs be, to refocus the child's plan. Overall the tool supports a solution-focused approach and is consistent with the values, principles and core components of the GIRFEC national practice model. Decisions can be made with greater confidence because they are better informed by evidence achieved in collaboration.

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16. Addressing Neglect and Enhancing Wellbeing (ANEW)

Purpose

This practice insight offers information on key themes and learning emerging to date from the Addressing Neglect and Enhancing Wellbeing (ANEW) programme. There is a strong focus here on multi-agency partnership and recognising and implementing components of successful engagement with parents when there are early signs of neglect.

Context

This focus aligns with the Promise (Independent Care Review 2020) which has given a sharp and strategic emphasis to early family support, also suggesting principles of intensive family support when this is needed (in Chapter 3). The interdependent Articles of the UNCRC are prefaced by the assumption that the *"family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community".* This topic links across to the emphasis within the National Guidance on Child Protection on preventative engagement and support as the best form of child protection and is included with strategic managers as well as practitioners in mind. At the same time, when there are concerns about harm from neglect there is a need for transparent and collaborative clarity between practitioners and families about 'what we are worried about'. For that reason there is also a brief companion insight about an approach to structured assessment of neglect.

Background

In September 2016, as part of the Child Protection Improvement Programme, senior leaders in three Community Planning Partnerships in Scotland agreed to collaborate with CELCIS to develop an innovative programme to improve the help offered to families experiencing multiple pressures where children may be at risk of, or experiencing, neglect (Addressing Neglect and Enhancing Wellbeing, ANEW). Key to the work was the need for collaboration and partnership working as acknowledged in Scottish policy and frameworks, "important problem issues facing society - poverty, conflict, crime and so on – cannot be tackled by any single organisation acting alone. These issues have ramifications for so many aspects of society that they are inherently multi-organisation. Collaboration is thus essential if there is to be any hope of alleviating these problems".[1]

Engagement with strategic leaders & the role of the local implementation team

Strategic leaders hold a fundamental role in enabling the conditions that promote and sustain implementation of new practices or programmes. Identifying and engaging with the right strategic leaders within health, social care, education, and the third sector to establish and strengthen the sharing of the right information at the right time is the foundation for the decision making that responds to unmet need. Having the right strategic leaders overseeing the work and taking the right intentional actions to advance the implementation process is central to expanding and scaling new practices within local areas. In ANEW the role of local implementation teams emerged as problem solvers acting as the container for complex change efforts, championing, sense making, supporting, coaching and providing strategic leaders with unfiltered, but analysed information about the intended and unintended consequences of organisational and policy decisions. Being able to hear about patterns of difficulties or commonly experienced barriers enables leaders to intervene quickly to help, clarify role and responsibilities to resolve barriers, and identify new processes to accomplish the original goal.

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1   Creating Collaborative Advantage, Chris Huxham, Sage 1996

ANEW practice example 1: the 'saying and doing' of effective practice for individuals in 'named person'/equivalent roles

ANEW follows an active implementation approach in which developing a 'useable innovation' involves describing the philosophy and values underpinning a practice; identifying the core components (key ingredients); operationalising the practice (i.e. what practitioners should be saying and doing); and developing an assessment/safety net tool to ensure that the practice is being carried out as intended.

During the early phase of engagement and exploration with stakeholders across children and family systems in ANEW Dundee, strengths emerged within existing GIRFEC practice. Central to the Dundee ANEW design was building on these strengths via three inter-related strands: support to named persons; best practices in parent and child engagement in assessment and planning; and timely access to community and third sector resources. To test and refine the new design, educational leaders from three primary schools and one aligned nursery represented a "slice of the system" which was large and diverse enough to be reflective of all levels of the whole system, but small enough to be supported by the local ANEW Implementation Team. In this initial phase of testing the redesign, normal rules were amended to allow new ways of work to be tested to determine if the changes were beneficial, sustainable and scalable.

