Gateshead Council

“Our Practice Being the Difference”

A Strengthening Practice programme co-developed with Gateshead Children’s Services to deliver impactful practice skills to a relationally based, systemic, solution-focused workforce.

Making Gateshead Thrive

Contents

Introduction 5
Learning objectives: 6
Seminar and workshop dates 7

Module One: Leading and supervising the workforce. 10
Best practice in creating thriving social work environments 10
Containing environments 10
Practising ethically 12
Creating a culture where excellent practice can thrive 12
Practising systemically 13
Practising curiously 14
Practising developmentally 15
GROWing practice coaching model 18
Practising safely 22
Summaries are used to make decisions explicitly in supervision recordings 25

Module Two: Strengthening Assessment 30
Strengthening Assessment 30
Ethical, anti-discriminatory practice in assessment work 31
The Steps of analytical assessment 35
Patterning information 36
Ecomaps 37
Chronologies 37
Regional Assessment Framework 39
Hypothesising 42
Understanding the child's life 43
Triangulating the child's story 44

Module Three: Strengthening Planning 48
Planning purposefully 48
Needs outcomes and services 51
Planning to manage risk, repair damage and restore identity. 52
Planning to repair trauma 57
Planning to restore family and kinship relationships and identity 59
Planning for brothers and sisters 60

Module Four: Strengthening Communication 63
Communicating well 63
What makes an excellent communicator? 63
Selective listening 64
Miscommunication 64
Responding – the other part of communication 66
Models of communication 67
The Critical Theory of Communication 67
Communication approaches 68
OARS 74
Brief solution-focused therapy 76
Difference between problem-focused and solution-focused interviewing 77
Questions that support children and families to explore their issues and find solutions 78
Scaling in brief solution-focused therapy 80

Module Five: Strengthening Families 82
What does good help look like for families? 82
Families as a system 82
Bronfenbrenner's Nested Systems 83
Understanding whole family dynamics 84
The 6 P's Approach 85
The Importance of family dynamics 85
Understanding family alignments and hierarchies 86
Father inclusive practice 87
Strengths-based approach in practice 91
Identifying family strengths 91
Promoting change in family functioning 94
Individual experience of change 95
Change takes more than an individual. 95
Trauma-informed approach to change 95

Module Six: Strengthening Relational Practice 97
Systemic approach to relational practice 97
The importance of using your emotional intelligence well in social care 99

References 102
Additional Resources 105

Tools **107**
The Social Graces with the visible/invisible window 108
Strategically thinking about open plan work spaces 111
Munro's 5 questions tool for assessment 112
GROW model 113
Child's Experience and Journey 115
Discrepancy Matrix 117
Impact on the child chart 120
Pros and cons of change 123
Hypothesis tree 126
Recording events that are challenging and significant to the child 130
Photo Elicitation briefing sheet 132
Defensible decision making in social work 135
Ecomaps 136
The Risk and Resilience model and matrix 141
Family culture mapping tool 146
Vicarious Resilience Scale 151
"Building My Future" resiliency tool 153
Belsky Parenting Model 158
Growing up well in our community 161
Trauma-informed practice tool for children and young people 166
CYRM-R Resilience Measure Person Most Knowledgeable 170
Circles of Safety 172
Family Connections and Network tips 176
Family mapping 179
Sibling Attachment 184
Understanding the importance of listening 192
Empathy mapping 193
The Motivation Inventory 196
Shields of Shame 198
Online tools 200

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Introduction

Welcome to your Strengths-Based Practice Model training - "Our Practice - Being the Difference."

This journey is about developing a shared vision for the way we work with children, young people and their families across our early help and social care services in Gateshead. It will build on the excellent practice we see across our teams and services and help us all to develop a recognised and consistent model of practice.

The training will emphasise and recognise the incredible potential in every child, family, and team member you work with, but also in yourself.

By focusing on strengths and building on people's potential for change, alongside being clear about the worries and concerns we have for the children we work with, you will be empowered with skills and knowledge to support families to see their own resilience and capacity for change, even when challenges arise.

This training will support our shared belief that the small, steady steps you take each day to build trust, hope, and lasting change really do make a difference for the children and families of Gateshead.

We see examples every day of the difference you make, and the training will build on what we know works; learn from the best of our practice and support and build confidence across all of our practitioners and managers to undertake the challenging work you do.

The six modules that make up this new and exciting workforce development approach have been designed with managers and practitioners across our services.

The training will support you in your practice; build on trauma-informed approaches and strengths-based practice; focus on the importance of supporting families and family networks to care safely for their own children; create change in families; and strengthen the way in which we listen to the views of children and young people to inform our work so that we can continue to improve the lives of the children, young people and families we work with.

Thank you for the commitment you bring to this essential work.

be the difference

Sharon Davey, Principal Social Worker
Andrea Houlahan, Deputy Strategic Director
Helen Fergusson, Strategic Director

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Outline of the programme

This six-module programme offers an opportunity for practitioners and Practice Leads across the organisation to come together and explore topics that will support good practice.

Together we will think, discuss, try, and reflect upon different ideas, tools and approaches that might offer us new ways of working, or expand on our already existing repertoire, or allow us to demonstrate and share our expertise.

Each three-hour session will depend upon the full commitment and participation of each of your colleagues to enable you to gain the best from the experience.

A mindset of curiosity and generosity will lead to a rich exchange of knowledge where all our expertise is demonstrated and valued.

Learning objectives:

To empower participants to implement the Gateshead Practice Model with confidence and skill so that children and families will get the help they need to thrive.

We will achieve this by a series of seminars and interactive workshops using the combined expertise of the participants to explore a number of themes, using different tools and approaches to develop practice solutions.

> 6 x 1-hour online seminar

> 6 x 3-hour workshops

We co-produce the outcomes, using a relational approach to transfer skills and identify resources that can impact positively on children and their families to support them to thrive.

Seminar and workshop dates

Module	Seminars (1 hour)	Workshops (3 hours)
Module One: Leading and supervising the workforce	Highlight the latest research around what supports workforces to do excellent practice, including coaching to improve practice.	We will explore improving practice through support and challenge, understanding impact on the child through management oversight, curiosity and defensible decision making.
Module Two: Strengthening Assessment	Together, we will explore the latest research on how to carry out assessment work in partnership with the child and family, ensuring that the process uses restorative modelling, supports families to identify support networks and strengths and uses relational practice techniques to create a sense of hope for change.	Participants will explore ethical and anti-discriminatory practice, patterning information, hypothesising, and including family and children in the assessment process.
Module Three: Strengthening Planning	Together we will examine the latest impactors on planning including SEND, Family Help, Kinship care and Trauma informed approaches.	We will examine approaches for managing risk, repairing the impact of trauma, and restoring a child and family's sense of identity and functioning.
Module Four: Strengthening Communication	Together we will explore different approaches to working with children and young people at various ages and stages of development, including working with neurodiverse children and young people with additional needs.	Examine resources to work with children and young people without spoken communication, explore body language and behaviours as means of communicating, communicating with multi-lingual families, using plain language, providing evidence for analysis based on observation and interview.
Module Five: Strengthening Families	We will explore the research around effective strategies for working with families, children, groups, and individuals. We will also look at the national strategies for Early Help and explore the concept of resiliency in systems.	We will examine collaborative approaches to working with families and young people - doing things 'with' them and not 'to' them or 'for' them. We will also look at the 6P's model and consider how family dysfunction and distress can be named safely to change the dynamics. We will also consider attending to parental trauma or behaviours to improve parenting or family relationships.

Module Six: Strengthening Relational Practice	Together we will explore the value, impact, and effort involved in practising relationally. We will look at what a workforce needs to support them in entering relationships safely and how to use modelling and kindness to transfer skills and promote hopefulness in families.	We will examine some of the different effective approaches and hear what children and families say about the use of relationships. We will look at what keeps us well and committed and how our organisation can provide relational environments for us to thrive in.

Workshop approach

As we work together over these six modules, I would ask you to think carefully about all your interactions during each three-hour session. We are all colleagues here. Ask yourself:

- Are my actions humane – kind, considerate and respecting of others' dignity?
- Are my actions just? Am I treating everyone fairly and evenly? Am I paying attention to everyone in the room?
- Are my actions professional? Am I showcasing my best self to everyone in the room and sharing of my expertise generously and thoughtfully?

If we all put our best efforts into these encounters, we will all have the opportunity to grow and thrive.

Behaviours that can make a difference:

- Be timely – both in arrivals and breaks.
- Introduce yourself to people you do not know.
- Manage any disruptions discreetly.
- If your attention wanders, don't distract others.
- Contribute both in how you talk and how you listen to others.
- Keep off your laptops and phones unless asked to use for an exercise.

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Module One:

Leading and supervising the workforce.

Module One: Leading and supervising the workforce.

'I am no longer accepting the things I cannot change. I am changing the things I cannot accept.'— Angela Davis, U.S. political activist, academic, and author.

Best practice in creating thriving social work environments

Creating cultures of curiosity and safety

A healthy organisation in the social care environment is, above all, containing. It supports a practitioner in carrying out their day-to-day role in a competent and thoughtful manner while the strong winds of complexity blow around them. It is helpful in promoting a practice that is able to offer service users meaningful interventions that they value.

Good supervision and focused leadership contribute to this thriving environment. It is challenging and nurturing. It enables a practitioner to continue to grow and remain resilient in this challenging field. It does not allow them to lose sight of the grave responsibility of social work.

A good Practice Lead has a number of characteristics that define them. Above all, they like people and are able to maintain a curious stance in the face of uncertainty.

They are helpful to their workforce and have positive expectations about other people's behaviour and ability to perform. They are resilient and can work well within the complex social care environments.

They are not afraid to offer constructive challenges and to look for better ways to deliver good differences to service users. Above all, they believe that social work can be a helpful way to interact and intervene in the lives of people who are finding it difficult to manage in day-to-day situations.

To create environments where we maintain curiosity and promote safety in our practice for ourselves and others, Practice Leads need to think systemically and place supervision within the wider context.

'Research has shown that humans have a fundamental need to belong, are incredibly sensitive to their social context, and are strongly motivated to remain in good standing with their social group and avoid social exclusion.[1]'

The evidence seems to suggest that the crucial elements to successful supervision are the ability of the person receiving supervision to use it, the quality of the relationship between the supervisor and professional, and the environment and context in which the supervision is occurring.

Put simply, successful and helpful supervision is impacted by:

> the way we think;
>
> the way we respond;
>
> the way we relate; and
>
> the context we are in.

Containing environments

A good supervisor can model the kind of relationship practitioners are expected to build with adults and carers. This requires space and time, containment of the work's emotional impact, and support to make sense of complexity (Earle et al, 2017).

1 Cox, C and Rock, D (2102) SCARF® updating the social neuroscience of collaborating with others, NeuroLeadership Journal, p3.

Containment describes the ability to recognise and name the emotions and feelings that make up who we are, enabling us to be aware of—and to 'read'—the emotional state of others (Trevithick 2017).

Karen Treisman in her work Using visual metaphors to respond to stress and trauma ((2019), Practice Supervisor Development Programme, RiP) highlights a need to understand how different people respond to distress: *'A better understanding of personal dynamics helps build a culture of empathy, compassion, and respect. For example, people who tend to retreat into protective bubbles may be perceived as rude or aloof. Understanding that a person is none of these things, but simply someone who copes with stress in this way creates further opportunities for openness and discussion.' (p7)*

Treisman then goes on to highlight the importance of the supervisor attending to these emotions to create safe practice: *'This is important because we often mirror dynamics we have experienced elsewhere, either personally or professionally. For example, the behaviour of warring parents within a work situation may be echoed within supervision. Or conflict between siblings in early personal life may play out between colleagues at work.' (p7)*

Containment needs to occur in organisational as well as personal spaces. Part of the role of supervision is to extend your focus from the individual out to the organisation and back again. We all operate as part of a system, and an individual focus can concentrate all the expectations, blame and praise onto the back of one person.

Treisman points out that organisations are also vulnerable to stress and trauma and require containment:

'Just like people, organisations are alive. They're always developing and adapting, and equally vulnerable to stress. Loss, dissociation, and toxic stress can spread like contagion throughout an organisation.When that happens, organisations can become traumatised, unhealthy, and distressed, which can result in practices that induce (rather than reduce) trauma. Organisations are also like people in that they have their own histories, stories, roots and influencing events.

They also have memories and their own ghosts and angels of the past (Fraiberg, 1975 and Lieberman et al, 2005). These may be conscious or unconscious, embedded in the culture, and are often felt bubbling beneath the surface, particularly when left unresolved.' (p10)

Think: What kind of environment am I practising in? What kind of environment am I creating for practitioners? Do I understand how the organisation is contributing to this environment?

Do: Explore what will create the right space for you and your practitioners' brains to move towards curiosity, connection, engagement, and a solution focused mindset.

Tools: Strategically thinking about Open plan workspaces tool page 111

BASW, (2020) Social Worker Wellbeing and Working Conditions: Good Practice Toolkit

Fairtlough A, (2019) The holistic containment wheel, Practice supervisor development programme, Research in Practice

Read: Treisman, K (2019) Using Visual metaphors to respond to stress and trauma Research in Practice

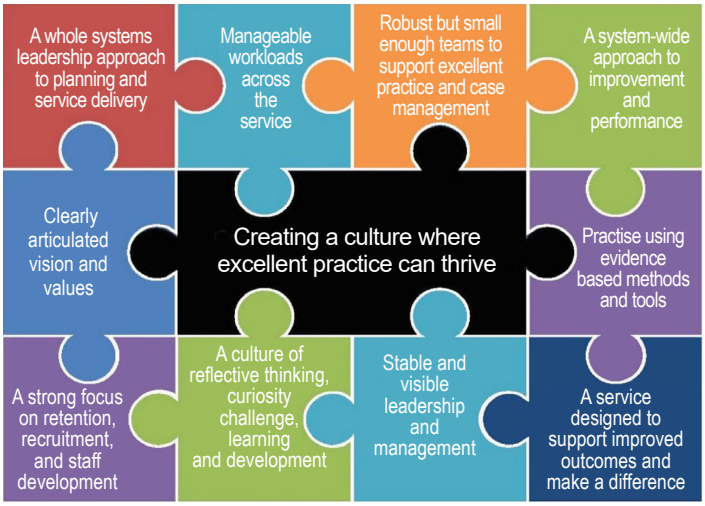
Practising ethically

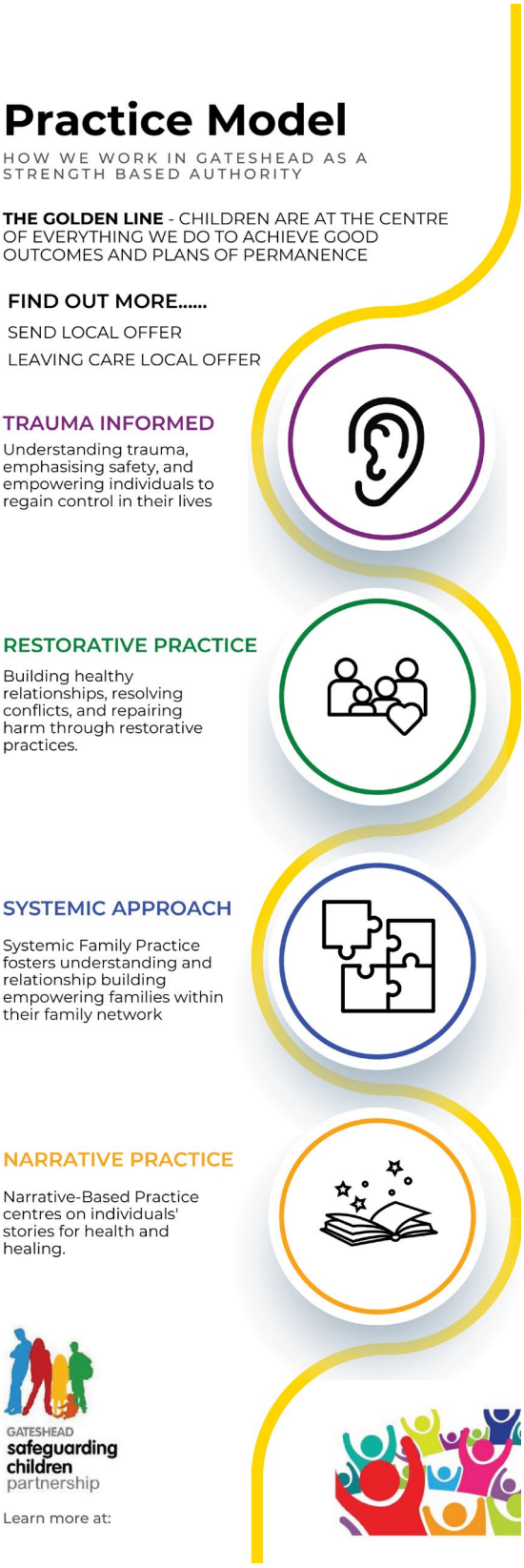
The global definition of social work states that *"Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels."*

This definition should guide our interactions with the organisations that employ us, the professionals, and colleagues we work with, and the children, young people, families, and friends we work with. That, in combination with the BASW Code of Ethics, and the Gateshead Practice Standards should support us to develop our own ethical, compassionate, relation focused approach to practice. We can model this approach to the practitioners we lead, enabling them to reflect upon, and develop their own relation focused approach.

In Gateshead, the Practice Model captures the components of this definition with its Vision statement, Pledges, Values and Behaviours.

Creating a culture where excellent practice can thrive





Think: How is the work I am doing right now contributing to 'supporting the joy of childhood in our children to instil a sense of care and belonging'?

Do: Take time to explore the meaning of experience, identity and belonging for the people you are working with. Look for stories of the experiences that bring people joy.

Tools: Use the Social Graces with the visible/invisible window on page 108 to explore identity in a thoughtful and holistic way.

BASW Social Graces: A practical tool to address inequality

Use the Anti-oppressive practice tool 5 from the PSQ Developing Supervision Programme (2021) Research in Practice

Watch: Okeze, V (2024) Promoting diversity and cultural sensitivity in social work, Social Work England

Practising systemically

By framing *'difficulties and change as occurring within relationships, communication, and context rather than being situated with the child'* (p7, Practice Standards) we are able to take account of both the strengths and struggles that impact upon children and their families.

The quote below from Dr Ungar helps us move the concept of resilience away from being individual characteristics and responsibilities to being a whole systems response.

'In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.'

Dr Michael Ungar, https://resilienceresearch.org/home-brave/

Think: What are the benefits of framing resilience as a system that requires both individual responses and resources from the environment in order to thrive?

Do: Ask people what you would need to know to grow up well in their communities. Ask staff about the individual and resource factors they need to thrive at work.

Tool: Use the Child and Youth Resilience Measure and the Adult Resilience Measure to support a better understanding of how the people we work with are harnessing their capacity to navigate their way to and negotiate for the resources they need to thrive.

Practising curiously

'…it is now well understood that the brain responds to a perceived threat by activating the fight/flight/freeze response and that this inhibits cognitive functions associated with more complex analytical and developmental tasks.'[2]

Human brains enjoy predictable, easy-to-pattern intuitive experiences. We are attracted to what we already know and use this knowledge to predict what is likely to happen next. The more we are able to predict, the more in control we feel. This feeling of control can help us be more available, interested, and curious about our surroundings and explore more.

When we are not able to pattern, when we need to stay preoccupied with what might happen next (on high alert) or when we are constantly reaching the end of our 'known' knowledge and learning and are preoccupied with the possibility of failure, and/or are experiencing high emotions, we become anxious. This anxiety preoccupies us and distracts us from thinking methodically, lessens our availability to respond to others (mind-mindedness) and limits our curiosity.[3]

Working relationally in situations where it is likely that children or young people are being harmed or may be harmed in the future can narrow our thinking in our desire to manage our anxiety. Practice Leads need to be able to offer management oversight to practitioners that encourages them to be comfortable with uncertainty.

Think: How do I support practice that 'remains curious when consistently assessing and addressing the causes and impact of harm on children and families?

Do: Watch Working with uncertainty and risk in children's social care (RiP, 2023)

Use the following questions in supervision from the Practice Standards (p9):

- What has worked so far and what approach has been considered?
- Why this plan – and what is the contingency plan for the child?
- What is the goal for the child/family, does the child/family agree?
- How do we get there - what are the positive outcomes for the child?
- Next Steps/timescales.
- What is the impact on the children of the current situation, including key observations of the family during recent visits to the home?

Tools: Use the 5 questions on page 112 from Munro's work to explore issues or concerns.

Using the GROW model to promote curiosity in supervision page 113

Use Partridge, K (2019) Using Appreciative questions in supervision to frame questions to support practitioners to identify possible bias and blind spots in their thinking.

Use the Child's Experience and Journey to carry out a systemic analysis of the child and family's situation. (see page 60 of the Practice Standards – Gateshead doc)

Watch: Okeze, V (2024) Promoting diversity and cultural sensitivity in social work, Social Work England

2 Layfield. E, Leading Practice, page 108 Social Care Institute for Excellence
3 Rock, D. (2012) www.NeuroLeadership.com

Practising developmentally

Maintaining curiosity in supervision

How do supervisors know what individual practice looks like in the living rooms of the people for whom they have a responsibility?

Supervisors often meet these children, adults, and families through the eyes of their practitioners. Supervision needs to use methods and approaches that bring these encounters to life and allow the practitioner, the supervisors and the organisation insight into the ethics, experience, and value of these encounters.

The aim of supervision is not to explore what is already known but to spend time uncovering what might have been missed or needs to be uncovered.

Think: How do I explore the unsaid and the unseen in supervision?

Do: Make time to shift from task discussion to impact discussions. How do you know when someone is making the best difference they can for a child or young person?

Tools: Discrepancy Matrix page 117; Impact on the child chart on page 120

Building relationships in supervision

As supervisors, we want to model relationships that place people at the heart of all we do. By demonstrating that we are interested, authentic, and invested in our staff, we demonstrate their value to the organisation and us. When we are curious about people, seeing them as credible influencers of our work, we empower them. We model the social graces in action by seeking to understand their identity and belonging, values and moral compass. When staff receive supervision that is focused on building a relationship with them, they are able to take on those behaviours in all they do, both in or out of work, assuming we all try and do our best.

What if the supervision structure was set up to encourage supervisors to persistently ask questions about practitioners' hopes, priorities, achievements, strengths, resilience, resourcefulness, creativity, and ongoing professional development?

What might we see happening in the organisation as a result of sessions like this? What about in our practice with children and families? How would it look and feel different?

This approach, explored by Lowe and Deal in their "A vision of supervision", *'invites both supervisors and practitioners to live in a world that values collaboration, affirmation, mutual respect, careful reflection, and constructive challenge – irrespective of the topic under discussion and the circumstances in which supervision occurs.[4]'*

The quality of the supervisory relationship influences the quality of the relationship that the practitioner can offer the family. A safe, contained, and curious practitioner who is not preoccupied will be available to form relationships with children and their families. They will feel much more able to be curious and empathic about people's lived lives if they are given permission to explore the cost of doing such work and the potential for getting it wrong in supervision.

Think: On a scale of 0-10, 10 being extremely, how well do you know your supervisees? What could you do to move towards a 10?

What questions might you ask in supervision to get to know supervisees in more depth?

How do you demonstrate good boundaries with your supervisees? What might being too close to the 'knife edge' look like? What might you notice if social workers are finding it difficult to navigate this with families?

4 https://innovativeresources.org/resources/card-sets/supervision/

Do: Use the support time in supervision to get to know what matters to your practitioners. What motivates them in their work? Where do they draw their sense of pride from? What kind of encounters bruise them emotionally? What encounters sustain them in practice?

Tool: Williams, (2019) The three perspectives of supervision, Research in Practice

Read: Tackling work-related stress using the management standards approach, (2019) HSE

Modelling reflective practice

Reflection enables individuals to make sense of their lived experiences by examining such experiences in context. A reflective supervisor will be open to considering their own actions, reactions, and interactions in the context of their management role on a daily basis. Being aware of themselves and the way in which who they are impacts their emotions, thoughts, and actions requires them to understand and harness their emotional intelligence.

Supervisors can use their reactions and behaviours deliberately to improve communication, support, and motivation among practitioners.

'Emotional Intelligence covers the ability to identify emotions in oneself and others and to manage emotions in oneself and others.'[5] It is a concept that attends to an individual's own attachment, regulation, and competency framework. Individuals use their emotional intelligence to practise reflectively, both on action and in action and managers need to be able to harness and challenge this thinking. To be able to do this effectively, they must first attend to their own wellbeing.

Emotional intelligence includes being able to:

- Motivate oneself and persist in the face of frustrations.
- Control impulses and delay gratification.
- Regulate one's moods and keep distress from swamping the ability to think.
- Empathise and hope. [6]

Emotional intelligence gives people the ability to succeed personally and professionally in the midst of high pressured, fast moving and continuously changing environments and enables the practitioner to thrive, model and relate to vulnerable people.

"Emotional Intelligence increases the chances of accurately perceiving emotions in self and others in a reflective rather than impulsive way, which then allows for decision making which acknowledges the emotional context rather than ignoring it." [7]

The use of emotional intelligence starts with a focus on being authentic. To be real in the workplace requires the Practice Lead to:

- Know what matters.
- Embody values consistently.
- Align actions with values.
- Convey values with stories.
- Envision their legacy.
- Hold themselves accountable.[8]

5 Biggart, Ward, Cook, Stride, Schofield, Corr, Fletcher, Bowler, Jordan, & Bailey, (2016) Emotional Intelligence and Burnout in Child and Family Social Work: Implications for policy and practice Research Briefing, Centre for Research on Children and Families, University of East Anglia

6 Goleman, D (1996) Emotional Intelligence. https://www.danielgoleman.info/

7 Biggart, Ward, Cook, Stride, Schofield, Corr, Fletcher, Bowler, Jordan, & Bailey, (2016) Emotional Intelligence and Burnout in Child and Family Social Work: Implications for policy and practice Research Briefing, Centre for Research on Children and Families, University of East Anglia, p8

8 Friedman, S (2014) Managing yourself Work+Home+Community+Self, Harvard Business Review

The self-aware supervisor will seek support from their Practice Lead and peers to understand their own behaviours and impact. A reflective supervisor is interested in how others perceive them, not to bolster weak self-esteem, but to measure effectiveness and relationship.

Tool: Stress management competency Indicator tool (2009) HSE

Read: Why Emotional Intelligence is important in leadership by HBR. Think about undertaking a 360 assessment of supervision so you can understand the impact your leadership has on team resilience and functioning.

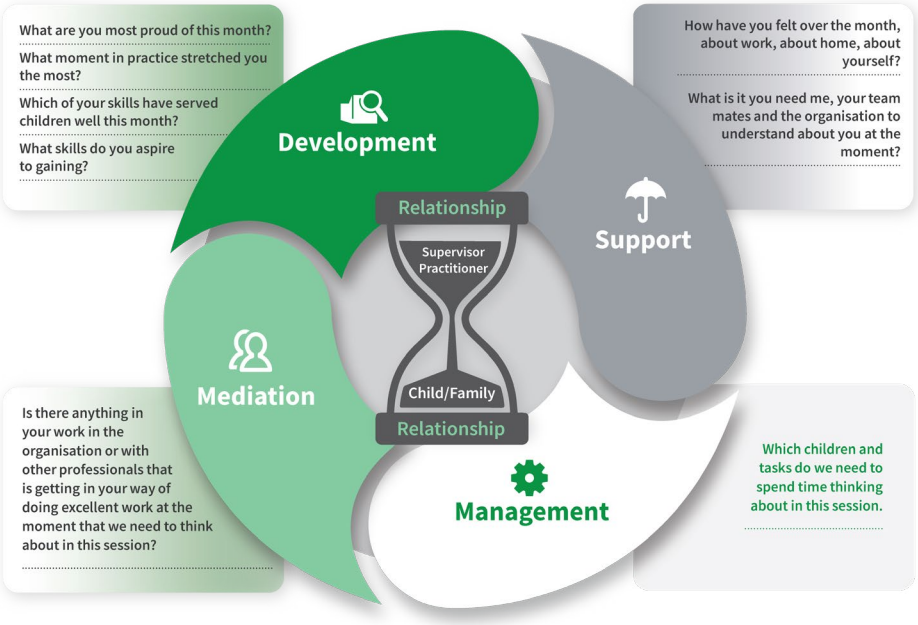
'When a supervisee comes to supervision, both people will be changed by the relationship and the conversation that happens between them. (Supervision)… is a place for everyone in the system to be thought about and held in mind. It is a place to have deep conversations; it is a place to think creatively with a joined heart/mind perspective.' (Joan Wilmot, CSA)

Flipping the 4 x 4 x 4 model

This model, developed by Tony Morrison (2005)[9] has gained traction in Children's Services as an approach which ensures that none of the essential elements of supervision are overlooked. Traditionally, it mirrors the Kolb Cycle and moves through management, support, development, and mediation.

One of the issues with starting with management is it can become a check list experience with both people rehearsing all the knowledge that they already know or can obtain through the record system or performance data.

What if the supervision structure was set up to encourage supervisors to persistently ask questions about practitioners' hopes, priorities, achievements, strengths, resilience, resourcefulness, creativity, and ongoing professional development? The diagram below experiments with flipping the model and starting conversations with development.



9 Morrison T (2005) Staff Supervision in Social Care 2nd Edition. Shoreham-by-Sea: Pavilion

By starting with this conversation, we get to reveal the unknowns – 'what does the practitioner look like and feel like in their day-to-day interactions with families?' This is something that cannot be easily discerned by a model that focuses on management and rehearses information that is already known.

By using this model, we are aiming to use supervision to obtain a good sense of the quality of the encounters that practitioners are having. Supervisees and supervisors need to be thoughtful about how their work ultimately leads to better outcomes for people. This requires a shift from service and problem conversations to discussions about people and strengths (Kettle, 2015). [10]

By supporting staff in supervision to reflect on their actions, intentions and outcomes, practitioners can gain a keen sense of their own worth and value to the children and families they are working with. This supports them to develop a strong sense of competence in the role they are undertaking.

Self-confidence leads to more confident, competent practice which can then be reinforced through reflective supervision which provides the oversight and opportunities for improving practice wisdom.

In this context practice wisdom is acquired through the action of deliberately reflecting using Kolb cycle (or another similar framework) to encourage the practitioner to be able to drill down into the experience, make sense of it and then widen the encounter to develop 'knowing' that can be utilised again and again in other encounters as a starting point.

Think: How do you know that you are promoting emotional resilience with the staff you supervise?

How are you promoting reflective practice with the staff you supervise?

Tool: Section two of the How well do you promote emotional resilience in your team has a 360 audit tool which allows you to self-audit and check your perception with your staff.

Read: Kettle M, (2024) Achieving Effective Supervision, Glasgow Caledonian University

GROWing practice coaching model

'[Coaching is] the art of developing another person's learning, development, wellbeing, and performance. [It] raises self-awareness and identifies choices. Through coaching, people are able to find their own solutions, develop their own skills, and change their own attitudes and behaviours. The whole aim of coaching is to close the gap between people's potential and their current state.' [11]

'Empirical research has demonstrated that it is not the practice tool, theoretical position or methodological doctrine that is important but the qualities and interpersonal skills that social workers possess and how they use them in relationships, that leads to improved outcomes in child protection' (de Boer & Coady, 2007; Lee & Ayón, 2004; O'Leary, Tsui & Ruch, 2013).[12]

10 Kettle, Martin, (2015) Achieving Effective Supervision, GCU, Institute for Research and Innovation in Social Services
11 Rogers (2016, p7) in Trigg, (2019) Using Coaching Skills, Research in Practice
12 Trigg S, (2020) Making a Difference Again: How Using Coaching Enabled Children's Social Workers to Enhance their Practice & Fulfil their Vocational Aspirations, in International Journal of Evidence Based Coaching and Mentoring, S14, pp77-87.

Coaching is an ideal approach for Practice Leads to use with practitioners to model the mindset of empowerment and right to self-determination, and encourage use of skills such as empathy, active listening, and summarising.

By allowing practitioners to experience what it is like to frame, explore and generate solutions for their own issues their approach can be re-orientated to a more relational style.

The GROW model of coaching offers a simple structure that can be easily utilised in supervision. Developed by Whitmore in the 1980s it provides a framework for exploring practitioner goals and what resources and actions they might harness to achieve them.

The 4 steps of the GROW conversation

Exploring goals:

The first step requires a shared understanding of the purpose of the session and the goal that the practitioner wants to explore. The 8 questions below will help the practitioner develop well-formed outcomes. [13]

1	State what you want in the positive. What do you want?
2	Find out what evidence they need to demonstrate success. How will you know when you have what you want? How will you look, sound, and feel? What will be the same – different? This is necessary for recognising success.
3	Can you start and maintain the process to get what you want? What stops you from having it right now? What do you need? What is your first step?
4	You presently do things which work, so what part of your present behaviour can you use to get what you want?
5	In what context do you want this? Everywhere or somewhere specific? When do you want it – all of the time? When, where and with whom do you not want it?
6	What are the costs of what you want? Is it worth the cost to you? What will you gain? What will you lose?
7	Is it worth the time it is going to take?
8	Is what you want in keeping with your own purpose, your sense of self and identity?

It can also be useful to take a solution-focused approach here and ask scaling questions: 1 -10 with 1 being the least and 10 being the most, how much does achieving this goal matter?

What prevents it from being a (number higher than the one they chose)? What would make it a (number higher than the one they chose) for you?

Exploring reality:

This step requires both a fact and feelings check in. Once the goal has been articulated then there is a need to explore how far away it is from what is happening day to day.

Some useful questions here are:

- What is happening at the moment?
- How important is this to you?
- If an ideal situation is 10, what number are you at now?
- What impact is this having on you/how do you feel?
- What have you done so far?
- Who else is affected?
- What are you doing that's working towards your goal?
- What are you doing that is getting in the way of your goal?

Exploring options:

By this stage in the conversation the practitioner may already be starting to voice some options for achieving their goals. The established gap between what they want and where they are often opens up the possibility for behaviour change. 'Having options is important as choice enables us to feel in control and empowered.[14] '

If you encounter negativity or pushback here, it might mean that the person is not really ready to work towards their goal, or that the impact of the effort to change is not worth the perceived reward. It can be useful to do a check in at this point to see if the practitioner still has the same motivation to meet their goal after they have explored the reality.

13 Adapted from Mentoring – A Henley Review of Best Practice by Jane Cranwell-Ward, Patricia Bossons and Sue Gover
14 Essential Mentoring Skills, elan coaching, Southampton University UK, p3

Use the same scaling question and see if there has been any change. If the motivation has shifted, then you might want to ask some exploratory questions around why that is.

Some useful questions to explore options include:

- What are your options?
- What could you do?
- What else?
- If there were anything else, what would it be?
- What has worked in the past?
- What steps could you take?
- Who could help you with this?
- Where could you find out the information?
- What might someone else do in your shoes?
- Imagine you have achieved your goal; look back on the journey and tell me how you got here.

Exploring will:

This last stage is where the coach helps the practitioner work out which of the options they feel they can commit to. The key here is to allow the practitioner to feel as if they are able to choose realistic options that they will derive satisfaction from rather than things that they feel they ought to do. It also helps if they can identify triggers and supports that will make it easier for them to carry out the planned actions.

Once again using scaling questions at this stage can be helpful in exploring capacity alongside motivation.

The pros and cons of change tool can also allow people to reflect on both the benefits and loss from the proposed actions.

If there is a lack of commitment, then the goal can be re-visited, and the coach can ask: Do you feel that you got the goal right at the beginning of the process? Is there anything you would like to change? Any modifications would then be explored by going around the model again.

Some useful questions to explore will include:

- What will you do about that?
- How will you do that?
- When?
- What will it take for you to commit to that action?
- What could you do to become more committed?
- Could you do more?
- How many?
- How much?
- How often?
- Where will you find that?
- Who will you talk to?
- What else you could you do?
- What support do you need?
- How and when are you going to get that support?

At the end of the session, you could use scaling questions again:

- On a scale of 1-10 how confident are you that you will carry out the actions agreed?
- What prevents it from being a .. (number higher than the one they chose)
- What would make it a (number higher than they chose) for you?

Think: How can I use coaching conversations in supervision to promote autonomy and ownership of actions?

Do: Experience coaching yourself and encourage your practitioners to do the same. For example, members of the BASW can have free coaching from the Professional Support Service

Tool: Trigg, S (2019) Using Coaching Skills, Research in Practice; The pros and cons of change on page 123

Read: Edwards & Hughes, (2019) Sowing Seeds: Coaching Supervision – Developing your coaching style to bring out the best, Academi Wales

Watch: Kaur Dhillon, Coaching skills in social work, the Social Work teaching partnership West Midlands

Practising safely

Using management oversight to explore the impact of practice on child and family experience.

The role of management oversight in supervision includes offering challenge to casework analysis and decision making, supporting good prioritisation of task and time, and ensuring that the focus of all activity remains on the impact of effort on outcomes for the child and family.

'A tension for supervisors occurs when there are conflicting demands from above (for example, to allocate cases) and from below (protect me from overwhelming workloads.)' (p189, Leading Practice, 2nd ed).

Supervision provides a vehicle for us to develop and support our staff so that we are better able to manage the tasks of delivering good help to people who need it.

Part of the activities that we undertake in supervision include monitoring the quality and the flow of the work that makes up our interactions and interventions with children and their families.

Practitioners need to be able to demonstrate impact through their records and their conversations about children and families. Supervisors need to support their practitioners by scrutinising and overseeing their decision making. This is different from making decisions for them, and it does take more time in the short term to let a practitioner explore their own hypothesis and articulate both the intended and unintended possible consequences of their decisions.

Four core areas to consider when overseeing decision making include:

1	Personal bias and sources of error
2	How to combat bias and error and improve decision making
3	Selecting the right tools to support risk assessment and decision making
4	Ensuring that organisational processes and responses are aligned to safe risk management [15]

15 Kemshall H, (2021) Bias and error in risk assessment and management, HM Inspectorate of Probation, UK

There are a number of tools that can be used in supervision to support oversight. Firstly, encouraging practitioners to develop hypotheses and actively test these out with them.

Kemshall highlights the steps of hypothesis as follows:

- Make the first impression and the evidence it is based on explicit
- Explicitly check any first impression against contrary or disconfirming views/
- Perspectives/evidence
- Make a deliberate and conscious effort to think of evidence for the opposing view
- Consider whether the information disconfirms what you already believe
- Consider why the information makes you uncomfortable and why you are tempted to discount it
- Identify the other consequences or possible outcomes that the information requires you to consider
- Identify the changes to the risk assessment and the risk management plan that the information requires you to make. [16]

Support your practitioners to develop a self-critical reflective approach to decision making by being curious about the quality and factfulness of their information. The discrepancy matrix supports practitioners to challenge their own and others' assumptions. Be curious about the factfulness of stories that are 'vivid, concrete, emotive, first impressions or of the most recent encounter.'

16 Pg 7, Kemshall (2021)

Encourage practitioners to look at a typical day in the life of the child and family rather than only the exceptional events.

All decisions involve using practitioner value base, often about what is the most desirable action and outcome. These values are formed by individuals, organisations, policy, and society. We are more likely to undertake tasks that fit with our value base, and we are more likely to seek the outcomes we value and desire, even if this is done unconsciously.

Our values may not be shared with the service user, or with other workers or agencies, and this in itself can be a source of misunderstanding, conflict and risk management failure. It is therefore important that we have a way to manage choices and options well, for example by assessing clearly the risks associated with any option and any mitigations required in order for the option to be acceptable' (Taylor, 2020a).

The Practice Lead needs to support the practitioner to use their ethical framework to inform their decision making, ensuring that children and families' values and priorities form the heart of any intervention.

Some questions which will support management oversight of the value base of decision making include:

- how did values influence how you perceived the potential outcomes of the risk?
- how did values influence how you weighed up the decision choices open to you?
- which of these values were personal?
- how did the values of the child and family influence this decision?
- have your boundaries been challenged?
- is this situation/dilemma creating a blend between your personal and professional life?
- which of these values would a body of responsible professional peers recognise are reasonable and applicable?
- what consultation with colleagues or managers did you undertake or should have undertaken?
- do the organisational values support this decision?

Think: Are the questions I am asking helping to disrupt the practitioner's bias and make their value base and reasoning explicit?

Am I learning new things about how this person practises? Am I learning new things about the child and the family?

Do: Use evidence-based tools and coaching approaches to encourage critical reflection and analysis.

Tools: Hypothesis tree on page 126
Discrepancy matrix on page 117

Read: Kemshall, (2021) Bias and error in risk assessment and management, HM Inspectorate of Probation, Academic Insights

Staempfli, A. (2020) Enabling evidence informed practice, Research in Practice

Watch: Munro,(2023) Linear and complex causality, Research in Practice

Summaries are used to make decisions explicitly in supervision recordings

Recording in the child's voice

Practice Leads have a critical role in supporting practitioners to capture accurately the child's lived experience and voice. Children have a right to be heard in all interactions concerning them. Adults have difficulty listening to children well, often interpreting the meaning from their perspective rather than exploring it through the child's eyes.

There can also be a lot of noise from the adults in the child's life. This can make it hard to keep focused on the child's voice.

Support practitioners in prioritising time to listen to children and seek their views. Encourage creativity (the photo-elicitation method, video, audio, or song) alongside the more traditional worksheet approach.

Practice Leads must ensure that they use various communication methods that are suitable for children of all ages and communication abilities.

Think: Can I hear the child's voice clearly? Do I understand who this child is and what they want? Would they recognise themselves in this record?

Do: Find ways to support the child to speak with their family and kin, to rebuild relationships and to create safety. Find ways to amplify the voices of young and disabled children.

Tool: Recording events that are challenging and significant to the child on page 130

Direct work

The "Knowledge and Skills Statement for Child and Family Practitioners" says that a child and family social worker should be able to do the following:

- ✓ Build effective relationships with children, young people, and families.
- ✓ Help children to separate from and sustain multiple relationships, recognising the impact of loss and change.
- ✓ Communicate clearly and sensitively with children of different ages and abilities, their families and in a range of settings and circumstances.
- ✓ Create immediate rapport with people not previously known which facilitates engagement and motivation to participate in child protection enquiries, assessments, and services.
- ✓ Listen to the views, wishes and feelings of children and families and help parents and carers understand the ways in which their children communicate through their behaviour.
- ✓ Help them [parents] to understand how they might communicate more effectively with their children.

Observe and talk to children in their environment including at home, at school, with parents, carers, friends, and peers to help understand the physical and emotional world in which the child lives, including the quality of child and parent/carer interaction and other key relationships.

All of these elements require particular focus and a significant amount of skill. Not only do we need to be able to communicate at a high level, but we must also be able to find creative and effective ways of helping others to communicate. Once we have facilitated effective communication, we then need to make sense of what we have learned.

'Direct Work' should be thought of as our 'bread and butter,' our way of being, our method of communication. It is purposeful, focused, and vital. 'Direct Work' is what you do anytime you engage with another human, and it should not be thought of as something exclusive or occasional.

Sometimes, you will use things to help with this communication (paper, pens, toys, puppets, discussion cards, small figures, etc.) Other times, you will use only yourself. Either way, our direct work with others should contribute to relationships, understanding, clarity and a move towards restoration. Even when direct work appears to be 'only' playing, that play is still seriously playful with purpose and direction. Not so much 'Doing Direct Work' but more 'Working Directly with and alongside.'

The main thing that children say is helpful in allowing adults to work with them is the quality of that adult's capacity to listen actively to them and to hear the things they are not saying. (Shemmings and Rhodes, 2012) [17]

Shemming and Rhodes offer the following definition of direct work:

"Generally, direct work can include:

- Exploring children's memories of events.
- Helping children to 'process' traumatic experiences.
- Helping children move into another family.
- Undertaking 'life-story' work.
- Helping with social aspects of the child's life.

