Day 4 Pre-appointment Training & Assessment

The role of the safeguarder in gathering & analysing information

Aim

To consider and reflect on the role and responsibility of the safeguarder in gathering & analysing information.

Learning Outcomes

By the end of this session, participants will:

1. Consider the process of assessment from the perspective of safeguarders.
2. Have increased knowledge of assessment tools utilised by professionals.
3. Examine the role of reasoned analysis in making recommendations for children.

Day 4 Pre-appointment Training & Assessment

The role of the safeguarder in gathering & analysing information

Programme

Coffee/ registration / networking

Introduction to the day

What is assessment?

Introduction to Lucy

Comfort Break

Common issues in inter agency assessments

Case studies

Tools

Lunch

Analysis

Revisiting Lucy and Recommendations

Resistance, Tipping Points and Line Dancing

Review of day

Next steps & home

The role of the safeguarder in gathering and analysing information

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By the end of this course participants will:

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- Examine the role of reasoned analysis in making recommendations for children.

Think on your own for a few minutes

What is the purpose of assessment
- For professionals?
- For parents/carers?
- For children ?
- For safeguarders?

In what ways do you involve and represent children's views in your assessment?

What is the purpose of safeguarder reports?

Assessment

Assessment in itself is an intervention which may provoke significant changes.

Start of a therapeutic relationship

Baseline to measure change

Paint a picture

Understand what intervention is useful

In substance use - basis for treatment decisions

Not simply a tool

Tools in themselves do not provide an analysis of a child's situation

Review

Role and Views

Lucy

Set of papers

Initial take

What are you going to investigate and **why**?

The purpose of assessment is to understand what it is like to be that child and what it will be like in the future if nothing changes.

Example:
Assessing Substance use

Over focus on amounts of substances

Attention to pattern of intoxication, withdrawal, duration considering impact on cognition and behaviour on child

Other factors domestic violence / mental health

Age of the child and their self protection ability - under 7 Often viewed as an incident rather than a process

Need to make stronger connections between DV MH SM Workers accepting parents minimising abuse /violence/ substance use

Challenges in Assessment

Rule of optimism

Adoption of questioning/investigative approach

Intuitive rather than analytical

Importance of shared chronologies

Start again syndrome

Overemphasis on substance use

Impact of detox on children and wider family dynamic of change

Faith / Religious Beliefs

Cultural relativism

Love = care giving and protection

'One of the most common, problematic tendencies in human cognition … is our failure to review judgements and plans – once we have formed a view on what is going on, we often fail to notice or to dismiss evidence that challenges that picture.'

(Fish, Munro and Bairstow 2009: p9)

What assumptions have you made ?

The assessment of parenting capability and capacity to change needs to reflect the complex reality of child protection cases, including consideration of the individual challenges and wider environmental problems faced by families; how multiple problems interlock; and the potential impact of factors such as coercion or the pressure on parents to present themselves in a positive light.

DOE 2014:11

What about the young person ?

SCR findings: Declan Hainey

Quality and robustness of the assessment of the risk
understanding of thresholds of risk;

A focus on mothers needs and failure to
fully consider potential risks to Declan;

An overly optimistic view of progress;

Quality of information sharing between professionals;

Lack of understanding of agreed actions and
Lack of clarity at handovers and closure of involvements.

Exercise of Reasonable Professional Judgment.

I did not accept the submission made on behalf of Renfrewshire Council that the professional judgments which were made during the assessment process up to the post-birth meeting were 'reasonable professional judgments'. Despite the lack of full information gathering, those involved in making those judgments were well aware of the history of the pregnancy, Kim Hainey's complete failure to prepare for the birth of her child, her reluctance to cooperate in the assessment process itself, the fragility of family relationships, her chaotic drug history and the instability of her life and housing situation up until only a few weeks prior to the birth of Declan.

The risks to Declan were never analysed properly.

Had professional judgment been realistic, as opposed to over-optimistic …

Case Study

Thresholds: She did not stand out as 'vulnerable' in a deprived community. She did stand out as 'vulnerable' in a more affluent area but it was not reported

Information sharing: Reluctance to share information by professional particularly GP and education staff in this case (child not formally in CP system)

Data Protection / confidentiality: confusion about circumstances of when to share information

Recording information: examples of mislaying, losing and destroying information

Roles and responsibilities: Lack of clarity about role in child protection

Children Missing: In this case 'the child vanished from view'

'All the information was not put together in order to assess risk and take appropriate action'

'there were markers of vulnerability from the moment that she was born'

When is an assessment complete?