Articulating a named person practice profile aimed to reflect the core concepts contained in national education and health policies and the **values and principles** of the GIRFEC named person function:

• Supportive of child development	• Strengths-based	• Unconditional positive regard
• Person-centred response	• Outcomes-focused	• Prevention and early intervention
• Best interests of the child	• Trauma-informed	• Relationship-based practice
• Full participation of children and parents	• Supportive of emotional containment (Solihull Approach)	

Working with professionals in this role, the named person practice was articulated to enable it to become teachable, learnable, doable and readily assessable (the 'useable innovation'). By defining named person practice in this way, it becomes possible for the function to be implemented with consistency and clarity. The profile is organised around the **four core components** of the GIRFEC named person function. While each is presented separately, the function attends to all four, dependent on the purpose of the interaction with individual children and families. The profile provides examples of ideal practice, developmental practice and unacceptable practice to inform, guide and support the practice of **health visitors, family nurses and promoted teachers** who hold the named person or equivalent function.
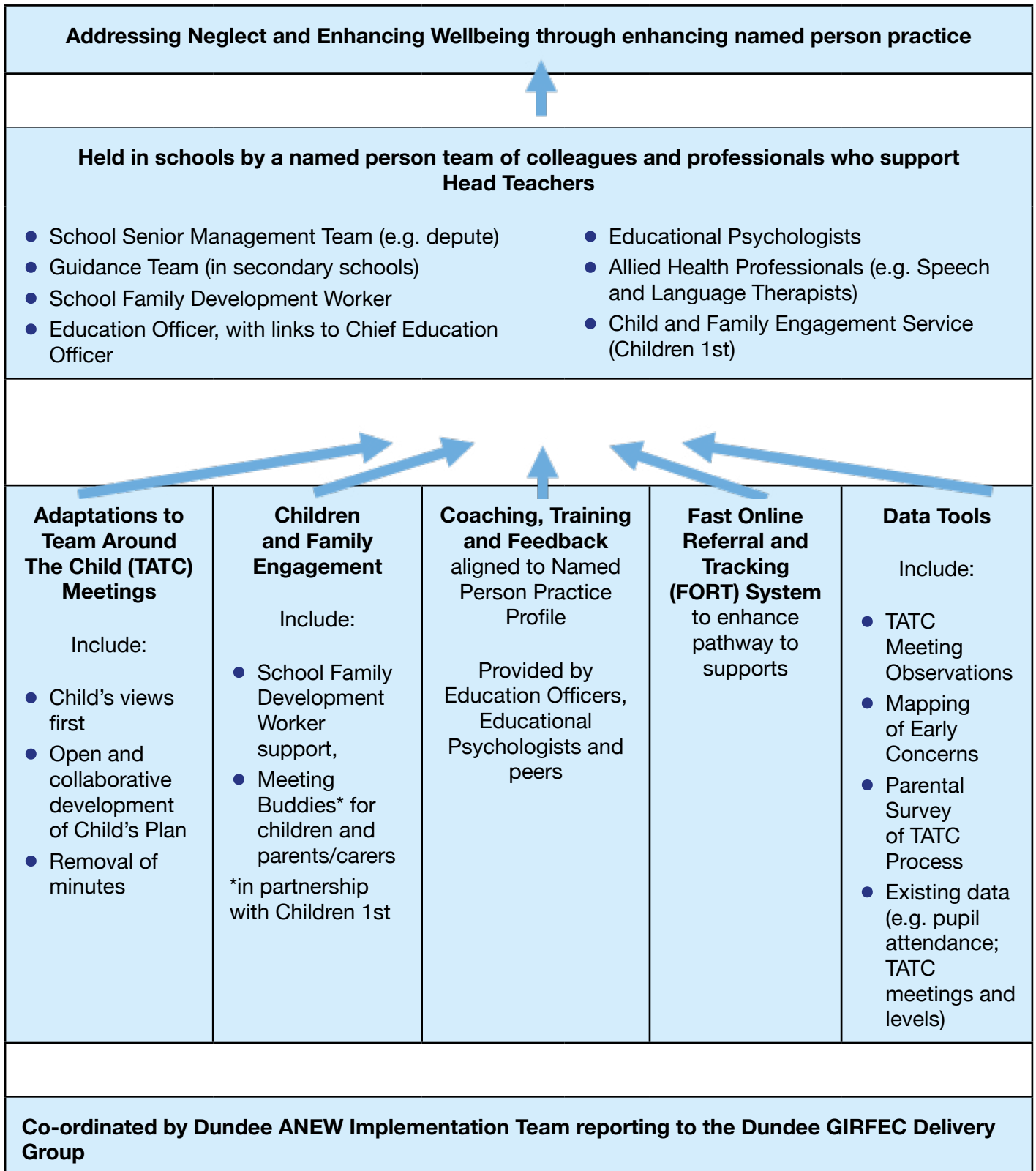
Build a warm, working partnership	Co-ordinate assessment and planning
• Build open, trusting and compassionate relationships • Listen to understand	• Continual overview of children's wellbeing • Respond to concerns • Co-ordinate targeted assessment of need • Plan together
Enable children and families to draw on informal and formal supports	Facilitate access to timely and appropriate supports for children and families
• Acknowledge and build on strengths • Build local knowledge and connections • Promote informed choice and self-efficacy	• Make, track and review service referrals • Review agreed actions and plans • Identify and report service gaps • Support children's transitions • Continuously develop practice