In order to work with children and young people, along with materials and techniques to help them talk, direct work requires social workers to have specific personal skills that include active listening, sensitivity and a 'mentalised' approach (the ability to understand we all have minds which contain intentions, thoughts and feelings which are different from others)."

Recording direct work

The Practice Lead needs to encourage practitioners' creativity and purpose when working with children. With children's permission, their thoughts and hopes can be captured in a number of ways. Audio, photography, drawing, video, and cartooning are all ways of capturing this work and placing it on an electronic file. It is important that permission is sought, the files are uploaded, then deleted from other sources, the child can keep or access a copy should they wish, and they understand where it will be stored and how it will be distributed.

Think: How do I support practitioners to be confident in the different methods of communication and direct work required for babies, children, and young people with a variety of needs and experiences?

Do: Make sure that there is equipment around for practitioners to access to carry out direct work.

Tool: Photo elicitation method on page 132

Ethical recording

Levinas argues that any view of someone is inherently oppressive because it denies them their full humanity (it can only show a part of them). [18]

What we choose to write, therefore, is an ethical question. We must be conscious of, and explicit about, how we have constructed our view of them.

17 Shemmings, Y and Rhodes, H (2012) Guide to confident direct work with children. Guides. Community Care Inform [online] http://www.ccinform.co.uk/guides/guide-to-confidentdirect- work-with-children-6/ [accessed: 9 August 2016]

18 Levinas, E (1969) Totality and Infinity: An Essay on Exteriority (trans. Lingis, A.), Pittsburgh, Duquesne University Press.

We need to try to preserve their uniqueness. Practice Leads need to support practitioners in being aware of their inherent tendencies to privilege certain aspects of a person's story or experience.

Think: What 'stories' do I tell about people I work with? Do I represent human complexity well enough?

Do: Encourage people to use the Social Graces in supervision when discussing children and their families. Help them identify what they cannot see. Keep assessments updated to ensure that changes and developments are captured over time.

Tool: The Social Graces and the visible/invisible window on page 108

Proportional recording

Proportional recording is where Practice Leads need to offer clarity and modelling. People will have a wide range of responses to the task of recording, from over-recording to 'ensure that they cover their back' to writing the minimal so as 'not to be oppressive.'

Striving for a culture where practitioners are accountable to others for their actions has led to an over-emphasis on form-filling, often to the detriment of the children and young people they are trying to serve.

Over-recording is not the answer. Organisations and their staff must be clear about what they are trying to achieve in their record keeping.

Accountability to service users, their families, the organisation, and the public must be demonstrated by recording key decision making and the evidence that informed those decisions.

'Having a clear record about what was done and why is an essential part of ensuring that children and young people and their carers have control. It allows children and young people and their carers to understand what is being done, to identify who is accountable and to challenge where needed. Records should be transparent.[19] '

Analysis and defensible recording

Practice Leads need to spend time in supervision testing the decisions made by practitioners. Recording often doesn't show workings out effectively. This means that someone can't follow how a practitioner drew the conclusions that they did, and it is not possible to explain why decisions were made. Defensible decision making requires that other people not acquainted with the day-to-day running of the case would be able to understand from the recordings why people took the actions they did.

Skills that support good recording of analysis include the:

- Ability to present one's thoughts clearly and sequentially.
- Ability to present hypotheses and the clear evidence that supports and opposes each one.
- Ability to make observations and then detail what meaning you have taken from that observation.
- Ability to synthesise and evaluate information from a range of verified sources.
- Ability to explore own bias and remain curious. [20]

19 3 RiPfA (2013) Making good decisions: Practitioners' Handbook
20 RiPfA (2012) Evidence-informed Decision-Making Literature Review.

Think: If people looked at my supervision and appraisal records, would they be able to follow my 'workings out'? Who is checking my recordings for bias? How do I remain curious?

Do: Encourage practitioners to show where their evidence came from, how good it is and why it is relevant.

Tool: Kemshall criteria for defensible decision making on page 135; Hypothesis tree page 126; Discrepancy matrix on page 117

Recording in supervision

Good supervision supports practitioners in critically analysing their interactions with children and their families. In addition, it provides structure around tasks and workflow and supports practitioners in progressing their plans and interventions with children and their families.

Supervision provides quality control on the work that is produced, and sense checks the management of the risk of harm to children living within abusive and neglectful circumstances. Supervision attends to practitioner resilience and wellbeing. It also supports practitioners to understand their emotional responses to working with children and families where abuse and neglect are issues.

All these tasks need to be recorded. Decisions will need to be recorded in the child's file, and other information and decisions will need to go into the practitioner's file.

Recording supervision is intended to provide the organisation, the practitioner and the child and family with a transparent and accountable record of decisions made, the basis of those decisions, and the impact of those decisions on the lives of the children and families.

It has already been noted that recording is a discriminatory activity which takes a small slice of life and captures it. Supervisors are not immune from holding a two-dimensional, generalised, or biased view of a practitioner or their practice.

To ensure that the records you make both on the child's file and the supervisee's file are accurate, fair accounts of proceedings, it is important to:

- Make the records as soon after supervision as possible.
- Both agree on the key points that will be recorded and by whom.
- Provide signed copies to the practitioner and gain their signature once they are happy with the accuracy.
- Note and amend any changes, or if there is a disagreement, record both views.
- File the records in a timely manner and in a proper place.
- Have a recorded agreement on who has access to the records and for what purpose.
- Not record anything personal about the practitioner on the child's file unless it relates directly to the child and their case.

Think: What example am I setting in handling the recording supervision task? Am I ethical, proportionate, and just? Do I use sensitive language when I record a practitioner's struggles?

Do: Ensure that your practitioners, manager, and others regularly audit your supervision notes. Be willing to keep improving your practice in this area.

Gateshead Council

Module Two:

Strengthening Assessment

Module Two: Strengthening Assessment

Assessment involves... 'drawing on the best available evidence to inform practice at all stages of the work and integrating that evidence with the social worker's own understanding of the family circumstances and the family's values and preferences. It is not simply a case of taking an intervention off the shelf and applying it to a family.' - Munro (2010) Interim report: The Child's Journey, p44.

Strengthening Assessment

Evidence-informed practice (EIP) in assessing children and families.

'…it involves using the best evidence you have about the most effective care of individuals, using it with the person's best interests in mind, to the best of your ability and in such a way that it is clear to others that you are doing it.' Lindsay (2007) [21]

By creating relationships between the expertise of the family, the expertise of the practitioner and the expertise of researchers in the relevant field, the practitioner should have the best chance of coming to a judgement that is accepted, recognised, and experienced as helpful by the child and family.

The case for using evidence-based tools in assessment

In any field that is filled with unpredictable happenings and where the practitioner is aiming for the answer that is 'least likely to be wrong,' the use of analytical tools can support assessment practice.

Barlow and Scott found that *'the rejection of standardised tools by practitioners is no longer supportable, and that a structured assessment process is now called for.'* [22]

They had found that most practitioners who used actuarial tools in combination with clinical judgement were likely to be more accurate in their assessments.

It is important that the tools used by practitioners have a verified degree of efficacy and that they have been used across a range of settings. The practitioner should be aware of the purpose for which the tool was designed, and any particular methodology required to ensure the best outcome.

The practitioner should also be familiar and comfortable with the tool, and it should make sense to them. Some of the more commonly recognised tools in social work assessment include the genogram, the ecomap, the Assessment Framework triangle, chronologies, and life maps.

Read: Staempfli A, (2020) Enabling evidence-informed Practice, Research in Practice

21 Wilkins, (2017) What is evidence-based practice, Community Care Inform article
22 Barlow and Scott (2010) Safeguarding in the 21st Century – Where to Now? Research in Practice

Ethical, anti-discriminatory practice in assessment work

'The difference in the social worker's approach, addressing issues in a culturally sensitive way that builds trust with the family or addressing issues in a way that alienates the family, could be the difference between the family making the necessary positive changes or a child being removed to foster care.' – CFAB social worker. (2023)

Culturally competent practice.

Cultural competence

'This is the process by which individuals and systems respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognises, affirms and values the worth of individuals, families and communities, and protects and preserves the dignity of each' (NASW, 2016).

Approaching a family in a culturally open and curious way can be the key to building trust. By exploring the cultural factors that exert influence on how the family lives in the UK social workers can better understand the rationale behind parenting decisions, as well as better identifying potential safeguarding risks.

Research has identified several ways in which black, Asian, and other minoritised families can experience bias that has a negative impact on their family life including:

> Adultification of children from black, Asian and minoritised communities – perceiving these children as more 'streetwise' and 'grown up' therefore less vulnerable than other children of the same age. Young black males can be regarded as a 'threat' rather than as a child who needs support.

> Overlooking child protection concerns due to professional anxiety which prevents practitioners asking open questions about a child's lived experience and.

> Black and mixed-race children being over-represented in the Youth Justice system and experiencing higher rates of school exclusion [23]

Steps towards a culturally competent assessment include:

> Taking time to consciously reflect on the similarities and differences in each family you work with.

> Being aware of, and exploring, issues relating to power, privilege, and experiences of oppression.

> Taking a position of learner rather than expert in other people's culture.

> Being aware of your own cultural characteristics including values, worldviews, language, belief systems, traditions, and norms.

> Checking out communication. Are you understanding the child and families' messages? Are they able to understand yours? If you are using an interpreter is that effective, safe, and accurate?

> Using supervision and peer reflection to explore your bias and check that you are approaching the assessment in a fair and ethical manner.

> Sharing your findings and reasons for decisions with the child and family and encouraging their full participation in the process.

> Considering their support network and how others can become involved positively in the assessment process.

23 Safeguarding children who come from Black, Asian and minoritised ethnic communities, (2024) NSPC

Think: What preparation do I need to do to build an effective working relationship with this family?

Where can I gain the support I need to work in a culturally competent way?

How has my own cultural identity changed over the years?

What was important to me once that I have let go of?

What is still important to me that I have always held onto?

What is something that matters now that I did not attend to at all before?

Who knows these things about me?

Would anyone in my family of origin be surprised to learn these things about me?

Do: Access the resources and tools available. Ask for help when you need it. Use the Hot Spot Social Graces exercise to reflect on your own power and privilege.

Tools: CFAB Cultural Life Library – Introduction to the History and Cultural Families of Romanian heritage, Jamaican Heritage, Nigerian Heritage

The Johari window in Fletcher, (2019) Developing Cultural Competence, Research in Practice

Expressions of self – supporting minoritised children's identity, Research in Practice blog (2024)

Read: Alliance for Youth, Justice Bridging gaps and changing tracks (2024)

Sampson Mthoko Ngobese, (2022) Cultural humility – why is it important to social work?

Equality in assessment

The impact of equality issues needs to be considered throughout the assessment process. It needs to be planned into the assessment at the beginning to avoid overlooking the issues that may be there for a child and their family.

There are 9 protected characteristics in the Equality Act including:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Using the Social Graces with the visible/invisible window as part of the assessment process can support the practitioner to pay attention to diversity issues that are impacting on the child and their family.

'Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included, and working together from the start to the end of any project that affects them.'

Co-production is an approach that has been used successfully in Health and Social Care since 2008. It is a key part of implementing the Care Act.

Key features of co-production include:

- define those who access care and support as people with skills.
- break down the barriers between people who draw on care and support and professionals.
- build on people's existing capabilities.
- include reciprocity (where people get something back for putting something in) and mutuality (people working together to achieve shared objectives.)
- work with peer and personal support networks alongside professional networks.
- facilitate services by helping organisations to become agents for change rather than just being service providers.

Ladder of Co-production

Think: Do I recognise the contribution that is made to my life by the people I work with? What can I do to ensure that the assessment process is fair, ethical, and shared?

Do: Approach each assessment with a view to co-producing the outcomes.

Tools: Use the Vicarious Resilience Scale (2019) page 151 to reflect upon the benefits you have received from the interactions you have with children and families.

Listen: Dr Clenton Farquaharson and Jo Vigor, (2024) Making Good Trouble: Clenton Farquaharson CBE on co-production, equity and change, The Kings Trust Podcast

Watch: Co-Production: what is it and how to do it (2022) Social Care Institute for Excellence (SCIE)

Anti-discriminatory practice:

- is empathetic.
- allows and enables children and families to explain their circumstances to you.
- addresses the imbalance of power considering the role that the identity of the worker plays in the process.
- considers issues of strength as well as weakness.
- checks out beliefs and hypotheses.
- is trustworthy and honest.
- attempts to improve partnership working at all stages of the process.

- combats power imbalances in the system.
- ensures that institutionalised abuse is limited.
- appropriately uses resources and systems to protect and promote children's health and development; and
- understands and takes account of the effect of your professional power.

A good assessment will address the following questions of equality:

- Do family members need particular resources e.g. accessible venues, loop systems, childcare facilities, ethnically sensitive play equipment?
- How will the race and gender of the workers impact on the assessment?
- Can family members be better engaged by using certain workers?
- Will consideration be given to race and gender when tasks are allocated to assessment team professionals?
- What child rearing skills are expected of the family - are they based on Euro-centric norms?
- Have we considered the international meanings of resilience and attachment behaviours?
- Is the assessment focusing on women – can men who are significant to children be engaged?

Farmer and Owen (1995) have noted that where children were least well protected professionals were working almost exclusively with the mothers, whilst the dangers were frequently from their male partners. Intervention, thus, had little impact.

Are there issues which require specialist input to assess certain aspects of the family e.g. parents with mental health problems and learning disability?

Does any member of the family have a first language that is not English? If so, can the assessment be carried out in that language? If not, it is likely that the assessment will provide an inaccurate picture, thereby putting service users at a disadvantage and children at risk.

If there are no workers who can undertake the assessment in the appropriate language an interpreter must be used. Check that the interpreter has the same first language as the family/service user and is acceptable to the family.

Ensure the same interpreter can be used throughout the assessment and involve them in all planning meetings so that they understand the tasks and processes involved.

Think: What areas of practice am I confident in? Why? How can I ensure that I am inclusive in my assessment processes?

Listen: Thomas, O. (2022). Working effectively with minoritised men. Dartington Trust.

Read: Working effectively with men in child and family social care: Frontline Briefing (2024)

Watch: Featherstone, B (2021) Domestic abuse and child protection research digest film series: In this six-part series of short films Professor Brid Featherstone presents research evidence on key themes in relation to domestic abuse and child protection.

The Steps of analytical assessment

It could be argued that it does not matter what methodology you use when approaching analysis in assessment. The important thing is that you have a methodology. In other words, that you are able to demonstrate your 'workings out' so that your thought process can be tested by others.

Below is Strengthening Practice's approach to analysis. Each thinking practitioner should develop their own.

1	Working with the child and family to draw up a plan of whom to talk to and what observation to carry out over the assessment period. Ensure that you know all the important people in the child's life that should be involved in the process. A genogram and ecomap are particularly useful here.
2	Make sure everyone understands the reason you are involved. Explore cultural and power imbalances at this early stage and make a plan to ensure that the child's voice is privileged, and the family and kin are also heard and involved. The Visible/Voiced window can be a useful tool to start exploring identity and power with each other.
3	Ensure that all relevant information is gathered. Rank the information in terms of significance. Use a tool such as the Discrepancy matrix to ensure that you are using facts alongside professional expertise and research. A chronology can be useful here.
4	Sort the information into themes using evidence-informed tools such as the assessment framework.
5	Develop a hypothesis – start to apply theory to the picture. Ask the child and family members for their hypothesis. Include them in your exploration.
6	Test the hypothesis through either matching the information or having a discussion with the child, young person, family or other professionals. Develop a set of 'critical' questions that ensure you are able to disprove your hypothesis. Look for exceptions: An example could be in a case where you are concerned about emotional abuse of a child by the parent "Tell me about a time when you get your child to listen to you without shouting at her?" How, what, and when questions are the best way to build a picture of exceptions.
7	Use theory and evidence to ensure that the inter-linking factors are made clear. If you believe that the child has a poor relationship with a parent, be specific about the impact based on behavioural observations, other professional and family evidence and the implications based on research. Link the events to the outcomes for the child should the intervention fail or not be properly targeted. It is legitimate to ask, "What would happen for this child if we did nothing?" Share this knowledge base with the child and family.
8	Check in at every stage with the child and family asking them if they recognise the picture you are developing. Make sure that you capture their own observations and interpretations of events alongside your own even if they are dissenting.
9	Take your initial conclusions to a supervision session and ask your supervisor to rigorously test your thinking. Are there any blind spots or assumptions that you need to re-examine?

10	Draw a conclusion together. Working with the child and family and other partner agencies ensure that the conclusion is owned. Use observations and direct quotes to build up a picture of the strengths and needs of the child and family in each area.
11	Express your professional judgement set out step by step so everyone can see how you got there – show your 'workings out.'
12	Make some recommendations – these will form the basis of the plan you draw up with the child, young person, family and other 'team around the child' members.
13	Present your findings to the child, family and partner agencies and discuss any differences in interpretation. Remember that dissenters have a crucial role in testing a hypothesis.
14	As part of a multi-agency team in partnership with the child and family, using your assessment, make a plan.
15	Own your professional work with pride. Do not be afraid to re-visit it, be challenged on it, or re-do it in the future.

Patterning information

Genograms

Genograms provide a quick visual picture of the complexity of a family. They are important in ensuring that all family members are identified and that it is clear who is biologically important to the child. Genograms are particularly good for working with families to clarify complex relationships, to indicate gaps in knowledge and to make visible intergenerational and life cycle issues. They can be used to gather information and to work therapeutically.

Taking care

As genograms can be powerful in raising painful and suppressed memories, it is important to explain what a genogram is and what it is likely to raise before undertaking this task.

Some of the symbols used can have a considerable but unintentional impact. For example, the use of X to symbolise the death of a family member may be very hurtful. Family members should be asked what symbols they would wish to use.

Workers sometimes avoid genograms because they feel the result often looks a mess, or the family structure is so large that they have difficulty drawing it on one sheet of paper. But this misses the main point of the exercise which is to help the family provide information which they think is important and assist them to see patterns and gain insights. Once the process is completed, a neat version can be produced.

It is recommended that before using genograms workers should draw and discuss their own genogram not only to learn how to structure them but to experience the feelings that they can raise. Genograms should go back at least three generations to support understanding of wider family and kin.

Tool: Scott, H (2021) Using Genograms in practice, Research in Practice

Ecomaps

Valuable information about the child and their interactions with the people around them can be gained from carrying out an ecomap exercise. It takes a relatively brief time to do with the child or family and can be used as supporting evidence in the assessment process.

The ecomap focuses on the relationships children have not only with their relatives but also with significant others like friends and pets, organisations such as schools and family centres and with pastimes and activities. Information can be gained on who and what are important to each family member, whether relationships are supportive or stressful, and the extent of their support systems.

Ecomaps should not be seen as a static record of the child or family's ecosystem. Family relationships change; children may feel hostile towards a parent one week and have resolved the conflict the following week. Therefore, ecomaps should be undertaken on a number of occasions to map the changes.

It is preferable, particularly when working with children, not to draw ecomaps on paper but to use moveable objects to represent their ecosystem. Play people can be used or cardboard circles on to which can be drawn happy, sad, and angry faces.

The child can then choose the appropriate play person or face to represent themselves and the people or things they are identifying as significant and be able to move them around to indicate what their feelings are and how they can change.

This type of approach is empowering as it gives children and families greater control over the information-giving process. It can provide information that a structured question and answer session would not illicit and may help families to gain insights and to self-assess their own situations.

An ecomap shows the network of people around a child or young person diagrammatically. Family, friends, and professionals are included.

The Child is placed at the centre of the diagram. Each person and organisations that form a part of the child or young person's network are named and placed within a circle.

Where there is a connection between the child or young person and an individual and organisation the nature of the relationship is illustrated by a line drawn between them.

Tool: Ecomap on page 136

Chronologies

Chronologies can be used as tools to pattern and explore past events, family functioning and agency response. A chronology can be approached as an administrative task (something for court or for the file) or as a sense-making tool that supports the practitioner and the family to explore the patterns and responses within a family's past to aid decision making.

There are three reasons to make a chronology:

1	Make sense of life events which have been critical to the child and family.
2	Enables workers to make sense of and identify patterns of behaviours and events.
3	It enables reflection and analysis for the people involved in the case, including the child and family.

Basic Chronology

A chronology should be a date order list of events that are significant to the child. The events themselves should be made up of positive as well as adverse experiences.

The chronology should start with the birth of the oldest significant person to the child and build itself toward the present day. The chronology should contain factual information that is accepted by all parties. Where it is contended, but the practitioner developing the chronology believes it should be included, then it should be noted that it is contentious information.

The chronology entries themselves should be concise and factual. They must include events that have impacted upon the child, both positively and negatively. The facts included should be accepted by all the key stakeholders in the case. Chronologies should be 'living' documents. Wherever possible the chronology should include multi-agency interventions and viewpoints.

Places to use chronologies

- In supervision.
- In court.
- In child protection meetings.
- To understand 'stuck' cases.
- Where neglect is an issue.
- To help the family see long-standing behaviour patterns.
- When planning permanency for a child.
- During an assessment process.
- When the case reaches a threshold.

Working with the child, young person, and family to build a chronology

You can get a sense of the family's significant events by utilising a number of different tools including:

- a genogram;
- a simple lifeline;
- the Life Events Tool from the Scales; and
- looking through photo albums and pictures that the family have.

Plan to spend at least an hour with the family. Talk through the events that are crucial to them and remind them to think about the positive times as well as the troubles. Use the time to confirm the facts as well as explore the impact of each event on the child and family.

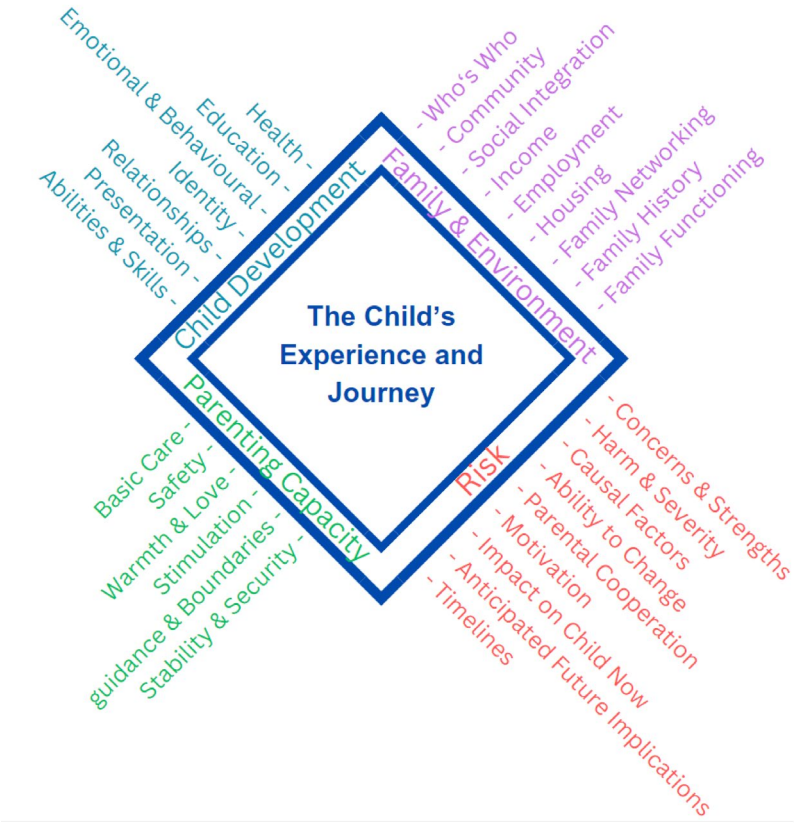
Combine this information with the information that already exists in your agency records to complete a picture of what is known about the child and family.

Once a basic chronology is created you can then start to use it to build up more complex pictures of various parts of the child's life. An educational or health chronology, a parenting chronology, a service intervention chronology, and/or a family functioning chronology can be constructed from the core chronology.

Each of these chronologies can then be interrogated to understand the impact on the child by asking the question "So what for the child?"

Tool: Completing social work chronologies, Research in Practice (2022)

Regional Assessment Framework



The domains of risk on the diamond

Concerns and strengths

This is a factual account of the presentation of the child and family, both in the past and present.

It should include all areas of the domain with particular reference to the interactions between the parent and the child and the parental responses to any successes or difficulties the child or family have experienced.

Harm and severity

The concept of harm is based on the past damage that has been done to the child's health and development as a result of abuse and neglect. It can be the result of a deliberate act or by inaction on the part of the parent or the carer.

Severity is based on the impact the harm has had on the child's health and wellbeing.

All of these external factors become more or less protective depending on the child's own abilities to use and value them. The risk and resilience mapping tool supports practitioners to consider the interaction of these factors. The key questions here are:

> Who is teaching me to trust and predict the world around me?

> Who is helping me grow?

> Who keeps me safe?

> Who do I belong to?

> What chances do I have in life?

Causal factors

The event that brings a child or young person to the attention of professionals working with them is one that highlights harm or danger. It is making the link between what went on before to the outcome that is complex. There is often no direct link (causal) that says y was caused by x and therefore z is the outcome (z = x+y). There are more often what is known as 'correlating' factors (the degree to which two factors impact on each other).

This means that the practitioner has to be cautious about attributing too much meaning to any one factor and should seek out all possible explanations for events and issues that the child and family present.

Ability to change

Understanding whether there is any potential for changing behaviours in the environment, the individual or the family group (including wider family members) requires the practitioner to be able to understand how the varied factors interact with each other to create conditions required for positive sustained change. It also requires an understanding of the skills and behaviours needed to manage change well.

This will involve exploring how the family interacts with each other when change occurs (who reinforces change, who tries to sabotage, who has the most to gain and who has the most to lose.) It will also require an understanding of how each member of the family learns and whether they are able to 'generalise' skills (that is take something taught in a specific circumstance and use it in another context.)

Parental cooperation

Parental cooperation is demonstrated behaviour difference that matters to the child or young person. In other words, the parent accepts the impact of the negative behaviours on the child and wants to do something to help that child.

The parent can demonstrate other mindedness by talking about what the child would have experienced in terms of harm and how serious the consequences could be to their ongoing health and development.

The parent will generate solutions to the issues raised that are focused on the child's needs, not their own. The parent will demonstrate this cooperation by carrying out the actions required of them in the plan in the child's best interests.

When barriers or events get in the way of them doing this, they will explore other solutions and explain this reasonably to the other people working on the child's behalf. This requires the parent to be supported, to have a plan that is achievable and reasonable and resourced in a way that enables success.

Impact on child now

This requires the practitioner to understand what it is like to live the life of this child today:

> How do they feel when they hear the door open?
>
> What about leaving the house to go to school or day care or another place?
>
> How do they feel when they come back to the home again?
>
> Where do they think they are safe?
>
> Who do they think they are safe with?
>
> What do they worry about?
>
> How do they cope with all that is happening to them?
>
> How did they wake up this morning?
>
> Did they feel safe?

All these questions need to be explored so a picture of the day-to-day functioning and experiences of the child can be built up to make a judgement about the immediate safety of the child. This then needs to be considered in the context of the past harm and the current damage to the child's development and wellbeing.

Anticipated future impact

To anticipate future impact, you have to be able to assess how likely it is that another event will occur that will cause the child harm and what impact that harm will have on the child's health and development.

By using a chronology of past events and responses by the parents and other agencies to these events you can build up a pattern of likely future responses to the known triggers.

What the professional cannot do is account for any factors they do not know about (a new partner who has a history of violence, the supportive grandmother dying, a change in resources that mean a support is no longer available). Therefore, the professional will need to be able to talk about the parental behaviour to adversity and challenge over time. If a person has used drugs and alcohol in the past on a frequent basis when they are overwhelmed by life's difficulties then it is highly likely that this is how they will continue to respond without active intervention from another source, or another internal coping strategy that provides the same comfort.

Professionals need to draw a line between these behaviours and the impact on the child. By highlighting times when the child is vulnerable in the care of the parent, and why, you can start to build a picture of future harm. Combine the number of past incidents from the chronology including the time elapsed between each event where there may have been no problematic behaviour or no noticed problematic behaviour. It is important that the professional is curious about any periods of difference. They may give positive solutions to helping parents manage or they may mean avoidance with services.

Timeliness

The time that is measured is always the children.

How long can this child give the parents, the professionals and the people who surround them to change in order to have their needs met?

Each child has a number of critical tasks they must master in order to continue to develop their potential. Understanding this question in terms of child development supports the practitioner to minimise harm to the child.

Ask the questions:

> Who and what is helping this child grow well?

> Who and what is getting in the child's way?

> How long has this child been waiting for help and support?

> What can't they do well as a result of this waiting?

> What will happen if we do nothing?

> What will happen if we do nothing for the next …

> What needs to be different today?

> Who is in the child's life that can make that difference today?

Hypothesising

Hypothesis in social work is about moving beyond a description of what is happening in a child's life to an explanation or understanding of why things may be happening.

There may be more than one hypothesis that explains or gives an understanding of a situation. The key criterion in the final selection of a hypothesis is that it is 'least likely to be wrong.'

Absolute certainty can never be achieved. Any hypothesis – even the one selected as being 'least likely to be wrong' – is only provisional and may have to be reviewed in the light of further information.

"Social workers, when dealing with such complex and unpredictable variables, can only hope to draw conclusions that are the least likely to be wrong." (Holland 2004) [24]

The practitioner is also likely to be susceptible to what Sheldon (1987) and Scott (1998) [cited in Holland 2004] refer to as our natural human tendency to be 'verifications.'

This means that we tend to form an explanation for a family's or individual's circumstances early on in our contact with them and then we tend to seek information that will confirm these original hypotheses.

Similarly, Munro's research (1999) into the findings of inquiries into child deaths highlights that a common error identified in inquiries was a 'failure to revise risk assessments' and that in numerous cases there was failure to check more widely or re-appraise original judgements when new evidence arose.

Hollows (2003) refers to this tendency as 'unconflicted adherence', that is, where a new risk is discounted, and the current strategy is maintained without change.

Raynes in Calder et al (2003) suggests that workers often remain narrowly focused on proving or disproving whether the original risk remains and fail to consider the broader picture. He suggests that practitioners should consider all the possibilities about what is happening and address each hypothesis, only discarding it when there is clear evidence to do so.

The process of hypothesising starts at the point of referral and provides a structured approach to the stages of the assessment process and the place of forming, testing out and discarding hypotheses within that process.

Testing your hypothesis

Remembering to phrase questions using the so called six 'honest men':

1	Who? Who was involved?
2	What? What happened (what's the story)?
3	When? When did it take place?
4	Where? Where did it take place?
5	Why? Why did it happen?
6	How? How did it happen?

24 Holland S (2004) cited in Dalzell & Sawyer (2007) p6

Lord Laming speaks of us being 'respectfully sceptical.' It is important when working on behalf of the most defenceless members of our community that we find ways to test our information, intuition, evidence, analysis as rigorously as is possible.

Looking for exceptions

When testing a hypothesis, it is crucial to explore the difference, the times something did not occur in the way it usually does.

By asking the child and family questions like: "Can you think of a time when you felt angry and frustrated but did not lash out?" or "When do you feel happy?" (if the story being told is about depression), or "Can you remember when you last felt confident and in control?" we can build up a picture of several types of family functioning. It often provides us with areas of strength to explore and build upon.

Methods for gathering information may include the following:

1	Listening to parents and children.
2	Listening to professionals who know the family.
3	Employing direct observation and child observation.
4	Using questionnaires and scales with family members.
5	Using play or drawing and creative approaches to communicating with children.
6	Making reference to research or theory.

Tool: The Hypothesis tree on page 126

Understanding the child's life

'The main thing that children say is helpful in allowing adults to work with them is the quality of that adult's capacity to listen actively to them and to hear the things they are not saying.' (Shemmings and Rhodes, 2012) [25]

Keeping children safe and giving them a voice

'Our job in children's services is to make sure we protect children from harm and promote their well-being. They must feel as safe and secure as possible in their lives. We need to ensure that we have the basics in place right now to keep children safe in Gateshead.'

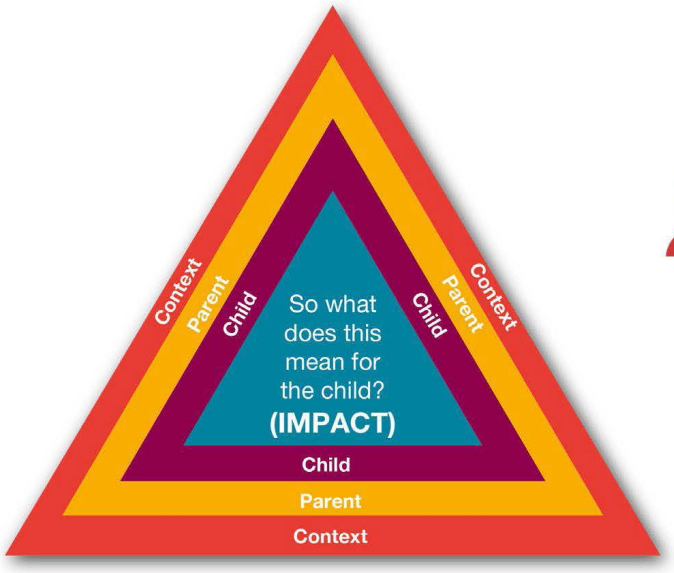
We also need to ensure that children understand:

- What we are worried about.
- What's working well.
- Next steps.
- We will listen to what they are saying.

Any assessment for children and family services has to focus on the experience of the child. The Gateshead model emphasises understanding the experience of trauma, focussing on safety and empowering individuals to regain control of their lives. To do this well we need to understand what it is like to the child living in the daily circumstances.

25 Shemmings, Y and Rhodes, H (2012) Guide to confident direct work with children. Guides. Community Care Inform [online] http://www.ccinform.co.uk/guides/guide-to-confident-direct-work-with-children-6/ [accessed: 9 August 2016]

Triangulating the child's story



Child

- Child's experience (voice, observations)
- Child's behaviour (what is this communicating to us?)
- Child's development (where are they? What jobs do they need to do this year?)

Parent

- Parent's experience (tell us)
- Parent's behaviour (show us)
- Parent's issues that impact (strengths/weaknesses)

Context

- Community context
- What are wider family experience and information?
- What are other agencies' experience and information?

Does what I think make sense or fit with all the information?

YES: **Use it to inform decision making and risk**
NO: **Ask why not? What is missing? What else do I need to understand?**

Direct interactions with the child, family and others are only part of the story. Practitioners need to be able to verify what is being told to them in a number of ways.

Talking with other people involved with the child, both professionals and family friends, seeking out stories and memories from the family and the child that illustrate the child's character, behaviour or experience, and looking back on reports from school, health and social care if there has been previous involvement can all be sources that increase understanding of the child's world.

Child's own life experiences

'Children bring assumptions, feelings, qualities and experiences to encounters.' Pre-existing perceptions and assumptions of professionals based on personal experience, family views, or media portrayal can interfere with how workers are seen regardless of what they actually do. [26]

Taking some time to be curious about what the child expects from social care professionals and encounters can be helpful.

The child themselves will be able to offer up viewpoints and stories about their lived experience and what they are thinking. However, like all of us, it will be slanted and coloured by their internal thought processes and their external experiences.

It is hard to talk well about concepts that you have not experienced. It is hard to talk well about experiences that are frightening, painful or do not make sense to you.

It is hard to talk at all to other adults when adults in your life are unpredictable and untrustworthy. If you only rely on what children tell you, and do not seek other views and ways of understanding their world, it is likely that you will miss some of the important experiences and stories that children need you to understand about their lived life.

26 Lefevre. M, (2010) Communicating with children and young people, making a difference, Social work in Practice series Policy Press UK p54

The parents/carers' understanding of the child's lived life.

Spending time listening to parents talk about their children and their understanding of the child's character, experiences and feelings is crucial in any intervention work. By exploring how able the parent is to enter the world of the child and imagine their lived life you can gain an understanding of the relationship between them.

Helping parents to read children's cues through their behaviour and respond in appropriate ways can promote an understanding of the child's lived life.

Observation

All work with children and their families should contain a number of observations. Observing children will require the practitioner to be aware of their own expectations of childhood behaviour, development and child-adult interactions and any assumptions that they are bringing about the child and family.

It is important that the practitioner attends to what they think they are seeing, why it matters and what interpretation they are putting on it.

The practitioner should always ask: "Is there another way to see or understand this?" and "What would the child say about what they are doing, feeling or experiencing right now?"

Any observation should include a notation of the time of day, the circumstances, all people involved and any other contextual information (such as how the child said they were feeling, whether they understood they were being observed etc).

It should include how the child appeared, including clothing, grooming and mood. Observation also includes what was said as well as action.

It is also important to attend to the cultural and social meanings of children's manner of communication, body language, play and relational style and the ways in which the professional's own socio-cultural frameworks shape their interpretations. [27]

Ideally, the practitioner should carry out a number of observations in a number of different settings. It is good to catch the child doing routine activities as well as at times that have been identified as difficult or stressful for them. It is also good to encourage the primary carers to become observers of the child's typical days.

Watching children separate from and reunite with their primary caregivers will give you valuable information about the relationship.

These observations can include:

The child at play at school/play group: This type of observation will tell you a lot about how the child negotiates their world, their peer relationships, how they communicate need and want, how they experience groups, manage power, participate in activities with rules and free play.

The child at work/task: How do they manage themselves, how do they approach a task, how do they ask for help and support, how long can they concentrate for, what are their gross and fine motor skills like, what knowledge do they display whilst carrying out the task?

27 Lefevre. M, (2010) Communicating with children and young people, making a difference, Social work in Practice series Policy Press UK p165

The child with their family/at home: Where are they most comfortable/least comfortable, what do they do automatically, when do they ask permission, what adult do they go to for comfort, food, to have their needs met, where is their safe place, how do they interact with siblings?

The child in unfamiliar places/with unfamiliar adults/unfamiliar tasks: How do they approach the unfamiliar, what strategies do they use to comfort/reassure themselves, how curious are they, how much exploring do they do?

Behaviour

Behaviour is communication and the child will be attempting to get their needs met through their behaviour. The role of the adult is to be curious about the needs that the behaviour is trying to elicit and support the child to communicate in more effective ways.

It is important to place the child's behaviour in the context of child development. What behaviours are other children around the same age displaying?

Does this child have any circumstances or issues that would impact on them displaying age-appropriate behaviour?

When considering what a 'typical' child would do, it is important to remember that there is an extensive range of ways to communicate and interact and not all of them are problematic.

The important thing to consider is whether the behaviours are serving the child well – in other words do they help the child get their needs met, engage with others and progress well educationally and in society? If so, then the behaviour is adaptive and successful.

The behaviours become an issue when they make the child stand out in a way that is experienced as isolating and/or distressing for the child, and as difficult, and/or distressing for those around them.

Equally, behaviours that make the child fade into the background, get lost, or become unknown and unnoticed are also problematic.

Observing behaviours

Behaviours to observe include:

- Attention, concentration, and activity levels.
- Behaviour with other children.
- Play and task related behaviours.
- Attachment behaviours.
- Emotional state; and
- Presentation in different settings.

Tools: Strengthening Practice (SP) (2015) Impact on child chart; Page 123
SP (2013) Risk and resilience matrix; Page 141
SP (2023) Family culture mapping; Page 146
SP (2024) "Building my future" resiliency; Page 153
Photo elicitation tool Page 132

Gateshead Council

Module Three:

Strengthening Planning.

Module Three: Strengthening Planning

'In the strictest sense of the word, planning is an extremely creative process that has the flexibility to cope with change. A plan that does not have flexibility is useless.' - Noon, J. (1985).

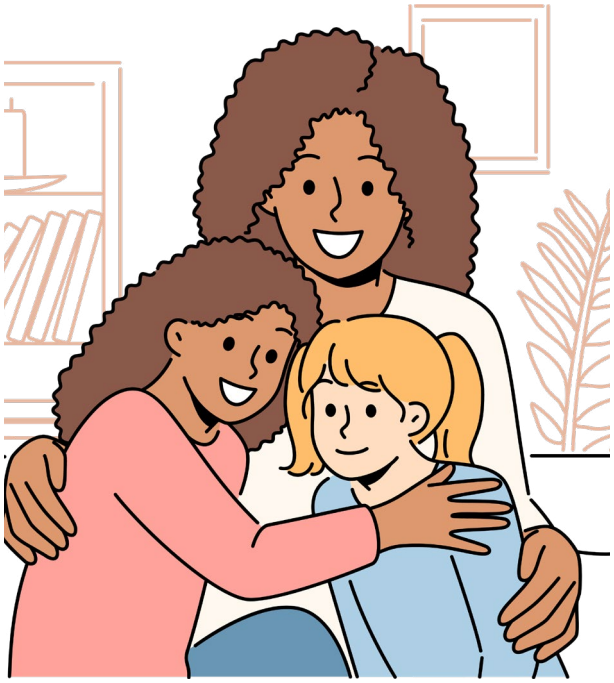
Planning purposefully

Underpinning approach to planning

Plans are outcome focused, child-centred tools designed to ensure that the child/young person and family receive the support needed, in the way they need it and when they need it.

Planning will always involve change; a good understanding of the theory of change and how to lever systems to support individuals during the change process is key for successful outcomes.

Therefore, it is extremely important that the child and their family, if appropriate, are actively involved in developing the plan. They should be present at all meetings where their plan is being discussed.



There must be proper channels through which they can complain if the action set out in the plan is not being implemented. Children/young people and their families should be actively advised of the agency's complaints procedures.

Plans need to be evidence based. Some plans are required by law and will be structured to meet statutory requirements. All plans are intended to provide a structure to enable people to meet the needs of the child/young person.

Everyone, including the child/young person, must understand their individual role in achieving the desired outcomes.

It is important that developing a plan is not seen as a paper exercise, but a dynamic and interactive process ensuring that a child's needs are met.

A statutory requirement

Consulting the child is not optional, it is statutory. If someone from a local authority makes a decision about a looked after child without doing their best to find out the child's wishes and feelings first, or makes the decision without being able to show how they have 'given due consideration' to the child's wishes and feelings, the decision may be subject to legal challenge.

Asking the looked after child when the decision has already been made, or as good as made, or asking the child and then ignoring what they say, can be challenged in law.

Even if a decision seems inevitable, the looked after child still has to be consulted if reasonably practicable.

Decisions like moving a looked after child from a placement for lack of funding cannot legally be made without asking the child's wishes and feelings, unless doing this is in itself not 'reasonably practicable', and also giving those wishes and feelings due consideration.

The wording of the law here is important. Some key points are:

> Wishes and feelings have to be sought before making a decision – that is, while the decision is still open and unmade. It is not good enough to consult the looked after child about a decision or plan that is already made, or when whatever they say will make little difference.

> Children have to be consulted on any decision that directly affects them – 'any decision with respect to a child' includes plans for the looked after child, services and support to the child, placement of the child, contact with family (including siblings) and stopping any service or changing any placement.

> Wishes and feelings have to be ascertained 'as far as is reasonably practicable' – this means ascertaining those wishes and feelings whenever that can reasonably be done. Not doing so is only legally possible where it would be unreasonable or not practicable to ask the looked after child, or otherwise find out what their wishes and feelings are. Ascertaining wishes and feelings cannot be dispensed with simply because the authority believes it has to decide something, for example on financial grounds.

> Children's wishes and feelings have to be 'ascertained' even when the child is not able to communicate in the usual ways – so it may require effort to find out what the child's wishes and feelings are. It is not acceptable to state, for example, a child is too young to express their views.

When working with pre-verbal children we need to think about what we see from them in terms of attachment and relationships, utilising our observational skills. When working with children and young people who use communication aids or signing, we need to invest the time to understand these systems in order to be able to build a relationship with the child or young person that enables them to share their views with us.