Updated?

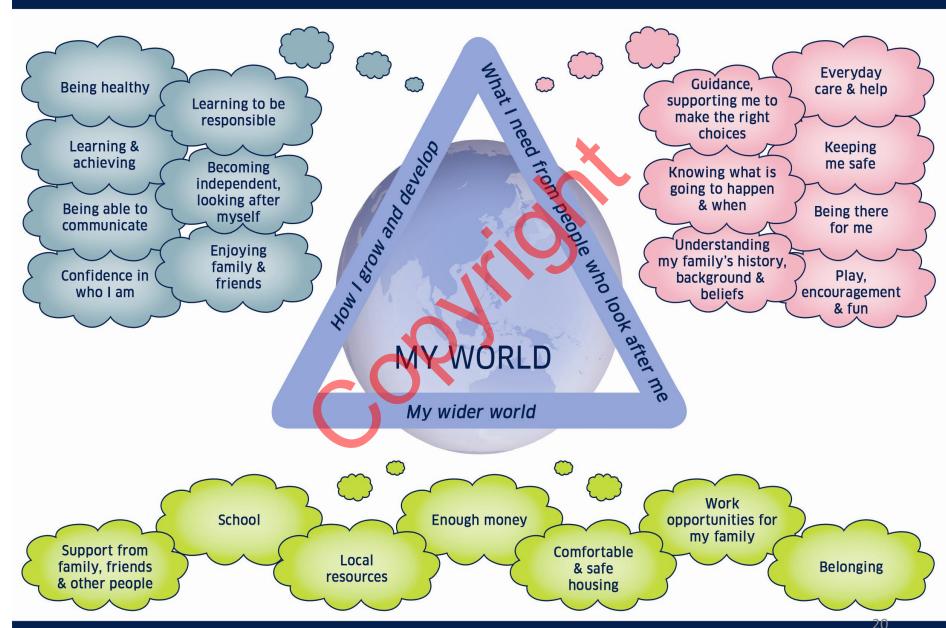Full account of child's life - often focussed on adults needs /issues

New info needs new analysis
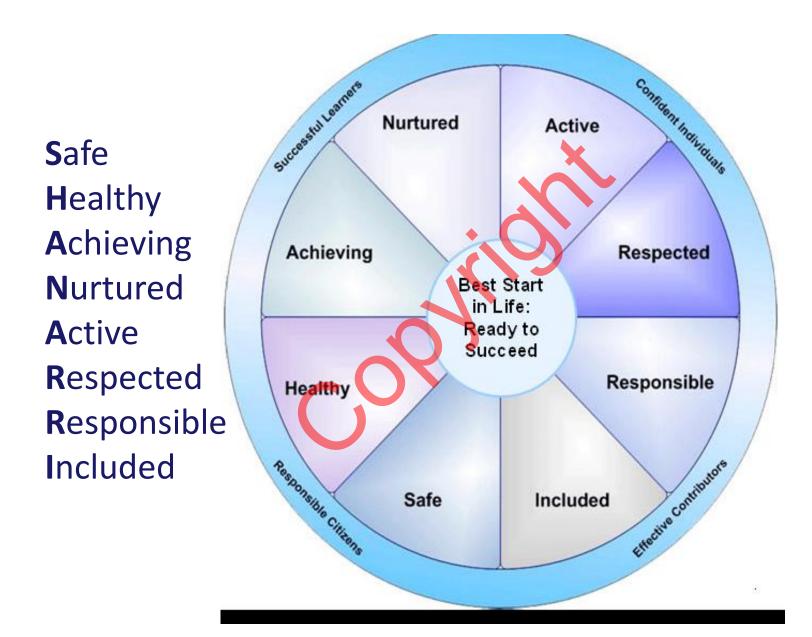
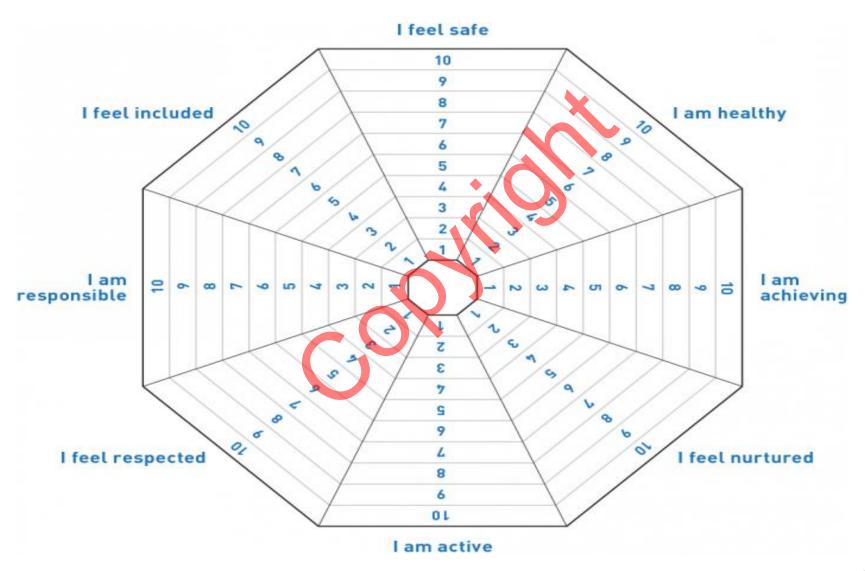Different professional views