Coaching, Training and Feedback - for the named person practice to be effectively and consistently implemented, attention is paid to the selection, training and coaching of those undertaking the role and function and identifying where the coaching support will be within the local system. Within Dundee, the time and space for coaching and reflection mainly comes from the schools' linked Education Officer and Educational Psychologist, while fellow Head teachers could also play this role.

The diagram below shows how the Dundee design configured to enable and support named persons[2] to more effectively identify and respond to the wellbeing needs of children and families.

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2   The diagram has been drafted to focus on named persons in education

Addressing Neglect and Enhancing Wellbeing through enhancing named person practice

Held in schools by a named person team of colleagues and professionals who support Head Teachers

- School Senior Management Team (e.g. depute)
- Guidance Team (in secondary schools)
- School Family Development Worker
- Education Officer, with links to Chief Education Officer

- Educational Psychologists
- Allied Health Professionals (e.g. Speech and Language Therapists)
- Child and Family Engagement Service (Children 1st)

Adaptations to Team Around The Child (TATC) Meetings Include:	**Children and Family Engagement** Include:	**Coaching, Training and Feedback** aligned to Named Person Practice Profile Provided by Education Officers, Educational Psychologists and peers	**Fast Online Referral and Tracking (FORT) System** to enhance pathway to supports	**Data Tools** Include:
- Child's views first - Open and collaborative development of Child's Plan - Removal of minutes	- School Family Development Worker support, - Meeting Buddies* for children and parents/carers *in partnership with Children 1st			- TATC Meeting Observations - Mapping of Early Concerns - Parental Survey of TATC Process - Existing data (e.g. pupil attendance; TATC meetings and levels)

Co-ordinated by Dundee ANEW Implementation Team reporting to the Dundee GIRFEC Delivery Group

ANEW practice example 2: strengthening child and family engagement

Adaptations to Team Around The Child (TATC) meetings – learning from the experience of the children, parents and professionals involved, a more child-centred approach to TATC meetings was developed and tested:

- Children and parents/carers were offered the option of having a Meeting Buddy (via Children 1st) to support them to express their views and experiences.
- The child's voice was heard first in the meeting, followed by those of parents/carers.
- Writing and agreeing the Child's Plan during the meeting, doing so in a participatory and transparent way – such as using a SMART board or flipchart.
- Providing a copy of the agreed, 'plain English' one-page Action Plan for participants to take away at the end of the meeting.
- Removing the verbatim meeting minute where less complex support is needed.
- Embedding reflection time after each meeting, to support practitioners to discuss what went well and what else is needed to maintain consistently high quality practice (with the help of tools specifically developed to do so).

Results from testing to date

- **Greater focus on the child's needs, with the child being kept at the centre.** By having the child's views expressed first, the meetings have become more solution-focused, with greater emphasis on the child's plan. Participants have commented on calmer meetings, less focused on discussing the negative issues.
- **Increased participation in meetings.** Creative ways were introduced for children, parents and carers to have their voices heard. One child annotated their previous child's plan with 'post-it' notes and the notes were used to structure the next meeting. Another child baked biscuits so that they could contribute to the meeting, despite not feeling confident enough to attend in person. After the meeting their meeting buddy explained the words on the plan to the child.
- **Greater parental understanding of the actions and increased feelings of accountability for everyone involved in the process.** The one-page action plan was particularly well-received. Transparency was described as a positive step, as parents can see what is being written about them and that everyone is focused on the same outcomes, without suspecting hidden agendas. One father (suspected to have literacy difficulties) commented that the one page plan was the first plan that had actually made sense to him. Named persons reflected that always being solution-focused and getting agreement from people in the process increased feelings of accountability, and that leaving the meeting with an action plan meant everyone was clear on their tasks. Parents started to bring their plans back to the follow up meetings, which had never happened before, while others made notes on the plans.
- **Freeing up of named person capacity.** Named persons found that drafting the Child's Plan during the meeting and removing the verbatim minute substantially reduced the amount of time spent completing duplicate paperwork.
- **Increased capacity of school staff to support children, parents and carers participation in decision making.** Training and information sessions were offered about the buddy approach (delivered by Children 1st) to interested school staff. Consideration is now underway to increase meeting buddy practice within the workforce by partnering with third sector advocacy organisations and enabling existing buddies to coach others, thus developing a cadre of local child and family meeting buddies who can support, sustain, and spread the practice across the community partnership.