Ascertaining feelings

The wording of the Children Act means that we have to do our best to discover a looked after child's feelings, and then give them 'due consideration', while also taking the child's age and understanding into account. This requirement was deliberately included in UK law and has to be obeyed by anyone making local authority decisions affecting the care of a child. In this respect, UK law goes further than the United Nations Convention on the Rights of the Child (which does not cover feelings).

We must accept and consider feelings as they are. Feelings 'just are,' we cannot reasonably challenge them or ask a child to justify them or reject them because we think they are irrational or immature.

We all have feelings that 'just are' and which we cannot justify – for example, feeling fearful of flying – and we expect those to be considered by others.

We cannot ignore the child's feelings, even if they are very young or have insufficient understanding to give a logical view, or express clear wishes, about a decision to be made. A very young child, or a child with little understanding of a situation, may well still have feelings that are relevant. We must ascertain these without expecting the looked after child to be able to explain them.

Tools: Strengthening Practice, (2024) Shield of Shame on page 198, adapted from Golding et al, (2013), Observing Children with Attachment difficulties in school, Jessica Kingsley Pub (example in tabletop book)

Strengthening Practice (2024) Empathy Map on page 193

What should be in a plan?

- The wishes and views of the child.
- The desired outcome for the child and their family.
- The immediate and longer-term plans for the child that will manage risk, repair trauma, and restore the child's sense of identity and belonging.
- Details of services to be provided to meet the child's needs.
- How these services are to be provided.
- Who is responsible for delivering each of the services.
- The timescales for implementing the services.
- Alternative action should a service not be delivered.
- Date for reviewing the plan.
- A distribution list of people, including the relationship to the child, to whom the plan has been sent.
- All plans should be reviewed on a regular basis. Refer to agency guidelines or legislation regarding the frequency of the review period.
- This is via professional meetings, which usually include the child/young person, family members, social worker, and other professionals involved.

The 'so what for the child' mindset supports the practitioner to review all their activity against the impact on the child. It encourages plans that are written with the child or young person's development tasks (both ages and stages) in mind.

By asking the question "What tasks does this child or young person need to achieve to grow well?" plans can become more tailored to the needs of the individual child.

By further exploring "Who is in this child or young person's life that supports them to grow well and achieve?" the practitioner can begin to identify the adults who will be able to provide the child with the resources they need to grow well.

Each child and young person require a secure base from which to grow, and the planning process must attend to the resilience and protective factors that are supporting the child, as well as the vulnerabilities and the adversities that are 'dragging the child down.'

Planning needs to:

1	Identify the RISK.
2	REPAIR the damage; and
3	RESTORE identity and belonging for the child or young person

.

Finally, any plan must be timely for the child. It should address the immediate life circumstances, the improvement journey that the child will experience as those circumstances are changed, and the longer-term aim of supporting the child to adulthood and breaking cycles of abuse and neglect in families.

Needs outcomes and services

What is a NEED?

In planning the need is what the child requires in day-to-day life to enable them to grow and flourish in safety. The need statements will always include the issues or the risks that professionals are concerned about. It is the thing you want to change. They are phrased to promote 'keeping the child in mind.'

If you start with the child's name and then think about what it is they need, for example:

1	Jenny needs to be able to feel safe at home
2	Dominic needs to be able to go to school in clean uniform and not smelling
3	Ellie needs to be kept safe from men who are wanting to sexually exploit her
4	Jack needs to be able to believe his mum likes him

What is an OUTCOME?

An outcome is what the child will look like, feel like, act like and how they will know when their needs have been met. It is a description of what their changed life will look like. Once again, start with the child's name and the timeframe that you want to see the change occur in, for example:

1	Tonight, and every night, Jenny will be able to go to sleep without waiting to hear if her dad is going to hit her mum.
2	From tomorrow, Dominic will go to school clean, and, within the next month Dominic will be confident and proud of his appearance, and not left out or teased because he is smelly.
3	Within the next 3 months Elle will know that she is able to be loved, and choose whom to love and whom to have sex with because she will feel good about who she is, and understand how to say no and make safe choices.
4	Within the next month Jack will be able to talk with his mum and they will enjoy each other's company because they will have learnt how to talk to each other about hard things, how to negotiate and how to give each other praise.

What is a SERVICE?

The service is the role that the adults, including the parents, and sometimes the child themselves, will play, and the strategy and help they will use to enable the change to occur, for example:

1	Jenny's father, Paul, is staying out of the family home and is living with his brother until he completes his counselling around anger management, and, with his counsellor, Janice, is able to contribute to the safety plan for living in the family home. The domestic violence counsellor, Janice, will work with Paul, Jenny's mother Sarah and Jenny with individual sessions for the next six weeks. Once these are complete then Janice will make a recommendation regarding moving to family therapy if she considers the individuals involved are ready and safe.

2

a) Starting tomorrow, Dominic' s mother, Millie, is going to use the washing machine each night and hang the clothes over the radiator to dry.

(b) Today, Mrs Pattinson from Marymount school is going to provide 3 new sets of school uniforms for Dominic. He will take two home, and one will be kept at the school in case he comes in needing to change.

(c) From tomorrow, Millie will change and wash Dominic's bedding each morning until Dominic is able to have dry nights.

(d) Ms Williams, the health visitor, will work with Dominic for six weeks, starting this week to help him to understand the signals his body is sending him and how to manage his anxiety at night.

Planning to manage risk, repair damage and restore identity.

Managing risk factors in the past, present and future scenarios. The child or young person needs to be kept safe from immediate harm, either to them from other people, or by their own risk-taking behaviours, from re-offending, and/or from the environment or circumstances that they are in (homelessness, unaccompanied asylum-seeking children, bullying at school).

Much of the work of keeping children and young people safe depends on reducing adversity and promoting protective factors. These factors are external to the child and are often staging or artificial props that support the child or young person at their most vulnerable.

Risk cannot be thought of in isolation. By itself it is a neutral term; however, in social care we have imbued it with a negative meaning that dominates our thinking.

To stop being risk adverse in our planning we need to think about the possibility of growth that can accompany risk.

Simply put, risk is:

The probability that an event will occur with beneficial or harmful outcomes for a particular person or others with whom they come into contact.

A product of the likelihood that an event will occur and the impact that it will have if it does occur. [28]

In other words, risk does not have to have a negative outcome. However, when we use the word in children's social care we are speaking about the risk of significant harm or death to a child or young person. This means that when we assess risk, it is necessary to explore:

How likely is this to occur?

This should be proportionate to the potential consequences specified, and must be based on good information and evidence and consider the same factors – is the information up to date? Is it relevant? Can it be evidenced?

What are the protective factors which could reduce the likelihood of the occurrence?

Consider the strengths of the person's current situation, the environment and what their family/ friends/other support networks are or can contribute.

What additional actions would promote benefit and reduce the likelihood of the occurrence, for example the use of assistive technology, interventions to improve ability of the individual, maximising existing support networks?

If something went wrong, what would the severity of the impact be?

It is important to consider both a best-case and worst-case scenario, e.g. death, serious injury, admission to hospital, loss of family.

28 SCIE Risk assessment process and key points to risk identification in virtual interactions Published: March 2023

If it works, what is the level of benefit of the impact? It is important to consider equally the potential negative consequences and the potential benefits.

What are the protective factors which could reduce the severity of the impact?

What additional actions would promote the benefit and reduce the severity of the impact, for example the use of assistive technology, interventions to improve ability of the individual, maximising existing support networks?

'Often, children take risks simply because they don't recognise that the consequences of what they do today may impact on their future. Whether that is bringing them into contact with the police, causing them serious harm, or worse. Their low self-esteem and lack of ability to recognise the difference between excitement and danger make it even more challenging to keep them safe.' [29]

The Adult Social Care model takes a much healthier approach to risk. The model outlined below taken from SCIE has many factors worth considering:

Risk assessment as a process

Risk assessment is an important process in adult social care as we work with individuals to enable them to achieve the outcomes that matter to them and promote their individual wellbeing.

The risk assessment process has four distinctive and sequential stages, and social care practitioners should go through each of them with the individual.

1	Understanding the person's circumstances
2	Identifying risks
3	Assessing impact and likelihood of risks
4	Managing risks – risk enablement and planning

This framework is evident in a study undertaken by Clarke et al. (2011) which outlined a four-stage process for exploring risk with individuals and families living with dementia.

However, this further guidance is equally as applicable for working with all individuals:

- Identify risks in the life-context of the individual and their circumstances (and therefore impact on quality of life and individual wellbeing).
- Identify risk perspectives from all the people involved.
- Identify weighting of risks (to establish high and low risk concerns, impact on emotional, social and psychological wellbeing).
- Identify current and past strategies for managing risks.

When we work with individuals during the risk assessment process it is important to remember that a person's ability to engage can fluctuate either as a result of a cognitive impairment of the mind or brain or due to physical or emotional difficulties.

In such circumstances it will be necessary to arrange conversations at times that are appropriate for them and/or provide additional support if required such as:

- Appropriate Person
- Independent Advocate, or
- Independent Mental Capacity Act Advocate.[30]

29 https://www.scie.org.uk/social-work/advice-best-practice/risk-assessment-process/

30 Risk assessment process and key points to risk identification in virtual interactions Published: March 2023 https://www.scie.org.uk/social-work/advice-best-practice/risk-assessment-process/

When we consider this guidance in terms of working with the developing child and the adults that care for them, we can see several benefits to discussing risk as a staged approach:

1	Most families have managed to raise their children to a good enough standard for some of the time that they have been parenting. We need to be curious about the circumstances, resources, and scaffolding around them that made that possible.
2	One of the areas of weakness when working with children is a tendency to focus on the mother. This can leave other significant adults out of the equation and that can either add more risk or lessen the support we could harness on the child's behalf.
3	Thinking of the risk in terms of emotional, social and psychological allows us to consider our actions and interventions as part of this equation. Will our choices add to risk in other areas for the child (e.g.: alternative accommodation might keep the child physically safe but create psychological distress).
4	Understanding how the family and support networks around them have managed adversity in the past can provide possibility for future change.

Lastly, by understanding that humans continue to develop over their life span, and that capacity fluctuates is helpful when monitoring impact and reviewing plans.

Is the situation still the same or have there been changes in the system that either increase or decrease adversity or protective factors for the child and their family?

Asking ourselves the following questions during planning can help us hold a balanced perspective on the issue of risk:

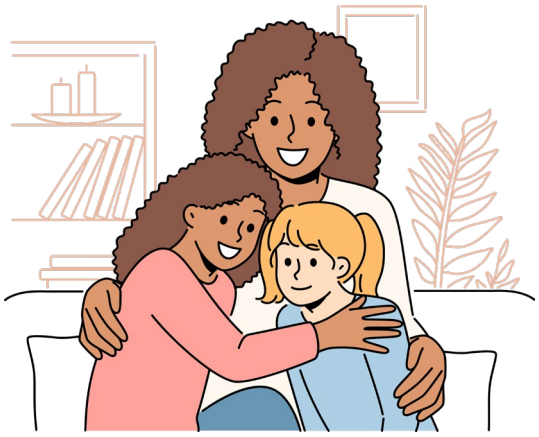
- What are the potential benefits of this action?
- How likely are the benefits to happen?
- What would be the impact if they did happen?
- What are the potential harms?
- How likely are the harms to happen?
- What would be the impact if they did happen?

Reducing adversity and increasing protective factors

A child and their family will need both resources and support to be able to effectively change their patterns of interaction and behaviours. The child is often reliant on the adults around them for both resources and support and can do little to effectively change their own circumstances.

The assessment should have highlighted the day-to-day circumstances of the child and the impact this has had on their safety and wellbeing. It should have also identified what was working well in the child and family's life.

In planning for interventions with children and families practitioners will have the most effect initially with external levers. These are the resources or environmental factors that can be used to increase protection and decrease adversity.



Decreasing vulnerability and increasing resilience

Once the child and adults around them are less preoccupied with safety and distress, they will be more open to learning the skills they will need to manage the ongoing challenges and joys of everyday life.

These internal factors of emotional intelligence, attachment, regulation, and competency are the building blocks of life and repair work must be planned for both the child and their family members for long-term change to be sustained.

The child who experienced abuse and trauma must be understood in the context of that experience. The risk of significant harm must be managed. The damage to the child's development must be explored and work undertaken to repair the damage. Finally, the child's sense of identity and the opportunity to be claimed and have a sense of belonging to a family must be restored. The child must be supported to continue to meet their developmental milestones and achieve their goals, to the best of their ability.

The emerging young adult that the child will become must be planned for and supported so that they are able to reach their full potential as adults and parents themselves.

This careful and thorough work is often in competition with the daily demands of a fragile child/young person, the reality of the difficulty of caring for such a child, the need to support the carers effectively to do this, the need to manage contact with the biological family, and the demands of the legislative processes that surround children who are looked after.

Building resilience

It is important to see the child as unique by understanding the child's own internal landscape and what characteristics and mindset they bring to their situation. Planning needs to focus on how these resiliencies can be promoted and strengthened to continue to carry the child on their journey through life. This will include paying attention to the child's Attachment, Regulation and Competency model (ARC) and planning to promote opportunities for 'felt mastery' of tasks and reciprocity in relationships to continue to affirm their sense of self and worth. Do not under-estimate the benefits that taking risks can offer.

Ungar identified seven aspects of resilience:

1	Supportive relationships from family, peer, and community members: this involves us supporting children and young people to maintain the relationships they already have, to provide them with opportunities to build new relationships, and to be able to tolerate the fluctuations in relationships over time.
2	A positive identity (developed through interactions with others): being able to see yourself as valued and loved by others. Being able to choose how you appear to others externally and have that image accepted.
3	Experiences of power and control: being able to influence what is happening around you and to you. Being able to make choices and having opportunities to carry out the activities needed to make those choices happen.
4	Experiences of social justice: being treated like anyone else in your society and having the same opportunities as others to thrive. Having advocates to support you when needed. Having the same access to protection and fair treatment under the law.

5	**Access to basic material resources like food, clothing, and safety:** being able to have, and work towards getting, the same resources as others in your community, and being supported to have these things when you are unable to resource them yourself. Feeling safe to be yourself, to go out in your community, to participate in activities, and work. Being able to ask for what you need without fear of repercussion.
6	**A sense of belonging, spirituality, and social cohesion:** feeling accepted and understood by your family, friends, and community. Having opportunities to contribute to your community positively. Having a sense of purpose and a motivation to belong in your society.
7	**Cultural continuity:** maintaining strong connections to your cultural heritage to support coping with stressors and challenges. Having a sense of belonging, meaning and support from your community.

When we think about resilience from this point of view, we can see that to use your own inner resilience you need access to opportunities. [31]

Think: How is the way this child sees and experiences the world (their resiliency) interacting with the difficulties and distress they are encountering day today? (the adversity they face)

Who or what is acting on behalf of the child to manage or reduce the impact of those difficulties and distresses? (the protective factors working for the child)

Is there anything in the child's behaviour or belief system that makes it harder for those protective factors to be effective in protecting them from the difficulties and distress? (the vulnerabilities)

How can I strengthen the child's own resiliency and increase the protective factors to mitigate the risk of harm and decrease the impact of the trauma?

Do: Think systemically – what resources surround the child and family that are helping them thrive? How can we advocate for more resiliency in communities?

Tools: Risk and Resilience matrix on page 141
Growing up well in our community on page 161

Ungar, (2020) R2 Resiliency tools

Read: Stanley, Y (2020) Dealing with risks to children outside the family home, Ofsted

Watch: Munro E (2023) Working with uncertainty and risk in social care, Research in Practice

Listen: The Local Trust Community Power podcast

31 Ungar, M (2020) Working with children and youth with complex needs: 20 skills to build resilience, (2nd Edition) New York: Routledge

Planning to repair trauma

Use of a trauma-informed approach in planning will support children and families to move from a constant state of distress and coping to feeling safe and being able to thrive both individually and as a family.

'Traumatised people chronically feel unsafe inside their bodies: the past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves.' (Van Der Kolk, 2015) [32]

Many, if not all, of the children that we plan for will have experienced a range of traumas throughout their life. When these traumas occur at key developmental stages the impact can be felt throughout that child's life and on into adulthood.

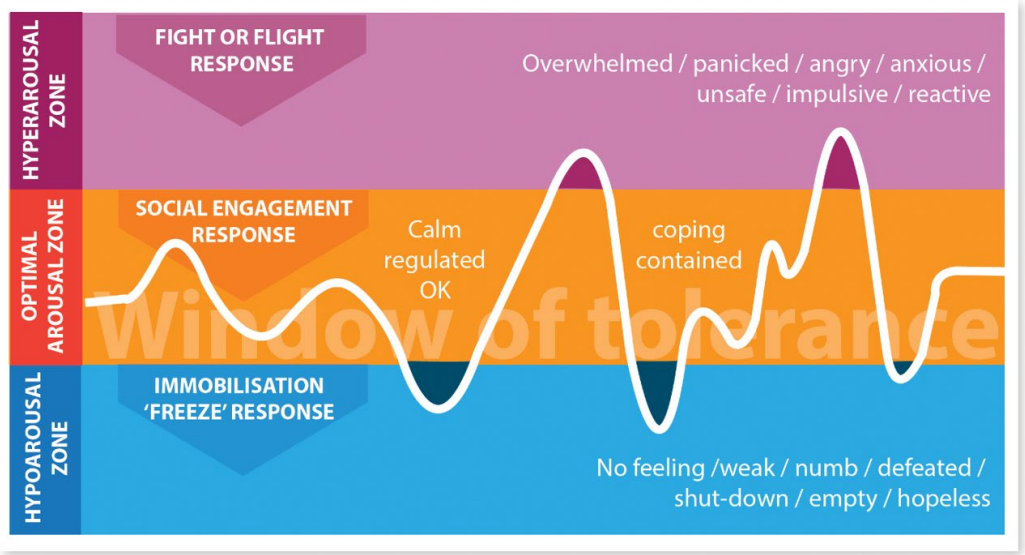
Single, event-based traumas such as car crashes or fires are well understood in terms of their impact.

We also now understand very well the significant impact that comes as a result of traumas sustained throughout periods of development. These are traumas that result from being frightened of – or for – someone who is meant or assumed to be a secure base and safe haven, such as a parent.

These developmental traumas are evident sometimes only in the way a child or young person presents. They may have no clear memory or narrative of a particular moment of trauma – unlike someone that has experienced a car crash or other traumatic incident. Of course, that same child may also have experience of event-based traumas.

Although many distinct aspects of trauma should be understood, there are three key areas that are evident as a consequence of exposure to any kind of trauma:

1	Hypervigilance – the child is always alert to their environment. Their primitive brain scans for threat the whole time, even where we might perceive there not to be any threat.
2	Dysregulation – the child struggles to manage their emotional states; unable to remain calm or focused they are effectively hijacked by their emotions without understanding what is happening.
3	Containment – the child feels unsafe very often and is responding actively to fight-flight-freeze responses.



32 Van Der Kolk, Bessel (2015) The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma, Penguin Books

Imagine, for example, that as a baby or toddler a child was exposed to frightening violence or aggression.

They may not be consciously aware of what happened to them and may only be aware that whenever someone raises their voice, such as a teacher, they feel highly anxious or scared. Also then consider if that frightening person in their early childhood wore a certain kind of scent or aftershave that their brain associates now with fear or danger – and you happen to wear that same scent. This sub-conscious triggering of trauma responses can be very distressing for the child and also difficult for the adults to understand and respond to.

'One feature of a child's trauma experience is a loss of control, for example through not being able to stop their abuse. Children who have experienced trauma often try to regain the control they lost, and this is often displayed through their controlling behaviours.

Because children who have been abused or neglected will have developed strategies for staying safe that involve not letting carers get in control, they may resist the safe care they receive when placed away from the abusive or neglectful situation.' (Howe, 2009; Lyons et al, 2020). [33]

When planning for children a trauma-informed approach enables a shift away from trying to fix them as if they are faulty, and instead ask 'how have these behaviours helped you in the past?' 'How can we support you to feel safe enough to try new ways of getting what you need?'

This mindset takes the responsibility away from the child and places it back on the adults, who will need to adapt their stories, responses, and behaviour to support the child's healing.

When planning with children, young people and families who have experienced trauma there are five areas to attend to:

1	Safety = Ensuring physical and emotional safety (living somewhere safe does not always equal feeling safe). Respecting children and young people's privacy. Helping them work out how to understand their trauma and speak about it when they need to.
2	Choice = Children and young people have choice, control, and boundaries. They have a clear idea of their rights and responsibilities.
3	Collaboration = Making decisions with the child/young person and sharing power. They play a significant role in deciding what happens in their future. Their voice is strong, recognised and acted upon where possible.
4	Trustworthiness = Adults around the child/young person help them understand why they are where they are, who the different people are who are making decisions, and how they can influence them. Adults do what they say and keep their boundaries consistent and support children and young people to do the same.
5	Empowerment = Children and young people are encouraged and supported to explore their talents and strengths. They are given strategies to help them manage their struggles. The adults around them believe in them and give them opportunities to overcome challenges and to feel proud of themselves.

33 Wilkins J, (2023) Support around children who have experienced developmental trauma, Research in Practice, Dartington

Think: What might children and families have experienced that you are not aware of? How might you have conversations about trauma?

How do you manage your own window of tolerance? What support do you have in your life to help you? What about at work?

Do: Think about how to explore a child's window of tolerance with them. What have carers noticed about how they respond to triggers?

Tool: Trauma-informed conversations on page 166

Watch: Berry Street Take Two (2023) Principles for trauma-informed practice with infants and young children - A Clinical Conversation, Melbourne Australia

Listen: Making Good trouble podcast (2024) - Raising teens – supporting adolescent trauma hosted on BBC Sounds

Planning to restore family and kinship relationships and identity

'The quality and number of loving relationships every child has, whilst in care and when leaving care, should be the primary measure used to determine the success of the care system. Making relationships our focus will reduce brothers and sisters being separated through care, ensure unaccompanied asylum-seeking children have networks to support them through adulthood, and set young people leaving care up with the best possible chance of having a good adult life'. (p112, The Independent Care Review of Children's social care final report) [34]

All professionals planning for children and young people coming into care need to understand:

> How each child is physically and emotionally safe both in their homes and their relationships.

> How each child is claimed and knows who they belong to for their lifelong relationships.

> How each child understands themselves and creates a secure and flexible sense of identity that will grow and be enriched over their lifetime.

> How each child has managed to heal and build resilience to create a meaningful, productive adult life that they value.

'What do we want for our children? A happy childhood and a chance to grow, develop and learn so that they can become confident young adults able to find their way in the world. To support these aspirations, we need to know our children and young people: what they love doing and their hopes and feelings.' (p8, What Makes Life Good report final, Coram, 2019)

34 Macalister, J. (2022). Independent review of children social care – final report, DfE

Think: What are the practical ways that you can plan with children and their networks to achieve a rich, rewarding, and resilient adult life with a powerful sense of identity, belonging and a rich network of connections?

Do: Make a map of all the skills and resources you have to work with children and young people to contribute to this outcome.

Tools: Use the CYRM-R Resilience Measure Person Most Knowledgeable to think about the child you are planning for. What have they got around them at the moment in terms of resources and resilience to help them to thrive?

NSPCC Reunification Practice Framework This framework, developed by the NSPCC, is an evidence-based approach to making the decision about whether a child can return home or not. The Framework promotes professional judgement, enabling workers to apply this judgement within a clearly structured approach.

Planning for brothers and sisters

'Siblings with existing bonds should, in principle, not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes and feelings' (UNGA, Resolution: 64/142. Guidelines for the Alternative Care of Children, 2010, para 17). [35]

Not all children in care are placed together. Sometimes large sibling groups cannot be accommodated by any one family, or there may be other reasons why it is considered better for siblings to be placed apart.

However, as the quote above from the United Nations General Assembly makes clear, it is incumbent upon us when considering a child's best interests that their relationship with their brothers and sisters is taken into account in all placement and planning decisions.

'It doesn't really matter whether it's 'full' or 'half', they're still your sisters at the end of the day.' (Young person with experience of public care proceedings)

When thinking about 'who is a sibling' the child's own opinion and experience must be considered.

Part of the process of family mapping encourages children and young people to explore all of their family connections. Depending on how the wider family network has been functioning, there may be brothers and sisters that the child or young person is not aware of or have a fractured relationship with.

'Together and Apart' sibling assessments are initially carried out for childcare proceedings. Once the children are placed in care, these assessments should be re-visited. As children start to feel safe and secure in their permanent homes, and as they grow, the things that might have kept them apart from their brothers and sisters could change.

Where they have family time with each other, and how often, and who else is there, might also start to change. We should always be thinking about the best way to encourage and improve relationships with brothers and sisters.

35 Monk D & Macvarish J (2020), Brothers and sisters in public law proceedings, Research in Practice, Dartington, UK, p4

Belonging and healing for children and young people in care

How much do you know about the child's experiences prior to coming into our care? You may know about the incidents and actions that were taken but do you understand enough about the damage that was caused to the child – what was the impact on them?

For any plan we make to be successful we have to have considered what the child tells us about their experience of permanence. Do they know what it is that they need from the adults around them for them to move successfully to adulthood?

It is not enough to have safeguarded them and prevented further harm; we must also have repaired any damage caused through trauma and abuse, and also sought to restore relationships that will be helpful to them in the future.

Think: How can I understand who is in this child's life who will claim them and stand by them into adulthood?

Do: Take the time to ask the child and all the adults involved with the child about who they think is important.

Tools: Circles of Safety can be used alongside the Family connections and network tips on page 176 to make sure that we understand the strengths of the connections we are exploring.

Family Mapping on page 179; Sibling Attachment on page 184

Read: Monk D & Macvarish J (2020), Brothers and sisters in public law proceedings, Research in Practice, Dartington, UK (to buy)

Listen: Siblings, placements and contact Learn on the go: the Community Care podcast (2020)

Gateshead Council

Module Four:

Strengthening Communication.

Module Four:
Strengthening Communication

'The most important thing in communication is to hear what isn't being said.' - Peter Drucker.

Communicating well

Humans love to communicate with each other. Babies are born expecting communication from the people around them and are able communicators themselves. Long before we begin to use language we are communicating through sound, body movements and facial expressions. What one human is seeking from another is a sense of connection, affirmation of self, and approval.

Communication is how we get our basic needs met, how we make our feelings known, how we express who we are as individuals, how we make connections with others. It is a primary driver for human interaction and the fundamental social work skill on which all others are based.

One of the key issues for social care staff is the evocation of shame and rejection that communicating about hard and distressing issues can cause. Social care staff need to create environments and spaces where people are motivated to communicate and connect with them.

Helpful questions to ask people who have experienced themselves labelled as 'failing' include:

'What have people said or done in the past that has been unhelpful?' and 'How will you be able to tell me if I am doing those things?'

What makes an excellent communicator?

"WHAT IS THE OPPOSITE OF TALKING? WAITING."

When people speak or write about communication they often start with LISTENING. Listening is the art of seeking to understand another person's point of view and their needs before you share your own.

A good experience of being heard.

How do you know when someone has heard you? Is it because they can repeat everything you say verbatim? Or because they tell you they understand? Or because their body language indicates listening, insight, sympathy? Or is it something they do or the actions they take as a result of the conversation? Often it is a combination of all these things that gives us a good experience of being heard.

A good experience will include:

> Availability of the other person – the speaker will not feel as if they are competing for time, energy, space, or attention. The listener will be signalling their availability by holding their body still, keeping their gaze attentive and staying quiet. The person will have set out clear time limits if there are any.

> Positive body language – good eye contact, tilted or occasionally nodding head, relaxed arms with an open stance, mirroring the other person's pose, leaning forward, if enough space, to demonstrate engagement.

Verbal encouragement – small sounds such as “mmm”, or ”right”, or “ok” to encourage further disclosure, use of summing up when the other person seems lost, sympathetic noises and facial expressions without touch if they are distressed.

Good use of silence – the listener will not rush to plug the gaps but let silence build when it is appropriate for the other person to gather their thoughts or feelings. After a time if the silence begins to seem uncomfortable you could ask a prompt question such as “is there anything else you want to say about this?”

Checking in – the listener will check that they have understood the facts and the impact, and the words used in the right context. They will ask questions such as: “What do you want to do next?” or “What needs to happen now?” or “How can I be helpful?”

Closure – the speaker will be left knowing what the listener has understood by what they heard, what they think about it and what they are going to do about the conversation next.

A bad experience of being heard will include:

Unavailable to listen – the listener makes it clear that they are too busy, distracted, important or bored to pay full attention. They may look at their watch, a clock, TV, other people, doorways, phone, keep writing or carrying out other tasks.

Poor body language – closed posture, arms and legs moving about a lot, fiddling, eyes not meeting or looking down or away, head jutted forward, looking up or turning away from the speaker.

Verbal discouragement – interrupting, problem solving, telling, yelling, laughing, dismissing, comforting, sharing, getting excited.

Poor use of silence – letting it build up due to lack of interest, asking them to repeat themselves, jumping in the minute the speaker draws breath, using the silence to end the conversation quickly.

Checking out – saying any of the following: “Is that all?”, “Have you finished?”, “Why are you telling me?”, “I don’t think I can help”, “I know exactly what you need to do”, “I know all about this”, or anything else that minimises, dismisses, ridicules or dictates.

No closure – listener offers no clue as to what they think, offers no further actions or ideas, says they need to take this information somewhere else without being clear about where or why, does not offer any empathy, indication of understanding or interest. The speaker will be left with a feeling of not being understood or heard.

Selective listening

Selective listening is the act of hearing and interpreting only parts of a message that seem relevant to you, while ignoring or devaluing the rest.

Often, selective listeners will form arguments before they’ve heard the full story, making them not only poor listeners, but poor speakers too!

Miscommunication

Communication is a two-way street and people need to have both a desire to understand the other and be understood. Miscommunication can occur when these desires are not aligned or when a person is in the wrong space or place to listen or share well, or when there are cultural or social mismatches between the communicators.

Social care staff are often told that they need to be available to people to listen as if this is the whole equation. The people we work with also need to be available and there are many barriers facing them including past experience of being listened to, or judged, the timing of our encounters, the agenda that we come into their lives with.

It is important to keep checking in, paraphrasing, and asking people to tell us important things in different ways so we can make sure we got it right.

Problems with listening well:

Inadequate listening: when we are preoccupied with our own thoughts, needs, ideas and stop listening.

Evaluative listening: we judge what the other person is saying in terms of good-bad, right wrong, acceptable-unacceptable, like-dislike, relevant- irrelevant.

Filtered listening: filters that we use to understand and pattern the world around us can act as a bias when listening to the individual. We all have cultural filters that help us decide what to pay attention to and what to ignore in the world around us. These can create bias in our listening without us even being aware of it.

Labels as filters: diagnostic descriptions of people can block our curiosity and our ability to see the uniqueness of the person we are listening to. We can assume parts of their story because of their label, fill in blanks with an unspoken professional assumption and miss the point of stories where the label might be incidental.

Fact-centred listening: this takes the person out of the context and places them in an information gathering framework. You might get all the answers for filling in the form but miss the point the person wanted to make.

Rehearsing: when the listener becomes preoccupied with the idea they have to respond and start to practise their answers whilst the other person is talking.

Sympathetic listening: When the pain or strength of the feelings being talked about and displayed overwhelm the content and the meaning of the message being conveyed.

Interrupting: cutting people off mid flow or mid idea, giving them the feeling of being in competition for talking time. Different from contributing to the conversation or taking control of a monologue that is leading the person around in circles.[36]

Working Together 2023 clearly outlines the expectations of practitioners working with children and their families. Section 14, p12 states that:

‘Anyone working with children should see and speak to the child, listen to what they say, observe their behaviour, take their views seriously, and work with them and their families and the people who know them well when deciding how to support their needs.

Practitioners should also be aware that children may find it difficult to always speak about what they need, what is happening to them or what has happened to them. Legal duties under the Equality Act 2010 must be complied with, including putting special provision in place to support dialogue with children who may not be able to convey their wishes and feelings as they may want to.

This might include, for example, those who have communication difficulties, unaccompanied children, refugees, those children who are victims of modern slavery and/or trafficking and those who do not speak English or for whom English is not their first language.’ [37]

36 pp103-104 Egan, (1994) 5th Ed, the skilled helper A problem management approach to helping, Brooks/Cole Publishing Company
37 Working together to safeguard children 2023-statutory guidance.pdf

Responding – the other part of communication

Once we have got the listening part of communication working, we also need to think about responding or initiating conversations.

Social care staff are usually communicating with a purpose in mind, and this can distort the interactions and drive us into 'telling or selling' modes.

Practitioners who are good at communication:

- are courteous.
- turn up on time.
- speak directly to service users, not carers or personal assistants.
- don't use jargon.
- 'Open their ears' and 'think before they talk'
- listen and 'really hear' and accept what carers are saying.
- explain what is happening and why.
- do what they say they are going to do and don't over-promise.
- say honestly when they can't help.
- are patient and make enough time to communicate with disabled service users.
- recognise the loss of dignity people experience when approaching social services for the first time – the 'cost' in this – and respond sensitively.
- don't assume anything about a user's abilities simply because of a disability.
- understand the importance of privacy, peace and quiet and users' and carers' choice of meeting place.
- know that closed questions can be easier for service users with communication difficulties to answer.
- check that they've been understood.
- find a mode of communication that works.
- remember that young people may prefer to talk while doing something else.
- build trust, empathy, and warmth.
- work in organisations that help them to do all these things.

Think: How do I know when I am listening deeply?

What would other people see when I am listening deeply?

Do: Start using silence in your work. Creating space for others to speak into comfortably is an art. Pay attention to your body language when you are listening.

Tools: Understanding the importance of listening, Strengthening Practice (2023) on page 192

Watch: Department for Education (2024) Listening and Understanding – a video about how to support children's listening and understanding and give them the environment they need to develop these skills.

Models of communication

Body language and tone of voice

A lot of how we convey and understand each other comes from the way we use our body and our voice alongside our spoken word.

Mehrabian's work on inconsistent communication can provide some assistance for professionals trying to work well with people who are struggling to communicate their feelings and attitudes. He spoke about the relative importance of verbal and non-verbal messages and the importance of words vs non-verbal cues when discussing feelings and attitudes. He found that when the words did not match the facial expression people tended to believe the expression they saw, not the spoken word.

In his study he found that when there was inconsistent communication people tended to use the following formula to gain full understanding:

7%	of the messages pertaining to feelings and attitudes is in the words that are spoken.
38%	of the messages pertaining to feelings and attitudes is paralinguistic (the way that the words are said)
55%	of the messages pertaining to feelings and attitudes is in the facial expressions.

This work has been expanded upon and refined over the years, and there is now a reluctance to rely solely on a straight percentage understanding of the impact of incongruent communication and how we understand it.[38]

The Critical Theory of Communication

A transactional model of communication is helpful in social work because it emphasises that communication is a dynamic process involving both sending and receiving messages.

It highlights the importance of feedback, context, and noise (anything that disrupts the communication process) in shaping the meaning of messages.

The Critical Theory of Communication, rooted in critical social theory, emphasises the role of power dynamics, ideology, and social structures in shaping communication processes and outcomes.

This theory acknowledges that communication is not value-neutral but is influenced by larger societal forces and inequalities. It seeks to uncover hidden power dynamics, challenge dominant narratives, and promote social justice and equity.

38 Mehrabian, A. (1981) Silent messages: Implicit communication of emotions and attitudes. Belmont, CA: Wadsworth (currently distributed by Albert Mehrabian,

The Critical Theory of Communication can help explore distortions in communication related to power imbalances, cultural differences, societal factors, and individual factors:

Power imbalances: This theory recognises that communication often reflects and perpetuates power imbalances within society. It helps to uncover how power differentials between individuals or groups impact communication dynamics, such as who gets to speak, whose voices are marginalised, and whose perspectives are privileged.

Cultural differences: The Critical Theory of Communication acknowledges that communication is culturally situated and that cultural differences can lead to misunderstandings, misinterpretations, and unequal power relations. It encourages reflexivity and cultural sensitivity in communication practices, challenging ethnocentric perspectives and promoting dialogue across cultural boundaries.

Societal factors (e.g. poverty): Poverty and other societal factors can influence communication by limiting access to resources, opportunities, and platforms for expression. This theory helps to analyse how economic inequalities shape communication patterns, representation in the media, and access to public discourse. It advocates for amplifying the voices of marginalised communities and addressing structural injustices that perpetuate poverty and inequality.

Individual factors (e.g. mental health, drug misuse): The Critical Theory of Communication recognises that individual factors, such as mental health issues or drug misuse, can impact communication abilities and behaviours.

It calls attention to the stigma, discrimination, and silencing experienced by individuals facing these challenges, advocating for compassionate and empowering communication practices that prioritise understanding, support, and inclusion.

By applying the Critical Theory of Communication, researchers and practitioners can critically examine communication processes within various contexts, uncovering hidden power dynamics, challenging oppressive structures, and promoting more equitable and inclusive forms of communication.

Communication approaches

Motivational interviewing

'Motivational interviewing is an approach to being with people in conversations to support them to make changes in their behaviour.' (Lydia Guthrie, Community Care Inform Podcast, 2018)

Motivational interviewing was originally developed by clinical psychologists William Miller and Steve Rollnick in 1983. It has gained popularity within children's social care in the UK in the past few years, with the Family Safeguarding model using it as one of its foundational approaches. The University of Cardiff, led by Professor Donald Forester and Dr David Wilkins, have developed this model further for specific use in child and family work.

Motivational interviewing is a set of principles and skills that allow for better engagement, deeper conversations and more purposeful practice in child and family work. It attempts to increase the client's awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behaviour in question.

It is inappropriate, however, to think of motivational interviewing as a technique or set of techniques that are applied to or (worse) "used on" people. Rather, it is an interpersonal style, not at all restricted to formal counselling settings.

It is a subtle balance of directive and client-centred components shaped by a guiding philosophy and understanding of what triggers change. If it becomes a trick or a manipulative technique, its essence has been lost.

There are, nevertheless, specific, and trainable therapist behaviours that are characteristic of a motivational interviewing style. Foremost among these are:

- Seeking to understand the person's frame of reference, particularly via reflective listening.
- Expressing acceptance and affirmation.
- Eliciting and selectively reinforcing the client's own self-motivational statements, expressions of problem recognition, concern, desire, and intention to change, and ability to change.
- Monitoring the client's degree of readiness to change, and ensuring that resistance is not generated by jumping ahead of the client; and
- Affirming the client's freedom of choice and self-direction.[39]

Characteristics of the motivational interviewing technique

1. Motivation to change is elicited from the client, and not imposed from without

Other motivational approaches have emphasised coercion, persuasion, constructive confrontation, and the use of external contingencies (e.g., the threatened loss of job or family). Such strategies may have their place in evoking change, but they are quite different in spirit from motivational interviewing which relies upon identifying and mobilising the client's intrinsic values and goals to stimulate behaviour change.

2. It is the client's task, not the practitioner's, to articulate and resolve his or her ambivalence

Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. Many clients have never had the opportunity of expressing the often confusing, contradictory, and uniquely personal elements of this conflict. For example, "If I stop smoking, I will feel better about myself, but I may also put on weight, which will make me feel unhappy and unattractive." The counsellor's task is to facilitate expression of both sides of the ambivalence impasse and guide the client toward an acceptable resolution that triggers change.

3. Direct persuasion is not an effective method for resolving ambivalence

It is tempting to try to be "helpful" by persuading the client of the urgency of the problem, about the benefits of change. It is fairly clear, however, that these tactics generally increase client resistance and diminish the probability of change.[40]

4. The counselling style is generally a quiet and eliciting one

Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposites of motivational interviewing and are explicitly proscribed in this approach. To a counsellor accustomed to confronting and giving advice, motivational interviewing can appear to be a hopelessly slow and passive process. The proof is in the outcome. More aggressive strategies, sometimes guided by a desire to "confront client denial," easily slip into pushing clients to make changes for which they are not ready.

5. The practitioner is directive in helping the client to examine and resolve ambivalence

Motivational interviewing involves no training of clients in behavioural coping skills, although the two approaches are not incompatible.

39 Miller (1994) cited in Motivational Interviewing: Preparing People for Change (Miller and Rollnick, 1991)
40 Miller, Benefield and Tonigan (1993), Miller and Rollnick (1991)

The operational assumption in motivational interviewing is that ambivalence or lack of resolve is the principal obstacle to be overcome in triggering change. Once that has been accomplished, there may or may not be a need for further intervention such as skill training.

The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence in a client-centred and respectful counselling atmosphere.

6. Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction

The therapist is therefore highly attentive and responsive to the client's motivational signs. Resistance and "denial" are seen not as client traits, but as feedback regarding therapist behaviour.

Client resistance is often a signal that the counsellor is assuming greater readiness to change than is the case, and it is a cue that the therapist needs to modify motivational strategies.

7. The therapeutic relationship is more like a partnership or companionship than expert/ recipient roles.

The therapist respects the client's autonomy and freedom of choice and consequences regarding his or her own behaviour.

Five principles of motivational interviewing

Miller and Rollnick wrote:

'Motivational interviewing has been practical in focus. The strategies of motivational interviewing are more persuasive than coercive, more supportive than argumentative.

The motivational interviewer must proceed with a strong sense of purpose, clear strategies and skills for pursuing that purpose, and a sense of timing to intervene in particular ways at incisive moments.'

The practitioner practises motivational interviewing with five general principles in mind:

1	Express empathy through reflective listening.
2	Develop discrepancy between clients' goals or values and their current behaviour.
3	Avoid argument and direct confrontation.
4	Adjust to client resistance rather than opposing it directly.
5	Support self-efficacy and optimism.

Understanding ambivalence

Disparate feelings can be characterised as ambivalence, and they are natural, regardless of the client's state of readiness. It is important to understand and accept your client's ambivalence because ambivalence is often the central problem, and lack of motivation can be a manifestation of this ambivalence. If you interpret ambivalence as denial or resistance, friction between you and your client tends to occur.

The motivational interviewing style facilitates exploration of stage-specific motivational conflicts that can potentially hinder further progress.

However, each dilemma also offers an opportunity to use the motivational style to help your client explore and resolve opposing attitudes.

Express empathy

Empathy 'is a specifiable and learnable skill for understanding another's meaning through the use of reflective listening. It requires sharp attention to each new client statement, and the continual generation of hypotheses as to the underlying meaning.'

An empathic style:

- Communicates respect for and acceptance of clients and their feelings.
- Encourages a non-judgemental, collaborative relationship.
- Allows you to be a supportive and knowledgeable consultant.
- Sincerely compliments rather than denigrates.
- Listens rather than tells.
- Gently persuades, with the understanding that the decision to change is the client's; and
- Provides support throughout the change process.

Empathic motivational interviewing establishes a safe and open environment that is conducive to examining issues and eliciting personal reasons and methods for change. A fundamental component of motivational interviewing is understanding each client's unique perspective, feelings, and values. Your attitude should be one of acceptance, but not necessarily approval or agreement, recognising that ambivalence about change is to be expected.

Motivational interviewing is most successful when a trusting relationship is established between you and your client.

Responses that can create barriers.

If you are not listening reflectively but are instead imposing direction and judgement, you are creating barriers that impair the therapeutic relationship.

The client will most likely react by stopping, diverting, or changing direction.Twelve examples of such non-empathic responses have been identified:

1. Ordering or directing. Direction is given with a voice of authority. The speaker may be in a position of power (e.g., parent, employer) or the words may simply be phrased and spoken in an authoritarian manner.

2. Warning or threatening. These messages are similar to ordering, but they carry an overt or covert threat of impending negative consequences if the advice or direction is not followed. The threat may be one the clinician will carry out or simply a prediction of a negative outcome if the client doesn't comply; for example, "If you don't listen to me, you'll be sorry."