Different views of 'regular' 'chaotic' …
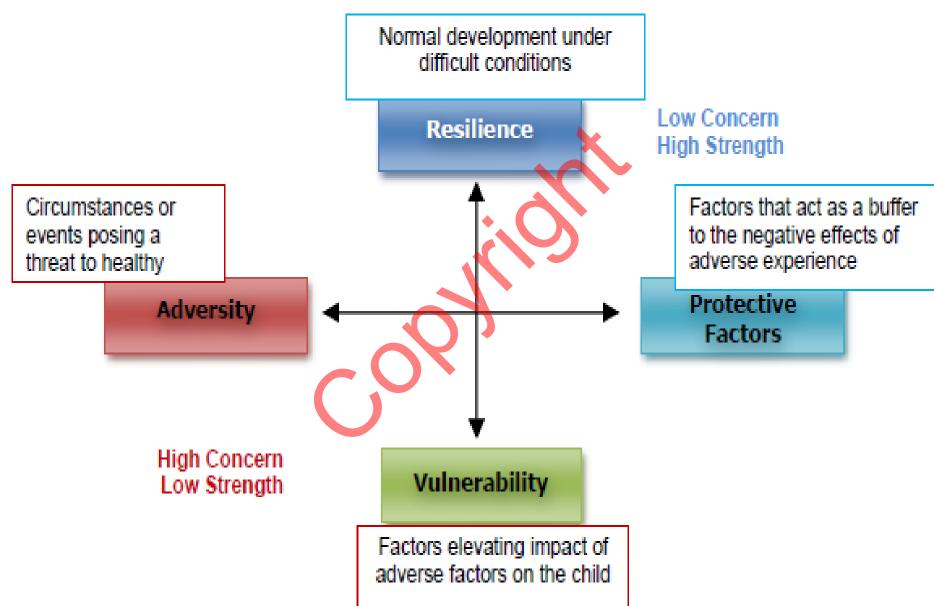
Futureproof decisions?

My world triangle

Being healthy

Learning to be responsible

Learning & achieving

Becoming independent, looking after myself

Being able to communicate

Confidence in who I am

Enjoying family & friends

How I grow and develop

What I need from people who look after me

MY WORLD

My wider world

Guidance, supporting me to make the right choices

Everyday care & help

Knowing what is going to happen & when

Keeping me safe

Understanding my family's history, background & beliefs

Being there for me

Play, encouragement & fun

School

Enough money

Work opportunities for my family

Support from family, friends & other people

Local resources

Comfortable & safe housing

Belonging

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The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

Safe
Healthy
Achieving
Nurtured
Active
Respected
Responsible
Included

Measuring change tool

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Resilience-Vulnerability Matrix (Daniel, Wassell and Gilligan, 2010)

Normal development under difficult conditions

Resilience

Low Concern
High Strength

Circumstances or events posing a threat to healthy

Adversity

Factors that act as a buffer to the negative effects of adverse experience

Protective Factors

High Concern
Low Strength

Vulnerability

Factors elevating impact of adverse factors on the child

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Low strength/ high concern	High concern/ high strength
Parents are likely to be at the pre-contemplative stage and unlikely to move from this position. Families assessed to be in this category are the most worrying. The children are likely to need to be looked after, probably long term. The length of time in care will be dependent on the parent's ability to change, however their own upbringing may have left them too damaged to change.	Parents may be more willing to change at this level. There will be parents at different stages of change. There could be worries about children living in these families and alternative placement may be an option however this depends on the parent's ability to change. There is more scope for working with families in this group and less need to separate.
Low concern/ low strengths	Low concern/ high strengths
Families in this group are highly unlikely to need care. These are the referrals that are likely to be referred on a number of occasions before they are willing to change. Community resources are the best outcome. This group of children/young people should not come in to care as generally there are no issues to put the child at risk at home.	Network of support and supervision is available to child/young person. Families in this group are generally of little worry and would probably benefit from standard support systems, school, GP etc. Generally these families should not be referred to social services as their needs are similar to the standard population. They may need advice and guidance from standard services.