ANEW practice example 3: data - building the engine for meaningful improvement

Central to the sustainability of ANEW is the development of a set of tools to facilitate data collection and analysis to inform decision-making at practice and strategic levels. Use of these tools provides actionable feedback to practitioners and named persons, allowing them to adapt and strengthen their practice and creating a culture of continuous improvement. Although the most concentrated involvement and contribution in the ANEW Dundee area began in primary schools, the interest and involvement of early years settings grew organically to include health visitors. Education and health visiting teams agreed to undertake new ways of working within the ANEW design, including chairing meetings in a more informal and child and family friendly way, co-creating plans in real time with families during decision-making meetings and providing and receiving feedback after each meeting (including parental feedback).

Fast Online Referral and Tracking (FORT) system – the ANEW exploration stage found that Dundee has a wide range of services to support children and families (housing, food, mental health, drugs and alcohol, welfare and financial inclusion), but named persons had only partial knowledge of these. To address this, FORT (an online referral system) has been established enabling named persons to make a single referral to FORT. This referral is then matched to the most appropriate local support. The data gathered through FORT, in terms of referrals made and the demand for different type of child and family supports, can then guide local service planning and commissioning.

Data Tools – to complement the existing children and families' data recorded in local services' Management Information Systems, a set of tools have been developed to provide actionable, real-time feedback to practitioners and named persons. The tools support continuous improvement and provide an input to the coaching of named persons. Testing of these tools is ongoing with need for adaptation and re-grouping in response to the impact of COVID-19.

	Adaptations to TAC Meetings	Children and Family Engagement - Meeting Buddies	Named Person Coaching, Training and Feedback
Practice Profiles Articulate core components of the practice	N/A	• **Meeting Buddy Practice Profile** (developed in partnership with Children 1st)	• **Named Person Practice Profile** (developed in partnership with health visitors & head teachers)
Tools – in testing	• **Team Around the Child Meeting Observation Tool** (to observe/measure whether meetings are child-centred, strengths based and solutions-focused observed by Health Visiting team leads, Educational Psychologists) • **Parent TAC Process Experience Survey** (to assess parental experience of process; self-/supported completion)	• **Meeting Buddy Fidelity Tool** (to observe/measure whether practice delivered as intended; observed by Children 1st) • Data also provided via Parental TAC Process Experience Survey	• **Early Concerns Mapping Tool** (to capture number and types of concerns within schools & Health Visiting caseloads, and how responded to; completed by schools and health visitors; contributes to increase understanding of need)
Tools – future work	• **Child TAC Process Experience Survey** (to assess child experience of process; self-/supported completion) • **Child Plan's Outcomes Measure** (to assess and evidence impact of actions agreed in Child's Plan; at review meeting)	• Data also provided via Child TAC Process Experience Survey	• **Named Person Fidelity Tool** (to complement the information gathered through the TAC Meeting Observation tool; observe/ measure whether practice delivered as intended)

Further learning from ANEW

Enabling complex change and improvement is interactive, non-linear and iterative. Learning from the ANEW programme is peer reflected via communities of practice. Online updates and practice examples are published on the CELCIS' website and shared nationally with colleagues in protecting children networks across Scotland.