3. Giving advice, making suggestions, or providing solutions prematurely or when unsolicited. The message recommends a course of action based on the clinician's knowledge and personal experience. These recommendations often begin with phrases such as, "What I would do is..."

4. Persuading with logic, arguing, or lecturing. The underlying assumption of these messages is that the client has not reasoned through the problem adequately and needs help to do so.

5. Moralising, preaching, or telling clients their duty. These statements contain such words as "should" or "ought" to convey moral instructions.

6. Judging, criticising, disagreeing, or blaming. These messages imply that something is wrong with the client or with what the client has said. Even simple disagreement may be interpreted as critical.

7. Agreeing, approving, or praising. Surprisingly, praise or approval also can be an obstacle if the message sanctions or implies agreement with whatever the client has said. Unsolicited approval can interrupt the communication process and can imply an uneven relationship between the speaker and the listener. Reflective listening does not require agreement.

8. Shaming, ridiculing, labelling, or name calling. These messages express overt disapproval and intent to correct a specific behaviour or attitude.

9. Interpreting or analysing. Practitioners are frequently and easily tempted to impose their own interpretations on a client's statement and to find some hidden, analytical meaning. Interpretive statements might imply that the clinician knows what the client's real problem is.

10. Reassuring, sympathising, or consoling. Practitioners often want to make the client feel better by offering consolation. Such reassurance can interrupt the flow of communication and interfere with careful listening.

11. Questioning or probing. Clinicians often mistake questioning for good listening. Although the clinician may ask questions to learn more about the client, the underlying message is that the clinician might find the right answer to all the client's problems if enough questions are asked. In fact, intensive questioning can interfere with the spontaneous flow of communication and divert it in directions of interest to the clinician rather than the client.

12. Withdrawing, distracting, humouring, or changing the subject. Although humour may represent an attempt to take the client's mind off emotional subjects or threatening problems, it can also be a distraction that diverts communication and implies that the client's statements are unimportant. Ethnic and cultural differences must be considered when expressing empathy because they influence how both you and your client interpret verbal and non-verbal communications.

Develop discrepancy

Motivation for change is enhanced when clients perceive discrepancies between their current situation and their hopes for the future.

Your task is to help focus your client's attention on how current behaviour differs from ideal or desired behaviour. Discrepancy is initially highlighted by raising your client's awareness of the negative personal, familial, or community consequences of a problem behaviour and helping them confront the issues that contributed to the consequences. Although helping a client perceive discrepancy can be difficult, carefully chosen, and strategic reflecting can underscore incongruities.

Separate the behaviour from the person and help your client explore how important personal goals (e.g., good health, marital happiness, financial success) are being undermined by the current issue. This requires you to listen carefully to your client's statements about values and connections to community, family, and other connections. If the client shows concern about the effects of personal behaviour, highlight this concern to heighten the client's perception and acknowledgment of discrepancy.

Once a client begins to understand how the consequences or potential consequences of current behaviour conflict with significant personal values, amplify and focus on this discordance until the client can articulate consistent concern and commitment to change.

The 'Columbo approach'

One useful tactic for helping a client perceive discrepancy is sometimes called the "Columbo approach." [41]

This approach is particularly useful with a client who prefers to be in control. Essentially, the practitioner expresses understanding and continuously seeks clarification of the client's problems but appears unable to perceive any solution. A stance of uncertainty or confusion can motivate the client to take control of the situation by offering a solution to the clinician.[42]

41 F H Kanfer and B K Schefft (1988), 'Guiding the process of therapeutic change', Australian Psychologist (1989) 24 (2): 311-312, Champaign. IL: Research Press

42 van Bilsen, H, (1995), 'Motivation as a precondition and bridge between unmotivated client and over motivated therapist' In: Kendall, P, Slavenburg, J and van Bilsen, H, eds 'Behavioural Approaches for Children and Adolescents', London: Springer. ISBN 9780306451225

Tools other than talking can be used to reveal discrepancy. For example, show a video and then discuss it with the client, allowing the client to make the connection to his own situation.

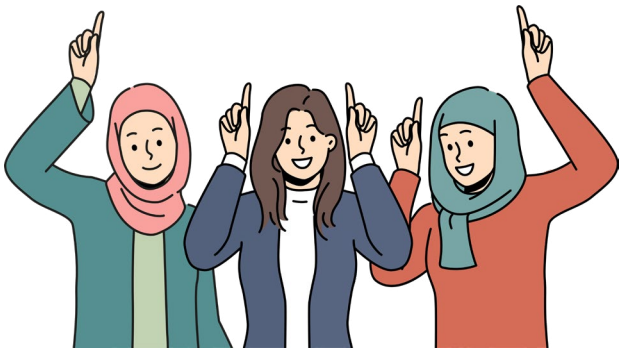
Juxtaposing different media messages or images that are meaningful to a client can also be effective. This strategy may be particularly effective for adolescents because it provides stimulation for discussion and reaction.

You can help your client perceive discrepancy on a number of different levels, from physical to spiritual, and in different domains, from attitudinal to behavioural. To do this, it is useful to understand not only what an individual values but also what the community values.

For example, substance use might conflict with the client's personal identity and values; it might conflict with the values of the larger community; it might conflict with spiritual or religious beliefs; or it might conflict with the values of the client's family members. Thus, discrepancy can be made clear by contrasting substance-using behaviour with the importance the client ascribes to their relationships with family, religious groups, and the community.

Avoid argument

You may occasionally be tempted to argue with a client who is unsure about changing or who is unwilling to change, especially if the client is hostile, defiant, or provocative. However, trying to convince a client that a problem exists or that change is needed could precipitate even more resistance.



If you try to prove a point, the client predictably takes the opposite side. Arguments with the client can rapidly degenerate into a power struggle and do not enhance motivation for beneficial change. When it is the client, not you, who voices arguments for change, progress can be made. The goal is to "walk" with clients (i.e., accompany the client through change), not "drag" them along (i.e., direct client's change).

A common area of argument is the client's unwillingness to accept a label such as 'alcoholic' or 'drug abuser.' Miller and Rollnick stated that:

'There is no particular reason why the practitioner should badger clients to accept a label or exert great persuasive effort in this direction. Accusing clients of being in denial or resistant or addicted is more likely to increase their resistance than to instil motivation for change.

We advocate starting with clients wherever they are, and altering their self-perceptions, not by arguing about labels, but through substantially more effective means.' [43]

Eight tasks of motivational interviewing

There are eight tasks that need to be learnt to be successful at using motivational interviewing with families. These are:

1	The overall approach of MI	Openness to a way of thinking and working that is collaborative rather than prescriptive, honours the client's autonomy and self-direction, and is more about evoking than installing. This involves at least a willingness to suspend an authoritarian role, and to explore client capacity rather than incapacity, with a genuine interest in the client's experience and perspectives.

43 Miller, W R and Rollnick, S (1991), p59, op cit

2	OARS: Client-centred counselling skills	Proficiency in client-centred counselling skills to provide a supportive and facilitative atmosphere in which clients can safely explore their experience and ambivalence. This involves the comfortable practice of open-ended questions, affirmation, summaries, and, particularly, the skill of accurate empathy as described by Carl Rogers.
3	Recognising change talk and sustain talk	Ability to identify client "change talk" and commitment language that signals movement in the direction of behaviour change, as well as client sustain talk. Preparatory change talk includes desire, ability, reasons, and need for change, which favour increased strength of commitment.
4	Eliciting and strengthening change talk	Ability to evoke and reinforce client change talk and commitment language. Here the client-centred OARS skills are applied strategically to differentially strengthen change talk and commitment.
5	Rolling with sustain talk and interpersonal resistance	Ability to respond to client sustain talk and interpersonal resistance in a manner that reflects and respects without reinforcing it. The essence is to roll with rather than opposing it.
6	Developing a change plan	Making the transition into Phase 2 of MI. Ability to recognise client readiness and to negotiate a specific change plan that is acceptable and appropriate to the client. This involves timing as well as negotiation skills.
7	Transition and bending	Ability to elicit increasing strength of client commitment to change, and to specific implementation intentions
8	Transition and bending	Ability to blend an MI style with other intervention methods and to transition flexibly between MI and other approaches.

OARS

The OARS technique—Open-ended questions, Affirmations, Reflective listening, and Summaries—is fundamental to MI, facilitating a respectful and engaging conversation that encourages individuals to talk about their feelings, desires, and challenges regarding change.

Here are examples of questions and statements practitioners can use with families, following the OARS framework:

Open-ended questions

Open-ended questions are designed to encourage detailed responses, providing deeper insights into the family's experiences, thoughts, and feelings.

> "Can you tell me what a typical day looks like for your family?"

> "What are some things that you've found helpful in managing challenges at home?"

> "How do you feel about the current support and interventions you're receiving?"

> "What changes would you like to see in your family's situation?"

> "Can you describe a time when you successfully overcame a similar challenge?"

Open-ended questions can be used for:

- Clarifying ambivalence
- Clarifying feelings
- Clarifying values
- Clarifying reactions to others

Affirmations

Affirmations recognise family strengths and efforts, building confidence and reinforcing positive behaviours and attitudes.

> "You've shown a lot of strength in handling these challenges."

> "It's clear you care deeply about your family's wellbeing."

> "Your willingness to seek support shows your commitment to your family."

> "I'm impressed by how well you've managed these situations."

> "Your ability to balance so many responsibilities is commendable."

These statements are used to affirm:

- That you can see a person's point of view.
- The struggles or difficulties involved.
- The successes the client has had.
- The skills/strengths you perceive.

Reflective listening

Reflective listening involves paraphrasing or restating what the family has said to demonstrate understanding and empathy, encouraging them to explore their feelings and thoughts further.

> "It sounds like you're feeling overwhelmed by the situation, is that right?"

> "You're worried about how these changes might affect your family, especially the kids."

> "It seems like you're looking for more effective ways to support your child's needs."

> "You're feeling hopeful about finding new strategies to improve your family's dynamics."

> "So, you're saying that having a consistent routine has been beneficial for everyone at home?"

Reflective statements can be used to support the practitioner to:

- Guess at "what comes next."
- Give voice to what the client is not saying.

Summary

Summaries help to consolidate information shared during the conversation, highlighting key points, and moving the discussion toward setting goals and making decisions.

> "Let me make sure I've got everything. You're facing challenges with managing behaviour at home, you've tried several strategies with some success, but you're looking for more consistent support. You're also concerned about how these issues are affecting your family's overall happiness. Does that capture our discussion?"

> "To summarise, we've talked about your family's strengths, such as your strong support system and your child's interests, and how we might build on these to address the challenges you're facing. We've also identified a few areas where you feel you need more support. What steps do you think we could take next?"

These questions can support the practitioner to explore the:

- Person's mixed feelings, thoughts, values
- Person's relationship to the issues and their feelings about resolving their issues.

Watch: Mentha, Helen, Motivational Interviewing, Youth AOD toolbox, Melbourne

Brief solution-focused therapy

This method was developed from asking people what worked best for them, keeping all those elements, and discarding any others (de Shazer 1985, 1988, 1991).

'Solution-focused practice aims to restore children's problem solving potential and mobilise their own inner resources or resourcefulness. This makes the method an excellent vehicle for communicating with children and young people and their families.

By carefully using language to project a hopeful future you can support the re-writing of the scripts of failure that many children and young people we work with are offered each day.'

The method involves paying close positive attention to conversations about goals and solutions and withholding attention and focus on conversations about problems and complaints. It can be used alongside other therapies such as cognitive behavioural therapy to support people to make long-term and difficult changes to how they are behaving and living.

SFBT's emphasis on quick, solution-oriented interventions matches well with the dynamic needs of families. It supports the idea that even small changes can have significant impacts, encouraging families to take actionable steps towards their goals.

Implementation in practice

Practitioners implementing SFBT within a strengths-based approach with families can follow these guidelines:

- Collaborative goal setting: Work collaboratively with families to define clear, concise, and realistic goals that they are motivated to achieve.
- Identify and amplify strengths: Actively seek out and highlight the family's strengths, resources, and past successes in overcoming difficulties.
- Focus on the present and future: While acknowledging the family's history, concentrate conversations on the present and future possibilities.
- Use of solution-focused techniques: Incorporate SFBT techniques, such as the miracle question and scaling questions, to facilitate insight and action.
- Celebrate progress: Recognise and celebrate progress towards goals, no matter how small, to build momentum and confidence.

KEY POINTS to remember when working with children and their families using a solution-focused approach:

- It is a strengths-based approach.
- Solution-focused practice supports children and families to solve their own problems, thus increasing their sense of self efficacy.
- The problem is the problem – not the person; and
- No problem is 100% of the lived experience – look for exceptions in the day-to-day lives of the people you are working with.

Difference between problem-focused and solution-focused interviewing	
Problem-focused	Solution-focused
Focus is on feelings/emotions	Focus is on seeing (meaning) and doing
Looking for faults is important	Designing solutions is important
The client's view is no good	The client's view is validated (which makes letting go of a point of view easier)
Whose fault is it?	What does the client think should happen?
Motivation called into question	Motivation is sought and used
The past is important	The future is important
The professional confronts	The professional accepts the client's view and asks: "In what way does that help?"
The professional persuades the client	The professional lets him or herself be persuaded by the client
Big changes are needed	A small change is often enough
Resources must be acquired	Necessary resources are already present
The problem is always present	The problem is not always present
Theory-determined conversation is used	Client-determined conversation is used
Insight into or understanding of the problem is a precondition	Insight into or understanding of the problem comes with or after the change
Theory of change is the professional's	Theory of change is the client's. The professional asks: "How will this help you?"

'Don't take too much responsibility. Responsibility is like cake – the more you eat, the less there is for the other person. Your responsibility mainly includes asking questions that invite them to take more of the cake.'
(Miller & Bateman, p25)

Questions that support children and families to explore their issues and find solutions

By being curious about what children and young people dream of, and exploring and speaking about them positively, we can open up possible solutions.

- What are your best hopes?
- What difference would that make?
- What is already working in the right direction?
- What would be the next sign of progress?
- What is the next step?
- What will life be like when this problem is under your control?
- Who notices first when things are under control?
- What needs to happen for this session/our time together to be helpful to you?
- How will I be able to tell that I do not need to see you anymore?
- What have you tried so far that helps, even in a small way?

Sparkling moments – an exercise by BRIEF (info@brief.org.uk)

Think of a time when you were at your best...when you were sparkling. Describe this.

- What was it in particular about that moment which caused it to stand out?
- What are you most pleased to remember about yourself at that moment?
- What else were you pleased to notice? What else? What else?
- If these qualities were to play an even bigger part in your life, who would be the first to notice?
- What would they see?
- What difference would that make?

Exception questions

Even when problems seem overwhelming there are likely to have been times when all the triggers were present for the problem to occur, and it did not. Exception questions ask people to focus on the times when things were working well.

- When is the problem not a problem?
- Tell me about times when you are not…
- Tell me about times when you are less...
- Tell me about how you have coped despite this feeling…
- When was the last time you chose not to let the problem spoil your day?
- Tell me about times when you felt you were coping well.
- What would someone who knows you well say about how often this is happening?
- What helped you get up and moving this morning?
- Who helps you keep the problem under control?
- What has changed since the last time we saw each other?

What does 'good' look like in your house?

'All environments - even the bleakest – contain resources.' Saleeby (2007)

An understanding of what the family values in their home or their own space or in each other is helpful when thinking about positive behaviours to replicate.

> What would the most important people in your life say 'good' looks like for you?

> Tell me about a 'good' day in your house.

> Think back to (some point over the last six months people can easily remember), what was working for you then?

> What were other people doing differently that made life better for you then?

De Shazer's 'Miracle Question'

This specific questioning technique was developed in the 1980s to help people develop their goals.

It is a curious question which does not require the person answering to name their problem. The strength in this approach is that it allows people to imagine their life without the problem dominating it.

By imagining themselves living without the problem they create what can be thought of as 'future pull' – a vision of themselves that they value that will support them to make the changes necessary.

It is important to ask the question in a way that includes all the elements – the person experiencing change without having to do anything, the change impacting on their day-to-day life and their description of that, and no pressure to actually name the problem or enter problem talk at all.

"Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happened. The miracle is that the problem or the thing that worries you most in the world is solved. (PAUSE)

However, because you are sleeping, you don't know that the miracle has happened. (PAUSE)

So, when you wake up tomorrow morning what will be different that will tell you that the miracle happened and that the problem or worry is gone? (PAUSE)"

Make sure when you ask the question that you speak slowly, with lots of pauses for people to imagine what you are proposing. Give them space at the end to think their way into the future without the worry.

Once they have answered, use their statement to explore or prompt them further. If they say something like, "I would be happy," follow it up with "what does happy look like to you?"

Prompt questions to use after the miracle question.

> What will be the first thing you notice about yourself?

> What will be the first thing you do that is different?

> What will you see?

> What will other people notice about you?

> What will you notice about other people?

> Picture the middle of your day – what is different here?

> What will be different about school/home/other places you go?

> What sort of things are you saying to yourself at the end of the day?

> Is there a little bit of the miracle that has already happened?

After you have been as curious as you can be and helped them to paint the most concrete picture of themselves without the problem or worry, you can then move onto goal setting.

When deciding to use this technique it is important to have a strategy to fall back on if the child, young person, or family member is not able to imagine how life could be different. It is better to talk with this person about how they are managing to cope and even be part of this conversation given how they are feeling.

Remember to validate their sense of hopelessness and overwhelmedness rather than try to talk them out of how they are. The important thing to emphasise in your speech is that this is how they feel right now. “This must be scary/ terrible/worrying at this moment.”

Questions to explore hopelessness/lack of future pull

> Have you ever felt like this before? How did you get over it last time?

> How have you stopped things getting worse?

> How are you still managing to carry on despite …. (the problem)?

Scaling in brief solution-focused therapy

Scaling is used throughout brief solution-focused therapy to monitor progress and to encourage the person to accurately reflect on the impact of their issues.

When you are faced with what can seem like unsolvable problems it is easy to blow them out of proportion and feel as if there is no hope or good things in your life. Scaling is a way of keeping the issue in proportion.

It also tracks the progress of the intervention in terms of usefulness to the person whose problem it is. The scale is usually set at 1 – 10 to give lots of room to move up and down.

Scaling should include where you are now, how motivated you are and how confident you are.

Scaling should be used at the start of the first session:

If 0 is the worse place you can be in and 10 is the best – where are you at the moment?

Scaling can be used to check motivation:

10 means you’re willing to give it your all and 0 means you are not willing to put in any effort.

Scaling can be used to measure confidence:

10 means that you are very confident and 0 means that you have no confidence at all that your goal can be reached.

Scaling can be used to understand ownership of the problem:

10 means that I have complete control over the problem and 0 means the problem has complete control over me.

Watch: Solution focused therapy, Seeking exceptions YouthAOD Toolbox, Melbourne

Solution focused therapy Reframing or perspective taking , YouthAOD Toolbox, Melbourne

Gateshead Council

Module Five:

Strengthening Families

Module Five: Strengthening Families

'All families need help from time to time, sometimes this help comes from family, friends or the state– support should be offered without stigma and with recognition that many families struggle with challenges of adversity and poverty.' - Independent Review of Children's Social Care, 2022.

What does good help look like for families?

Each family will have a different idea of what good help looks like. If we believe that statement, straightaway we understand that good help is tailored to the individual needs of the families we are working with.

As professionals, we will also have an opinion about what good help looks like. This will influence what we offer families, what we look for in terms of impact, and what skills we bring to our interactions.

Families are a system, living within an ecosystem of support and challenges. When we interact with families we become part of that system. How would a family describe us as part of their system of support?

'Good help' increases people's confidence, sense of purpose and hope. It involves listening carefully to what matters to people, what's going on in their lives, their skills and motivations, and it strengthens their sense of what is possible. 'Good help' enables people to take actionable steps that lead to long-term improvements in their lives.' [44]

Read: Nesta (2018) Good help and bad help

Families as a system

Families must be understood in the context of their internal and external ecosystems. What goes on inside a family? How do they work? What is helping them thrive? What gets in the way? Think of the family as a system nested within other systems.

Bronfenbrenner's Nested Systems

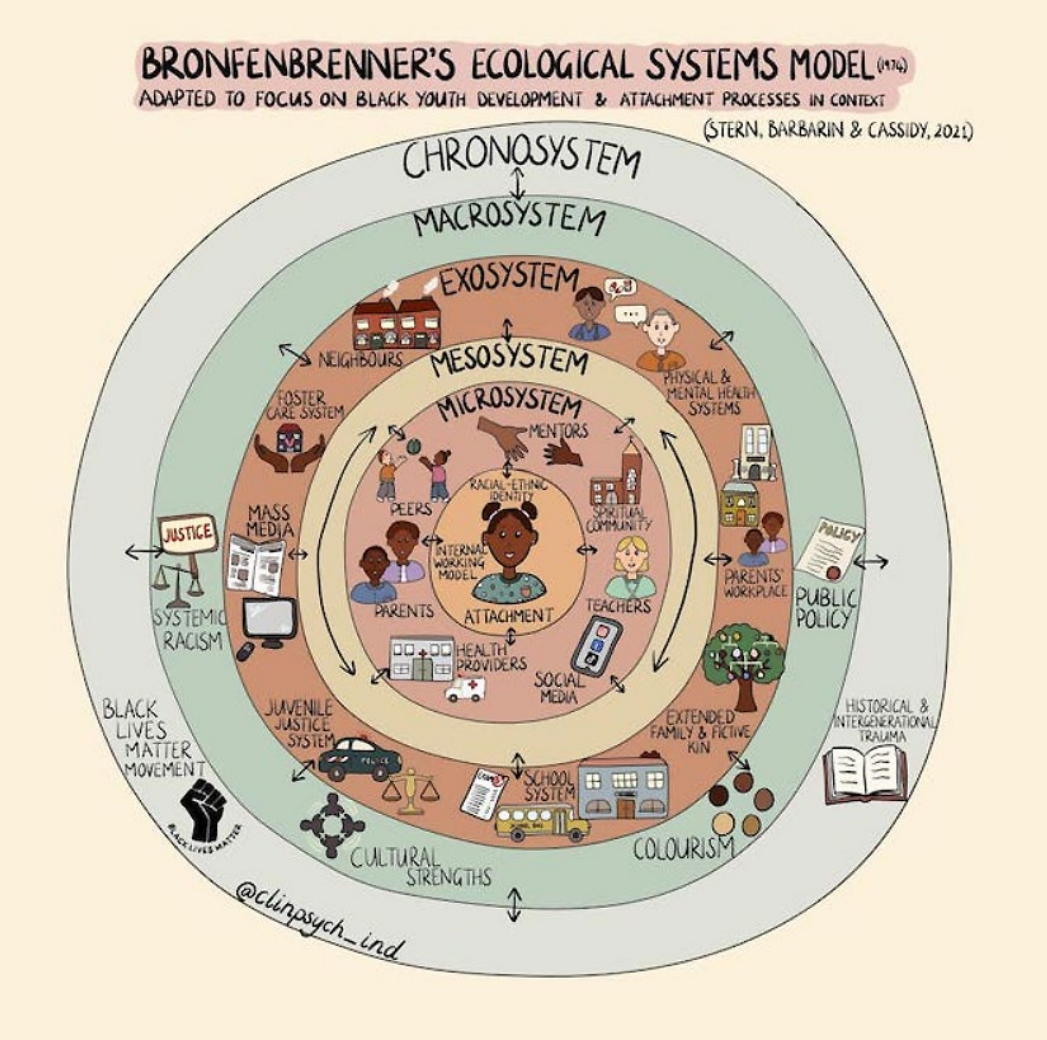
Bronfenbrenner conceptualised four ecological systems that an individual interacted with, each nested within the others. Listed from closest to the person to furthest away:

1. Microsystem

The prefix "micro" comes from the Greek for "small," and is the first and most immediate layer of the nested systems. It encompasses an individual's human relationships, interpersonal interactions, and immediate surroundings. An example of this system would be the relationship between an individual and his or her parents, siblings, or school environment.

44 Nesta, 2018 Good help and bad help

Main, P (2023, May 05). Bronfenbrenner's Ecological Model. Retrieved from https://www.structural-learning.com/ post/bronfenbrenners-ecological-model.



2. Mesosystem

The second layer from the individual, surrounding the microsystem and encompassing the different interactions between the characters of the microsystem.

For example, the relationship between the individual's family and their schoolteachers or administrators. In order for an interaction to be considered part of the mesosystem, it has to be a direct interaction between two aspects of the microsystem that influences the development of the individual.

3. Exosystem

The exosystem is the third layer and contains elements of the microsystem which do not affect the individual directly but may do so indirectly. For example, if a parent were to lose their job or have their hours cut back, this would affect their child in an indirect way such as financial strain or increased parental stress.

4. Macrosystem

The prefix "macro" comes from the Greek for "large," and is used because this system was thought to be all-encompassing.

The fourth and outermost layer of the bio-ecological model, it encompasses cultural and societal beliefs and programming that influence an individual's development. Examples of this would include gender norms or religious influence.

The notion of a family as an interactive system is well established and guides most interventions that involve family members. (Corcoran, 2000).

Understanding whole family dynamics

Whole family networks refer to the interconnected system comprising all members of a family, including extended family and significant others who play a role in the family's life.

This concept recognises the family as a dynamic system where each member's behaviours, roles, and experiences are interdependent, influencing and being influenced by the system as a whole.

By viewing the family as a system, practitioners can identify patterns, roles, and dynamics that contribute to these challenges, enabling a more holistic and effective intervention strategy.

Systemic family therapy offers valuable theories and practices for working with whole family networks. Problems cannot be fully understood or resolved in isolation but must be viewed within the broader context of family relationships and interactions.

There are a number of different perspectives to view family relationships:

Circularity: Problems are maintained by a cycle of interactions within the family system. For instance, problematic child behaviour might be both a response to and a trigger for parental conflict.

Homeostasis: Families strive for balance, even if it means maintaining dysfunctional patterns. Understanding this can help practitioners identify why certain behaviours persist, such as in cases of domestic abuse or substance misuse.

Symptoms are functional: The distress in the family is serving a purpose. For example, Jane can tune out from her mother's 'nagging' when stoned.

Then her father shouts at her (the only time they relate to each other, as her father has difficulty expressing positive feelings towards Jane). Jane's big brother supplies her with marijuana and can do what he likes while his parents are absorbed with Jane.

: When two family members are in conflict, a third member may become involved to reduce tension but can inadvertently exacerbate the issue.

Recognising these patterns is crucial in cases of family conflict and parental mental health issues.[45]

45 Harold, Acquah, Seller & Chowdry (2016) What works to enhance interparental relationships and improve outcomes for children, DWP ad hoc research report no. 32, EIF, DWP

The 6 P's Approach

The 6 P's approach adopted by CAHMS and some Local Authorities can be helpful in allowing us to understand what is going on in families.

1	Precipitating factors = what triggers things?
2	Predisposing factors = family history, challenges, and vulnerabilities
3	Protective factors = what positives and strengths are there?
4	Predicting factors = what could happen if things don't change?
5	Perpetuating factors = what is keeping the issues going?
6	Presenting issues = what is happening right now that is causing concern?

The Importance of family dynamics

Family dynamics play a crucial role in the wellbeing of its members. The structure of the family is important in maintaining maladaptive behaviour.

- Who is in charge?
- Who can speak openly to whom?
- Are some members disengaged from the family?

Some are over-involved in each other's affairs and feelings (enmeshed), some are under involved (disengaged), some are very rigid in what behaviours are permitted (with an authoritarian parent), while some are too permissive (anything goes, and the kids may be in charge).

The model below (Vondruska, 2018) uses the Baumrind Parenting Styles (1971) and overlays it with Gottman's parenting matrix (1980s), which focuses on the emotional aspects of the parent-child relationship. This model can help us to reflect on how families are interacting with each other to

High Demandingness to Follow Rules **(High Demandingness to Resolve Problems)**	Authoritarian (Disapproving)	Authoritative (Emotion Coaching)
Low Demandingness to Follow Rules **(Low Demandingness to Resolve Problems)**	Neglecting (Dismissive)	Permissive (Laissez Faire)
	Low Responsiveness to the Child's Needs **(Low Responsiveness to the Child's Emotions)**	**High Responsiveness to the Child's Needs** **(High Responsiveness to the Child's Emotions)**

gain cooperation and solve conflict. [46]

Understanding family alignments and hierarchies

Every family member has a role. Understanding these roles helps in effective intervention.

Definition of family roles - the parts played by each family member in the family system. These roles can be explicit (e.g., caregiver, breadwinner) or implicit (e.g., peacemaker, scapegoat) and are often shaped by cultural, societal, and familial expectations.

Significance: roles influence how individuals behave within the family and how they perceive their own and others' contributions to family life. Understanding these roles helps practitioners identify patterns that may contribute to family stress or dysfunction.

Definition of family alignments - the relationships and alliances that form between specific family members, often in response to family dynamics or external pressures. These can be healthy and supportive or dysfunctional and divisive.

Significance: alignments can significantly impact family cohesion and the emotional wellbeing of its members. Recognising these alignments allows practitioners to navigate complex family dynamics more effectively, promoting healthier relationships and resolving conflicts.

Definition of family hierarchies - the power and authority structure within a family. Traditional models often place parents at the top; however, hierarchies can be more complex, with power dynamics shifting based on context, culture, and individual family circumstances.

Significance: understanding hierarchies is essential for addressing issues of control, independence, and responsibility within the family. It helps practitioners support families in establishing healthier, more balanced relationships.

Healthy family functioning

There are many different opinions on which form of family functions the best (Bessant et al, 1998). Regardless of structure, there is a well-established consensus that families that are functioning well have most of the following characteristics:

> Parents who model healthy lives to their children.

> Members have some independence from each other (e.g., a young person is not obliged to have to feel, think or behave in a prescribed manner on all issues or in all circumstances).

> Creative differences are encouraged.

> There is a clearly understood family structure with parents acting as tolerant 'benevolent dictators' who set the agenda (but are willing to negotiate).

> Parents actively build self-esteem in their children through compliments and demonstrating affection.

46 Examining the influence of parenting Practices on child psychopathology: A systematic review

- Family members actively listen to each other.
- Family members argue without wounding each other (i.e., relying on the merits of an argument rather than personal attacks).
- Engage in family activities that all members enjoy.
- The family places value on reciprocal support.
- Parents have time to spend with their children.
- Parents are reliable and trustworthy, but not so predictable that they are taken for granted.

Read: Harold, Acquah, Seller & Chowdry, (2016) What works to enhance interparental relationships and improve outcomes for children, DWP ad hoc research report no. 32, EIF, DWP.

Ghiara, Mulcahy, Burridge, Liverpool & Lewing, (2022), Supporting healthy relationships among separating and separated parents: A practical guide, What Works for Early Intervention & Children's Social Care.

Ghiara, Burridge, Liverpool, Mulcahy, Masterman, & Lewing, (2022) Supporting healthy relationships among minority ethnic parents: a practical guide, What Works for Early Intervention & Children's Social Care.

Listen: Family Matters (2001) Defining a family BBC Sounds

Father inclusive practice

"Dad, you are my best friend and always will be." Ben (Year 5). [47]

The importance of being able to communicate well with men about fatherhood and their role and responsibility is critical in social work, yet research continues to indicate that this is an area where social care professionals struggle.

Research identified the influence of uncaring, unhelpful, and unprofessional workers alongside the existence of prejudice, sitting within a system which is unresponsive, inflexible, and uncaring (Coady et al, 2013). [48]

The literature identifies a range of additional factors:

- the perceived fear of fathers.
- mothers acting as gatekeepers.
- men's discomfort in a female dominated environment.
- interventions not reflecting gender needs; and
- practical issues, such as appointment times.

47 From the Father's Day 2003 'Message to my dad' competition organised by Fathers Direct for the DfES.
48 Reasonableness in communication with families. Taken from Hollows, A (2010) Working with hostile and uncooperative parents. Research. Community Care Inform [online] http://www.ccinform.co.uk/research/

The latest Child Safeguarding Review Practice Panel found that 'Men can play a vital role in their children's development and wellbeing and have a major influence on the children they care for.'

However, male caregivers and male partners sometimes go 'unseen' by services involved with children (Child Safeguarding Practice Review Panel, 2021).

Reasons for this oversight include:

- a lack of professional engagement and curiosity.
- an over-focus on the quality of the care children receive from their mothers; and
- inadequate information sharing between services.

Two main types of unseen men (sometimes referred to as 'hidden' men) have been identified in case reviews:

1	Men who posed a risk to a child, which resulted in the child suffering serious harm or death.
2	Men who could have protected and nurtured the child in their life but were overlooked by professionals.[49]

This view is further endorsed by Scourfield's ethnographic study of collegial talk within a social work office (2006).

He observed six different discourses:

1	men as a risk.
2	men as no good.
3	men as irrelevant.
4	men as absent.
5	men as no different from women; and
6	men as better than women.

The majority of the discourses were pejorative. This is supported by what Hawkins & Dollohite (1997) refer to as the deficit perspective; the suggestion that men can't cope with the needs of children without women being present.[50]

These statements highlight the impact of belonging to a profession which is not considered 'father friendly' and involved in an activity - 'child protection' - which is not considered a father's role, can have on successful communication with men in families.

'Father involvement is defined by Lamb (1997) as including engagement, accessibility and responsibility.'

'Men can play a vital role in their children's development and wellbeing and have a major influence on the children they care for.'

Children need access to warm, consistent, helpful parenting that comes from both men and women Exploring what being a 'dad' looks like for the male in the child's life is an obvious and a useful place to start. For the professional this means being determined to speak and work with the father as well as the mother. It means looking for opportunities to engage fathers in direct work with their children.

It means exploring and confronting dangerous and careless behaviours that put children at risk. It also means acknowledging that there are power and gender issues at work between the female professional and the male in the family and carefully considering how best to deal with these.

Men can be dangerous within a family and professionals must be aware of the risks represented by the relationship and interactions between partners, whether residing together or apart.

49 NSPCC learning brief, (2022) Summary of risk factors for improved practice around unseen men
50 Ashley et al (2006) quoted in Guide to hidden men: the challenge of engaging fathers in child protection Author: Daryl Dugdale Type: Guide Publication Date: 21 July 2014 Community Care Inform

Evidence of substance misuse, domestic violence, and mental health in families with any adult should be explored and the impact on parenting understood.

'It is reasonable to conclude that many of the fathers involved in cases where there are concerns about children's welfare may have significant psychological difficulties of their own, be unable to access the breadwinner role, and have difficult and violent relationships with their partners.' [51]

Professionals need to be able to talk to men about what their vision of fatherhood is and what type of father they want to be.Tapping into their image of 'their best self' and using motivational techniques to reconnect them to the possibility of 'good fatherhood' can be helpful.

Ten top tips for father-inclusive practice

1	Look at the world from the child's point of view. All staff should engage with biological fathers because they matter to children – including to children who rarely or never see them.
2	Recognise and support father figures. Father figures have a huge impact, but hardly anyone helps them think about their difficult role. You don't have to choose between them and the biological dad. Support them both!
3	Have high expectations of fathers. Don't assume - investigate. Value the positive. Challenge the negative – and be intolerant of fathers slipping out of children's lives.
4	Carry out a male involvement audit. Audit the dads and men who use, are touched by, and work in your school/service(s). Also audit staff attitudes and practice in engaging with dads.
5	Review your child/family registration forms. Routine collection of fathers' and father figures' details – and contacting them systematically – is vital. Sometimes, when asking mothers for this information, you may need to explore why this is important, and address concerns.
6	Invite dads personally to specific activities - especially educational activities – and follow up regularly if the dads don't show up. Write, phone, text. Include non-resident fathers and ensure your service is inviting (are there positive pictures of dads around?) and accessible (is it offered at times working dads can make?)
7	Limit your use of the 'p' word! P is for Parent and most fathers don't feel included when it is used. Whenever possible, say (and write) 'mums and dads' or 'fathers and mothers'.
8	Tell dads how their involvement benefits their kids. Fathers are most likely to come to your service(s) if they understand why their presence benefits their children.
9	Lead from the top. This ensures a 'whole team' approach (work with fathers should never be the responsibility of just one staff member) and only succeeds when senior management's expectations are robust, and staff understand why it's important and the basics of how it's done.
10	Be intolerant of failure to engage with dads. Take the stance that men have to be involved in assessments and family interventions for the sake of their children; refuse to accept a referral without reference to the biological father and to any key father figures. Raise the topic in team meetings and supervision, so it becomes everyone's business.[52]

51 Featherstone (2001) quoted in: Guide to hidden men: the challenge of engaging fathers in child protection Author: Daryl Dugdale, Type: Guide. Publication Date: 21 July 2014, Community Care Inform

52 Top tips adapted from the Fatherhood Institute (http://www.fatherhoodinstitute.org)

Through exploration about a joint version of parenting, where the parents agree on the ground rules and the responses to their child, whether apart or together, the professional can gain a picture of functioning adult parenting as experienced by the child, and as the family would like it to be.

It is important to reconnect the father to his child and help them have warm and connected conversations with each other. In this role the professional can promote interactions between the father and his children in safety and as positive experiences.

What are the gains for children of engaging fathers?

Below are the gains for children from two studies, one relating to education and the other to safeguarding.

Positive father involvement in their children's learning is associated with better educational, social, and emotional outcomes for children, including:

- better examination results
- better school attendance and behaviour
- less criminality
- higher quality of later relationships; and
- better mental health.

These associations are independent of and additional to those related to the involvement of mothers. Both mother and father involvement are important for children, and one is not a substitute for the other.

In terms of safeguarding, engaging with the father resulted in the following benefits to children:

- better risk assessment
- a reduced burden on mothers
- better resources for the care of children
- better risk management
- intervening early with fathers, before there is a crisis
- making it easier to support them to develop appropriate parenting styles; and
- preventing serious harm and even the death of children, according to serious case review evidence. [53]

Some questions to explore with fathers.

- How did you imagine fatherhood could be at its best?
- How did you imagine fatherhood could be at its worst?
- What helps you be a good dad?
- What gets in the way of being a good dad?
- What do you think your child would like you to do with them?
- Tell me about your child.
- Do you think dads matter to children?
- What would you like to be able to tell your child?

53 Adapted from Engaging Fathers, published by DfE.

- What would you like to be able to show your child?
- What would you like to be able to do for your child?
- How do you think your child sees you?
- Describe yourself as you think your child would.
- What would your child say is the best thing about having you for a dad?
- What would your child say is the worst thing about having you for a dad?
- Imagine that you are an old man, looking back through your life. Whom are you surrounded by? What memories matter most? What are you proudest of?

Strengths-based approach in practice

A strengths-based approach is one that is holistic and multidisciplinary. It explores in a collaborative way the families' abilities and their circumstances rather than making the problem the focus of the intervention.

Risk is looked at as an enabler not a barrier. Families are supported to take risks to improve their lives, and to manage risks to decrease stress and harm.

By working collaboratively with the family to identify the outcomes that they believe will work for them, families are empowered and invited to step into responsibility for their own lives, helping professionals bring resources and skills to add to the families' own network of resilience.

The strengths-based approach focuses on the inherent strengths and resources within individuals and families, rather than on deficits or problems.

It posits that every family has unique strengths and capabilities that can be mobilised to meet challenges and achieve goals. Understanding the concept of resilience and how individuals harness theirs in interaction with the communities around them is also a key part of working in a strengths-based way. It does not dismiss struggles, or harm or danger. Instead, it focuses on growth, change and potential as ways to addresses these risks.

This approach aligns with positive psychology, emphasising resilience, empowerment, and the capacity for change.

Importance of a strengths-based approach in family interventions:

- A strengths-based approach fosters a collaborative and empowering relationship between practitioners and families.
- It encourages families to engage actively in the intervention process, enhancing motivation and commitment to change.
- By focusing on strengths, families are more likely to feel valued and understood, which can improve outcomes and satisfaction with services.

Identifying family strengths

Strategies for identifying strengths:

Ask strength-oriented questions: Begin assessments and conversations with questions that explore past successes, resources, and times when the family overcame difficulties. For example, "Can you tell me about a time when you felt really proud of handling a challenging situation?"

Use strengths assessment tools: Employ tools and checklists designed to identify individual and family strengths across various domains, such as interpersonal skills, problem solving abilities, and community connections.

See the R2 resilience tools in this workbook tools section.

Observe and reflect: Pay attention to family interactions and activities, looking for evidence of cooperation, support, resilience, and other strengths. Reflect these observations back to the family to validate and build upon them.

Practical strategies for leveraging strengths:

Set goals based on strengths: Collaborate with families to set goals that build on their identified strengths. This ensures that interventions are tailored to the family's capabilities and aspirations.

Develop strengths-based interventions: Design interventions that utilise the family's strengths. For example, if a family has strong community ties, you might incorporate community resources into the support plan.

Empower families to use their strengths: Encourage families to apply their strengths in new or challenging situations. Offer guidance and support as they experiment with using their strengths to achieve goals or solve problems.

Celebrate successes: Acknowledge and celebrate when families use their strengths effectively. This reinforcement can boost confidence and encourage continued progress.

A strengths-based approach to working with families promotes resilience, empowerment, and positive outcomes. By identifying and leveraging family strengths, practitioners can support families in navigating challenges more effectively, fostering a sense of competence and achievement. This approach not only enhances the wellbeing of families but also enriches the practice of those who serve them.

The role of social support in family wellbeing

Social support for families is a critical component in fostering resilience, enhancing wellbeing, and navigating the challenges of family life. It encompasses a range of services and interventions designed to provide relational, informational, and practical assistance to families.

This support can come from formal sources, such as social services, healthcare providers, and educational institutions, as well as informal sources, including friends, family members, and community networks.

Relational support: This is perhaps the most recognised form of social support, offering empathy, love, trust, and caring.

For families, relational support can provide a sense of belonging and acceptance, reduce stress, and increase coping skills during challenging times. It helps in building a secure environment where family members feel valued and understood.

Informational support: This involves the sharing of advice, suggestions, and information that families can use to solve problems. Access to parenting classes, educational workshops, and guidance on navigating health and social services are examples of informational support that can empower families to make informed decisions and access necessary resources.

Practical support: This includes tangible aid and services that directly assist families, such as childcare, transportation, financial assistance, or help in household tasks. Practical support can alleviate the pressures of daily life, allowing families to focus on addressing their challenges and achieving their goals.

Community support: Engaging with broader community resources and networks can provide families with access to a wider range of services and supports. Community centres, faith-based organisations, and recreational programmes offer opportunities for social connection, leisure, and personal development, contributing to a family's overall wellbeing.

How social support helps families.

Enhancing resilience: Social support acts as a buffer against the effects of stress and adversity. Families with dedicated support networks are more resilient, able to adapt to life's challenges more effectively.

Promoting positive parenting: Supportive services and networks can provide parents with the skills and confidence they need to engage in positive parenting practices, leading to better outcomes for children.

Reducing isolation: Social support helps to combat isolation by connecting families with their communities and peers who may be experiencing similar challenges. This sense of connection is vital for mental health and wellbeing.

Facilitating access to services: Through informational support, families can learn about and access a range of services that may benefit them, from healthcare and education to financial assistance and housing.

Improving mental health: Emotional and practical support can significantly impact the mental health of family members, reducing symptoms of depression and anxiety, and increasing overall life satisfaction.

Implementing effective social support

To be effective, social support for families must be:

> Accessible: Services and supports need to be readily available and easy to access for families in need.

> Culturally sensitive: Support services should respect and accommodate the cultural values and practices of diverse families.

> Integrated: Coordinating support across different services and sectors can ensure that families receive comprehensive and cohesive assistance.

> Responsive: Support should be flexible and responsive to the changing needs of families, adapting as necessary to provide the most relevant and effective assistance.

In conclusion, social support plays a crucial role in enhancing the wellbeing and resilience of families. By providing emotional, informational, practical, and community support, society can help families navigate challenges, build stronger relationships, and create a supportive environment for children to thrive.