Graded Care Profile

Concerned about judging the *quality* of care – helpful in identifying neglect

When is care good enough?

Do recognise these types of parenting ?

What is it like to be that child on either side of the threshold you have made ?

BUT…..

safeguarders
panel

Tools require the exercise of professional judgement in the way in which they are used

Practice should dominate the tool; the tools should not dominate practice

Analysis in Assessment

Tendency to form quick, fixed ideas about a child's situation

Difficult to accept different views

Filter all new information through this lens

Analysis is a process which should lead to understanding what has caused the difficulty and what needs to change.

Workers develop a idea / explanation for an event / behaviour and test this against other explanations and their own assumptions, biases etc.

We are looking to generate hypotheses and decide upon which is the least likely to be wrong.   (Holland, 2004)

A concern has been raised by a teacher to say they are concerned about a 7 year old girl whose parents have not turned up to collect her.

Her parents use drugs and there have been concerns in the past about neglect.

What might be happening?

Parents have just started working and are late getting away?

Parents are stoned / have overdosed?

Parents have been arrested / are in custody?

The child is scape-goated and neglected?

Something else has tipped the family into crisis?

Analysis is influenced by practice wisdom, personal values, formal knowledge amongst other things.

Workers are likely to form an explanation quickly, and then seek information around that hypothesis which confirms it.

We need to reappraise initial assessments (Munro, 1999) or risk 'unconflicted adherence' where new risks are discounted.

We also need to seek evidence that *disproves* the hypothesis.

Analysis involves sorting through complex & contradictory pieces of information and considering:
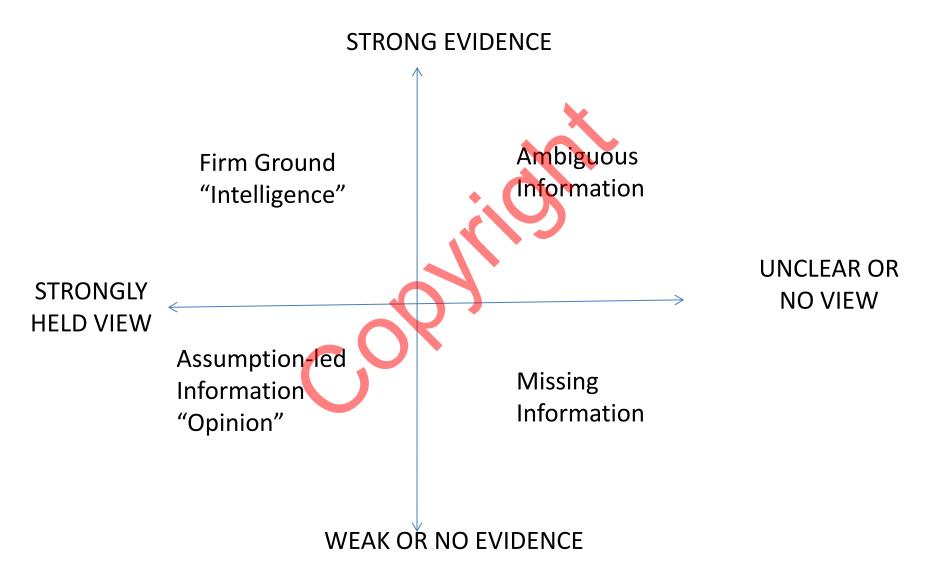
The source?

Credibility?

Integrity?

Validity?

Whether it corroborates, challenges or contradicts the current assessment and analysis?

From Information to Intelligence- adapted from Tony Morrison, 2009

STRONG EVIDENCE

Firm Ground
"Intelligence"

Ambiguous
Information

STRONGLY
HELD VIEW

UNCLEAR OR
NO VIEW

Assumption-led
Information
"Opinion"

Missing
Information

WEAK OR NO EVIDENCE

Review of Lucy

Ten principles of information gathering and analysis

1. Gather & read the available records & information.

2. Identify and gather information that is referenced but not at hand.

3. Build as full a history as possible of all parties.

4. Check this history for corroboration and/or disagreement with the various parties' involved.

5. Build the case chronology of significant events.

6. Consider the 3 C's – Character, Context and Consequence - of any significant event for all involved.

7. Examine the evidence base- corroborated or contradicted by information from other sources. Count the different sources, length of concerns; prevalence across generations.