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Postscript

Additional changes in the context of COVID-19 lockdown

With the shift from schools to Family Support Centres in mid-March 2020, appropriate supports to vulnerable children and families in Dundee became a shared focus across universal, targeted statutory, and voluntary services. The following points have been captured in relation to how schools have been responding to health and wellbeing concerns during lockdown:

- increased levels of communication through less formal structures - e.g. Education Officers, Head teachers and School Family Development Workers working more closely to connect with families through phone calls, emails and virtual channels
- central role of School Family Development Workers in ensuring family engagement and responding to practical needs of children and families
- loosening of structures and increased levels of trust - people are being trusted across the system to 'get on with it' and not having to cut through layers of bureaucracy. This has facilitated leaderships at multiple levels across systems
- challenges in hosting (virtual) TATC meetings, leading to a sequence of meetings for a child with limited family involvement
- challenges around different perceptions of risk and vulnerability across services – e.g. between education and social work

The named person role and function continued during response to the COVID-19 pandemic. ANEW Dundee still recognises the need for, and power of meaningful child and family engagement, and more than ever children and families need access to the right supports at the right time. Continued efforts are being made to learn from the best emergent practices, develop an understanding of 'what works' during these conditions and to respond as quickly as possible to the unmet needs of children and families.

17. Child participation: sharing a child's protection plan with a child

Purpose of this practice insight

This practice insight is about making a child protection plan meaningful to a child.

Rights

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) is integral to all protective decision making. A child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child. These views must be given due weight in accordance with the child's age and maturity. It also means that information and support for participation must be honest and accessible, attuned to each child's needs. The first of the five foundations of care defined by the Independent Care Review (2020) is 'voice'. Section 27 of the Children's Hearings (Scotland) Act 2011 echoes these expectations. The experience of pre-verbal/non-verbal children must also be a central consideration in plans.

Participation is closely associated with recognition of the child's needs and experience. 'Feeling safe' does not necessarily follow from 'being protected'. Feeling safe is likely to be associated with the child's experience of stability; of caring relationships; and of feeling listened to and understood. This insight attempts to support recognition of what is important to the child throughout child protection processes.

Connecting processes: sharing a child's protection plan in writing is one link in meaningful participation, which includes support:

- before the meeting: informing and preparing
- during a meeting: ensuring views are heard, reflected and recorded in plans
- after the meeting: ensuring understanding and responding to questions

Learning about participation. Evaluations in Scotland (CELCIS 2019) indicate that:

- even at the inter-agency referral discussion stage, the child's experience is central
- a worker or other family member may convey a child's views or experience when it is not in the child's interests to be present
- there are a wide variety of promising approaches to helping a child share their views, depending on their communication needs and circumstances. These could include use of short videos or audio messages, drawings, 'Avatars', Talking Mats, an 'Empathy Map', Viewpoint, Three Houses, Mind Of My Own, Makaton and other Inclusive Communication resources
- advocacy can be effective in supporting understanding and participation
- effective multi-agency child protection training includes exercises on listening to children's views, explaining roles and considering how a child's rights and wellbeing are interconnected in case examples
- before the meeting: questions brought to/for the meeting by the child can be put on a card, using plain language. (You/Ellie asked…) The other side of the card might be decorated by the child
- at the meeting: consider writing three main decisions from the meeting on a card. The child can decorate the other side of the card

Aims in sharing child protection plans with children include:

- explanation about the purpose of meetings and plans
- sharing understanding of the situation from the child's perspective
- helping a child understand their rights and options
- building trust through honest, accountable and reliable interactions
- supporting the child to 'navigate' and take part
- ensuring their voice is heard in planning and decisions
- looking back with the child in order to make sense of key decisions

In order to shift the emphasis of communication in sharing of a plan, from the concerns and needs of the adults, to the needs of the child, the following practice options are recommended:

Writing a letter and sharing a record of the meeting for/to the child:

- imagine talking to the child and therefore using the second person, '*you/Ellie*', rather than the third person, 'he/she'
- be honest about what people are worried about and the reasons for decisions
- the child's views should be clear alongside reasons why they can or can't be fulfilled
- personal and positive news which the child wanted to share should be stated in balance with the more difficult issues about the child's past, present or future that affect the plan
- use plain English (e.g. instead of 'contact' and 'sibling', consider 'when you see your mum or dad', and your brother and sister/John and Cassie)
- share the plan/letter promptly so that the child can connect with the detail
- if something is too painful or inappropriate to share with the child in writing, then consider the use of a 'Restricted Section' of the minute for professionals only. In most cases the child needs the plan to be clear on what they and others are worried about and what will happen to keep her/him safe
- in future, this type of record can help social workers and the child to talk together about what has been decided and what has happened in their life
- direct information should include personal touches reflecting what is most important to the child. Many young people say that they like receiving letters through the post

Considerations in writing a letter or sharing a record:

- does any of this information put the child at risk?
- what does the child need to know now?
- what do professionals need to know to keep the child safe?
- what do parents need to know to understand how we are working together?
- are key decisions (and who will be carrying them out and when) clearly defined?
- am I using language that child and family understand?