Questions that can help you understand resilience in the local context:

> "What do I need to know to grow up well here?"

> "How do you describe people who grow up well here despite the many problems they face?"

> "What does it mean to you, your family and your community when bad things happen?"

> "What kinds of things are most challenging for you growing up here?"

> "What do you do when you face difficulties in your life?"

> "What does being healthy mean to you and others in your family and community?"

> "What do you and others you do to keep healthy? (mentally, physically, emotionally, or spiritually)" [54]

'It is important to recognise that the qualities a family is expected to encourage and develop in a child are culturally determined and will differ. For example, self-reliance and independence are seen as important for parents of children in western cultures to foster, whereas reliance on others and community interdependence can be viewed as important in other cultures.' [55]

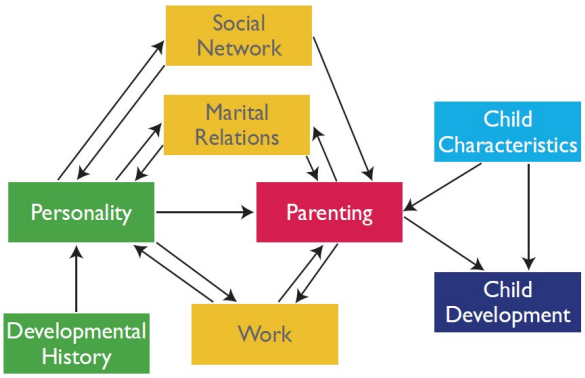
54 Resilience Research Centre, CYRM & ARM User Manual, 2019
55 White Angela, (2005) Assessing Parenting Capacity, A literature review, Centre for Parenting and Research, NSW

Promoting change in family functioning

A systems approach to change

'Parenting capacity is not seen as fixed, but as undergoing constant change dependent on the circumstances facing parents and their children at any given moment in time. Parenting capacity is context driven and is dependent on distal factors such as the socio-economic surroundings of the family, housing, culture, societal values as well as more proximal family skills and relationships.'

Belsky model (1984)



The Belsky model proposes that parenting is influenced by the characteristics of the parent, the child, and the social context. Over time the support and evidence for this model has increased. This systemic model supports the practitioner to think about change in the family with more complexity than just relying on individual actions.

Think: Are the parents you are working with able to describe their child warmly and positively despite difficulty?

Tools: Belsky Parenting Model: Practitioner Questions on page 158

Prochaska and DiClemente's Transtheoretical Model of Change

The "Stages of Change" model was originally identified and developed in 1983 during a study of smoking cessation and since then it has been applied to, and studied with, numerous bio-psycho-social problems, including domestic violence, HIV prevention and child abuse.

The model describes five stages that people go through on their way to change:

Relapse (Can happen at any of the stages)

The model assumes that, although the amount of time an individual spends in a specific stage varies, everyone has to accomplish the same stage specific tasks in order to move through the change process.

There is an unofficial sixth stage that is variously called "relapse," "recycling," or "slipping" in which an individual reverts to old behaviours. Examples include having a beer after a period of sobriety or smoking a cigarette a year after quitting.

Slipping is so common that it is considered normal. Social Workers are encouraged to be honest with clients about the likelihood of backsliding or reverting to old behaviours once the change process has started, not because we expect our clients to fail, but because it normalises the experience and takes away some of the sense of failure and shame. The journey to change is usually not straightforward. At any time in the journey a person can relapse.

Individual experience of change

Understanding a person's capacity to make and sustain changes involves understanding their change script. Every person has an experience of change. Whether the change has been positive or negative, self-directed, or imposed upon them, it can affect their belief in their ability to direct and own change.

This becomes a script that the person accesses every time change is suggested. If it is negative, then a person will be very tentative about initiating change.

How much time people spend contemplating and preparing for change – compared to how long they spend actually doing something different and maintaining changes – matters more than the number of relapses.

The more time spent in action and maintenance, the more likely it is that the person will be able to achieve and sustain a level of difference that will impact positively on their life.

Change takes more than an individual.

If practitioners focus all the effort and expectation of difference on an individual without taking into account the resources and strains in the system around them, it is likely that the plan will fail.

Harvard University has identified three key areas that practitioners should focus on to promote improved outcomes for children and families.

1	Support responsive relationships for children and adults
2	Strengthen core skills for planning, adapting, and achieving goals
3	Reduce sources of stress in the lives of children and families.

Trauma-informed approach to change

'For adults who have experienced a pile-up of adversity since childhood, the additional weight of current adversity, such as from poverty, racism, or unsafe communities, may overload their ability to provide the stable, responsive relationships their children need.' [56]

Tools: Center on the Developing Child, Building the Skills Adults Need for Life: A Guide for practitioners Harvard Uni

Read: Blog by Annie (2020) The Cycle of Change Strengthening Practice

Watch: Center on the Developing Child, Building Adult Capabilities to Improve Child Outcomes – A theory of Change, Harvard Uni US

Center on the Developing Child,(2013) How children and adults can build core capabilities for life, Harvard Uni, US

Mentha, Helen, Evoking and working with clients own views and experience of change, YouthAOD Toolbox

56 Principles to improve child family outcomes, Center on the Developing Child, Harvard Uni, US, p3

Gateshead Council

Module Six:

Strengthening Relational Practice

Module Six:
Strengthening Relational Practice

'What's the point of social work? An act of kindness or the ability to empathise is important not merely because it may influence "outcomes," but because in such acts of human respect and care we embody a just, humane and caring society.' - Professor Donald Forrester, 2019.

Systemic approach to relational practice

Relationships

The importance of relationships to social work and social care work continues to be universally, and increasingly, recognised. Relationships are variously described as being 'at the heart of social work' (Trevithick, 2003), 'a cornerstone' (Alexander and Grant, 2009), 'an absolute precondition' (O'Leary and colleagues, 2013). They are 'essential rather than incidental' (Alexander and Grant, 2009). Fewster (2004) suggests that within the caring role, the relationship is the intervention.

Relationship-based Practice is not a method or an approach to social work that can be picked from a menu of alternatives; rather, it is at the heart of whatever approach might be adopted across different client groups and domains of practice.

Effective relational work sits at the heart of everything else we seek to do. Effective social work requires that a worker tunes into the emotional world of a client and is able to communicate this understanding within the relationship. It also moves the concept of relationship beyond the individual to incorporate an awareness of contextual factors such as power, professional role, poverty, social exclusion, and political ideology.

Beckett and Horner (2006) tell us that change comes about through relationships. Even in situations where programmed interventions are employed, their impact is secondary to the social worker–client relationship (Nicholson and Artze, 2003).

Qualities of hope and expectancy that change will occur are also implicated in successful outcomes.

Social work has also been described by Fewster (2004) as 'a "self in action" task in which workers operate at the contact boundary where two (or more) individuals come together.'

Relationship-based practice confronts central philosophical questions around who we are and how we are with others. Relationships take many different forms and work (or not) in a variety of ways. They are not in and of themselves either therapeutic, or, necessarily, beneficial to the participants. It is the nature and quality of the relationships that matter.

We will all know from our own lives that good relationships take commitment, hard work, and imagination; when they work, they can offer a vulnerable or emotionally damaged person the possibility of encountering themselves in new and positive ways. When I am in a good relationship that works then I start to understand myself better.

When thinking about the nature of our professional relationships, and our 'relational practice,' we should first consider the nature of our own relationships.

Understanding our own experience of relating and attaching throughout our own life-course gives us a template for understanding how we experience diverse types of relationships in different contexts.

What is the impact of disrupted, abusive, or traumatic relationships throughout our life? When we view relationships through a relational trauma lens, we can see unmet or harmful attachment and relationships in childhood casting a lifelong shadow – how do we understand and respond to this? Of course, it is also the case that positive and helpful relationships in our past form part of how we make sense of our present situations.

We know that individuals can develop new relationships that don't follow the same patterns as those experienced in childhood. However, we also need to understand that many of our sub-conscious responses are hidden from us until such time as someone says something or behaves in a certain way that matches a pattern from previous relationships.

How do our own adult relationships and attachments influence the type of care we provide? Where are our sensitivities? Is there an underpinning anxiety – a need to be appreciated? A fear of rejection? Anxiety around intimacy?

Think: How do your own childhood and adult relationship experiences play out in your work environment?

Do you have certain triggers or buttons that are easily pressed?

Do you find yourself responding in ways that belong in a past relationship?

McLean's 4 P Model

The 4 Ps model is helpful when thinking about building relationship in partnerships. A lot of emphasis is put on authentic honest relationships in social care. This can cause tension between our professional and private self.

The 4 Ps model helps us find a way to be authentic in our professional role. This concept was originally from social pedagogy. Bengtsson et al (2008) identified three distinct aspects of self that one needs to be aware of when developing relationships.

McLean (2019) developed this further and added a fourth dimension. These dimensions are helpful when we think about building authentic partnerships:

1	The private practitioner: the person who is known to friends and family. The private practitioner should not be in any familial/kin relationship with a service user. The private practitioner is the worker outside of work.
2	The personal practitioner: The practitioner within the professional setting. The personal practitioner offers aspects of their own self to the person they are working with. Social workers need to put aspects of their personal selves into relationships so service users can relate to them.
3	The professional practitioner: The professional practitioner is that aspect of practice which enables the practitioner to keep on offering contact even if this is being refused. A professional reflection on practice enables practitioners to evaluate the progress they have seen with people.

4 The public practitioner: This is shared with everyone. It relates to what everyone sees. It would include our use of social media platforms.

Think: How do I offer relationship in practice? What helps me feel safe to do this? How do I keep my boundaries intact?

Do: Check in on your relationships. Ask your colleagues what is working for them about your relationship. What can you do to improve how you work together? Be curious about other people.

The importance of using your emotional intelligence well in social care

'The most troubling and intractable situations exist when performance difficulties occur in the context of staff who lack accurate empathy, self-awareness, and self-management skills. The lack of emotional competence renders the specific performance problems such as poor recording practice, all but unmanageable.' (p247, Morrison, 2007).

The link between emotional intelligence and emotional resilience is particularly important for supervisors in social care who are delivering services through relationships between practitioners and service users.

The practitioner must be able to engage with service users, assess and observe, and make meaning on the basis of these activities about the safety and wellbeing of people and the best way to intervene to meet their needs both now and in the future. This requires the practitioner to collaborate and cooperate with their own agency, with other professionals, with family members and with individual service users.

These tasks, which form the core of the social work task, cannot be performed without emotional intelligence. If they are performed by workers who are shut down, closed off and not able to tolerate emotions, then the core tasks are compromised.

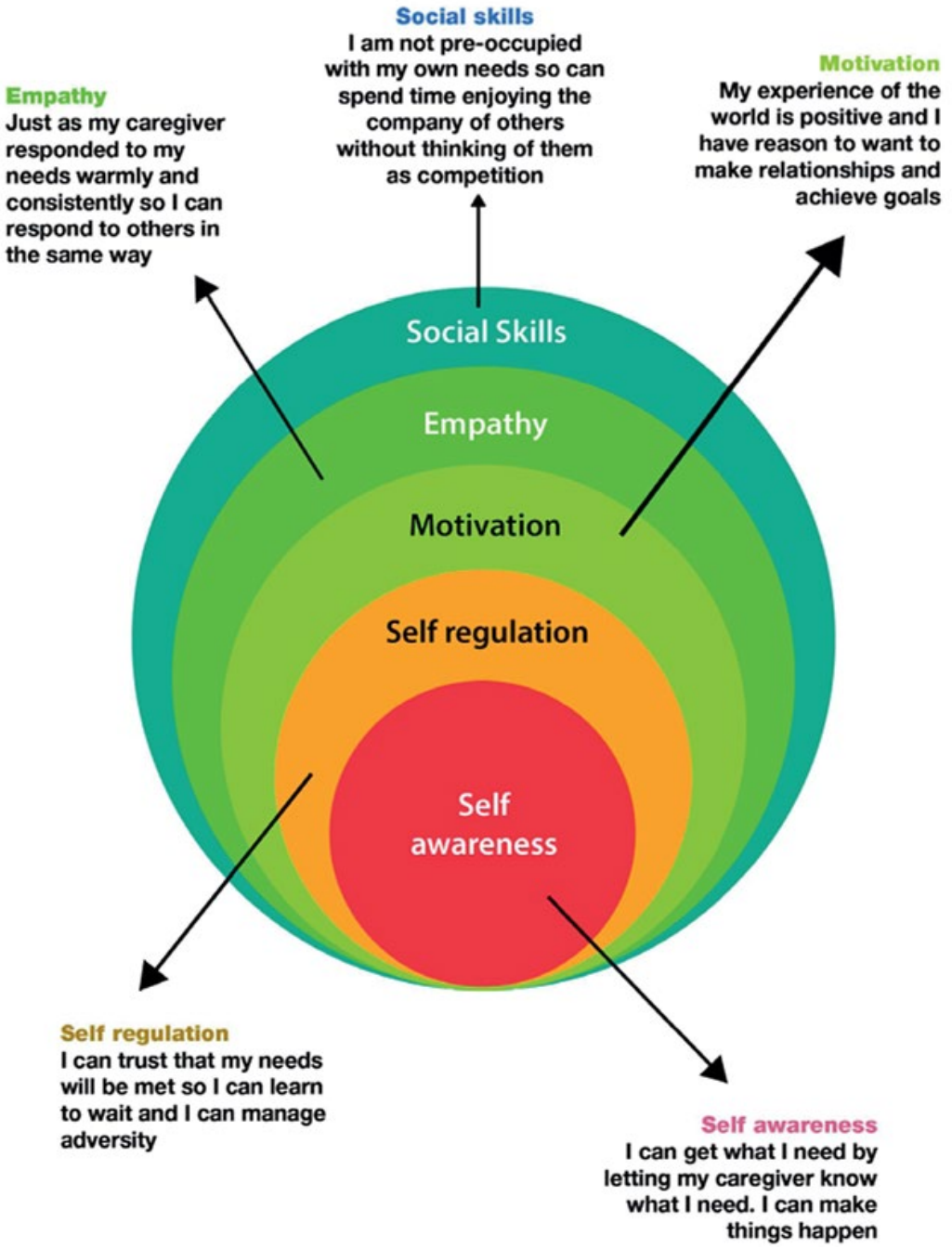
Howe (2008) states that having a competence stance without taking into account the relational task of social work can lead to practitioner technicians who are 'confined to performing surface responses according to pre-coded procedures.[57]'

This will lead to stress in both the worker and the service user, who will easily pick up on the dissonance between the practitioner's stated purpose (here to help you), and their actions (disengaged, dismissive, presumptive, one size fits all). This will lead to the practitioner cultivating belief systems that are negative (they can't be helped, we make no difference, there are not enough resources, this organisation only cares about paper and target) which in turn will damage their resilience and lead to poor mental health and poor outcomes for service users.

More resilient practitioners also have improved relationships with service users, thus enhancing their professional practice and improving outcomes.

57 Howe, D (2008) The emotionally intelligent social worker, Red Globe Press

5 domains of emotional intelligence



Strengths-based questions to explore development and resilience [58]

"What are you proud of in your practice?"

"What can you appreciate about your work this week?"

"How have you achieved this in the face of difficulties?"

"Tell me about a time this month where you weren't sure what to do"

"What did you do?"

"While you may be experiencing challenges, what has gone well, or better than expected in your work?"

"What have you tried since we last meet?"

"If your clients and colleagues were here, what would they say they have appreciated about your work?

"What is a genuine compliment that could be made about your work?"

"How do you notice and celebrate success?"

"How are you hoping my ideas on this situation might be different from yours?"

"How will you decide that you no longer need to bring this topic to supervision?"

"When things have been at their toughest, what have you done to keep going?"

"How do you care for yourself in these situations?"

"What will you do if things don't improve or get worse?"

"What helps you maintain hope in these situations?"

"On a scale of 1-10, where would you place yourself in terms of confidence, optimism, readiness determination, or other desired changes?"

Think: How do I demonstrate my emotional intelligence at work? Do I:

- Know what matters.
- Embody values consistently.
- Align actions with values.
- Convey values with stories.
- Envision my legacy; and
- Hold myself accountable?

Do: Look for opportunities to transfer emotional intelligence skills and develop others.

Tools: The Motivation Inventory, Impellus Business performance training on page 196

58 (from A Vision for Supervision Strengths-based questions for reflective conversations by Roger Lowe and Russell Deal published by Innovative Resources, St Luke's, Australia)

References

Module One: Leading and Supervising the Workforce

Cox, C and Rock, D (2102) SCARF® updating the social neuroscience of collaborating with others, NeuroLeadership Journal.

Dr Michael Ungar, https://resilienceresearch.org/home-brave/

Layfield. E, Leading Practice, page 108 Social Care Institute for Excellence

Rock, D. (2012) www.NeuroLeadership.com

BASW (2020) Social Worker Wellbeing and Working Conditions: Good Practice Toolkit

Fairtlough A, (2019) The holistic containment wheel, Practice supervisor development programme, Research in Practice

Treisman, K (2019) Using Visual metaphors to respond to stress and trauma Research in Practice

Okeze, V (2024) Promoting diversity and cultural sensitivity in social work, Social Work England.

Health and Safety Executive, (2019) "Tackling work-related stress using the management standards approach,

HBR Why Emotional Intelligence is important in leadership by HBR.

Health and Safety Executive (2009) Stress management competency Indicator tool

Joan Wilmot or CSA.

Morrison T (2005) Staff Supervision in Social Care 2nd Edition. Shoreham-by-Sea: Pavillion

Kettle M, (2015) Achieving Effective Supervision, GCU, Institute for Research and Innovation in Social Services

Kettle M, (2024) Achieving Effective Supervision, Glasgow Caledonian University (GCU)

Rogers (2016, p7) in Trigg, (2019) Using Coaching Skills, Research in Practice

Trigg S, (2020) Making a Difference Again: How Using Coaching Enabled Children's Social Workers to Enhance their Practice & Fulfil their Vocational Aspirations, in International Journal of Evidence Based Coaching and Mentoring, S14, pp.77-87

Jane Cranwell-Ward, Patricia Bossons and Sue Gover, Mentoring – A Henley Review of Best Practice Pg 3, Essential Mentoring Skills, elan coaching, Southampton University UK

Williams, (2019) The three perspectives of supervision, Research in Practice

Edwards & Hughes, (2019) Sowing Seeds: Coaching Supervision – Developing your coaching style to bring out the best, Academi Wales

Kaur Dhillon, Coaching skills in social work, the Social Work teaching partnership West Midlands

---

Module Two: Strengthening Assessment

Lindsay (2007) Safeguarding children who come from Black, Asian and minoritised ethnic communities, (2024) NSPCC.

Farmer and Owen (1995)

Thomas, O. (2022). Working effectively with minoritised men. Dartington Trust.

Working Effectively with men in child and family social care: Frontline Briefing (2024)

Levinas, E (1969) Totality and Infinity: An Essay on Exteriority (trans. Lingis, A.), Pittsburgh, Duquesne University Press.

Hollows, A. and Wallbridge, S. (2012) 'Guide to understanding the importance of writing a chronology for the purpose of safeguarding children and young people.' In Community Care Inform Online (www.ccinform.co.uk/articles/article.aspx?liArticleID=6947); accessed 23/09/2012).

Wilkins, (2017) What is evidence-based practice, Community Care Inform article

Barlow and Scott (2010) Safeguarding in the 21st Century – Where to Now? Research in Practice

CFAB social worker. (2023)

NASW, (2016)

CFAB Cultural Life Library – Introduction to the History and Cultural Families of Romanian heritage, Jamaican Heritage, Nigerian Heritage

The Johari window in Fletcher, (2019) Developing Cultural Competence, Research in Practice

Expressions of self – supporting minoritised children's identity, Research in Practice blog (2024)

Alliance for Youth, Justice Bridging gaps and changing tracks (2024)

Sampson Mthoko Ngobese, (2022) Cultural humility – why is it important to social work?

Scott, H (2021) Using Genograms in practice, Research in Practice

Staempfli A, (2020) Enabling evidence informed practice.

Featherstone, B (2021) Domestic abuse and child protection research digest film series

Module Three: Strengthening Planning

Kemshall H, (2021) Bias and error in risk assessment and management, HM Inspectorate of Probation, UK

Shemmings, Y and Rhodes, H (2012) Guide to confident direct work with children. Guides. Community Care Inform [online] http://www.ccinform.co.uk/guides/guide-to-confidentdirect-work-with-children-6/ [accessed: 9 August 2016]

Macallister, J. (2022). Independent review of children social care – final report, DfE

Monk D & Macvarish J (2020), Brothers and sisters in public law proceedings, Research in Practice, Dartington, UK

UNGA, Resolution: 64/142. Guidelines for the Alternative Care of Children, 2010, para 17

RiPfA (2013) Making good decisions: Practitioners' Handbook" or "RiPfA (2012) Evidence-informed Decision-Making Literature Review.".

Clarke et al. (2011) https://www.scie.org.uk/social-work/advice-best-practice/risk-assessment-process/

Ungar, (2020) R2 Resiliency tools

Stanley, Y (2020) Dealing with risks to children outside the family home, Ofsted.

Munro E (2023) Working with uncertainty and risk in social care, Research in Practice",

The Local Trust Community Power podcast

Van Der Kolk, (2015)

Berry Street Take Two, (2023) Principles for trauma-informed practice with infants and young children - A Clinical Conversation, Melbourne Australia

Making Good trouble podcast (2024) - Raising teens – supporting adolescent trauma hosted on BBC Sounds

Module Four: Strengthening Communication

Egan, (1994) 5th Ed, the skilled helper A problem management approach to helping, Brooks/Cole Publishing Company

Working together to safeguard children 2023-statutory guidance.pdf

Mehrabian, A. (1971). Silent messages (1st ed.). Wadsworth.

Lydia Guthrie's Community Care Inform Podcast from 2018,

William Miller and Steve Rollnick, (1991) Motivational Interviewing: Preparing people for change,

Professor Donald Forester,

Dr David Wilkins.

Miller, Benefield and Tonigan (1993),

Module Five: Strengthening Families

Nesta, 2018 Good help and bad help

Main, P (2023, May 05). Bronfenbrenner's Ecological Model. Retrieved from https://www.structural-learning.com/ post/bronfenbrenners-ecological-model.

Harold, Acquah, Seller & Chowdry (2016) What works to enhance interparental relationships and improve outcomes for children, DWP ad hoc research report no. 32, EIF, DWP

From the Father's Day 2003 'Message to my dad' competition organised by Fathers Direct for the DfES.

Reasonableness in communication with families. Taken from Hollows, A (2010) Working with hostile and uncooperative parents. Research. Community Care Inform [online] http://www.ccinform.co.uk/research/

Featherstone (2001) quoted in: Guide to hidden men: the challenge of engaging fathers in child protection Author: Daryl Dugdale, Type: Guide. Publication Date: 21 July 2014, Community Care Inform

Engaging Fathers, published by DfE.

Annie, (2020) The Cycle of Change Strengthening Practice

Principles to improve child family outcomes, Centre for the Developing Child, Harvard Uni, US

de Shazer 1985, 1988, 1991

Miller & Bateman, Solution focused therapy, Seeking exceptions.

YouthAOD Toolbox, Melbourne

Ghiara, Mulcahy, Burridge, Liverpool & Lewing, (2022), Supporting healthy relationships among separating and separated parents: A practical guide, What Works for Early Intervention & Children's Social Care

Blog by Annie, (2020) The Cycle of Change Strengthening Practice

Centre for the Developing Child, Building the Skills Adults Need for Life: A Guide for practitioners, Harvard Uni US

Centre for the Developing Child, Building Adult Capabilities to Improve Child Outcomes – A theory of Change, Harvard Uni US

Centre for the Developing Child, (2013) How children and adults can build core capabilities for life, Harvard Uni, US

Mentha, Helen, Evoking and working with clients' own views and experience of change, YouthAOD Toolbox Melbourne

---

Module Six: Strengthening Relational Practice

Professor Donald Forrester 58 family-social-work/

McLean (2019) Working Towards Accreditation Putting the Pieces Together: A Workbook for Child and Family Social Workers, Kirwen McLean Associates

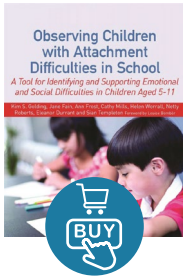
Morrison, T (2006) Staff Supervision in Social Care, Pavilion Publishing (3rd ed)

Roger Lowe and Russell Deal A Vision for Supervision Strengths-based questions for reflective conversations by published by Innovative Resources, St Luke's, Australia

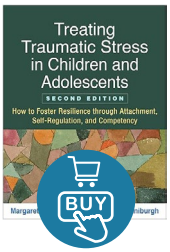
"The Motivation Inventory, Impellus Business performance training".

Bengtsson, E., Chamberlain, C., Crimmens, D. & Stanley, J. (2008). Introducing social pedagogy into residential child care in England: An evaluation of a project commissioned by the Social Education Trust (SET). London: NCB/NCERCC.

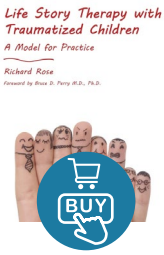
Additional Resources



Kim S. Golding, et al (2012) Observing children with attachment difficulties in school: A Tool for Identifying and Supporting Emotional and Social Difficulties in Children Aged 5-11, Jessical Kingsley Pub

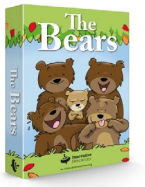


Blaustein, M E and Kinniburgh, K M (2018) Treating Traumatic Stress in Children and Adolescents: How to foster resilience through attachment, self-regulation, and competency, Guilford Press Pub



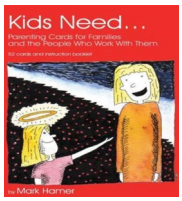
Rose, R (2012) Life Story Therapy with Traumatized Children: A model for practice, Jessica Kingsley Pub

Feelings flashcards



The Bear Cards

Family blob cards



Kids need

Strength cards

Motivational Interviewing (free download)

Partnering for Safety

The Partnering for Safety (PFS) approach is a trauma-informed, strengths-based, solution-focused, partnership-based and safety-organised approach to working with vulnerable families (both within child protection and adult protection) (free downloads), Sonja Parker

Circles of Safety and Support Sonja Parker (free download)

Gateshead Council

Tools

Tools

The Social Graces with the visible/invisible window 108
Strategically thinking about open plan work spaces 111
Munro's 5 questions tool for assessment 112
GROW model 113
Child's Experience and Journey 115
Discrepancy Matrix 117
Impact on the child chart 120
Pros and cons of change 123
Hypothesis tree 126
Recording events that are challenging and significant to the child 130
Photo Elicitation briefing sheet 132
Defensible decision making in social work 135
Ecomaps 136
The Risk and Resilience model and matrix 141
Family culture mapping tool 146
Vicarious Resilience Scale 151
"Building My Future" resiliency tool 153
Belsky Parenting Model 158
Growing up well in our community 161
Trauma-informed practice tool for children and young people 166
CYRM-R Resilience Measure Person Most Knowledgeable 170
Circles of Safety 172
Family Connections and Network tips 176
Family mapping 179
Sibling Attachment 184
Understanding the importance of listening 192
Empathy mapping 193
The Motivation Inventory 196
Shields of Shame 198
Online tools 200

Tool: The Social Graces with the visible/invisible window

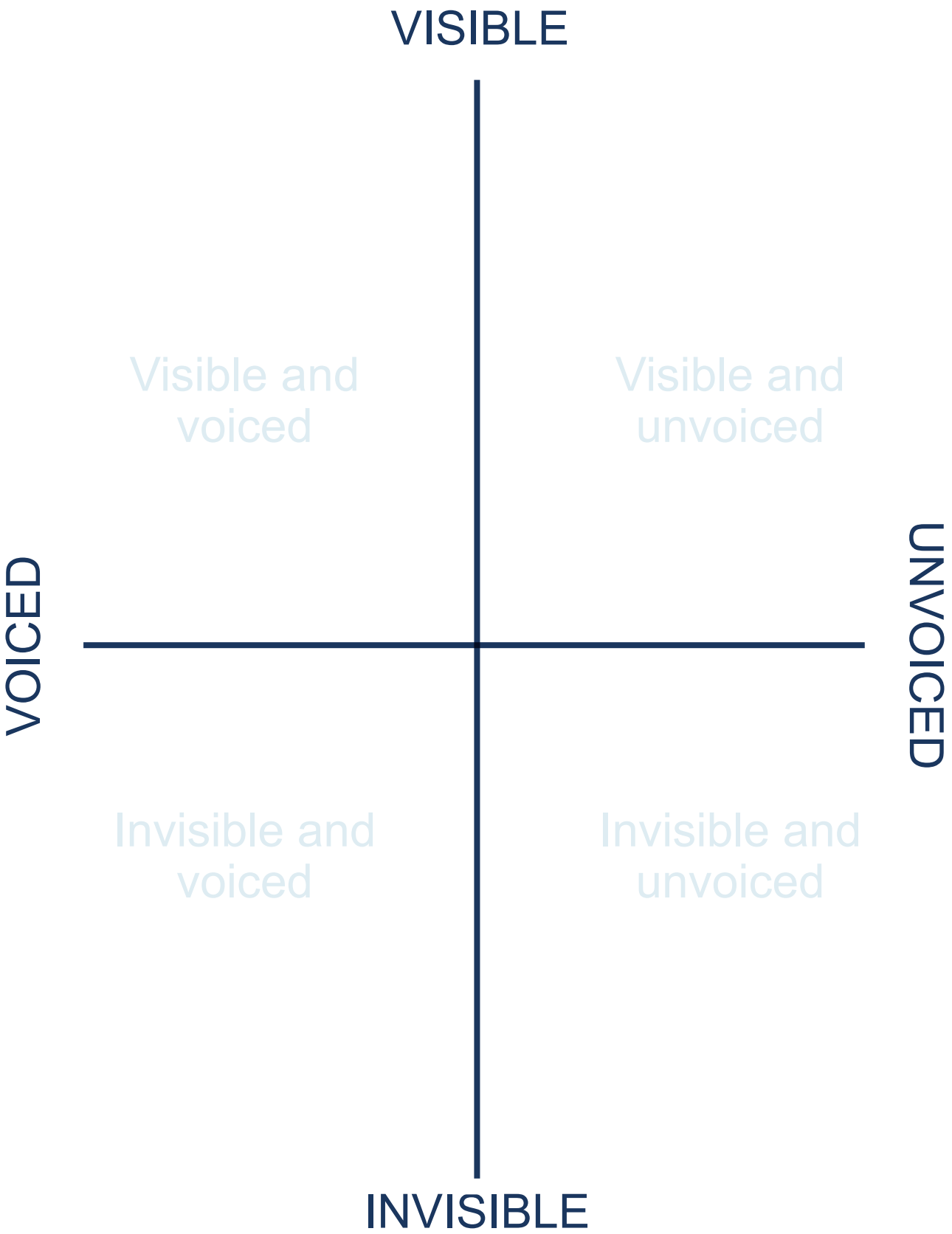
The Social GRACES are frequently used alongside the visible and invisible, voiced and unvoiced window tool.

This tool highlights that there are elements of our identity which are:

1	Visible and Voiced – elements of our Social GRACES that we might sometimes speak about, particularly the ones which are visible to others such as attire (clothes we wear).
2	Visible and Unvoiced – elements of our Social GRACES which might not be spoken about but are visible to others, such as someone's age.
3	Invisible and Unvoiced – elements of our Social GRACES others cannot see and are not aware of as they are not voiced, such as spirituality.
4	Invisible and Voiced – elements of our Social GRACES we might sometimes speak about which are not visible to others, such as our abilities (eg, dyslexia).

This is a helpful tool to use when working with families:

- Which of the social GRACES are helping maintain the problem?
- Which ones are going to be strength related and will encourage resilience against a problem?
- Which of the social GRACES are you, the worker, most comfortable/uncomfortable sharing/discussing/asking about with the family?
- Which of the social GRACES remain hidden from your view?


VISIBLE
Visible and voiced
Visible and unvoiced
VOICED
UNVOICED
Invisible and voiced
Invisible and unvoiced
INVISIBLE

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Strategically thinking about open plan work spaces

Below is an example of a tool which can be used by individuals to identify areas that impact on their ability to control information and stimulation in the workplace. This tool can be used in supervision to discuss how best to support the individual to be most effective and contained in the environment.

Control area	Outgoing information	Incoming Stimulation
Social	How much do I want my colleagues to know about my personal interests? Should I connect with colleagues on social media?	How can I limit interruptions by co-workers? How can I avoid constant exposure to the noise and activity of others?
Technological	Can I opt out of giving biometric data used for security purposes? Can I shield my name from feedback to superiors?	Do I want pop up previews of incoming emails? I need to focus: is it ok to turn off instant messaging or the phone?
Spatial	Can people see my computer screen while I am working? What personal photos or artefacts do I want to display?	What space configuration minimises my exposure to flickering fluorescent lights? How can I block out my neighbour's telephone conversations?

Tool: Munro's 5 questions tool for assessment

By using Munro's 5 questions and a combination of evidence-based tools and structured professional judgement, social workers can gain a deeper understanding of the child's lived experience. This model promotes a holistic and systemic approach to assessment and can be used to develop a plan that promotes the child's safety and wellbeing.

It is important to note that the results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via supervision or in another way. Social workers should always use their professional judgement in conjunction with tools like the one presented here.

Please note that the specific tools listed here come from the SPP Workbook, but social workers may use other tools in their practice, based on local guidance and best practices. This is just an example, and social workers should adapt it to their own needs and the needs of the family they are working with.

This tool uses Munro's 5 questions to help social workers analyse information gathered during an assessment. It can be used in supervision to support reflective practice and to develop a hypothesis for intervention. The tool encourages a focus on the child's experience and supports practitioners to think systemically.

Instructions:

1. What has happened? Review the chronology of events and significant dates. Use a genogram to map out family relationships and an ecomap to understand the family's connections with their community and external agencies. Use Socratic questions from the source material to encourage practitioners to think more about what exactly they are asking or talking about, and to probe the concepts behind their arguments.

2.What is happening now? Observe the child and family together. Consider direct work with the child to understand their perspective.

Note any discrepancies between the family's account of events and your observations. Identify any immediate risks to the child. Consider caregiver functioning (current and historical), intergenerational influences, biological/organic strengths and vulnerabilities, including temperament, economic factors, and the child's role within the family.

3. What could happen in the future? Consider the different possible outcomes for the child. Explore different hypotheses using a Hypothesis Tree. Think about the family's capacity to change using the Strengthening Practice model for assessing capacity to change. Use Mason's Safe Uncertainty Model to reflect on what quadrant the group is sitting in in their exploration of risk for the family. Use the model to think about what information or actions are needed to be able to hold a position of authoritative doubt confidently with this family.

4. How likely is it? Use evidence-based tools, such as the Risk and Resilience Map and the DASH risk checklist, to assess the likelihood of different outcomes. Consider the child's developmental milestones and any potential impact on their development.

5. How serious would it be if it did happen? Consider the potential harm to the child if the risks are not managed. Use the Impact on Child chart to analyse the potential impact of the family's situation on the child's wellbeing.

Reference: Munro, E. (2012b), p 60. The Munro Review of Child Protection: Final Report - A Child-Centred System

Tool: GROW model

Using the GROW model to promote curiosity in supervision

This coaching tool, using the GROW model, provides a structured approach for Practice Leads to support practitioners in developing a curious and reflective practice.

By using this tool, Practice Leads can help practitioners to become more aware of their own biases, challenge their assumptions, and ultimately improve the quality of their work with children and families.

The GROW model is a coaching framework that helps individuals set goals, explore their current reality, identify options and create a plan of action.

G - Goal:	Establishing a clear objective for the coaching session.
R - Reality:	Exploring the current situation and any challenges.
O - Options:	Brainstorming potential solutions and courses of action.
W - Will:	Creating a plan of action and committing to next steps.

Coaching tool

The following questions, based on the GROW model, can be used by Practice Leads in supervision to support practitioners:

1. Goal

- What is the purpose of this supervision session?
- What specific aspect of practising curiously would you like to focus on today?
- What would a successful outcome of this session look like for you?

2. Reality

- Tell me about a recent case where you felt challenged to remain curious.
- What thoughts, feelings, or assumptions did you notice in yourself during this case?
- What factors in the case, or within the organisation, made it difficult to maintain curiosity?
- How do you think your personal experiences might have influenced your perspective in this case?

3. Options

- What questions could you ask yourself to challenge your assumptions and biases?
- What resources or support could help you to maintain curiosity in challenging situations?
- How could you use supervision to explore different perspectives and challenge your thinking?
- What strategies could you use to create a more curious and collaborative environment with families?
- What evidence-based tools could help you to explore the causes and impact of harm more objectively? (Consider tools like the Hypothesis Tree or Discrepancy Matrix)

4. Will

- Which of these options resonate most with you?
- What specific steps will you take to implement these options in your practice?
- What potential obstacles might you encounter, and how will you overcome them?

How will you measure your progress towards practising more curiously?

How can I support you in achieving these goals?

Benefits of using the GROW model

Structure and focus: The GROW model provides a framework for a productive and focused supervision session.

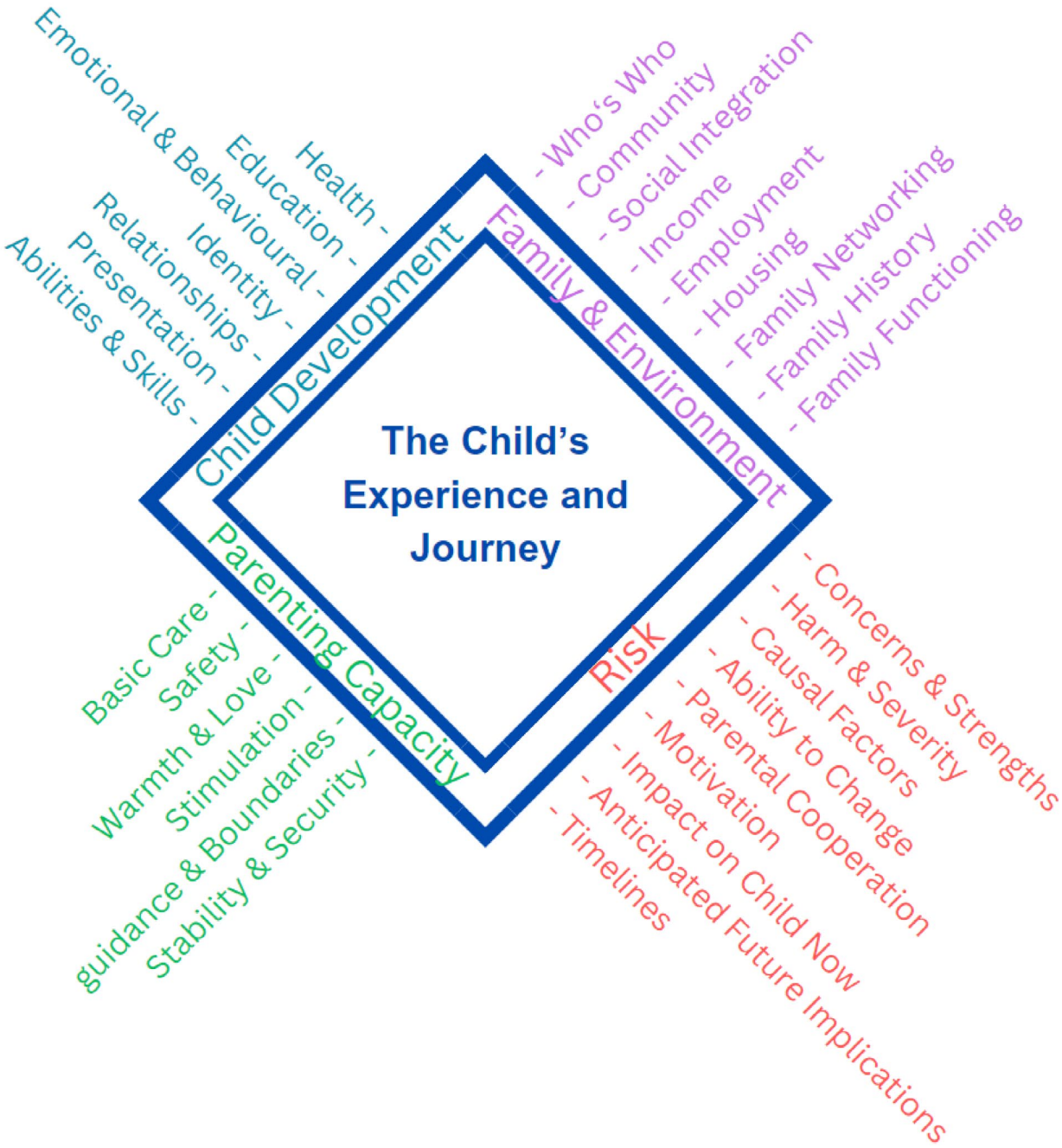
Increased self-awareness: Encourages practitioners to reflect on their own thoughts, feelings, and behaviours.

Solution-focused approach: Emphasises generating practical solutions and creating actionable steps.

Empowerment: Supports practitioners in taking ownership of their development and making positive changes.

Improved practice: Leads to a more curious, reflective, and effective approach to working with children and families.

Tool: Child's Experience and Journey



Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Discrepancy Matrix

Wonnacott's Discrepancy Matrix encourages practitioners to reflect on what is known about a case and what is unknown or not yet known – a vital aspect of working with uncertainty. It supports the practitioner to tease out the information they hold into four types: evidence, ambiguous, assumption, and missing.

How to use the Discrepancy Matrix

This matrix can be used in individual and group supervision to clarify the nature of the information being used to inform practitioners' understanding of a case. Analysing information across this matrix supports the supervisor to help the practitioner think critically about the information upon which they are basing their decision making.

The practitioner is supported to tease out the information they hold into four types: evidence, ambiguous, assumption, and missing.

Step One:

The case-holding practitioner tells their story briefly (10 mins). The supervisor or group members then begin to support the practitioner to sort the information they have been told into each of the boxes. Questions such as:

- How do you know that …?
- What other evidence do you have that this is true?
- How often have you felt like that even though you have no evidence it is true?
- When do you feel that most strongly? Why?
- If you had this piece of information what might it make you do differently?

Step Two:

The information is sorted into the four areas as the practitioner answers the questions.

1. **What do I know?** For something to go into the 'evidence' category, it needs to be proven and verified (in other words, come from more than one source as a fact). It will also include knowledge about legal frameworks and roles and responsibility under the Children Act as well as research. This category provides the strongest factual evidence for analysis and decision making.
2. **What is ambiguous?** This relates to information that is not properly understood, is only hearsay or has a different meaning or context, or is hinted at by others but not clarified or owned.
3. **What I think I know?** This allows the practitioner to explore their own practice wisdom and also their own prejudice to see how it is informing the case. Emotion and values can also be explored in this area and the self-aware practitioner can explore how they are responding and reacting to risk.
4. **What is missing?** These are the requests for information coming from the people listening to the story (supervisors, peers, other agency staff) that prompt the practitioner to acknowledge there are gaps in the information. The gaps then have to be examined to see if the lack of information might have a bearing on the decision making in the case. If so, then it needs to be explored.

Step Three:

Once the exercise is complete the practitioner is then asked:

1. What has changed about what you know?
2. What do you still need to know?
3. What does this mean for the child/family?
4. What do you want to do next?

Source: Adapted with permission from Morrison and Wonnacott (2009) in Wonnacott (2014).