8. Build visual reference material to support your analysis.

9. Balance informed analysis with practitioner intuition.

10. Revisit and reconsider the initial analysis and conclusions reached.

(Munro, 2010)

The process of behaviour change is well-established, incorporating a number of common elements including resistance, ambivalence, motivation, engagement and action. Lapse or relapse is also viewed as an integral part of the change process

DOH2104

Resistance

Ambivalence	Denial/Avoidance
Unresponsiveness to treatment/ Disguised compliance	Violence/ Hostility

False compliance, failure to cooperate and denial are common features of parents involved in the child protection process.

Apparent resistance may be the result of fear, stigma, shame, ambivalence, or a parent's lack of confidence in their ability to change. Parents may be resistant to the involvement of social workers rather than resistant to change in itself, particularly where they feel social workers are exercising power over them instead of with them in a supportive manner

DOE 2014

Revisiting Lucy

- Make a recommendation for Lucy and justify your recommendation.

- One person from your group will present your recommendation.

Children's Timeframe

Interventions take time and change may not always be possible within the child's timeframe, particularly where children are very young or vulnerable, entrenched parental behaviour patterns need to be addressed, progress is slow and relapse is frequent.

Tensions in assessment

'Seeing Double'' holding simultaneously the needs of the parent and the needs of the child

Challenging for workers when parents are attempting to parent but care is 'not good enough'.

Hard to see very gradual changes in care for children

Not intentional harming.

Parents may have significant issues and past trauma and need time to heal but this must not override childcare issues.

Change often require long term support & how does this impact on the child?

Hard to see and hear the effects on children – adaptive strategies.

Tipping Points

Safeguarders and role

The majority of safeguarders stated that their main duty was to act in the child's best interests, which accords with the law which requires them to 'safeguard the interests of the child'; and promoting the voice of the child.

Not uncommonly safeguarders did not meet with the child, because s/he was too young or it was seen as unhelpful for the child to meet yet another person involved in the case.

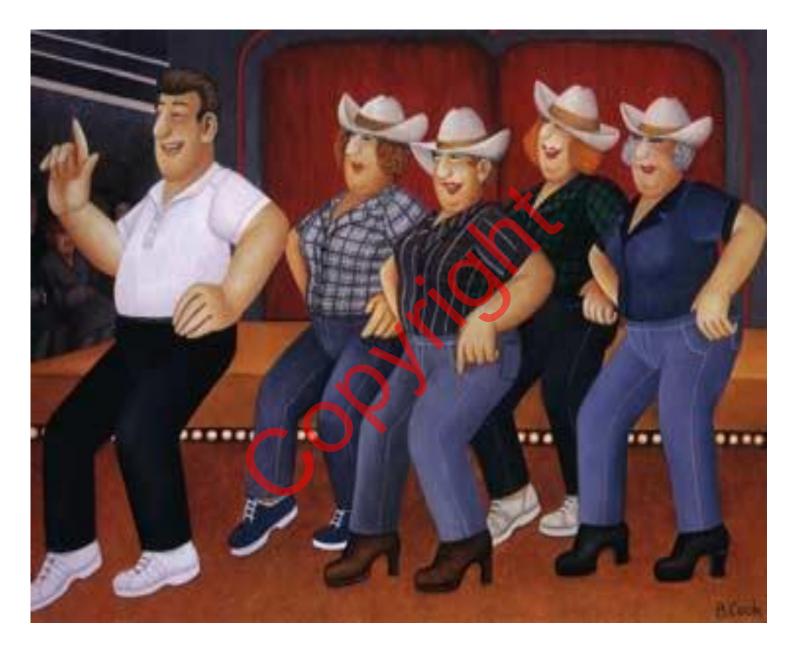Regarded safeguarders as trustworthy and independent.

Reports viewed as impartial. More weight?

Kettle 2015

less a decision and more of a process that has a number of factors to it, including the internal world of the social worker and interactions, often complex, with other professionals

an appreciation of power relationships is incorporated into any understanding of the child protection process

idea of moving away from the preoccupation with thresholds and playing down the emphasis on thresholds as tangible lines to be crossed

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Concentrate on the day to day living experiences of the child and understanding the impact this has on their development.

Hear the views of professionals and family members and be open to a range of hypotheses.

Integrated chronology.

Difference in "care giving" and "caring for".

Hearing and including the voice of the child.