Child protection as safety in the round. The approach to child protection in the revised National Guidance for Child Protection in Scotland emphasises children's **rights, resilience and relationships**. The following elements are inseparable from the experience of emotional and physical safety and wellbeing and are critical in the content of child's protection plans: *having people who care about you; experiencing stability in home base and relationships; growing through being given expectations, encouragement and support; and being able to participate and achieve* (SWIA 2006). These matters should receive attention in the content of a child's protection plan and in the process of sharing understanding about what is happening and why.

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18. Participation and engagement

Purpose of this practice insight

The content comes from the views of children and adults with lived experience of child protection processes. They shared their understanding with practitioners in relation to (i) decision making and planning, and (ii) keeping children safe.

This practice insight complements a companion insight on 'Child participation: sharing a child's protection plan with a child'. Themes significant to them are anchored to quotes drawn from 'The Promise' (Independent Care Review 2020). In this insight, 'child' may refer to children and young people up to the age of 18.

Decision making and planning: how children and families participate in meetings and how their feelings are heard and understood

Key messages from children and families

- take time to explain the purpose of meetings and meaning of decisions
- take time to help us understand and come to terms with decisions
- give us time to think about and understand what is happening
- help us feel able to ask for explanations
- when we feel understood, we feel more in control of day to day life
- when we are involved in planning, we feel part of plans that are for us
- help us (children) keep in connection with people that are important to us. Sometimes it makes a difference to have the freedom to leave a meeting to make a phone call

Perspectives on social work engagement

"Just because I'm a young person I have a voice that deserves to be listened to. However I feel that I have had no say about my life, until now." The young person who said this felt that support and advocacy from residential staff helped them turn a difficult corner. Until this point, fleeting contact with a sequence of social workers co-ordinating the child protection plan had made it difficult to build understanding or trust.

"…when something bad or uncomfortable has happened, she always speaks to him positively and doesn't make him feel any worse or judged." This comment came from an advocacy worker for a child in a children's house, reflecting a child's positive experience of a social worker.

"Current child protection processes are seen as designed for and by adults. This makes it difficult to support children and young people to participate." This theme arose consistently from staff and advocacy workers supporting children.

Anchor in The Promise: *"Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring decision-making culture focussed on children and those they trust."* (The Promise, page 12).

Decision making and planning: what children said about how they are supported to share their views in meetings

- *"I really like having time with (key worker) before any meetings because she can help me to talk in the meetings about things that are important to me"*. Positive relationships with key staff gave this child confidence to express their views and opinions.
- it is not solely the responsibility of the allocated social worker to hear and act upon his/her thoughts and opinions. All the adults involved should take time to listen
- the location and timing of meetings makes a big difference to who can attend. When it is safe for them to come, children feel it is vital that family and significant others are supported to come and take part
- the advantages and stresses of having meetings in a school setting should be considered in each situation, from the child's perspective
- sometimes it is right that younger children only attend a part of the meeting. Every situation is different. However, the child's needs and experience is always the central focus
- a child should be allowed to speak to the chair of the meeting or to a smaller selection of professionals at the start or end of a formal meeting, to make sure they get to participate if they want to do so
- an independent person, like an advocacy worker, can be a vital bridge to ensure a child's experience and views are carried through adult stresses into the centre of the meeting
- however, advocates explained that it was key to their role that they should not be asked to express a view as to whether a child should be on the child protection register
- advocacy can have its limitations. Advocacy workers are not always able to resolve issues that had been raised. There is not always a choice of advocate and '…some children may not be deemed entitled to an advocacy worker.'

Anchor in The Promise (page 14): clear focus on children's needs and wishes.