Taken from Research in Practice Reflective Supervision Handbook 2017

Strong evidence

What do I know (evidence)?	What is ambiguous?
What I think I know (assumption)	What is missing (what action is needed)

Strongly held view

Unclear or no view

Weak or no evidence

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Impact on the child chart

	Risk and Resilience	Impact on Child	Do something
CHILD	Factors that worry you/harm the child. Factors that help the child.	What does this mean for the child? How does this affect the child now and in the future? Think about child development	What can you do to the 'lived life of the child'? Do NOT refer or assess.
PARENT	Experiences, characteristics and behaviours of adults that impact their parenting.	What do the adult parenting behaviours mean to the child now and in the future?	Attend to the adults' issues in their own right to increase parenting capacity
WIDER FAMILY & ENVIRONMENT	Actions, behaviour or contextual factors outside child and immediate parenting.	What do these mean for the child now and in the future?	Can these be challenged, changed or strengthened to help the child?

Tool: Impact on the child chart

	Risk and Resillience	Impact on child	Do something
CHILD			
PARENT			
WIDER FAMILY & ENVIRONMENT			

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Pros and cons of change

When thinking about planning for change in lives of children and their families, it is important that everyone understands what will be gained and what will be lost.

In talking about change, it is easy to use change talk to create a posititve vision of the future. We focus on what life will look like when the change has occured in terms of the benefits.

However, we need to explore the cost of the change. Most people's maladaptive or dysfunctional behaviours serve a purpose - even as they impact negatively on other areas of life.

Miller and Rodrick call thinking about the cost of change exploring ambivalence.

It is a chance in the change process that allows us to acknowledge the loss, imagine ways to outcome the temptation of giving in, and resist the urges from other people.

By exploring the pros and cons of change you can plan to include triggers to prevent relapse, support quicker positive return to change behaviours, and prevent breakdown of plans.

Self
Benefits of a change to self

Others
Benefits of the change to others

Self
Cost of the change to self

Others
Cost of the change to others

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Hypothesis tree

Hypothesis in social work is about moving beyond a description of what is happening in a child's life to an explanation or understanding of why things may be happening.

There may be more than one hypothesis that explains or gives an understanding of a situation. The key criterion in the final selection of a hypothesis is that it is 'least likely to be wrong'.

Absolute certainty can never be achieved. Any hypothesis – even the one selected as being 'least likely to be wrong' – is only provisional and may have to be reviewed in the light of further information.

"Social workers, when dealing with such complex and unpredictable variables, can only hope to draw conclusions that are the least likely to be wrong." (Holland 2004)

The practitioner is also likely to be susceptible to what Sheldon (1987) and Scott (1998) [cited in Holland 2004 [1] refer to as our natural human tendency to be 'verificationists.' This means that we tend to form an explanation for a family's or individual's circumstances early on in our contact with them and then we tend to seek information that will confirm these original hypotheses.

Similarly, Munro's research (1999) into the findings of inquiries into child deaths highlights that a common error identified in inquiries was a 'failure to revise risk assessments' and that in numerous cases there was failure to check more widely or reappraise original judgements when new evidence arose.

Hollows (2003) [2] refers to this tendency as 'unconflicted adherence', that is, where a new risk is discounted and the current strategy is maintained without change.

Raynes in Calder et al (2003) suggests that workers often remain narrowly focused on proving or disproving whether the original risk remains and fail to consider the broader picture. He suggests that practitioners should consider all the possibilities about what is happening and address each hypothesis, only discarding it when there is clear evidence to do so.

The process of hypothesising starts at the point of referral, and provides a structured approach to the stages of the assessment process and the place of forming, testing out and discarding hypotheses within that process.[3]

Testing your hypothesis

Remembering to phrase questions using the so-called six 'honest men':

1	Who? Who was involved?
2	What? What happened (what's the story)?
3	When? When did it take place?
4	Where? Where did it take place?
5	Why? Why did it happen?
6	How? How did it happen?

Lord Laming speaks of us being 'respectfully sceptical.' It is important when working on behalf of the most defenceless members of our community that we find ways to test our information, intuition, evidence, analysis as rigorously as possible.

1 Op Cit.
2 Hollows (2003), cited in Dalzell and Sawyer (2007)
3 p62 Dalzell and Sawyer (2007),

Looking for exceptions

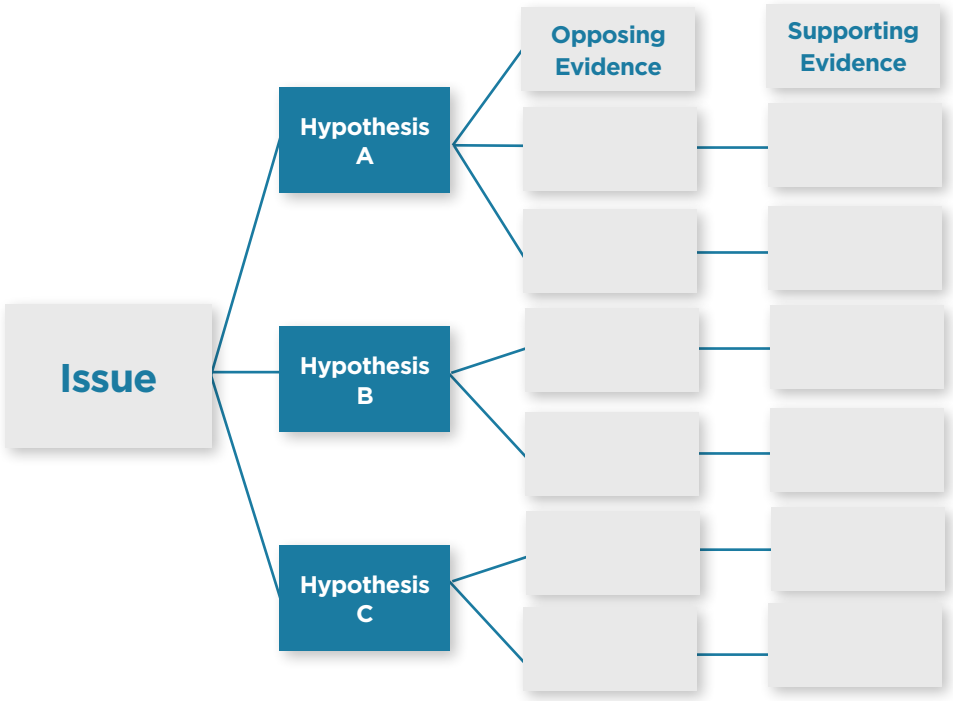
When testing a hypothesis it is crucial to explore the difference, the times something did not occur in the way 'it usually does'. By asking the child and family questions like: "can you think of a time when you felt angry and frustrated but did not lash out?" or "when do you feel happy?" (if the story being told is about depression), or "can you remember when you last felt confident and in control?", we can build up a picture of different types of family functioning. It often provides us with areas of strength to explore and build upon.

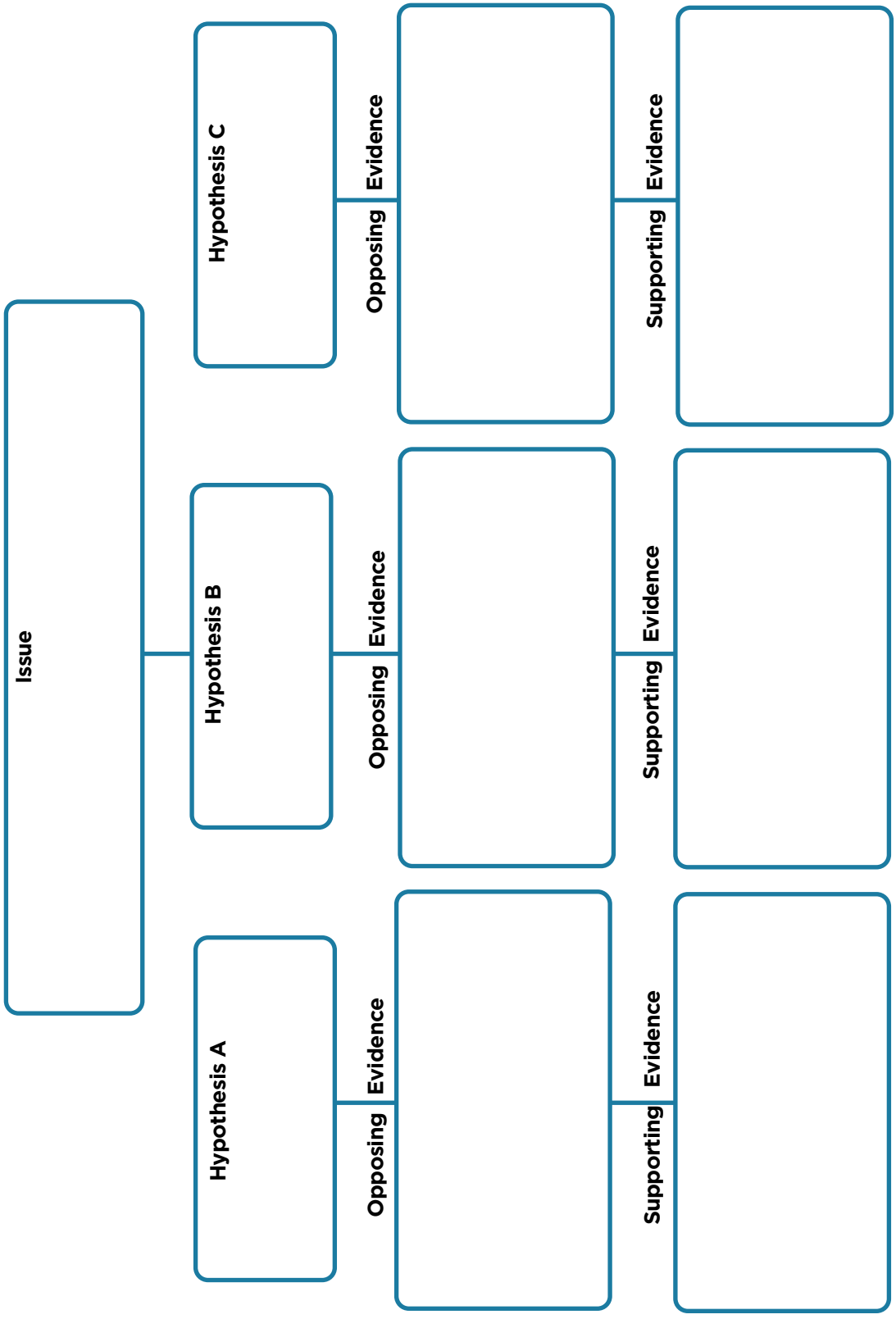
Methods for gathering information may include the following:

1	Interviewing parents and children
2	Interviewing professionals who know the family
3	Employing direct observation and child observation
4	Using questionnaires and scales with family members
5	Using play or drawing and creative approaches to communicating with children
6	Making reference to research or theory

The Hypothesis Tree

The Hypothesis tree is a useful tool for formalising your approach to hypothesising and allowing you to show your 'workings out'. Always look for opposing evidence first. In doing so, you will disprove or prove the hypothesis.




Issue
Hypothesis A
Opposing Evidence
Supporting Evidence
Hypothesis B
Opposing Evidence
Supporting Evidence
Hypothesis C
Opposing Evidence
Supporting Evidence

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Recording events that are challenging and significant to the child

Children and young people who are experiencing scary, stressful events are not always able to understand what is happening at the time. Later, when they are adults and want to try and deal with the sadness and fear in their past they can have trouble remembering details. Children and young people, and adults how have

When you are making records for a child:

- Get the details right
- Convey feistiness and a sense of fighting for the child
- Language is deeply important – use it well (Not a challenging child – the child is in a challenging situation)
- The relationship you build with the child needs to be in their files

Checking that the child understood your conversation

Remember that children and teenagers might not understand everything that is going on at times of stress. Use the check list below to explore the child's understanding of your conversation and make a note of how well you think the child was able to participate at the time.

1. Does the child understand the question?
2. Does the child understand the main reasons behind it?
3. Does the child understand what the alternatives are?
4. Does the child understand what will happen if they decide one way?
5. Does the child understand what will happen if they decide the other way?
6. Can the child weigh up the relevant things for themselves?
7. Can the child say (or otherwise communicate) what they want for themselves?
8. Can the child keep to the same view rather than changing it according to what has last been said to them?

	NAME is a AGE year old child who is experiencing… (DESCRIBE the event you are writing about)
	NAME is (DESCRIBE characteristics and attributes that make them special and recognisable including what they were wearing, felt, said and wanted)
	At the moment NAME is (DESCRIBE behaviours that the child is carrying out at the time of the event)
	NAME is behaving in this way because… (ANALYSE the behaviour as you understand it, naming the difficulties they are currently facing)
	I am worried for NAME because… (LIST the risks and impact for the child)
	I am going to do the following with or for NAME to help them (LIST the actions and the help these actions will offer the child)
	NAME says this about the things we talked about… (include child's comments)

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Photo Elicitation briefing sheet

Using Photos to give a voice to children and young people in care

Practitioners need to find innovative ways to listen deeply to children and young people and to give them a meaningful voice.

'…children wished not only to be consulted but help collaborate on all matters that involve their lives. According to legislation, this is not only their right, but also children, including younger children, should be seen as valuable resources for social workers, researchers and policymakers. They can provide feasible solutions because they have been thinking about their needs throughout their lives and because they have many everyday experiences of how their particular families function'. Bywaters, 2024

Researchers have used the method of photo elicitation to gain insight into the experiences of children and young people. It involves the adult providing the means (usually a disposable camera) for the children and young people to take photos on agreed subjects to bring to the researcher to speak about with them.

The benefits of using photo elicitation with children and young people include:

- It is fun and engaging (Close, 2007), quick and enjoyable (Cook and Hess, 2007)
- It's a visual prompt for later discussion (Cook and Hess, 2007)
- It's a tool that enables children to identify what they feel is important (Cook and Hess, 2007)
- It's empowering; photography allows the participant to be in control and to make decisions. Other techniques, such as drawing, may be further influenced by skill and the pictures drawn by peers (Punch, 2002)
- It is helpful when presenting and reporting the study (Coad, 2008)
- Children tend to have a strong interest in pictorial representations, including photographs (Coad, 2007)
- Photographs have the ability to provide a clear image from the participant's perspective which can then be further explored (Morrow, 2001)

Step by Step process for using photo elicitation with children and young people

Step one: decide on which approach you want to use (this can be done with the child and young person)

1	'Auto driving': This entails the participant 'driving' the discussion/interview in relation to the photographs. The researcher can provide the photographs, but it is also common for the informants to take these themselves – the participants are able to see their own behaviour and provide an interpretation of events.
2	'Reflexive photography': Participants take their own photographs and are then asked to reflect upon these in an interview, exploring deeper meanings.
3	'Photo novella': Participants take their own photographs, but it is done in a manner that facilitates the story of their lives (Hurworth, 2003).
4	'Photovoice': Provides the opportunity for participants to take photographs of aspects of their community that need changing. It can be a powerful tool to influence policy makers.

Step two: discuss the project with the child and their carers/parents. Make sure that they understand why you are asking them to take or talk about photos, how that information will be used and who will see the images. Ask them how they would like them to be stored and where they want to keep them once you have finished using them.

If they are forming part of a report or being uploaded onto an electronic system, make sure that you have the child's permission to do this. Even if you are using the first method, where you provide the images, the child should understand how they will be used in conjunction with their words.

Step three: If you are using methods 2, 3 or 4, agree on a timeframe for taking the pictures and then give the child a disposable camera. If the child plans to use the camera in school, make sure you have spoken to the school about the project and that they have permission to use it there. Arrange a pickup date to get the film developed.

Step four: develop the film or arrange for the child/carer to develop the film (depending on what the child wishes) and arrange a time to speak with the child about the photos.

Make sure that they understand the purpose of the questions that you will be asking. To get the best out of the process, ask open questions:

> What is this?

> Can you remember how you felt when you took this?

> Looking at the image now, what does it make you think about?

> How does it make you feel?

> What would someone looking at this picture notice or like to know about?

> If we were going to use these pictures to help make a story about you, how would you arrange them?

> How do you want to record this information so it tells other people the things you think are important?

Step five: Agree on the finished record with the child and then upload it into the system, if that is where it was to go. Dispose of the photos, either by giving them to the child, or destroying them, depending on what has been agreed at the beginning of the project.

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Defensible decision making in social work

This tool, based on the work of Kemshall, (2021), offers social workers a framework for making defensible decisions in assessment and intervention.

Transparency and accountability are key in social work practice. Decision-making processes must be clear, logical, and grounded in evidence to ensure the safety and wellbeing of children and families.

Defensible decision making:

Identify and analyse the problem: Define the problem clearly. What are the specific concerns regarding the child's safety and wellbeing? Use tools like the Problem Tree and Socratic Questions to thoroughly examine the situation.

Gather and assess relevant information: Collect information from multiple sources, including the child, family members, professionals involved, and relevant records. Use tools like genograms, ecomaps, and chronologies to develop a comprehensive understanding of the child's circumstances.

Consider all potential options: Explore a range of possible interventions and responses. Consult with colleagues, supervisors, and relevant agencies to consider different perspectives and approaches. Be aware of personal bias and sources of error that might limit the consideration of all options.

Assess the likelihood and severity of harm: Evaluate the potential risks and benefits of each option, considering the likelihood and severity of harm to the child. Utilise tools like the Risk and Resilience Map, the DASH risk checklist, and the Impact on Child chart to inform this analysis.

Document the decision-making process: Clearly record the rationale for the chosen course of action, outlining the evidence considered, the potential risks and benefits of each option, and the reasons for selecting the chosen intervention. This documentation demonstrates transparency and accountability.

Review and evaluate decisions: Regularly review and evaluate the effectiveness of the chosen intervention. Are the intended outcomes being achieved? Is the child safe? Are there any unintended consequences? Reassess and adjust the plan as needed. Absolute certainty can never be achieved, and hypotheses and decisions may need to be revised in light of new information.

Additional considerations for defensible decision making:

Partnership and collaboration: Engage the child, family, and other professionals in the decision-making process whenever possible. Promote a culture of shared decision making and co-production of plans. Prioritise the importance of empowering families to make positive changes.

Cultural competence and anti-discriminatory practice: Ensure that all decisions are made with sensitivity to the child and family's cultural background, values, and beliefs. Actively challenge personal biases and systemic discrimination.

Reflective practice and supervision: Regularly reflect on your decision-making processes and seek feedback from supervisors and peers. Utilise supervision to explore potential blind spots and areas for improvement.

By adhering to these criteria and considerations, social workers can strive to make decisions that are defensible, ethical, and promote the best interests of the children and families they serve.

Tool: Ecomaps

Valuable information about the child and their interactions with the people around them can be gained from carrying out an ecomap exercise. It takes a relatively short time to do with the child or family and can be used as supporting evidence in the assessment process.

The ecomap focuses on the relationships children and family members have not only with their relatives but with significant others like friends and pets, with organisations such as schools and family centres and with pastimes and activities. Information can be gained on who and what are important to each family member, whether relationships are supportive or stressful, and the extent of their support systems.

Ecomaps should not be seen as a static record of the child or families ecosystem. Family relationships change; children may feel hostile towards a parent one week and have resolved the conflict the following week. Therefore, ecomaps should be undertaken on a number of occasions to map the changes.

It is preferable, particularly when working with children not to draw ecomaps on paper but to use moveable objects to represent their ecosystem. Play people can be used or cardboard circles on to which can be drawn happy, sad and angry faces. The child can then choose the appropriate play person or face to represent themselves and the people or things they are identifying as significant and be able to move them around to indicate what their feelings are and how they can change.

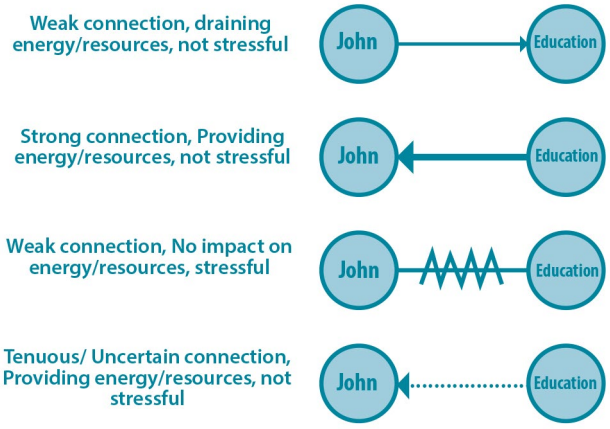
This type of approach is empowering as it gives children and families greater control over the information-giving process, it can provide information that a structured question and answer session would not illicit, and may help families to gain insights and to self-assess their own situations.

An ecomap shows the network of people around a child or young person diagrammatically. Family, friends and professionals are included.

The Child is placed at the centre of the diagram. Each person and organisations that forms a part of the child or young person's network is named and placed within a circle.

Where there is a connection between the child or young person and an individual and organisation the nature of the relationship is illustrated by a line drawn between them.

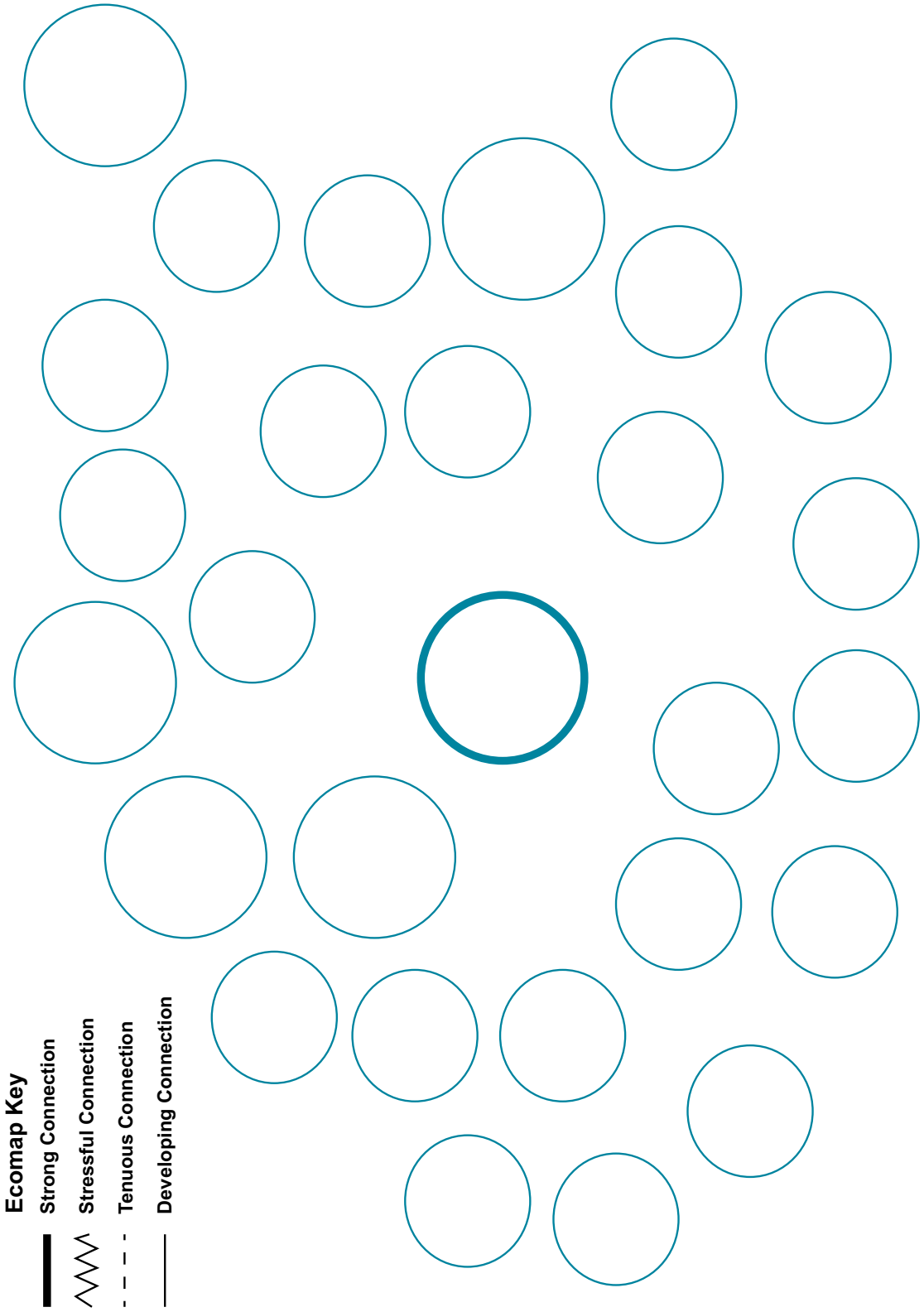
On the next page are some examples of lines that can be used to demonstrate the types of relationship. These lines can be used for both genograms and eco maps to signal relationships. Here they signal male to female relationships from a genogram but can be used as easily to signal the relationship between the subject of the eco map and any other person.



Ecomap / Genogram Symbols and Emotional Relationships

	Married		Close-Hostile
	Man / Woman		Fused-Hostile
	Indifferent / Apathetic		Violence
	Distant / Poor		Distance-Violence
	Cutoff / Estranged		Close-Violence
	Discord / Conflict		Fused-Violence
	Hate		Abuse
	Harmony		Physical Abuse
	Friendship / Close		Emotional Abuse
	Best Friends / Very Close		Sexual Abuse
	Love		Neglect (Abuse)
	In Love		Manipulative
	Fused		Controlling
	Distrust		Jealous
	Hostile		Fan / Admirer
	Distant-Hostile		Limerence

Example of an ecomap


Ecomap Key
Strong Connection
Stressful Connection
Tenuous Connection
Developing Connection

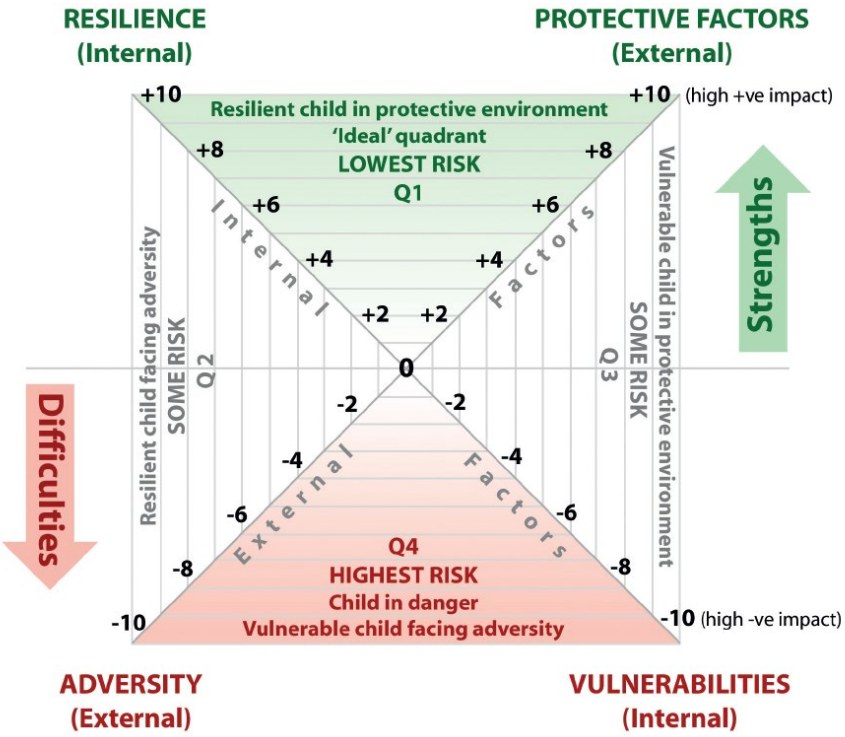
Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: The Risk and Resilience Mapping Tool

The Risk and Resilience Mapping Tool is a simple, subjective visual tool developed by Child Centred Practice to map the Risk and Resilience Matrix by allowing practitioners to create a visualisation of the relative impacts of the child or young person's internal and external world.



How the map works

There are 4 Axes to the map, corresponding to the Risk & Resilience Matrix (see p 59 above):

Internal Factors:

Resilience = Factors such as high IQ, good attachment, high self-esteem, sociability.

Vulnerabilities = Factors such as low IQ, poor physical health, poor attachment.

External factors:

Protective Factors = Factors such as good school experience, hobbies, leisure activities, supportive and engaged adults, affluence.

Adversity = Factors such as poverty, domestic violence, parental drug abuse.

These four axes in turn delineate four Quadrants, where Q1 (at the top of the map) represents an 'ideal' situation (containing only positive factors), and its opposite, Q4 represents a situation where there is a risk of harm (containing only difficulties). When working with and planning for children and young people, our aim is to move towards a map which is predominantly (or better still entirely) within Q1.

A horizontal line runs through the centre of the map. This indicates the boundary between positive factors and strengths (above the line), and negative factors and difficulties (below the line).

Each axis is graduated from 0 (centre of the map) to 10 (the outside edge of the axis), where:

0 = Neutral, i.e. no impact on the child (be it positive or negative); through to

10 = Highest impact on the child (be it positive or negative)

Scoring and mapping

After completing your assessment, make a list of the various factors relevant to your case under each of the four categories. Then – preferably in discussion with other professionals and the child and their family (where appropriate) – determine a score from 0 to 10 that represents the degree of impact upon the child for each of the four axes.

Scoring is subjective and relative (i.e. there is no hard and fast empirical basis to the assignment of values); rather it is based upon the observed/ understood impact of the accumulation of the various factors upon the child.

It is also possible for a child to have high protective factors as well as high vulnerabilities (e.g. a young person with a severe disability who is supported by loving parents and excellent medical care).

Mark each axis with a dot at the appropriate gradation, then join the four dots with straight lines to create a 'kite' that maps the child's situation.

A 'kite' which lays predominantly over Q1 indicates a secure, low-risk situation. One which lays predominantly over Q4 indicates there is significant risk of harm to the child. In the case of children in need and looked after children, it is more usual for the kite (which in many cases will more closely resemble a box) to lay across the centre of the map, perhaps with one corner pointing further along one axis than the others. In more extreme cases, the majority of area covered will lie in Q4.

In the example below, a young child with developmental delay, suffering neglect and suspected physical abuse would score highly (e.g. 8 or 10) in both the vulnerabilities and adversity axes. This might be offset by support from the multi-agency team around the child and the resources they can provide, resulting in a value of 4. The child's relationship with his parents, namely Dad and happy response to play are positive resilience factors, which might result in a score of 2 on that axis. So, Toby's kite indicates he is at risk of significant harm as it lays predominately over Q4.

Worked example of the Risk and Resilience Map: Toby, 3 years 8 months old.

- Toby has a relationship with his parents, he is closer to Dad
- Toby does enjoy play, responding happily

Score = 2

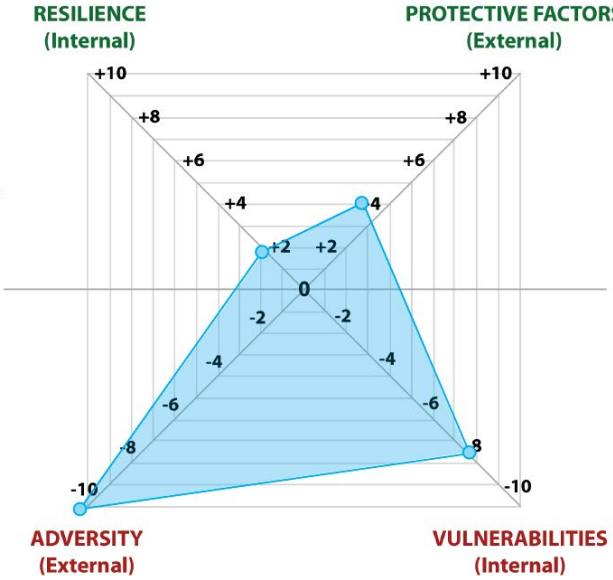
Protective Factors

- Some evidence of parents, especially Dad's ability to care for Toby
- Attending play sessions
- Nursery provision available
- Multi agency team supporting Toby and his family

Score = 4

Adversity

- Nowhere to sleep
- Lack of food in the house
- Poor home conditions
- Suffered unexplained physical injuries
- Poor attendance at nursery
- Not attending health appointments

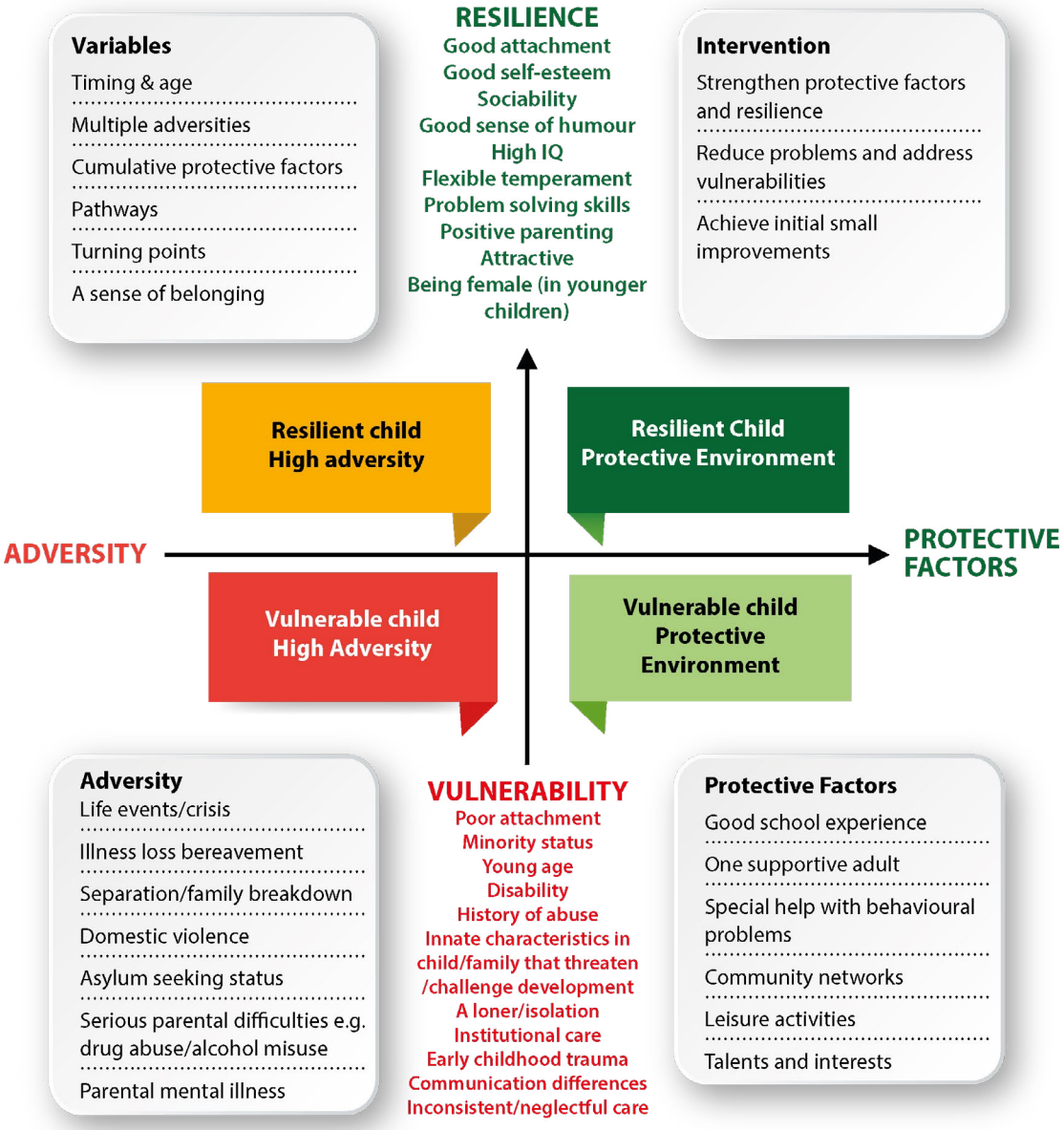


- Parents possibly have additional learning needs
- Dog in the home adding extra responsibility and financial pressure
- Lack of wider family support
- Mum is pregnant, added pressure on parents and increase of responsibility
- Lack of progress in meeting Toby's needs from parents despite support and guidance

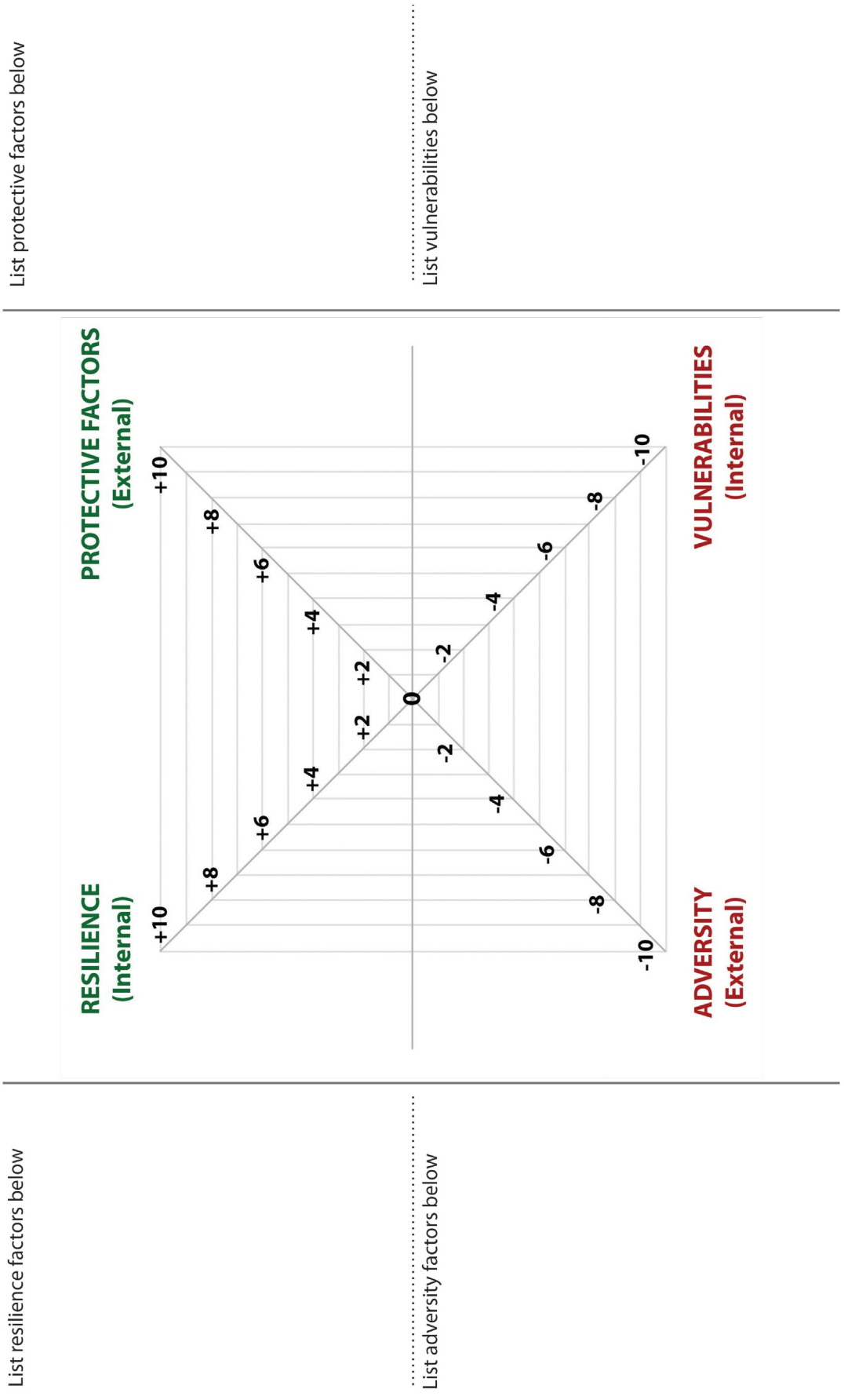
Score = 10

Vulnerabilities

- Toby has developmental delay
- He is only 3 yrs old
- Poor relationship with mother
- Basic needs not met, Toby is tired and hungry
- There are no routines in place
- Lack of reaction to parents shouting
- Lack of stimulation
- Uncontained, chaotic behaviour


Variables
Timing & age
Multiple adversities
Cumulative protective factors
Pathways
Turning points
A sense of belonging
RESILIENCE
Good attachment
Good self-esteem
Sociability
Good sense of humour
High IQ
Flexible temperament
Problem solving skills
Positive parenting
Attractive
Being female (in younger children)
Intervention
Strengthen protective factors and resilience
Reduce problems and address vulnerabilities
Achieve initial small improvements
Resilient child High adversity
Resilient Child Protective Environment
ADVERSITY
PROTECTIVE FACTORS
Vulnerable child High Adversity
Vulnerable child Protective Environment
Adversity
Life events/crisis
Illness loss bereavement
Separation/family breakdown
Domestic violence
Asylum seeking status
Serious parental difficulties e.g. drug abuse/alcohol misuse
Parental mental illness
VULNERABILITY
Poor attachment
Minority status
Young age
Disability
History of abuse
Innate characteristics in child/family that threaten /challenge development
A loner/isolation
Institutional care
Early childhood trauma
Communication differences
Inconsistent/neglectful care
Protective Factors
Good school experience
One supportive adult
Special help with behavioural problems
Community networks
Leisure activities
Talents and interests

Tool: The Risk and Resilience Mapping Tool



Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Family culture mapping tool

This tool supports practitioners to explore a family's cultural practices and influences. This approach can be valuable for fostering empathy, cultural competence, and effective support. Each of the five areas can be explored using the topic areas provided and mapped visually.

1. Family structure and roles

Family composition

Household makeup: Identify all household members, including extended family members, non-biological relatives, and others who might play a significant role in the family dynamic.

Extended family relationships: Some cultures place a high value on relationships with extended family (e.g., grandparents, aunts, uncles, and cousins), and these members may have substantial influence on family decisions.

Non-traditional family structures: Acknowledge non-traditional family setups, such as single-parent families, blended families, or chosen families, as these may carry unique cultural or social considerations.

Roles and responsibilities

Gender roles: Identify any culturally defined roles for men, women, and non-binary individuals, including who is primarily responsible for caretaking, earning income, or household tasks.

Responsibilities based on age or position: In many cultures, age plays a significant role in responsibilities; for example, older siblings may help raise younger siblings, and elders may play an advisory role.

Roles in family support: Some cultures may expect financial or emotional support from family members, including support for relatives back in another country or community.

Decision-making process

Family authority figures: Identify who has primary decision-making power. In some families, one person (e.g., the eldest male or female) is the main decision maker, while in others, decisions may be more collaborative.

Consensus and collective decision making: In some cultures, decisions are made by group consensus rather than individually and consulting the family or community may be essential.

Conflict resolution: How does the family typically resolve conflicts? Some may avoid open confrontation, while others may discuss disagreements openly.

Family dynamics

Family expectations: Identify if there are particular expectations for behaviour, especially related to respect, obedience, and discipline.

Intergenerational dynamics: Differences between generations, especially in immigrant families, may reveal varying values and practices. The younger generation may be more acculturated to the local culture, while elders maintain traditional practices.

Impact of cultural transitions: For immigrant families, cultural transitions and acculturation stress can affect dynamics. The family may balance maintaining traditional values with adapting to a new culture.

2. Language and communication

Primary languages and dialects

Languages spoken at home: Document primary languages and dialects used within the family,

especially any that are important for understanding family relationships and communication patterns.

Literacy levels in each language: Understanding literacy levels can be important if some family members are less fluent in the regional language and may prefer written materials or forms of communication that match their literacy.

Language preferences and barriers

Preferred language for services: Identifying language preferences for interactions with social services can ensure that families receive the most effective and respectful support.

Need for translation and interpretation: If the family needs interpreters or translators, identify this need and ensure access to professional, culturally sensitive translation services.

Communication style

Direct vs. indirect communication: In some cultures, direct communication may be preferred, while others favour indirect communication.

For instance, some cultures may avoid saying “no” directly to avoid conflict.

Non-verbal communication: Body language, gestures, eye contact, and physical space can vary significantly across cultures. For example, in some cultures, maintaining eye contact is a sign of respect, while in others, it may be considered rude.

