



Guidance Notes Excellence in Safeguarding Practice



Introduction

These guidance notes have been compiled using learning from reviews undertaken within Nottingham City and Nottinghamshire, including Serious Case Reviews, (SCR) and Significant Incident Learning Processes, (SLIP). These reviews have highlighted the need when working with cases that are complex, include multiple issues and where parents are resistant and challenging; doing the basics well is essential in order to fully understand risk.

These guidance notes are not intended to replace any of the Nottingham City Safeguarding Children Board (NCSCB) and Nottinghamshire Safeguarding Children Board (NSCB) Safeguarding Procedures, practice guidance or research available in these areas but should be considered as a quick reference guide.

Excellent Safeguarding

When working with all safeguarding cases and particularly those that have some complexity, practitioners in all agencies should **always**:

- Obtain a full history of the case / family and read all available historic records
- Complete a multi-agency Chronology
- Complete a full genogram including information from parents & carers, and the young person and considering inter generational and community relationships.
- Speak to the child(ren) individually to understand their experiences of family life
- Maintain a focus on the child, their experiences and the parenting they receive. Do **not** get distracted by parental issues and complexities.
- Gain views and information from both parents and other family members
- Ensure all assessments are thorough, analytical, honest and ongoing
- Maintain a level of professional curiosity when working with families
- Use the Signs of Safety Tools to support assessments (Nottm City Only)
- Ensure full, accurate records are kept and maintained
- Share information with other agencies and practitioners involved in the case (considering agencies that **may** be involved) either with consent if required or within the child protection legislative framework
- Make decisions with all the information available, in conjunction with other agencies where this is appropriate with a view to safeguarding and promoting the welfare of the child
- Use consultation forums where these are available
- Discuss the case in supervision / line management arrangements / with the agency safeguarding lead to enable reflection, broader consideration, risks and case management responsibilities.
- Consider the need for safeguarding training / reading / research to help with understanding the case
- Be open to evidence that both supports or challenges the theory you have about the case.

Domestic Violence / Abuse

In all cases involving Domestic Abuse practitioners **should**:

- Complete a Domestic Abuse, Stalking and Harassment Risk Identification Checklist (DASH RIC) RIC Form to assess the level of risk and use this to refer to the Domestic Abuse Referral Team (DART) in Nottingham City and the Multi Agency Safeguarding Hub (MASH) in Nottinghamshire.
- Speak to the children / young people in the household to understand their experiences of domestic violence

- Recognise that domestic abuse has a number of different impacts, both physical and emotional on children and this may be different at different ages. Even with very young children there will be emotional impact of experiencing domestic violence.
- Ensure a multi-agency view of the domestic abuse and family relationships is sought
- Do not rely on separation as the only means of protection or as a guarantee of the risks being eliminated. You may not be aware that relationships are continuing and risks may still be present through ongoing contact even after a relationship ends.
- Ensure the assessment provides an analysis of the dynamics of the parental relationship and identifies where the risk lies. Information should be gathered from the perpetrator as well as the survivor where it is safe and appropriate to do so
- Access specialist domestic abuse training and research to understand the issues and risks present within abusive relationships

Emotional Abuse / Distressed Children

Disclosures of Emotional Abuse are extremely rare and practitioners must not rely on one in order to take action. Children will not necessarily recognise their situation as Emotional Abuse. The child's behaviour and relationship with their care givers should be an indication of their emotional wellbeing and the potential for emotional abuse.

In all cases involving Emotional Abuse practitioners **should**:

- Undertake holistic assessments using the Emotional Abuse Assessment Framework* to provide information and understanding of the child's experience and collate evidence using:
 - **Observations of the parent / child relationship** this is particularly important in pre verbal children and babies children with communication difficulties. Record precisely what you see.
 - **Parental risk factors** (e.g. mental health issues and substance misuse issues)
 - **Parental behaviours** (e.g. ignoring the child's need to interact, persistently telling a child they are worthless or unloved, bullying a child or frequently making them frightened; persistently ridiculing, making fun of or criticising a child, failing to express positive feelings to the child, showing no emotion in interactions with the child.)
 - **The impact** of parenting on the child's development.
- Ensure they look beyond presenting behaviours to analysis and understand the reason for these behaviours
- Record behaviours, interventions and their impact on outcomes clearly within records over a period of time. This will provide evidence of the persistent nature of emotional abuse as well as minimise the possibility of repeating interventions.
- Work to understand the family functioning, relationships and dynamics, including the child / young person's position within the family and the impact of this on their emotional wellbeing. Practitioners need to build this into their assessments for greater understanding of the impact of emotional abuse.
- Consider the need for a formal developmental assessment as developmental delay may be a feature of emotional neglect or abuse, particularly delays in language. It is important to have a formal developmental assessment if emotional neglect or abuse is suspected