Decision making and planning: what we heard about how children are prepared for meetings and understand the meaning of decisions made

- *"It helps when I know what we're going to talk about, and I have time to speak it over"*
- children need preparation for potentially difficult discussions
- at times professionals naturally try to "protect" children from some of the detail behind decision making. At the same time, children usually want workers to share information that they need to understand, without delay
- finding out vital information, late in the process, or in an unplanned and unsupported manner may cause confusion, distress, distrust and shock
- some foster carers were critical when a procedural approach undermined a focus on the child's voice and needs
- meetings can be overwhelming for family and especially for children. It can be difficult to take everything in
- all professionals, including the person chairing the meeting, must support the child's understanding of decision making and planning. This should be considered in preparation for the meeting, during the meeting and afterwards
- positive feedback was given about meetings in which a child's views are presented first; and when a plan is formed, incorporating the child's words, needs and experience
- by contrast a carer commented *"I've found that when meeting with children on Child Protection Register, they have lots of questions. They want more information about what is happening. From the child's perspective, the social worker mostly talks to parents or adults and doesn't often engage with the children."*

Anchor in The Promise: *"Active listening and engagement must be fundamental to the way Scotland makes decisions and supports children and families. There is no simple formula or standardised approach that will suit all."* (The Promise page 13).

What we heard about how information is presented and shared

- children can be disturbed by the amount of information given out at meetings about them, especially when there is detail which is no longer relevant; or which is very difficult to share in front of certain others
- the paperwork *"…was a timeline of everything bad I've ever had done to me, or that I've done"*. It can be hard to read and take in
- it can cause shame when certain detail is available "to teachers etc." Having 'no say' about what is shared can make a child feel distressed, anxious and angry
- *"I like to hear what's happening and need to know what people are saying about me, even if it's stuff I won't like."*
- *"I found out why I was in care from reading reports when I got older."*
- *"I don't like it when I get kicked out of my own meeting. Sometimes they will invite me in, ask me to leave for a bit and then bring me back in again. I know they've been talking about me but I don't know what they've been saying."*
- clear explanations can sometimes lead to a child sharing more openly. For example, when an independent Guardian listened to a child's experience beforehand and explained the meaning of the words 'trafficking' and 'exploitation', a child was better able to share more about what had happened
- sometimes residential staff and foster carers feel excluded from discussion and decision making. Yet they are required to support the child afterwards. Respect for the unique contribution of each part of the team is essential

Anchor in The Promise: *"Scotland must ensure that the right information is shared at the right time and that those close to children are heard. The starting point for any decision must be how to best protect relationships that are important to children."* (The Promise, page 14)

What we heard about experiences of help offered to child and family

- making it possible to take part. *"I hate it when I don't get to go to my meetings. I also wish they would have them in the evening or on the weekend so that my Dad could come too."*
- processes may be formal. To be effective they must also be managed with sensitivity and recognition of the personal circumstances of the key family members
- if expectations are presented in an adversarial and rigid manner, they are experienced as an ultimatum. This can create conflict and erodes confidence in the process
- listening is critical. *"I was told that if I didn't engage with mental health services then I would not get unsupervised contact with my baby! I felt it was either the social work way or no way, why would anyone not listen to me?"*
- flexible support can reduce anxiety and make situations manageable. One children's house manager advocated for an individual to stay with his girlfriend and baby when the COVID-19 lockdown occurred. Staff were on hand to ensure support and safety
- recognition rather than 'instruction' is key to successful practical support. A young parent was courageous enough to speak about her struggle to be a nurturing parent and gave an example of what she found difficult. She needed and responded to empathy from those hearing her and guiding next steps
- sometimes parents may not fully grasp what needs to be done, because of their experience of criticism and the absence of recognition and validation of strengths
- like children, parents can feel disturbed and shocked again by hearing information about their own experiences. They can feel exposed when information is shared with those who do not absolutely need to know
- support too often arrives too late and is not always enough or for long enough when it comes

Anchor in the Promise: *"Risk and Safety - Scotland must broaden its understanding of risk. This is not about tolerating more risk, or becoming more risk enabling. It means ensuring Scotland has a more holistic understanding of risk that includes the risk to the child of removing them from the family. There must be a shift in focus from the risk of possible harm to the risk of not having stable, long-term loving relationships."* (The Promise, page 16).