Expressiveness: Some families may communicate emotions openly, while others may adopt a more reserved communication style. Understanding this can help avoid misunderstandings in interactions.

Cultural context in communication

Cultural meanings in communication: Some phrases, gestures, or expressions carry specific cultural connotations, so understanding context is important to avoid misinterpretation.

Role of elders in communication: In many cultures, younger members may defer to elders in conversations, especially with authority figures, and may be hesitant to speak freely in their presence.

3. Cultural beliefs and values

Core beliefs and worldview

Values that define identity: Core cultural values, such as community over individualism, family honour, and humility, may define how a family views its place in society and interacts with others.

Historical and cultural background: Understanding historical factors that may shape a family’s worldview can provide insight. For example, families from regions that experienced colonisation, war, or displacement may have unique values tied to resilience or self-reliance.

Values around family and child-rearing

Discipline practices: Identify culturally influenced practices or beliefs around discipline, which may differ from local norms.

Emphasis on education and achievement: Some cultures place high value on education and academic achievement, while others prioritise practical skills or spiritual learning.

Gender expectations in children: Gender roles in children’s upbringing, such as expectations for boys and girls, can be deeply embedded and may influence career choices, education, or responsibilities at home.

Traditions and rituals

Rites of passage: Identify significant life events like births, marriages, and funerals, as these may carry specific cultural rituals that families observe.

Daily and seasonal practices: Some families follow daily rituals or seasonal customs that shape their routine, such as prayer times, meal times, or seasonal harvest festivals.

Special occasions: Celebrations such as holidays or traditional gatherings may have particular cultural or religious significance and impact family routines.

Views on authority and institutions

Trust in Authority Figures: Some families may have deep-rooted respect for authority figures, including religious leaders, government officials, and elders, while others may be sceptical of certain institutions.

Influence of elders or community leaders: Many families rely on community or religious leaders for advice, and social workers may need to involve or consult these figures.

Attitudes toward social services: Understanding the family's perception of social services can be essential, especially if they have had prior negative experiences or there are cultural stigmas associated with these services.

4. Religion and spirituality

Religious affiliation and practices

Religious identity: Document the family's primary religious affiliation and the level of importance it holds in their daily lives.

Regular worship practices: Note any regular practices like prayer, attendance at religious services, or participation in religious study groups, as these might influence scheduling and availability.

Religious texts or teachings: Families may follow specific religious texts or teachings that guide their values and choices. Understanding this can help social workers provide advice that respects these beliefs.

Spiritual practices

Individual vs. collective practices: Some families practise religion as a community (e.g., through church, mosque, or temple gatherings), while others may have individual or family-specific spiritual practices.

Rituals and observances: These may include blessings, fasting, purification rituals, or ceremonies for specific life events. Being aware of these helps social workers respect family routines.

Influence of faith in daily life: Some families may integrate faith into everyday decisions, relying on spiritual guidance for aspects of life like parenting, health, or marriage.

Religious holidays and celebrations

Annual religious observances: Many families have specific holidays (e.g., Christmas, Ramadan, Diwali, Yom Kippur) that involve fasting, feasting, or other traditions.

Impact on family schedule: Some observances require changes in daily routines, dietary restrictions, or travel, which can impact family scheduling, especially with social services or school events.

Religious dietary or lifestyle restrictions

Food and drink restrictions: Document any dietary rules, such as vegetarianism, avoidance of alcohol, or specific food preparations (e.g., kosher or halal) required by the family's religion.

Dress codes and modesty: Certain faiths prescribe specific dress codes (e.g., head coverings, modest clothing), which may affect a family's participation in some activities or environments.

5. Health and wellness practices

Beliefs about health, illness, and healing

Perceptions of health and wellness: Understand what "being healthy" means to the family. For some, health is not just physical but includes emotional, mental, and spiritual balance.

Causes of illness: Some families may attribute illness to spiritual or supernatural causes, like "evil eye," bad luck, or moral wrongdoing, while others may focus on biological causes. For example, in some cultures, mental health issues might be seen as a spiritual or moral matter rather than a medical one.

Views on mental health: Attitudes toward mental health care can vary widely. Some cultures may stigmatise mental health conditions or prefer to address them privately or within the family, while others may have traditional ways of addressing such issues, like consulting a healer.

Traditional healing practices

Folk medicine and remedies: Many families use traditional medicine, such as herbal remedies, teas, or homeopathic practices. Documenting these practices can help social workers understand a family's health preferences and potential interactions with conventional medicine.

Healers and spiritual guides: Some families may consult healers, such as shamans, herbalists, or faith healers, in addition to or instead of conventional medical professionals.

Alternative therapies: Practices like acupuncture, Ayurveda, traditional Chinese medicine, or naturopathy may be central to the family's approach to health.

Dietary and lifestyle practices

Dietary restrictions: Many cultural and religious traditions have specific dietary rules, such as avoiding pork, following halal or kosher guidelines, or observing vegetarianism. These may impact family meals, medical recommendations, or nutrition-related interventions.

Fasting practices: Fasting during certain periods (e.g., Ramadan for Muslims, Lent for some Christians, Yom Kippur for Jewish families) is common in many cultures. Awareness of these practices helps social workers understand changes in routine and energy levels.

Physical activity and exercise: Some families may prioritise physical activity as part of their daily routine, while others may not, based on lifestyle and cultural views on exercise.

Attitudes toward medical and mental health professionals

Trust in medical institutions: Some families may have a strong trust in or, conversely, a distrust of conventional medicine due to past experiences, cultural beliefs, or historical factors. For example, groups who have experienced medical discrimination may be more sceptical of institutionalised health care.

Preferences for gender-specific care: Certain cultures may prefer that family members, especially women, receive medical care from practitioners of the same gender.

Approach to medication and intervention: Some cultures prioritise a natural or holistic approach and may be hesitant to use pharmaceutical interventions. Others may have concerns about surgical procedures, blood transfusions, or vaccinations based on religious or cultural views.

Preventative health practices and education

Preventative health practices: Understanding the family's view on preventative care (e.g., vaccinations, screenings) can help anticipate their approach to health interventions. Some may follow traditional preventative measures, such as particular diets, herbal supplements, or spiritual practices.

Health education needs: Some families may benefit from education about local health practices, preventive care options, or support available for managing chronic illnesses. Tailoring this education in a culturally sensitive way can encourage engagement and trust.

Views on aging and end-of-life care: Attitudes toward aging, elder care, and end-of-life decisions vary widely. In some cultures, elder family members are expected to be cared for at home, while in others, assisted living may be acceptable. Similarly, perspectives on end-of-life care, hospice, and burial rites are often shaped by cultural and religious

Family's experience with illness and disability

Impact of past health experiences: Previous experiences with illness or the healthcare system (positive or negative) may shape a family's current attitudes and openness to health services.

Cultural stigma related to disability or chronic illness: In some cultures, disabilities or chronic illnesses carry a stigma, which may affect how openly the family discusses health concerns or seeks services.

Support systems and coping mechanisms: Explore how the family typically responds to health challenges. Do they rely on extended family support, community resources, or faith-based organisations for help?

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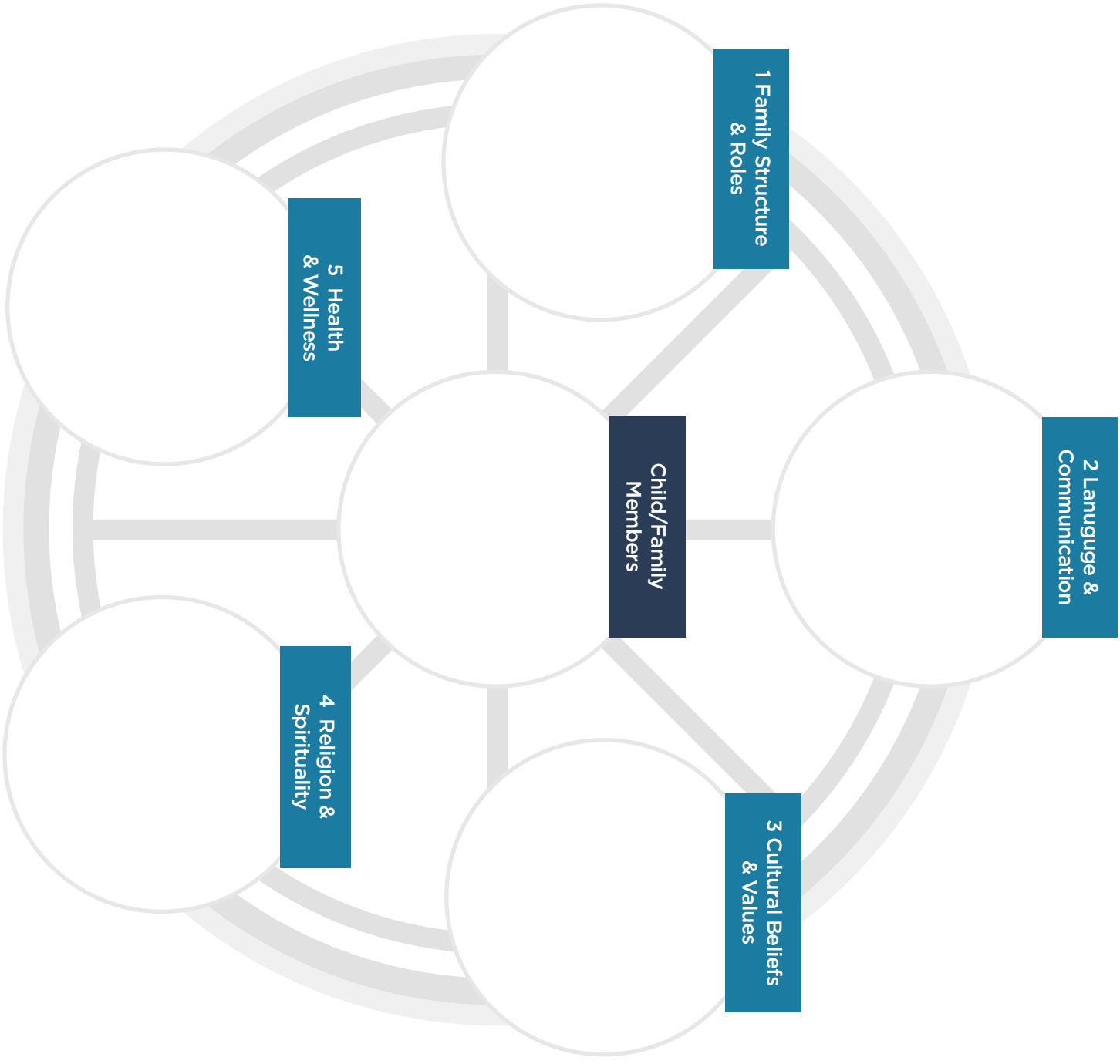
The family culture map



Tool: Vicarious Resilience Scale

Please reflect on your experience working with people who have survived severe traumas. Since you began this work, you may have undergone changes in how you view your clients, your approach to this work, and/or your own experience or worldview. Please read each of the following statements about your attitudes, experiences, and how your view of your life since you began this work, and indicated the degree to which you disagree or agree:

Did not experience this = 0

Experienced this to a very small degree = 1 Experienced this to a small degree = 2 Experienced this to a moderate degree = 3 Experienced this to a great degree = 4 Experienced this to a very great degree = 5

Determine your 0 to 5 score for each of the 27 questions below.

---

1. Better able to reassess dimensions of problems ( )
2. Better able to keep perspective ( )
3. See life as more manageable ( )
4. Better able to cope with uncertainties ( )
5. More resourceful ( )
6. Learn how to deal with difficult situations ( )
7. More connected to people and life ( )
8. Life goals and priorities have evolved ( )
9. More compassion for people ( )
10. More time and energy into relationships ( )
11. Ideas about what is important changed ( )
12. More mindful and reflective ( )
13. In tune with body ( )
14. More time for meditative, mindful or spiritual practices ( )
15. Better able to assess level of stress ( )
16. Better at self-care ( )
17. Inspired by people's capacity to persevere ( )
18. Hopeful about people's capacity to heal and recover from traumas ( )
19. More hopeful and engaged when focusing on strengths ( )
20. Clients' spiritual practices source of inspiration ( )
21. Recognise spirituality as component of clients' survival ( )

22. Highlight clients' spiritual/religious beliefs to promote resilience ( )

23. Ethnicity, gender, class, sexual orientation and religion ( )

24. Race, class gender, sexual orientation and privilege, access, resources ( )

25. When experience distressing thoughts am able to just notice them ( )

26. Better able to remain present when hearing trauma narratives ( )

27. Notices client trauma narratives without getting lost in them ( )

Calculate your total score and your total for each sub scale:

Increased resourcefulness: Your total score for questions 1-6 = (30)

Changes in life goals: Your total score for questions 7-12 = (30)

Increased self-awareness: Your total score for questions 13-16 = (20)

Client inspired hope: Your total score for questions 17-19 = (15)

Increased recognition of spirituality: Your total score for questions 20-22 (15)

Increased consciousness of power: Your total score for questions 23-24 (10)

Increased capacity to remain present: Your total score for questions 25-27 (15)

Total Score: (135)

Adapted from Killian, Hernandez-Wolfe, Engstrom, Gangsei, & Kendall-TackeJ, Kathleen. (2017). Development of the Vicarious Resilience Scale (VRS): A Measure of Positive Effects of Working with Trauma Survivors. Psychological Trauma: Theory, Research, Practice, and Policy, 9(1), 23-31.

“Building My Future” resiliency tool

Objective

Help children and adolescents reflect on their current resilience, set goals, and identify steps to improve in each area of resilience.

For each resilience aspect, the tool will present a scaling question (rating from 1–10), followed by exploratory questions to reflect on their rating and a prompt for setting a goal. A space for action steps encourages planning and accountability.

Instructions

Ask the child or adolescent to choose a number on the scale from 1 to 10, then discuss the questions that follow. Encourage them to be honest about their current experience and optimistic about the future.

1. Structure (safety and stability)

Scaling Question: “On a scale of 1 to 10, how safe and stable do you feel in your daily life?”

Exploratory questions:

“What makes you feel safe right now? Are there things in your life that help you feel stable?”

“What are the times or places where you feel the safest? Who do you feel safest with?”

Goal-setting prompt: “What would make you feel even safer or more stable?”

Action steps: “What are 2-3 things you could do, or we could help you do, to create more stability or safety?”

2. Relationships (support and connection)

Scaling question: “On a scale of 1 to 10, how connected do you feel to others who care about you?”

Exploratory questions:

“Who are the people you trust most? Who makes you feel supported and cared for?”

“When do you feel most connected to friends, family, or other people?”

Goal-setting prompt: “What would you like to improve or change about your relationships?”

Action steps: “What are 2-3 steps you could take to build stronger connections with people who care about you?”

3. Power (sense of control and empowerment)

Scaling question: “On a scale of 1 to 10, how much control do you feel over your life and choices?”

Exploratory questions:

“Are there areas in your life where you feel in control? What are those?”

“Who helps you feel empowered or listens to your ideas?”

Goal-setting prompt: “What could help you feel more in control or empowered in your life?”

Action steps: “What are 2-3 steps you could take, or we could work on together, to help you feel more empowered?”

4. Identity (sense of self and belonging)

Scaling question: “On a scale of 1 to 10, how comfortable do you feel with who you are and where you belong?”

Exploratory questions:

“What are some things that make you feel proud of who you are?”

“Are there groups, places, or people where you feel a strong sense of belonging?”

Goal-setting prompt: “What would help you feel even more comfortable with yourself and your place in the world?”

Action steps: “What are 2-3 things you can do to strengthen your sense of identity or find places where you feel you belong?”

5. Competence (skills and abilities)

Scaling question: “On a scale of 1 to 10, how confident are you in your skills and abilities?”

Exploratory questions:

“What are some things you’re really good at? When do you feel most capable?”

“Who supports you in learning new things or using your talents?”

Goal-setting prompt: “What skills would you like to improve or develop more?”

Action steps: “What are 2-3 steps you can take to build your skills or try new activities where you can feel successful?”

6. Cultural adherence (values and traditions)

Scaling question: “On a scale of 1 to 10, how connected do you feel to your culture, beliefs, or traditions?”

Exploratory questions:

“What traditions or beliefs are important to you? How do they support you?”

“Are there people in your life who share your values and traditions?”

Goal-setting prompt: “What would you like to learn or explore more about your culture or beliefs?”

Action steps: “What are 2-3 things you could do to feel even more connected to your values, culture, or traditions?”

7. Sense of future (hope and goals)

Scaling question: “On a scale of 1 to 10, how hopeful do you feel about your future?”

Exploratory questions:

“What are some things you’re looking forward to or excited about?”

“Are there goals you have for the future? Who supports you in achieving them?”

Goal-setting prompt: “What would make you feel even more hopeful about your future?”

Action steps: “What are 2-3 steps you can take towards your goals or to build a more positive outlook?”

Using the Tool

Introduction: Begin by explaining each of the 7 resilience aspects to the child in an age-appropriate way, helping them understand that each area contributes to their overall wellbeing.

Scaling and discussion: For each resilience aspect, have the child rate where they feel they currently stand. Use the exploratory questions to unpack their rating and encourage them to reflect.

Setting goals: Use the goal-setting prompts to help the child imagine positive changes for each area.

Planning actions: Collaborate with the child to identify specific steps they can take, with support as needed, towards achieving their goals in each area.

This tool not only helps children understand their own resilience but also enables them to articulate personal goals and action steps, with guidance. By revisiting the tool regularly, social workers, teachers, or caregivers can help children track their progress, adapt goals, and celebrate achievements, reinforcing their resilience and fostering a sense of accomplishment.

“Building my future” resiliency tool

1. Structure

On a scale of 1-10 how safe and settled do you feel in your daily life?

1	2	3	4	5	6	7	8	9	10

Goal:	
Actions:	

2. Relationships

On a scale of 1-10 how connected do you feel to others who care about you?

1	2	3	4	5	6	7	8	9	10

Goal:	
Actions:	

3. Power

On a scale of 1-10 how much control do you feel over your life and choices?

1	2	3	4	5	6	7	8	9	10

Goal:	
Actions:	

4. Identity

On a scale of 1-10 how comfortable do you feel with who you are and where you belong?

1	2	3	4	5	6	7	8	9	10

Goal:	
Actions:	

5. Competence

On a scale of 1-10 how confident are you in your skills and abilities?

1	2	3	4	5	6	7	8	9	10

Goal:	
Actions:	

6. Cultural adherence

On a scale of 1-10 how connected do you feel to your culture, beliefs or traditions?

1	2	3	4	5	6	7	8	9	10

Goal:	
Actions:	

7. Sense of future

On a scale of 1-10 how hopeful do you feel about your future?

1	2	3	4	5	6	7	8	9	10

Goal:	
Actions:	

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Belsky Parenting Model

The Belsky Parenting Model is a framework for understanding the factors that influence parenting quality. According to Belsky, parenting is shaped by three main domains: parental characteristics; child characteristics; and contextual sources of stress and support.

These areas provide a comprehensive way to assess strengths and challenges within a family and identify opportunities for change and growth. There are a set of questions for each area to help social workers explore key dynamics and work with families toward positive change.

This tool, when used thoughtfully, can help social workers understand each family's unique strengths and challenges, facilitating tailored interventions that empower parents to address difficulties and grow in ways that benefit both them and their children

1. Parental characteristics

This area focuses on the parent's own personality, mental health, beliefs, and past experiences that may affect their parenting style and capacity.

Self-reflection and beliefs:

"How would you describe your approach to parenting? What do you believe are the most important values to pass on to your child?"

"What strengths do you feel you bring to your role as a parent?"

"Are there things you feel proud of in how you parent?"

Stress and wellbeing:

"How are you feeling about life overall these days? Are there particular stresses that make it harder to parent the way you'd like to?"

"When you're feeling stressed or overwhelmed, what helps you find a sense of calm or balance?"

"Do you have support or someone you can talk to when things feel difficult?"

Past experiences and parenting patterns:

"Sometimes our own experiences growing up affect how we parent. Are there parts of your childhood you'd like to recreate for your children?

Or things you want to do differently?"

"Are there patterns or habits you've noticed in your parenting that you'd like to work on?"

Mental health and self-care:

"Parenting can be exhausting. What things do you do to look after yourself, physically and mentally?"

"How do you handle feelings of anger, frustration, or sadness when they come up? Are there strategies you've found helpful?"

2. Child characteristics

This domain involves understanding the child's personality, behaviour, and any specific needs or challenges that may influence the parenting approach.

Understanding the child's needs and behaviour:

"How would you describe your child's personality? What are some of the things that make them unique?"

"What are your child's strengths? What are things they do well or are particularly good at?"

"Are there areas where you feel your child needs extra support?"

Parent-child relationship:

"How do you and your child typically spend time together? Are there activities you both enjoy?"

"What do you find most challenging about your child's behaviour or needs? Are there situations where you feel unsure how to respond?"

"What are some things that make you feel connected to your child?"

Behavioural challenges:

"Have there been any recent changes in your child's behaviour or emotions? How have you responded?"

"Are there certain situations or times when your child seems more difficult to manage? What do you think might be causing these behaviours?"

Understanding child development:

"How do you feel about your child's growth and development? Do you have any concerns about where they are compared to other children their age?"

"Do you feel you have enough information about your child's developmental needs? Would you be interested in learning more about different parenting techniques that support growth?"

3. Contextual sources of stress and support

This area explores external factors, including relationships, work, social support, financial pressures, and environmental conditions that may impact parenting.

Social support:

"Who do you have around you that you can count on for support with parenting? Family, friends, neighbours?"

"Do you feel like you have people to lean on when you need a break or help with your child?"

"What community resources or programmes have you found helpful in supporting your family?"

Financial and environmental stressors:

"Are there any financial or work-related pressures that make it harder for you to focus on parenting?"

"Do you feel your current living situation supports the wellbeing of your family? Is there anything you wish were different?"

"If there were resources available to reduce some of your stressors, what would be most helpful to you?"

Relationship dynamics:

"How do you feel about the communication and relationship between you and your partner (if applicable)? Are you both on the same page with parenting?"

"Are there ways in which you and your partner (or other caregivers) work well together as parents? What might help you feel even more supported by them?"

"What effect, if any, does your relationship with others (e.g., extended family, friends) have on your ability to parent in the way you'd like?"

Work-life balance and daily routines:

"How does balancing work and family life impact your parenting? Are there aspects you wish you could change?"

"What does a typical day look like for you and your family? Are there routines that make things easier or harder?"

"What's one thing that might make your daily routine feel less overwhelming or rushed?"

Integrating solution-focused questions

Adding a solution-focused approach to each area can help build on existing strengths and empower parents to envision small, actionable steps for positive change. Here are examples of solution-focused follow-up questions:

Building on strengths:

"You mentioned you have a great support network. How can we help you use this even more effectively?"

"What's one thing you've done recently that you're proud of as a parent? How might you do more of that?"

Setting goals:

"If things could be a bit easier in one area of your life right now, what would that look like? What small steps might help move toward that?"

"What is one small change that could help you feel more confident or calm in your parenting?"

Visualising progress:

"Imagine that things are going really well for you and your family six months from now. What would be different? What could we work on together to help make that happen?"

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Growing up well in our community

Objective

To help social workers explore with children and families how they experience their community, what helps them thrive, and where they need additional support. This tool aims to highlight areas of strength and resilience, as well as specific challenges related to community disadvantage.

Each resilience aspect includes:

- Community-focused scaling question: A question that encourages the child or family to rate their current experience with community factors.
- Exploratory questions: To understand the challenges and resources they experience.
- Community goal-setting prompt: A prompt to consider improvements that would help them feel more supported in their community.
- Action steps: Concrete steps, including advocacy or resource access, to support thriving within the community.

Using the tool

Introduction: Explain to the family or child that this tool will help them think about their experiences in the community, focusing on what supports them and where they need help.

Scaling and discussion: For each aspect of resilience, guide the family or child in rating their experience, followed by a discussion about the factors that influence that rating.

Goal-setting: Use prompts to encourage the family to imagine improvements or actions that would make their community experience more supportive.

Action planning: Collaborate on concrete steps they can take or support they can seek to achieve their goals. This could include advocating for more resources in their community or connecting them with local organisations.

Supporting systemic action and advocacy

After gathering insights from multiple families and children, social workers can use this information to:

Advocate for community improvements: Share aggregated feedback with local councils or organisations to help secure funding or support for needed resources.

Enhance resource mapping: Develop a directory of local resources based on the specific needs identified by families (e.g., safe spaces, job training, cultural centres).

Identify gaps and opportunities: Use common themes from the tool to identify broader areas of need in the community, such as lack of public transportation or recreational spaces, and advocate for systemic changes to address these needs.

This tool not only empowers children and families to voice their needs but also provides a pathway for systemic improvement, enabling communities to become more resilient and supportive environments for all families.

The 7 aspects of resilience in a community context

1. Structure (safety and stability in the community)

Scaling question: “On a scale of 1 to 10, how safe and stable do you feel in your neighbourhood?”

Exploratory questions:

“Are there places in the community where you feel safe, like a school, park, or community centre?”

"What are the things that make you feel unsafe in your neighbourhood, like certain streets or lack of lighting?"

"Do you feel your home is a stable place within this community?"

Community goal-setting prompt: "What could make you feel safer and more secure in your community?"

Action steps: Identify steps such as reaching out to local safety initiatives, neighbourhood improvement plans, or engaging with local community organisations that advocate for safer environments.

2. Relationships (supportive connections in the community)

Scaling question: "On a scale of 1 to 10, how connected do you feel to supportive people in your community?"

Exploratory questions:

"Who in your neighbourhood or community do you feel you can count on for support?"

"Are there community members, groups, or activities that bring people together?"

"What makes it hard to connect with others in your community?"

Community goal-setting prompt: "What would help you feel more connected to others in the community?"

Action steps: Explore ways to foster connections, such as joining local clubs, attending community events, or participating in family-focused gatherings. Identify local community leaders or support groups who can provide additional connections.

3. Power (sense of control and influence in the community)

Scaling question: "On a scale of 1 to 10, how much control or influence do you feel you have in your community?"

Exploratory questions:

"Are there opportunities for you or your family to voice opinions on issues in your neighbourhood?"

"Have you been able to make changes or help with decisions that impact your community?"

"What would help you feel like your voice matters here?"

Community goal-setting prompt: "What would you like to see happen that would help you feel more empowered in your community?"

Action steps: Discuss avenues like local council meetings, youth committees, or advocacy groups where children and families can engage with decision making. Encourage participation in projects or programmes that build confidence in having a say.

4. Identity (sense of belonging and acceptance in the community)

Scaling question: "On a scale of 1 to 10, how much do you feel you belong and are accepted in your community?"

Exploratory questions:

"Do you feel like your values and culture are respected in your community?"

"Are there events, groups, or places where you feel you really belong?"

"Are there times when you don't feel accepted or included?"

Community goal-setting prompt: "What would help you feel more accepted and included in your community?"

Action steps: Identify ways to promote belonging, such as community cultural events, support networks for various ethnic or cultural groups, and awareness programmes. Connect families with community organisations that represent or celebrate their identity and cultural heritage.

5. Competence (skills and opportunities for growth in the community)

Scaling question: “On a scale of 1 to 10, how much opportunity do you feel you have to grow and develop your skills in your community?”

Exploratory questions:

“Are there programmes, classes, or activities that help you learn new skills or do things you enjoy?”

“Do you feel like you have the chance to try new things, like sports, arts, or other hobbies?”

“What makes it hard to find activities you’d like to do?”

Community goal-setting prompt: “What opportunities would help you grow and feel more capable?”

Action steps: Map out available local resources like youth programmes, after-school activities, or mentorship opportunities. Work on connecting families to these resources and advocating for additional community investment in activities that promote skill-building.

6. Cultural adherence (respect for values, beliefs, and traditions in the community)

Scaling question: “On a scale of 1 to 10, how connected do you feel to your culture and beliefs within your community?”

Exploratory questions:

“Are there ways in your community to celebrate or practise your culture and beliefs?”

“Do you feel that your culture is respected by others in your neighbourhood?”

“How easy or hard is it for you and your family to find spaces for cultural gatherings, holidays, or religious practices?”

Community goal-setting prompt: “What would make it easier for you to celebrate and connect with your culture here?”

Action steps: Work on finding or creating culturally relevant resources, spaces for gatherings, or supportive networks. Advocate with local leaders for greater inclusion of diverse cultural events and resources in the community.

7. Sense of future (hope and aspirations within the community)

Scaling question: “On a scale of 1 to 10, how hopeful do you feel about your future in this community?”

Exploratory questions:

“What are your hopes and dreams for the future, and do you feel they’re possible here?”

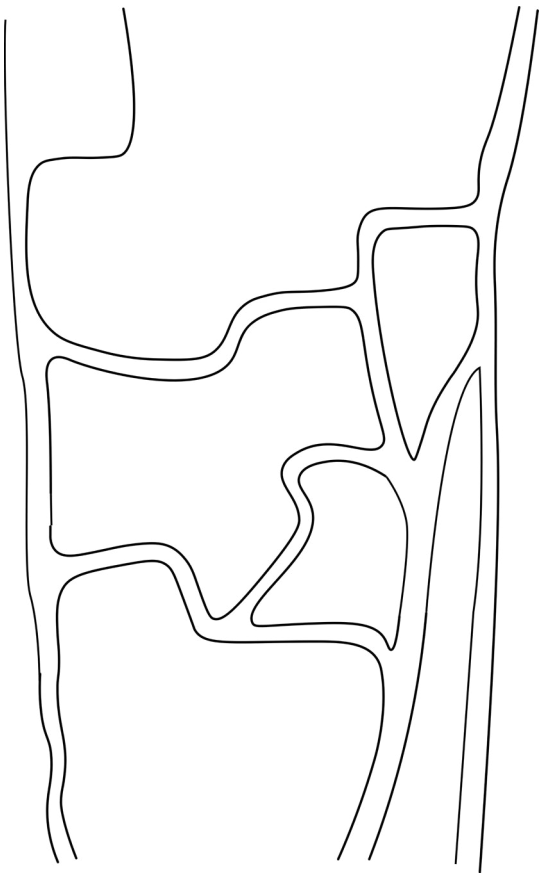
“Are there people or programmes in your community that help you achieve your goals?”

“What challenges do you face that make it hard to think about a positive future?”

Community goal-setting prompt: “What would make you feel more hopeful about your future in this community?”

Action steps: Identify long-term support networks, mentorship programmes, or educational resources that align with the child or family’s aspirations. Work with the community to expand opportunities that support youth goals and promote resilience, such as scholarships, employment training, or higher education pathways.

My Community Map



Structure	Relationships	Power	Identity	Competence	Cultural Adherence	Sense of Future
1 10	1 10	1 10	1 10	1 10	1 10	1 10

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Trauma-informed practice tool for children and young people

Objective

To help social workers engage children in a conversation about their feelings of safety, choice, collaboration, trust, and empowerment. This tool encourages children to assess their own experiences, explore how past trauma may affect these areas, and develop personal strategies for healing.

Each area includes:

Scaling question: A simple question for children to rate how they feel in each area, from 1–10.

Exploratory questions: Questions that help the child think about what's affecting their rating, allowing trauma experiences to be discussed safely.

Solution-focused prompt: A question that encourages the child to think about moving to a higher level.

Supportive actions: Steps the child and social worker can plan together to support healing.

Using the tool

Introduction: Explain that the tool is designed to help them share how they feel about their life, especially after any difficult things that may have happened.

Scaling and Discussion: For each area, ask the child to rate where they feel they currently are on a scale of 1 to 10, then follow up with exploratory questions.

Solution-focused prompt: Use the prompt to encourage the child to think of steps that could make them feel more supported and capable.

Action planning and follow-up: Work together to plan small, achievable steps for each area. Regular follow-up sessions can help track progress, adjust goals, and celebrate improvements.

This tool not only gives the child a structured way to talk about difficult topics but also helps them identify personal strengths, set goals, and actively participate in their own healing journey. Social workers can use it to understand the child's experience more deeply and tailor their support based on individual needs, promoting both recovery and resilience.

Trauma-informed practice areas

1. Safety

Scaling question: "On a scale of 1 to 10, how safe do you feel at home, at school, or with people around you?"

Exploratory questions:

"What helps you feel safe in your day-to-day life? Are there times or places where you feel most safe?"

"Are there any situations or people that make you feel unsafe?"

"When you don't feel safe, what helps you feel a little better?"

Solution-focused prompt: “You rated your feeling of safety as a 4. That’s really good considering what you’ve been through. What helps you get all the way to 4 when things can feel tough?”

Exploratory questions:

“What do you think you’re doing that helps you feel safe, even if it’s not all the time?”

“What small thing could we add to help you feel even safer, maybe moving up to a 5?”

Supportive actions: Work together to identify safe people, places, and routines. Plan how to avoid unsafe situations and set up calming strategies, like creating a “safe space” at home or school where the child can go if they feel uncomfortable.

2. Choice

Scaling question: “On a scale of 1 to 10, how much choice do you feel you have about things in your life?”

Exploratory questions:

“What are some things you get to choose every day? What’s a time when you felt in control?”

“Are there things you wish you could have more say about?”

“Have there been times when you felt like you didn’t have a choice and it made you feel upset or worried?”

Solution-focused prompt: “You rated your level of choice as a 3. That shows you’ve found ways to have some say, even when it’s hard. What choices do you already have that help you get to a 3?”

Exploratory questions:

“What are the things you can choose in your life? Even small things can make a difference.”

“What helps you feel in control of some parts of your day or week?”

“What could we try adding to give you a little more choice, to help you feel like you’re at a 4?”

Supportive actions: Identify where the child has autonomy, even in small areas, and explore where they can have a bit more control. This might involve offering options or letting them decide on daily routines, or choices in school or home life. Affirm their right to have a voice in matters that affect them, especially in situations where past trauma may have taken away choice.

3. Collaboration

Scaling question: “On a scale of 1 to 10, how much do you feel like people work together with you and listen to what you want?”

Exploratory questions:

“Who are the people that work well with you and listen to you?”

“Have there been times when you felt left out, or like people didn’t care what you thought?”

“What do you wish people would ask you about or do together with you?”

Solution-focused prompt: “You said your feeling of being listened to is at a 5. That’s amazing! It sounds like you have some people who really work with you. What do they do that helps you feel heard and included?”

Exploratory questions:

“Who are the people who listen to you and make you feel like you’re part of things?”

“What is it about them or what they do that helps you feel that way?”

Solution-focused prompt: “What’s one more thing that might help you feel even more listened to, so that maybe you’d feel like a 6?”

Supportive actions: Work together to set up regular check-ins with trusted adults who involve the child in decisions. Encourage the child to share their thoughts and preferences openly, creating a list of things they’d like to be included in or asked about.

If trauma caused isolation, build support networks with friends, family, and community members.

4. Trustworthiness

Scaling question: “On a scale of 1 to 10, how much do you trust the people around you to keep their promises and be there for you?”

Exploratory questions:

“Who are the people in your life that you trust the most? What do they do to make you feel that way?”

“Have there been times when someone broke your trust? How did that make you feel?”

“What would help you feel like people around you are reliable and will keep their promises?”

Solution-focused prompt: “You rated your level of trust at a 4. That’s great! You’ve found some people or ways to feel safe trusting others. What helps you get to a 4, even though trust can be really hard sometimes?”

Exploratory questions:

“Who are the people who you trust, and what do they do that makes them trustworthy?”

“Are there things you do that help you feel comfortable opening up or relying on someone?”

Solution-focused prompt: “What’s one small thing that could help you feel a little more trusting, to bring you up to a 5?”

Supportive actions: Help the child identify specific actions people can take to build trust, like keeping promises or being consistent. Develop a trust-building plan where the child sets boundaries and communicates their needs clearly. If trust was broken by trauma, allow space to express these feelings and work on rebuilding trust slowly with small, consistent actions from supportive adults.

5. Empowerment

Scaling question: “On a scale of 1 to 10, how strong and confident do you feel in handling what life throws at you?”

Exploratory questions:

“What are things you’re really good at or times when you’ve felt strong?”

“Have there been times when you felt unsure or like you couldn’t handle something?”

“If you could do one thing to feel stronger or more confident, what would it be?”

Solution-focused prompt: “You rated yourself a 3 for feeling strong and confident. That’s amazing, given everything you’ve faced. What strengths or skills do you have that help you feel strong and bring you all the way to 3?”

Exploratory questions:

“What are things you’re proud of that show how strong you are?”

“Are there times you’ve felt brave or handled something really well? What helped you in those moments?”

Solution-focused prompt: “What’s one thing that could help you feel just a bit stronger, maybe moving up to a 4?”

Supportive actions: Identify activities and achievements that reinforce the child’s strengths, such as sports, hobbies, or school accomplishments. Develop a list of skills or positive traits they can use in challenging situations and set small goals to build their confidence. Encourage self-advocacy and celebrate successes, no matter how small, to reinforce their sense of empowerment.

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: CYRM-R Resilience Measure Person Most Knowledgeable

Resilience Research Centre | DALHOUSIE UNIVERSITY

Child & Youth Resilience Measure-Revised Person Most Knowledgeable version (PMK-CYRM-R)

PMK-CYRM-R

The questions below are designed to help us better understand how _____ copes with daily life and what role the people around them play in dealing with daily challenges.

i. What is your relationship with the person above (mother, father, aunt, teacher, etc.)? _____

To what extent do the following statements apply to the individual? There are no right or wrong answers.		Not at all [1]	A little [2]	Somewhat [3]	Quite a bit [4]	A lot [5]
1	They cooperate with people around them	1	2	3	4	5
2	Getting an education is important to them	1	2	3	4	5
3	They know how to behave in different social situations	1	2	3	4	5
4	Their parent(s)/caregiver(s) really look out for them	1	2	3	4	5
5	Their parent(s)/caregiver(s) know a lot about them	1	2	3	4	5
6	If they are hungry, there is enough to eat	1	2	3	4	5
7	People like to spend time with them	1	2	3	4	5
8	They talk to their family/caregiver(s) about how they feel	1	2	3	4	5
9	They are usually supported by their friends	1	2	3	4	5
10	They feel that they belong at their school	1	2	3	4	5
11	Their family/caregiver(s) stands by them during difficult times	1	2	3	4	5
12	Their friends stand by them during difficult times	1	2	3	4	5
13	They are treated fairly in their community	1	2	3	4	5
14	They have opportunities to show others that they are becoming an adult and can act responsibly	1	2	3	4	5
15	They feel safe when they are with their family/caregiver(s)	1	2	3	4	5
16	They have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1	2	3	4	5
17	They enjoy their family's/caregiver's cultural and family traditions	1	2	3	4	5

For administration instructions and scoring, please refer to the accompanying manual.

When using the measure, please cite the following:

Resilience Research Centre. (2018). CYRM and ARM user manual. Halifax, NS: Resilience Research Centre, Dalhousie University. Retrieved from http://www.resilienceresearch.org/

Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence-Informed Social Work,* 1-24. https://doi.org/10.1080/23761407.2018.1548403

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Circles of Safety

The Circles of Safety and Support tool is a visual tool to help identify people for the child's safety network and to help professionals and family members have conversations about safety networks, the role of the safety network and assessing who can be part of the safety network.

The Circles of Safety and Support tool is often best used on the very first visit with a family, when talking about the need to work together to build a safety plan to address the concerns and the importance of having a safety network, of family and friends and involved professionals, who will work together to ensure that the children will always be safe in the family's care in the future.

Process

1. Talking about the need for a safety network

The first step in the process of using the Circles of Safety and Support tool flows directly out of the conversation with parents/caregivers about what we mean by a safety network and the fact that a safety network needs to be in place for safety planning to progress.

2. The Inner Circle

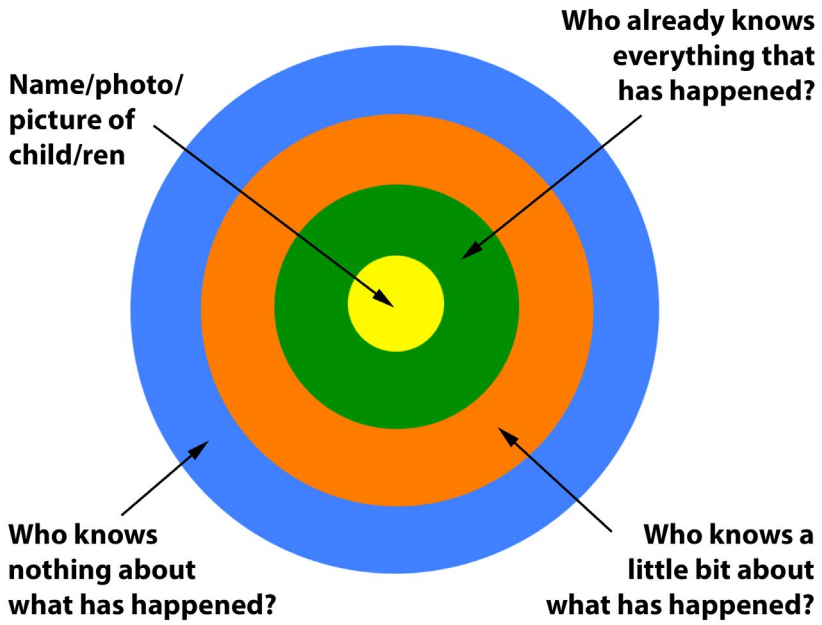
"Who are the people in your life and your child's life who already know about what has happened that led to your child/children being in care (or to child protection services being involved with your family)?"

Giving compliments: Pay attention to what parents/caregivers have already done that will help to build future safety and acknowledge this with compliments, wherever and whenever possible.

3. The Middle Circle

"Who are the people in your life and the kids' lives who know a little bit about what has happened; who don't know the whole story but maybe know some of what has happened? Or maybe they know that something has happened but don't know any of the details?"

The Circles of Safety and Support



3. The Middle Circle

"Who are the people in your life and the kids' lives who know a little bit about what has happened; who don't know the whole story but maybe know some of what has happened? Or maybe they know that something has happened but don't know any of the details?"

4. The Outer Circle

"Who are the people in your life and your children's lives who don't know anything about what has happened?"

5. Moving people from the outer circles to the inner circle

"Who else from these outer circles do you think needs to be part of this inner circle?"

"Is there anyone in these two outer circles who you have thought about telling or come close to telling, but you haven't quite gotten there yet?"

"Who would Grandma (for example - pick a person already in the inner circle) say needs to be in this inner circle with her?"

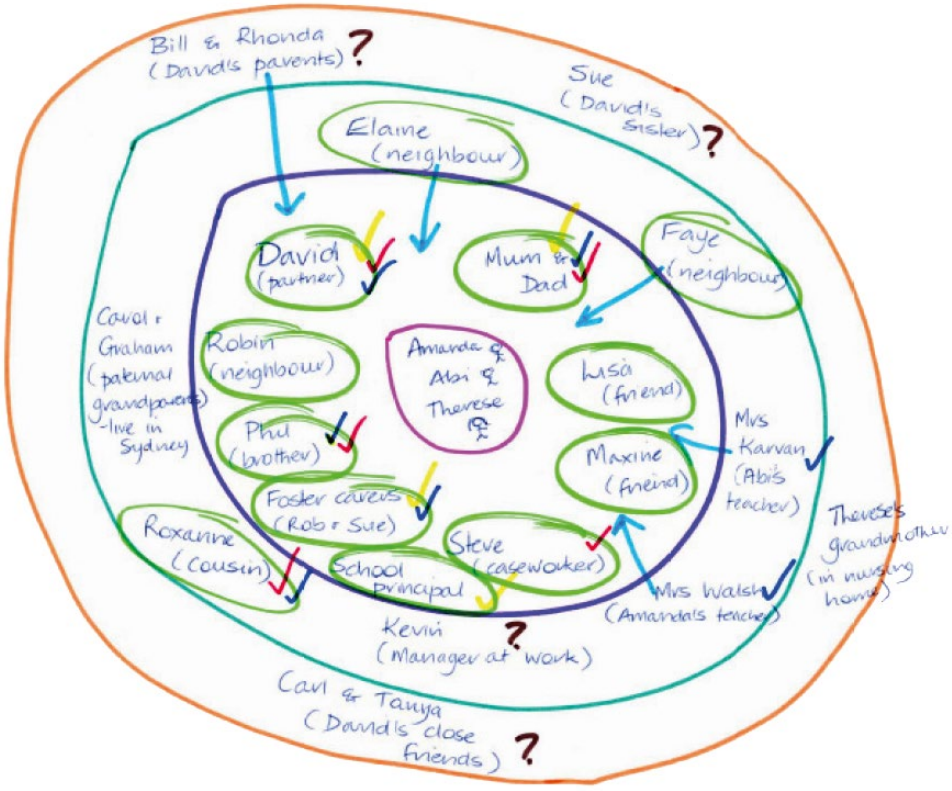
"Who would the kids want to have in this inner circle?"