*For more information on the Emotional Abuse Assessment framework see the full Emotional Abuse Guidance

Distressed children / young people - are frequently missed or labelled incorrectly as disruptive, aggressive and volatile. They are often progressed down specialist pathways for support or can very quickly become involved with the police and criminal justice system unnecessarily. In cases where the child / young person has a disability or diagnoses the distress can too easily be associated with this and the wider social / emotional factors missed. Remember that very young children will not display their distress explicitly; it is more likely to be observed through changes to their usually presentation and behaviour.

In all cases involving distressed children practitioners **should**:

- Avoid making assumptions about potential mental health issues and consider the possible causes of the distress which may be a result of safeguarding concerns or a stressful home environment.
- Undertake and record observations of a child's behaviour and parent / child interactions in these cases
- Identify an individual who the child / young person is responsive to who can establish a trusting relationship with them
- Undertake all efforts to de-escalate the situation of distress and prevent it from escalating
- Accept that dealing with emotional distress / outbursts take time, factor this into your response and seek support where needed.
- Always consider a full history of the child / young person and their family to create contextual understanding if the circumstances, and any patterns to the distress.

Sexual Abuse

Sexual abuse is a complex and challenging area for all practitioners. Sexual abuse occurs across all groups of children / young people irrespective of class, religion, culture, age or ability, although some children have additional vulnerabilities.

In all cases involving Sexual Abuse practitioners **should**:

- Ensure that there is clear evidence to support protective factors or persons identified as being a protective factor.
- Not wait for a disclosure to act, consideration should be given to the presentation and behaviour of the child / young person in the context of known history.
- Remember children disclose in many different ways and not always directly.
- See past the outwardly caring and concerned parent and question further the cause of any behaviour or distressed presentation.
- Not dismiss allegations or concerns if medical evidence is not found.
- Where one child in a family makes an allegation or disclosure ALL children in the family must be spoken to and assessed.
- Ensure that any disability or medical diagnoses is not used to explain / excuse behaviours / symptoms without full and proper assessment.
- Not assume that sexualised behaviour, emotional or behavioural difficulties are a result of abuse in the past, perhaps by a family member with whom there no longer is contact, as the abuse may be still occurring with another perpetrator

Challenging / Resistant Parents

In some cases, parents can behave in a number of ways that can distract practitioners from achieving the goals set out within the action plan / interventions. They may be challenging, difficult and aggressive, or talk for the child, divert attention and control the contact and interventions planned. They may appear to be compliant with the practitioner but resist change and not attend or engage with work sessions.

In all cases involving challenging / resistant parents practitioners **should**:

- Remain calm and professional in their interactions with families.
- Maintain a focus on the child and their outcomes and do not be distracted by the behaviours presented by the parents.
- Recognise the impact of non compliance on interventions and the outcomes for the child.
- Use the Signs of Safety Tools to assess risk and be honest about these. (Nottm City Only)
- Discuss the case in supervision / line management arrangements to consider different ways to work with the parents.
- Remember that if you are intimidated by parents, the child is living in that environment.
- Avoid applying an over optimistic view of small changes.

Children with disabilities

Recent reviews have highlighted that when children have a disability, or known medical condition the focus of service delivery can focus on this at the expense of the wider context of the case, the parenting experiences of the child and any potential safeguarding concerns. Whilst focusing on health and support the basic needs of the child can be overlooked, and risks masked, not recognised, or just not assessed.

In all cases involving children with disabilities the practitioner should:

- Ensure any specialist assessment take into consideration the family situation, family dynamics and possible safeguarding concerns.
- Focus on the child's needs and ensure their basic rights are not being overlooked in the pursuit of wider support and engagement issues.
- Use specialist opinion to inform the wider circumstances of the case, not as the only option.
- Avoid over identifying with the parents and the challenges they face.
- Always capture the views of the child / young person even if they are nonverbal, through observations of their presentation, interactions at home and in different environments.
- Not assume that difficult to manage, aggressive or problematic behaviour is a result of a child's disability or attribute behaviours to developmental difficulties rather than striving to understand the cause of these