

# Safeguarding MATTERS

## Learning from SCRs

- p1 What do we mean by supervision
- p2 Competency Frameworks that supports Practice Development
- p3 20 Things to Consider For Managers and Supervisors
- p5 20 Things to consider for Practitioners
- p7 Disguised compliance
- p9 Signs of Safety and Making Safeguarding Personal
- p10 Working with Child Neglect
- p10 NSPCC Learning from Serious Case Reviews
- p11 Framework for the Assessment of Children in Need and their Families
- p14 Better Conversations

## Building Confidence in Practice

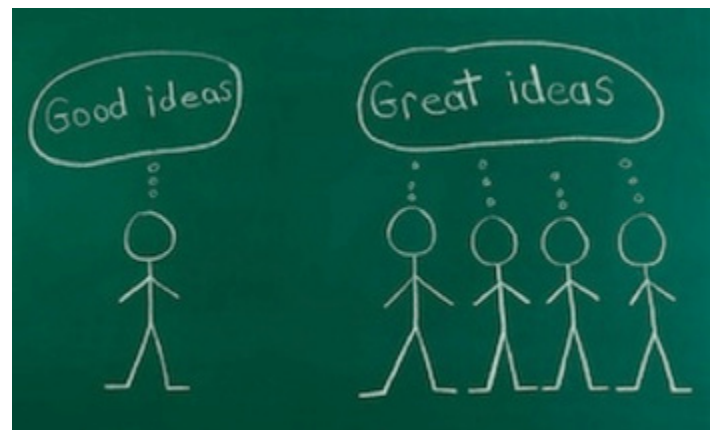
The aim of this edition of Safeguarding Matters is to provide staff with the tools to develop effective supervision which supports best practice and will improve the outcomes for children and families.

### What do we mean by Supervision?

**Morrison and Wannacott (2010) (Supervision: Now or Never Reclaiming Reflective Supervision in Social Work) noted the emphasis upon 'having supervision' and not necessarily 'good supervision'**

Safeguarding Supervision and Management oversight of safeguarding work (hereafter referred to as 'Supervision') as a concept is practised across all partner agencies in different ways but should always offer:

- The opportunity to review and reflect on practice issues :this may include reviewing roles and relationships, evaluating the outcomes of the work and maximising opportunities for wider learning
- Line management, which is about accountability for practice and quality of service. This includes managing team resources, delegation and workload management, performance appraisal, duty of care, support and other people-management processes.
- Continuing professional development of workers to ensure they have the relevant skills, knowledge, understanding and attributes to do the job and progress their careers. Constructive feedback and observation of practice should be part of the learning process for workers and supervisors



### Why focus on Supervision?

Good Supervision and Management oversight in its many forms provides the forum for developing practice and case management.

#### **Safeguarding in Supervision is underpinned by:**

- Models of Service Delivery – Signs of Safety, Making Safeguarding Personal, Care Programme Approach
- Assessment Frameworks/Risk Assessment Tools
- Guidance, Policy and Procedure (National, Local and Internal)
- Legislation
- Professional Standards
- Competency Framework

Recommendations from Serious Case Reviews both locally and nationally have highlighted the lack of supervision that has resulted in missed opportunities to identify and manage the following issues:

- a lack of professional curiosity
- not recognising disguised compliance
- poor quality multi-agency assessments
- poor management oversight of casework
- lack of confidence around information sharing
- the complex relationship between the child and adult and the abusers
- the complex relationship between the professional and the abuser
- clients seen as perpetrators not as victims
- inadequate exploration of the inner world of the child or adult at risk
- overestimation of resilience, particularly the resilience of young adults
- overestimation of professional resilience

### Good supervision can make workers feel valued at a time when pressures in all service areas are high

“We see people at their most vulnerable and it’s in these moments, when we can make the biggest difference – by bringing reassurance and humanity to a situation and environment that can be unfamiliar to people”

These words from Liz Redfern, Chief Nurse for NHS England (South) could easily apply to the practitioner and manager/ supervisor relationship when undertaking supervision and discussing difficult safeguarding cases.

Practitioners require their supervisors to be approachable, calm and in control; someone who will actively listen to their views and acknowledge an understanding of their perspective.