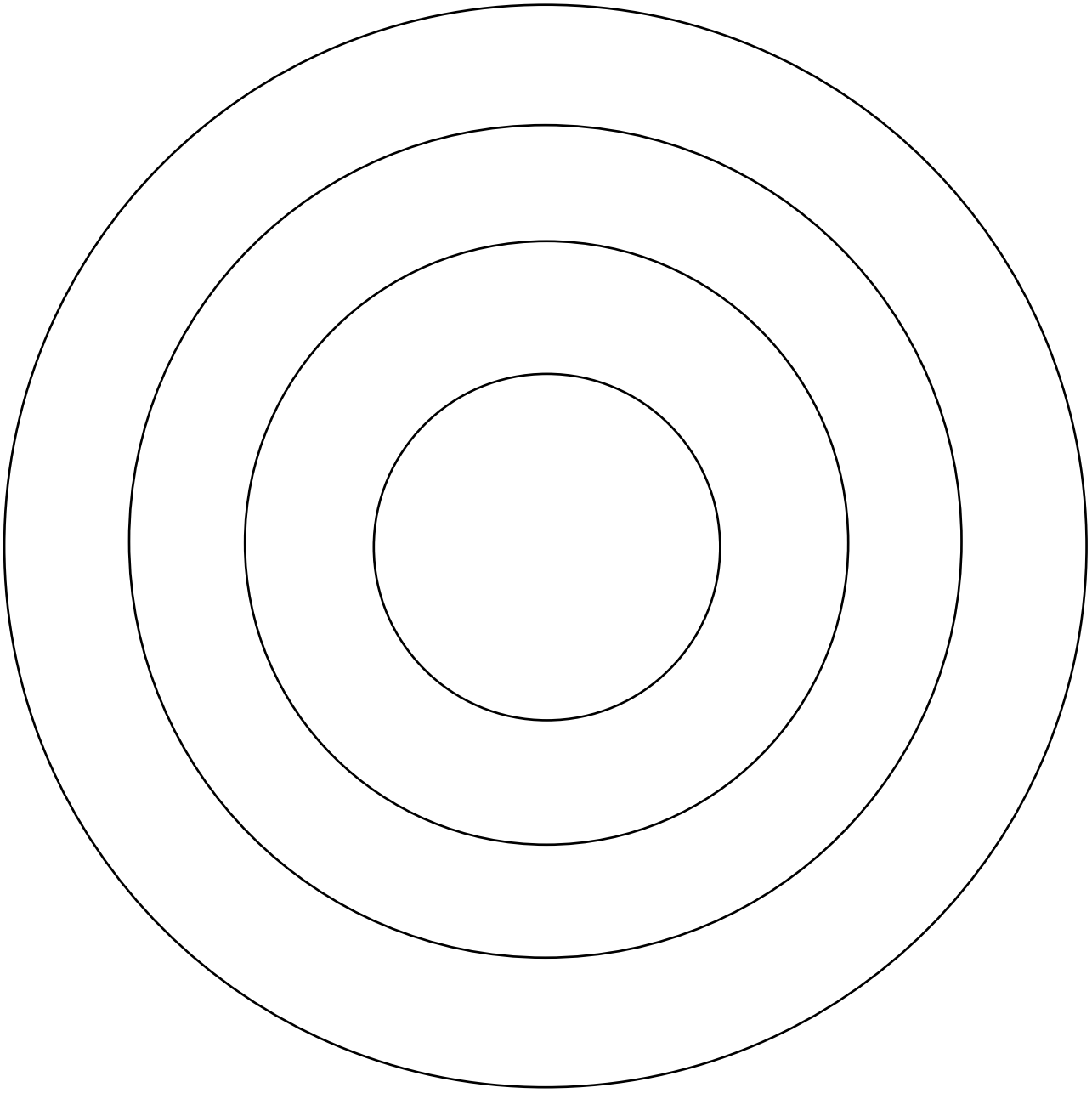
"You know all of these people, I don't know them yet, but who do you think I would want to have in this inner circle?"

"Who of all of these people do you feel most comfortable with/most understood by and think would be important to have as part of the safety network?"

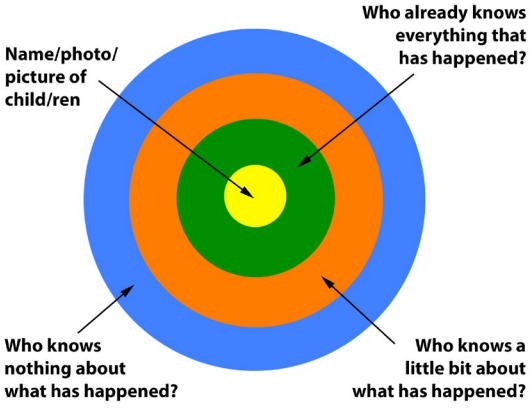
6. Discussing the following:

- What is the role of the safety network?
- How many people do we need in the safety network?
- What we mean by 'safety' people and how is this decided?
- What do people need to know to be part of the safety network?
- How do we ensure that everyone is informed about the concerns?





Key to the Circles of Safety



The Family Circle Safety tool was developed by Sonja Parker. The images and text are ©2012 Sonja Parker and are used here with permission.

Further information is available in the Family Safety Circles booklet which can be obtained from: www.aspirationsconsultancy.com

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Family Connections and Network tips

everymind at work

Building Your Support Network

Research shows that having a good support network based on strong relationships is vital for wellbeing. As humans we have a need to feel connected to others and feel a sense of belonging; but most importantly, our social connections often provide us with the resilience and support we need throughout our lives.

Identifying Your Current Support Network

Identifying the people you can go to for support can be reassuring, so first you need to think about who is currently in your support network. This could be colleagues, friends, family and/or acquaintances. To help you do this, write down the names of the people you think of (both personally and professionally) when reading the following questions:

Who do you have the most fun with?	**Who usually gives you the best advice?**	**Who would you talk to if you were in need of urgent help?**
Who do you feel you can be yourself around the most?	**Who would you feel comfortable crying in front of?**	**Who would you go to for a hug?**
Who do you have the most positive memories with?	**Who do you want to share your good or bad news with?**	**Who makes you feel good or boosts your confidence?**

Reviewing Your Support Network

The people identified in the task above all play an important role in your life, they are your support system. But now that you have their names written down on paper, you should consider the following:

- Is there a good mix of people who would help you see things in different ways?
- Is there anyone who you would consider as supportive but did not fit any of the questions above? Feel free to add their name and how they support you to the list.
- Is there anyone on this list who also has a negative effect on your wellbeing?
- Are there any gaps in your current network e.g. support needs that are currently not met? Who might be able to fill those gaps?

Developing Your Support Network

Everyone will encounter a time when their current support network does not work as well you would like, which is why we should always endeavour to continuously develop our connections. Here are five key tips to help you expand and maintain your support network:

Make time to keep in touch with your network regularly, this can be physically or virtually. Putting time and effort into your connections will build strong relationships that will provide positive benefits down the line.

Give back to the people who support you. Remember that support is a two-way street so ensure you are checking in, listening to and supporting others where possible too.

Actively try to meet new people whether it be through attending networking events, social activities or classes. Even if it means stepping out of your comfort zone, it takes courage and effort to create new connections.

Be happy to let go of people who do not fulfil your support needs. You do not have to like everyone and it is okay if you have grown apart from someone you were once close with.

Build your self-awareness so that you know what support you need and the kinds of people who add positivity to your life.

Remember...

If you are looking for specialist, professional mental health support, take a look at The Everymind at Work Mental Health Support Directory for more information.

You can invest in your own mental health as well as seeking support from others to better enable you to support yourself through life's ups and downs.

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Family mapping

Family Mapping is a structural family therapy technique that uses symbols to explore the world of the child and their family.

Family Mapping can be applied in both individual and group settings. It serves as a tool for participants to articulate and delve into the intricate web of family relationships. For practitioners, it provides a unique lens to understand the dynamics within the family, identify potential sources of issues, map power dynamics, and recognise support systems.

Symbols

Below are the standard symbols that are used to build a family map. You can also use figures or pictures but would need to mark them up the key so everyone understand what each figure or picture represents.

Shapes

- a box or a square is a male
- a circle is a female
- a triangle is a place or thing (school, drugs)

Size matters – smaller or bigger shapes tell us about the impact or relationship

Colours - Different colours can be used to show allegiance (“in my family, mum and my brother are the same, and me and Sally are like dad”) or difference.

Position matters - The participant can place the shapes where they like on the page, but they need to think about why they are putting things there. Don’t glue things down until they have had a chance to look at the whole page. They can then make any last-minute adjustments.

Boundaries - These lines help us understand the relationships between the subsystems on the map. The boundary lines can be:

Solid = healthy

Dotted = porous

Double = rigid

Connections

The lines below communicate the different types of relationships. Once the map is complete, you should put a key in the corner so everyone knows what the lines mean.

	Married		Close-Hostile
	Man / Woman		Fused-Hostile
	Indifferent / Apathetic		Violence
	Distant / Poor		Distance-Violence
	Cutoff / Estranged		Close-Violence
	Discord / Conflict		Fused-Violence
	Hate		Abuse
	Harmony		Physical Abuse
	Friendship / Close		Emotional Abuse
	Best Friends / Very Close		Sexual Abuse
	Love		Neglect (Abuse)
	In Love		Manipulative
	Fused		Controlling
	Distrust		Jealous
	Hostile		Fan / Admirer
	Distant-Hostile		Limerence

Using the tool

Step 1: Explain the exercise - Let the participant know that you will work with them to make a map of their family including their extended family. The map is not just who is in their family but how they get on with each other. Let them know that you make the map in a number of stages: first, place all the people; second, place the boundary and relationship lines; and third, explore meaning.

Step 2: Setting up the activity - Give them the choice between using the symbols or figures/pictures if you have some. Explain what the shapes and colours mean and let them choose the materials they are going to use to make the map. Use a piece of flip chart paper and let them know that they can use it however they want – making the map fill the whole page or only take up some of it depending on what they feel comfortable doing.

Step 3: Confidentiality – Let the participants know exactly where the mapping information is going, how it will be used and how it will be stored. Agree any conditions (such as it will be destroyed afterwards, or it will be photographed and uploaded to electronic file, or they can keep the map themselves.)

Step 4: Framing the context - Place the date on the top of the map and note any important context such as events or circumstances that have an impact on the mapping exercise.

Step 5: (Stage 1) Begin the map by placing the shapes - You can prompt the participants here if they are unsure where to start by using open-ended questions that give them space to think such as:

"So, this map today will help us understand what it feels like for you to be living in your family and community. Why don't you think about who and what you might want to include on the map."

You could then use a prompt like:

"Do you want to pick out their shape and colour (remembering the colours and sizes of the shapes are different) and put their name on it?"

Once they have started, you can use encouragers to keep them focused or ask questions to clarify if something stands out to you. Let them finish the process as much as possible before you start to drill down into the meaning with them. The level of interaction should depend on what the participant is inviting. Let them take the lead.

Step 6: Viewing the map - Once all the symbols are placed on the map to the participant's satisfaction, get them to stand up and look at it from all angles. Move anything around that you think is not in the right place. Once they are content that all the symbols are in the right place, they can start to draw all the lines to illustrate the dynamics.

Step 7: (Stage 2): Draw the boundary lines - Help them think about who has alliances with whom in the family and extended family and where the different boundaries are.

Drawing the relationship lines: Using the map that shows the meaning of the lines, connect all the people to each other. Let them know that it does not matter how messy it gets—family can get messy sometimes. Support them in choosing the lines that best express the relationship.

Step 8: (Stage 3) Explore the meaning - The practitioner now asks a series of open questions that allow the participant/s to reflect on the meanings in the map they have made. These questions help the practitioner to explore the concepts of hierarchies in families, subsystems, boundaries, roles, power and maintenance of problems.

Questions to help you explore the family map

These questions are designed to facilitate a meaningful conversation about the family's structure, dynamics, and relationships, as visualised through their family map. By encouraging each family member to share their perspectives and reflections, practitioners can gain deeper insights into the family's functioning and collaboratively identify areas for support and intervention.

Exploring hierarchy and roles

"Who seems to make most of the decisions in the family? How do you feel about that?"

"Can you tell me about the roles each of you play within the family? Are there any roles you particularly enjoy or find challenging?"

"Looking at our map, where do you see examples of leadership or guidance within the family? How does this impact your family life?"

Understanding subsystems and boundaries

"Are there certain groups within our family map that tend to do things together or share special bonds? What makes these relationships unique?"

"How do you manage privacy and personal space in your family? Are there boundaries that are particularly important to you?"

"Can you identify any 'invisible lines' that might exist between different family members or groups within the family? How do these lines help or hinder your family's interactions?"

Reflecting on adaptability and change

"How has your family adapted to changes or challenges in the past, according to our map? What strengths did you rely on?"

"Are there areas in the family where you've noticed changes recently? How have these changes affected your family dynamics?"

"Looking at the map, can you think of a time when someone's role or position in the family shifted? How did the family respond to this shift?"

Discussing communication patterns

"Where do you see examples of strong communication within your family map? Are there areas where communication could be improved?"

"How do you usually solve disagreements or conflicts in the family? Can you point out how this process is represented in the map?"

"What are some ways you support each other in difficult times, as shown on the map? How does this support affect your relationships?"

Exploring the maintenance of problems within a family, as well as the dynamics of power, requires sensitive and thoughtful inquiry. The following questions are crafted to facilitate understanding and reflection on these complex issues in a manner that is accessible and encourages open dialogue. These questions aim to uncover underlying patterns and dynamics that contribute to the persistence of problems and explore the distribution and impact of power within the family structure.

Exploring problem maintenance

"Can you think of a recurring challenge or problem in the family? What usually happens right before this issue arises?"

"When this problem occurs, how do each of you respond? Do these responses seem to change the situation, or does the pattern repeat?"

"Are there certain times, places, or situations where this problem seems more likely to come up? What's different about those times?"

"Have you noticed any ways in which this problem has affected your relationships with each other? How do you feel about that?"

"Looking back, can you identify any solutions you've tried that didn't work as expected? What do you think kept them from being effective?"

Exploring power dynamics

"In your family, who usually makes the decisions about daily activities or plans? How do you feel about how these decisions are made?"

"Can everyone in the family share their thoughts and feelings openly? Are there times when it feels harder to do so? Why might that be?"

"Do you feel like your needs and opinions are given equal importance in the family? Can you give an example of a time when you felt listened to, or perhaps not listened to?"

"How do you resolve disagreements in the family? Does everyone feel they can contribute to finding a solution?"

"Are there situations where one person tends to take charge or have the final say? How does that impact the rest of the family?"

"Thinking about the roles each of you play in the family, do you feel these roles give someone more influence or control over decisions? How does that affect family life?"

Balancing and imbalances of power

"Have there been times when the balance of power shifted in the family? What led to those changes, and how did they affect you?"

"In what ways do you support each other in having a say or influence in family matters? Are there areas where this could improve?"

"Can you share an experience where you felt empowered or supported by the family in making a decision or taking action? What made that experience meaningful?"

"Are there any rules or agreements in the family about how decisions are made or how conflicts are resolved? How do these impact the balance of power?"

These questions are designed to explore the dynamics of problem maintenance and power within the family, encouraging each member to reflect on their experiences and perceptions. By facilitating dialogue around these topics, practitioners can help families identify patterns that may contribute to ongoing challenges and explore ways to create more balanced and healthy dynamics.

Step 9: Next steps - Once the participant/s have had time to reflect on what they have learnt about their family and themselves from the mapping exercise, you can start to help them explore what they want to do next. In a sense this is like making a new map of healthy family functioning. The questions below will support the family to plan for positive change.

Identifying strengths and areas for growth

"What are the strengths of your family structure, based on what you've outlined in the map? How do these strengths support your family?"

"Are there areas in your family map where you'd like to see growth or change? What steps could you take to achieve this?"

"How does your family map show the ways you connect with and support one another? Are there new ways of connecting that you'd like to explore?"

Honouring the journey

"Looking back on your family's journey so far, what are some moments or experiences that stand out as particularly meaningful or important to you?"

"As you think about the challenges you've faced as a family, what strengths or lessons have you gained from navigating those challenges?"

"Can you share a time when your family felt particularly united or strong? What do you think contributed to that sense of togetherness?"

Acknowledging what to leave behind

"Are there habits, patterns, or ways of interacting that you feel are no longer serving your family well? What are they, and why do you think it's time to move on from them?"

"Have there been beliefs or expectations that have held your family back from making changes or growing? How can you begin to let go of these?"

"Looking at the difficulties you've encountered, are there any that you're ready to leave behind? What steps can you take to start moving away from them?"

Naming what to keep or do differently

"As you think about the positive aspects of your family life, what are the key elements you want to carry forward or strengthen?"

"Are there new practices or ways of communicating that you've started to explore and would like to continue or expand upon?"

"What changes have you made that you're proud of, and how can you build on these successes as you move forward?"

Envisioning the future

"Where do you see your family a year from now? What are the most important changes or goals you'd like to achieve?"

"What does a happy, healthy future look like for your family? Are there specific aspirations or dreams that you share?"

"To reach the future you envision, what steps or actions will be necessary? How can each family member contribute to these goals?"

Planning the next steps

"What's one small step your family can take this week towards the future you envision? How can you support each other in this action?"

"Are there resources or support you'll need to achieve your goals? How can you start to gather these resources?"

"How will you celebrate your progress as a family? What milestones do you want to acknowledge along the way?"

Tool: Sibling Attachment

The Children and Young Persons Act (2008), [1] placed a duty on local Authorities to accommodate siblings together in care, so far is as reasonably practicable and subject to welfare considerations. International policy similarly encourages the placement of siblings together.

A recent survey in England [2] found that nearly half of sibling groups living in local authority care are separated from their siblings and over a third of children in care who have at least one sibling in care, are living with none of their siblings.

A review of the evidence recently undertaken by the Rees Centre [3] concluded that sibling groups placed together experienced greater stability of placement. Older children separated from siblings, after having been in placement with them, were found to be at particular risk of disruption and a poor sense of belonging in the foster family. Siblings placed together have a better chance of reunification with the birth family particularly when they enter care at a similar time to one another.

With the importance of sibling relationships now being better understood we must ensure that we adequately assess the nature of this relationship prior to making any decision regarding separation, or indeed decisions to keep them together. Lord and Borthwick's very useful publication 'Together or Apart' [4] has some very straightforward advice regarding the factors that should be considered in sibling relationships.

Factors to consider

Where one older child has parented a younger child - relationships can be difficult when this is no longer needed. They could still act as a 'consultant' to new parents.

May be quicker to place younger child, but this needs to be balanced against life-time loss of a sibling.

May be necessary to place younger children on their own if joint placement has not been sought in the agreed timescales.

From when social worker becomes involved with a family they should develop an awareness/assessment of sibling relationships.

- Is there a favoured child?
- Is there a scapegoated child?
- Is there a parenting child?
- Are boys and girls treated differently?
- Are children modelling behaviour on their parents?
- How much warmth and care is there between siblings?
- How much conflict?
- Are siblings abusing each other- emotionally, physically or sexually?

Consider what work could be undertaken to support relationships.

Ascertain children's wishes and feelings about what has happened to them including their feelings about brothers and sisters. How much do they identify with each sibling?

Assess each individual child's relationship with each other.

Include observations of how they are with each other.

1 Children and Young Persons Act (2008) London: The Stationery Office 11/2008
2 Ashley, C. and Roth D. (2015) What happens to siblings in the care system? Oxford: Family Rights Group
3 Meakings, S., Sebba, J. and Luke, N. (2017) What is known about the placement experiences and outcomes for siblings in foster care? An international literature review Oxford: The Rees Centre
4 Lord, J and Borthwick ,S. (2008) Together or Apart: Assessing siblings for Permanent Placement (2nd edition) BAAF

Observations of others who have seen children eg: teachers, foster carers, social worker.

4 Key Factors which need to be assessed [5]

1	The degree of warmth
2	The degree of conflict
3	The degree of rivalry
4	The degree to which one of the siblings nurtures or dominates the other.

Some other factors that should be considered:

- Look at overall dynamics of large sibling group.
- Consider what work could be done to improve sibling relationships e.g. consider therapy, understand reasons for the behaviour.
- The circumstances which may indicate that siblings should be placed separately.
- Intense levels of conflict that could be harmful.
- Dominant, abusive behaviour.
- Consider carefully siblings who have been sexually abused and any factor which may indicate separate placements.
- Intense rivalry and jealousy - is one sibling unable to tolerate any attention given to other sibling?.
- Exploitation based on gender Eg boys seen as superior.
- Chronic scapegoating of one child-maintaining unhelpful alliances-entrenched behaviours. Maintaining unhelpful positions e.g. a child may be stuck in the role of victim or bully.
- Highly sexualised behaviour with each other.
- Acting as triggers to each other's traumatic material.
- An older sibling may not be able to invest emotionally in a new family or may hinder emotional investment of younger child.
- Care plan for older children may include direct contact with parents but a younger child may need adoption with no contact.
- One sibling may have significant attachment to another carer which would be damaging to disrupt.
- Placing large sibling groups.

The Sibling Relationship Checklist (BAAF) is a particularly useful tool for assessing all of the factors above. It considers and records behaviours and attitudes observed between siblings.

The tool is best completed on the basis of having observed siblings together, but where this is not possible it can also be used alongside carers or others who know the children well such as teachers. When considering the different sections thought should always be given to what the observed behaviours mean to the siblings, rather than simply describing what was seen.

The tool should be used for each child, which will be time consuming so this must be allowed for in the planning process. After having scored observed behaviours it is important to also record the child's view of their relationship with their sibling.

Once the tool has been completed you should summarise the positive and negative aspects of the relationship and offer clear analysis and conclusions on the basis of the information gathered.

For an alternative assessment approach that considers the impact of developmental trauma on sibling relationships, please see the Family Futures paper. [6]

5 Furman, W., & Buhrmester, D. (1985). Children's perceptions of the qualities of sibling relationships. Child development, 448-461.
6 https://www.familyfutures.co.uk/wp-content/uploads/2015/05/Siblings-Together-or-Apart-Practice-Paper.compressed.pdf

Date Completed:	
By whom:	
Child A:	DOB:
Child B:	DOB:
Child C:	DOB:
Child D:	DOB:

Behaviour of Child _ to Child _ Give examples of behaviour	1: Often 2: Sometimes 3: Never		
	1	2	3
1. Defends or protects			
2. Recognises sibling's distress and offers comfort			
3. Accepts comfort from sibling			
4.Teaches or helps			
5. Initiates play			

6. Responds to overtures to play			
7. Openly shows affection			
8. Misses sibling when apart			
9. Resolves conflict through age appropriate reasoning			
10. Annoys, irritates or teases			
11. Shows hostility or aggression			
12. Blames or attempts to get sibling into trouble			

13. Behaviour sabotages efforts to meet other sibling's needs			
14. Any modelling of dysfunctional parental behaviour towards sibling			
15. Any sexualised behaviour			
16. Any additional, specific behaviour			

Interactions

A: What evidence is there of sharing?
Give examples of behaviour
Boisterous play
Imaginative activities
Rituals (bed and bath time)
Jokes and fun
Secrets

Other
B: Are there marked differences between them in any of the following?
The roles they adopt
Activities and interests
Behaviour
Personality
Other
C: What evidence is there of reciprocity?
Pride in each other

Praise and criticism
Mutual help
D: Do they model each other?
Think and look alike
Imitate each other
Emulate the qualities they like
Unite in the face of problems
Other
E. Any examples of sexualised behaviour with each other

Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: Understanding the importance of listening

This resource provides social workers with evidence-based strategies to enhance their listening skills and includes a reflective exercise to promote self-awareness and professional growth.

Practising these skills can empower social workers to create supportive and empathetic environments for individuals to share their experiences and receive the assistance they need.

1. Utilising silence:

Silence can be a powerful tool in communication, allowing individuals to process their thoughts and emotions without interruption. Research suggests that incorporating moments of silence into conversations can facilitate deeper reflection and enhance the quality of communication (Egnew, 2005). As social workers, practising intentional silence can create a safe and supportive environment for individuals to share their experiences at their own pace.

2. Deep listening:

Deep listening involves fully engaging with the speaker, paying attention to both verbal and nonverbal cues, and demonstrating empathy and understanding (Geldard & Geldard, 2012). Research has shown that deep listening promotes trust and connection, encourages disclosure, and enhances therapeutic outcomes (Rogers, 1957). Social workers can cultivate deep listening skills by practising active listening techniques, such as paraphrasing, summarising, and clarifying, to demonstrate their understanding and validate the speaker's experiences.

3. Reflection:

Reflection allows social workers to process and make sense of their interactions with clients, enhancing self-awareness and improving practice (Gibbs, 1988). Reflective practice involves critically examining one's thoughts, feelings, and actions, considering the impact on both oneself and the individuals being served. By reflecting on their listening experiences, social workers can identify strengths, challenges, and areas for growth, ultimately enhancing their effectiveness in supporting clients.

Exercise: reflective activity

Instructions:

Take some time to reflect on the following questions and consider how they relate to your practice as a social worker:

> Silence: How comfortable are you with incorporating silence into your interactions with people? What are some ways you can use silence to create a safe space for individuals to share their experiences?

> Deep listening: Reflect on a recent interaction with someone. How effectively did you demonstrate deep listening? What verbal and nonverbal cues did you notice, and how did they influence your understanding of the other person's experiences?

> Reflection: Think about a challenging or emotionally charged interaction you've had with someone. How did you feel during the interaction, and how did you respond? What insights can you gain from reflecting on this experience, and how might it inform your practice moving forward?

Conclusion:

By engaging in reflective practice and honing their listening skills, social workers can create a supportive and empowering environment for individuals to disclose difficult and traumatic experiences. Continuously striving to improve listening skills enhances the quality of social work practice and promotes positive outcomes for clients.

References:

Egnew, T. R. (2005). The art of medicine: Seven skills that promote mastery. Families, Systems & Health, 23(3), 373–380. https://doi.org/10.1037/1091

7527.23.3.373

Geldard, K., & Geldard, D. (2012). Basic personal counselling: A training manual for counsellors. Cengage Learning Australia.

Gibbs, G. (1988). Learning by doing: A guide to teaching and learning methods. Further education unit, Oxford Polytechnic, Oxford.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21(2), 95–103. https://doiorg/10.1037/h0045357

Tool: Empathy mapping

Empathy mapping helps practitioners:

- Gain insights into the child or family member's inner world and perspectives.
- Understand unmet needs and challenges.
- Identify areas of support to foster positive change and build resilience.
- Promote empathy in parents and caregivers by visualising the child's experiences.

Structure of an empathy map

Typically, an empathy map is divided into four main quadrants, each representing different dimensions of the individual's experience. When working with a child or family member, practitioners fill in each section based on observations, conversations, and behaviours.

The four quadrants

Says: This section includes things the child or individual explicitly says. It could be direct quotes, complaints, fears, or things they mention in conversation. For example:

"I don't want to go to school."

"Nobody listens to me."

"I feel safe when I'm with my grandma."

Thinks: This part explores what the person might be thinking, especially things they might not say out loud.

Practitioners can use knowledge of the child's background, feelings they've expressed indirectly, or inferred thoughts based on their behaviour.

For example:

"I'm afraid that I'm not good enough."

"My mum doesn't understand me."

"What if people don't like me?"

Does: Here, practitioners document the child's observable behaviours and actions. These could include body language, habits, and responses to specific situations. These actions often reflect their internal emotions and thoughts.

For example:

Withdraws when adults ask questions.

Avoids eye contact when feeling anxious.

Picks at clothing or fidgets during discussions.

Feels: This section captures the emotions the child might be experiencing based on what they've expressed or what their actions and situations suggest. It's often helpful to use language from the child's perspective here. For Example:

"I feel scared when things are unpredictable."

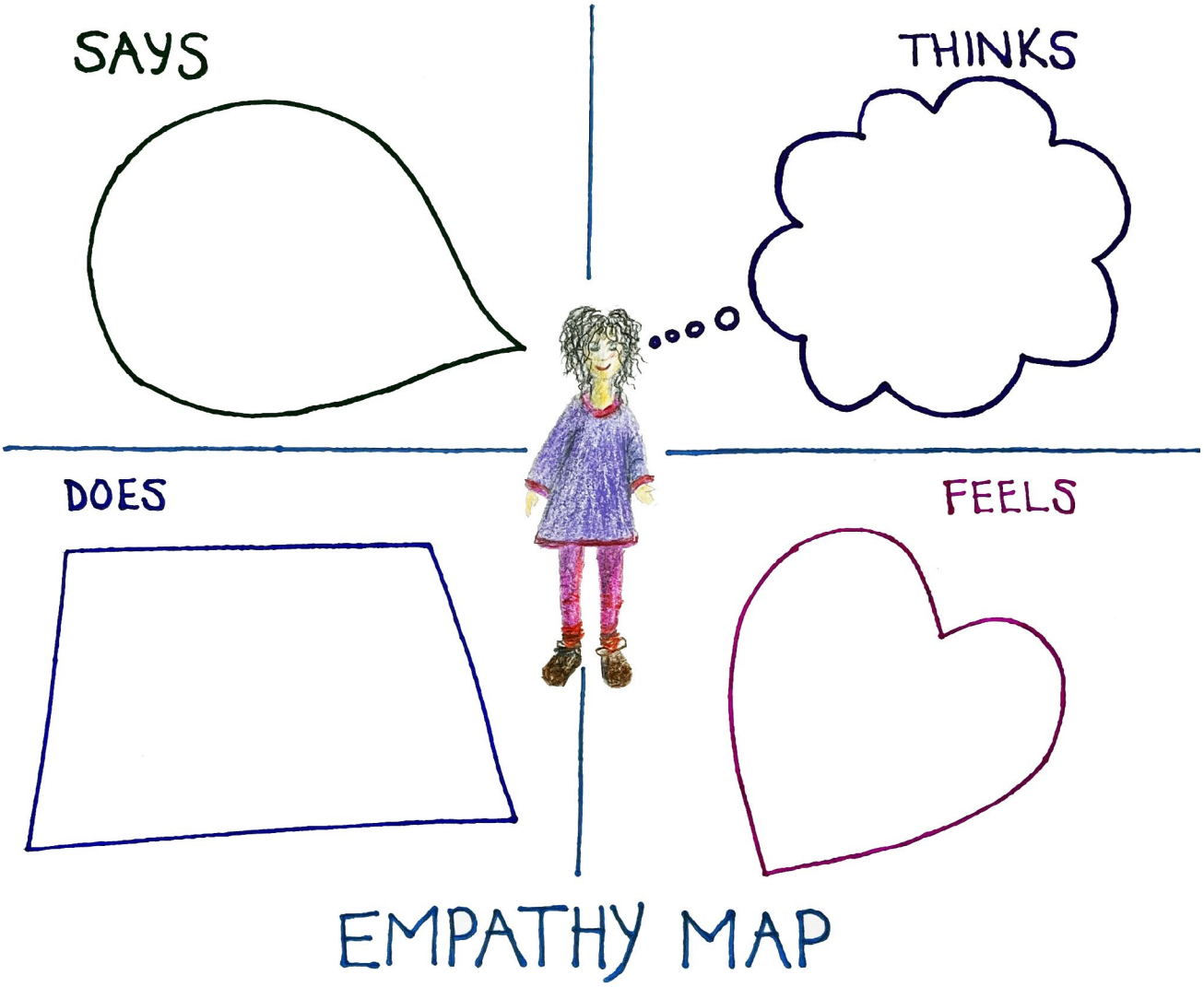
"I feel lonely and left out."

"I feel safe when my parent is close."

Example of an empathy map for a hypothetical case

Case example: Ella, a 9-year-old child struggling with anxiety at school

Emphathy map



Analysis

Child / Family Name:	
Worker name:	
Date:	

What do you think is happening in this case (Analysis)?
What is the impact on the child (Positive or negative)?
What needs to happen next (Actions)?

Tool: The Motivation Inventory

This inventory is designed to help you to get in touch with your own motivators in a job, and by thinking about yourself to get greater clarity on what matters for the people who work with and for you.

The results will only be of value if you are scrupulously honest in your responses and complete the inventory on the basis of what you know is important to you, not what you feel you would like to be important. Neither must you attempt to give the right answer - there isn't one! After all, no-one is likely to know you as well as you know yourself.

The results will give you a way to think about and understand your primary sources of motivation at work, and the patterns between them, through a framework which will also help you to understand others better.

Instructions:

There are 21 statements in random order

Award six points to the one of over-riding importance to you

Award four points to the five of very high importance to you

Award three points to the five of high importance to you

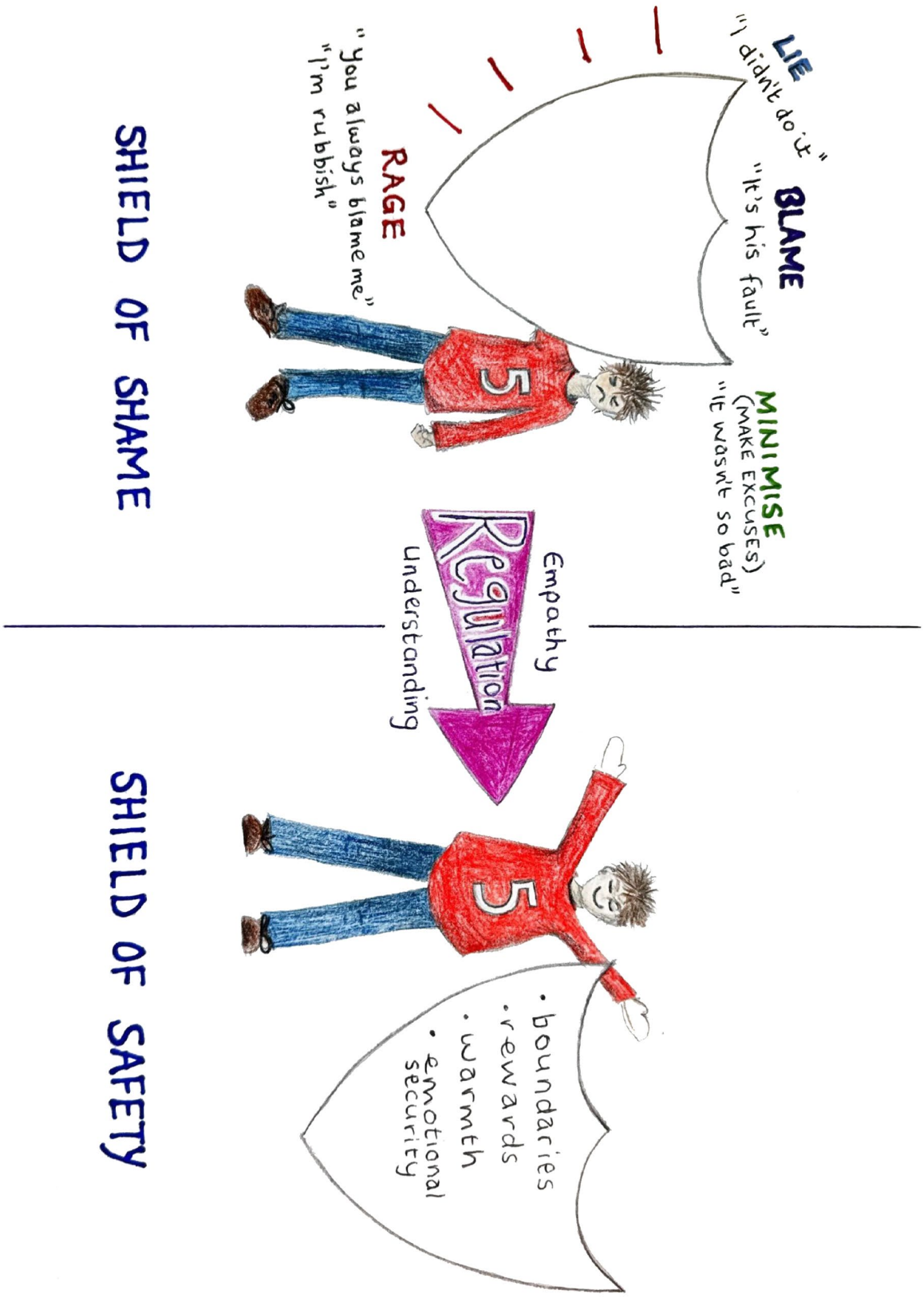
Award two points to the five of moderate importance to you

Award zero points to the of ones no importance to you

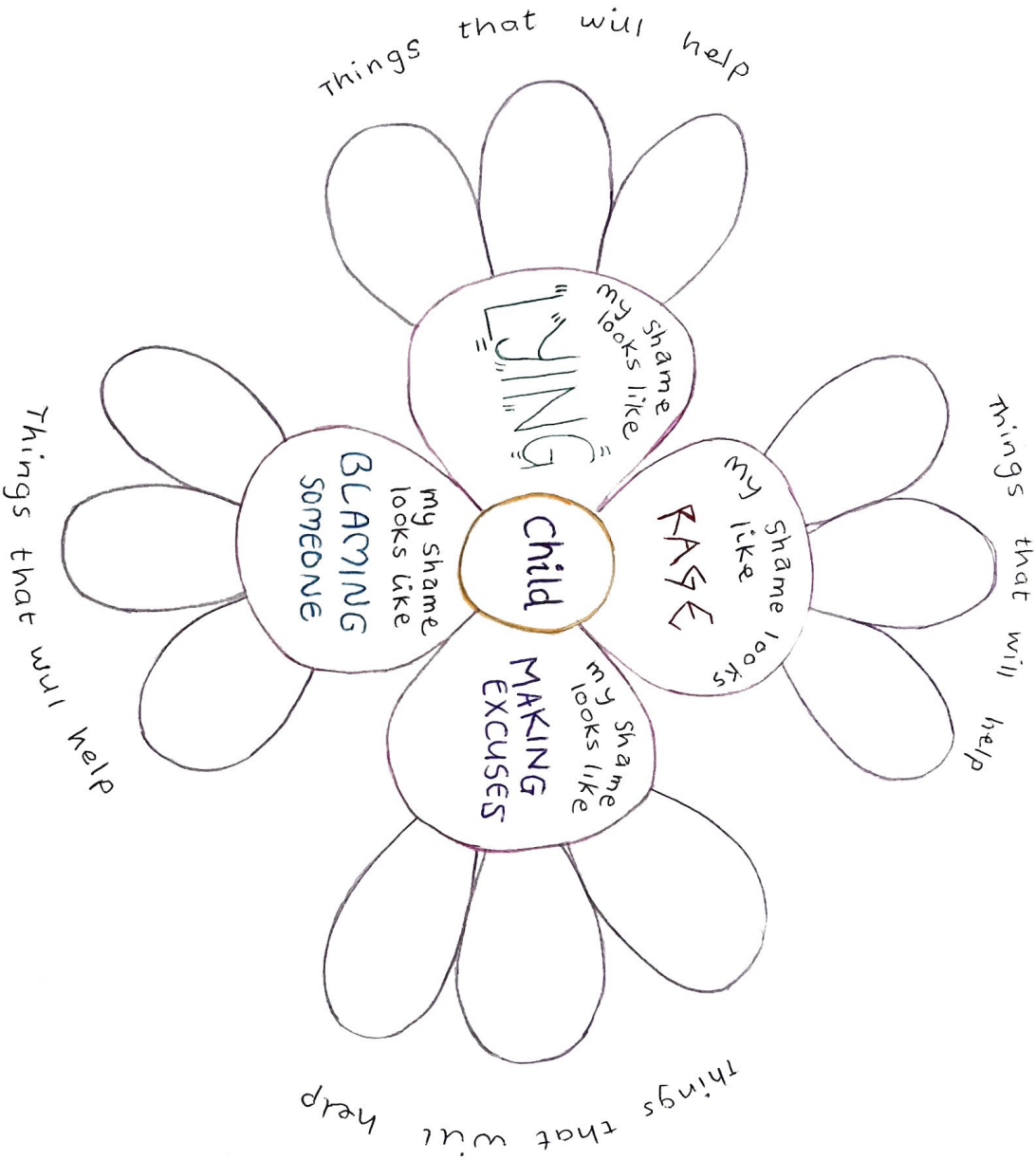
1	Knowing what is going on; a liking for certainty; job security;	
2	Using own initiative; dislike of bureaucracy and red tape; operating independently; deciding own course of action	
3	Knowing own capability to do job based on previous experience; own match of knowledge and skills	
4	Helping people achieve their goals; listening to them; providing close support as well as time and attention	
5	Achieving tangible results; connecting with a future perspective; problem solving; output rather than input focused	
6	Having close relationships; being part of a team; working interdependently with others and being liked and respected by them	
7	Persuading, communicating, developing; convincing people towards a course of action	
8	Having enjoyment, fun and variety; non-repetitive work; travel; location	

9	Being stretched; liking energy and hard work and competitive situations; responding to pressure and deadlines; being active and challenged	
10	Meeting and working with a wide range of people including the public	
11	Operating to guidelines and systems; organising and planning; meeting standards; creating order, procedure and systems	
12	Having space to get on with things without distraction from other people	
13	Leading others; taking and accepting responsibility for decisions; making a difference; doing what is necessary to ensure company success; representing others	
14	Being well rewarded financially; having good perks and status; glamour	
15	Dealing with difficult interpersonal situations; resolving conflict; responding to different individual needs	
16	Having control over others; being able to direct own team and control work and events; making big decisions; being regarded as the source of authority	
17	Generating ideas; producing something new; finding new ways	
18	Helping the company's wider society and the community; doing something worthwhile; making the world a better place to be	
19	Working moderate hours; not dealing with unpleasant or difficult situations; keeping clear of anxiety and stress; avoiding failure	
20	Being well regarded and appreciated; feeling good about self and work; self-development	
21	Having a liking for detail and analysis; using skills and knowledge; enjoying specific tasks, intellectual challenge; focusing on the job in hand	

Tool: Shields of Shame



Tool: Shields of Shame



Online tools

Social worker wellbeing and working conditions	View online
The holistic containment wheel	View online
Using visual metaphors to respond to stress and trauma	View online
Social Graces	View online
Anti-oppressive practice tool 5	View online
Using appreciative questions in supervision	View online
The three perspectives of supervision	View online
Stress management competency Indicator tool	View online
How well do you promote emotional resilience in your team	View online
Using coaching skills	View online
Introduction to the History and Cultural Families of	View online
The Johari window from Developing cultural competence	View online
Expressions of self – supporting minoritised children's identity	View online
Using genograms in practice	View online
R2 Resiliency tools	View online
Resilience measure – person most knowledgeable	View online
NSPCC Reunification Practice Framework	View online
Completing social work Chronologies: Practice tool	View online

Gateshead Council

Making Gateshead Thrive