Keeping children safe: what we heard about how individuals and agencies work together to ensure children are safe and protected

- large numbers of professionals in meetings make it difficult to feel a sense of trust and understanding
- without a sense of trusted, caring relationships around, it is very difficult for children to voice their anxieties, needs and views
- foster carers are key partners in preparation for meetings, supporting the child and helping them understand afterwards
- example of an approach that helped: *"a kind of 'memory box' which a story about a child entering foster care, and a "big book of facts"* about what his rights were and what he could and couldn't do."
- children are more likely to feel confident in speaking with people who have taken the time to get to know them, and more likely to contribute at meetings when the purpose and structure have been explained to them
- it is essential to find common ground with parents and family – everyone wants the child to be safe
- parents, carers and professionals all underline the need to use plain language, be sensitive, and appreciate each person's point of view

Anchor in the Promise: *"When children talk about wanting to be safe, they talk about having relationships that are real, loving and consistent. That must be the starting point. Scotland must prioritise that message from children over rules that have too often failed to keep them safe."* (The Promise, page 17)

What we heard about how individuals and agencies work together to support family members

- some individuals identified the importance of "having someone who is there to only help you communicate your views", but who does not have the responsibility of other roles or service
- parents may be afraid of asking for support because of the consequences. Feelings of stigma and fear of being judged are powerful in child protection processes
- for some young parents the process of child protection intervention can contribute to feelings of being out of control, confused and helpless. Examples of good practice were characterised by making reliable time to meet with both parents to allow confidence and trust to build
- professional relationships should convey respect, recognition and care. Key messages are that 'you matter, you're valued, you belong'
- parents need to feel heard and understood: *"I was informed that due to my behaviour, my daughter would be placed on the register… I was only allowed supervised contact. I was really upset about this, as I had not taken any substances for 2 months before she was born and I was trying to turn my life around. I was so angry, I didn't think my daughter's social workers were seeing me as a real person, they just saw my behaviour."*
- parents struggle with discontinuity and gaps in communication, for example when workers who had initially been involved in their child being placed in care disappeared. It is essential to parents that key staff have the background knowledge or understanding about how the child came to be placed
- some (care experienced parents) commented that as young adults, they had felt unsupported by the state and left to cope on their own, but that as soon as they were about to have children of their own, the state intervened

- some parents report lack of knowledge about their rights as parents. Others described the pain of realising their children were likely to be removed from their care. This pain was not always reflective of disagreement with the decision to remove the children, but instead reflected their lack of knowledge about how to maintain contact, remain in their children's lives, and manage their loss or guilt and sometimes how to fight for the children to be returned to their care
- parents and professionals need to have a shared understanding about what progress is expected and what progress has been made a need to better understand progress that has or has not been made by those supporting the families involved
- this includes co-ordinated follow up when an agreed action has not been completed and how it should be addressed
- effective meetings: when focus on the child's needs and experience is not lost amid details about recent events and adult concerns about the parent's life
- effective relationships: when parents feel decisions are made 'with' and not 'for' them
- effective plans: when everyone involved keeps to commitments and timescales

Anchor in The Promise: *"The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and to be compassionate in their decision-making and care."* (The Promise, page 96)

"If children are removed from the care of their parents, Scotland must not abandon those families. Families must continue to be provided with therapeutic support, advocacy and engagement in line with principles of intensive family support." (The Promise, page 63)

Theme	Practice considerations
Decision-making and planning	
Young people and families' participation and feelings and views	• Establishing a good working relationship between lead professionals and family members. • Consistency of relationship between initial CP process and longer term working/care relationship. • Enabling space and time for clarification and reflection to help inform recommendations and plans. • Focus on asset and respectful based discussions with parents and children.
Support to share views	• Consideration of independent advocacy, by someone who is not party to the decision-making processes. around risk assessment. • Giving children and families separate time with chairperson. • Accessibility and flexibility around meeting times and location to ensure genuine participation of key family members.
Pre-meeting preparation & understanding decisions made	• Embedding a rights-based approach to setting up and running CP meetings. • Identify "key relationship" for child/family to help them to feel comfortable and involved in the process. • Focus on helping the child understand the decisions being taken and what this will mean.
Information sharing	• Child centred communication prior to, at and post meeting. • Ideally presented by advocate/independent person who is not part of the decision-making team but there to help child/family understand. • Clarity about who is attending and what needs to be shared with whom.
Help and support to family	• Identify and build on strengths in response to concerns. • Recognise the value as well as challenge of care experience. • Community based support where possible. • Plain explanation of decisions.
Keeping children and young people safe	
Working together	• Work for collaboration between professionals and family members as far as possible. • Consider tools/approaches which might help each child understand their situation and decisions made.
Family support	• Show empathy and respect to families in crisis. • Listen to and develop plans together with families.
Action taken and impact on family	• Ensure the family understands child protection processes. • Work for a shared understanding of risks and strengths. • Keep within agreed timescales to reduce drift.
How families are treated	• Provide support as and when agreed. • Work at family's pace.

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