Good supervision also allows for the practitioner to identify the gaps in their own practice and the solutions to addressing them, so, empowering practitioners and building confidences.

Supervision provides the environment to explore and ask the right questions to elicit good quality information which will inform robust recognition, assessment and intervention.

## Competency Frameworks that supports Practice Development

There is an expectation that organisations will ensure that all staff providing a service know how to respond to concerns in line with local and national policy and guidance. Keeping children and adults safe is everyone’s responsibility.

Some individuals will work in settings which provide both universal and specialist services for Children’s and Adults. It is the responsibility of the organisation to determine the knowledge and learning that is required.

The Competency Frameworks are for use by the Leicester, Leicestershire and Rutland Children and Adults Workforce to support individuals and organisations to undertake their Safeguarding roles and

responsibilities in a confident and competent manner

### The Competency Framework supports:

- A range and variety of learning opportunities being recognised and acknowledged, allowing for a flexible approach.
- A focus and emphasis on how the learning is being embedded into practice and the effectiveness of this learning, in terms of outcomes for children and young people.
- A pragmatic approach where the required knowledge that is accessed via learning is relevant, meaningful and accessible and the content is proportionate to the requirements of the learner.

- The use of existing systems and processes to provide evidence that the competency has been met, for example, induction, probation periods, annual appraisal systems.

Follow the links below and you will find documents that outline the Competency Framework, how it can be used, how to assess competency and a best practice guide to the commissioning, delivery and evaluation of Safeguarding learning.

[Childrens Competency Framework](#)

[Adults Competency Framework](#)

## 20 Things to Consider For Managers and Supervisors

The information in Table 1 below aims to support Managers and Supervisors during case file discussion with practitioners

Organisational Responsibilities		Notes
1	Providing safeguarding training opportunities	
2	All staff and managers understanding their responsibility to undertake supervision as outlined in a Supervision Policy	
3	Developing a culture where fellow professionals offer supervision.	
4	Changing the way organisations manage frontline staff will have an impact on how they interact with children and families. There is evidence that workers tend to treat the service user in the same way as they themselves are treated by their managers	
<b>Supervisors and Manger to explore the following with the practitioner. Commencing with what does the practitioner think is going well?</b>		
1	Explore how the practitioner plans to create a relationship where the family/parent is willing to tell them about the child/ adult and family?	
2	How do they ask challenging questions about very sensitive matters?	
3	How are they developing the expertise to sense that the child or parent or adult is being evasive? Has the practitioner reflected on the times when parents/carers have been evasive?	
4	How does the practitioner work directly with children and young people, adults and their families, to understand their experiences, worries, hopes and dreams, and to help them change?	
5	Do they recognise their intuitive skills (essentially derived from experience) 'Gut feelings are neither stupid nor perfect? Do they take advantage of the evolved capacities of the brain and are based on rules of thumb that enable us to act fast'. Gut instinct or feelings are part of your tool kit	
6	Have they had time to reflect to mull over the experience and learning from it, in supervision, for example, or in discussions with colleagues?	
7	Do they have the necessary skills to communicate with children and adults with communication difficulties?	
8	Do they have knowledge of the development of children aged 0-18 years?	

9	How do they assess the level of communication and engagement with the men in the family?	
10	Have they explored whether the men associated with the family are 'visible'? Is their impact being assessed? Look for signs of 'hidden' partners, big shoes, coats etc. Ask the children! Talk to neighbours.	
11	What is life really like for the children or adult in this family? Think family? How does the toxic trio (domestic violence, mental health issues and substance use) affect daily living activities?	
12	Are they putting the needs, views and wishes of the children/ adult at risk at the forefront of interaction and enquiry, or is the parent/carer agenda dominating?	
13	Do they recognising barriers that inhibit engagement and implications for practice?	
14	Has their caseload repeatedly exposed them to intractable and long term problems contributing to a normalisation in my response? Is this a barrier to me recognising/understanding the significance of deviant or risky behaviour?	
15	Has their caseload not exposed them to intractable and long term problems contributing to a possible lack of recognition in my response? Is this a barrier to me recognising understanding the significance of deviant or risky behaviour?	
16	Do they have the knowledge and skills to recognise bruising that may be indicative of a non-accidental injury?	
17	Do they understand their role and responsibilities within the child/adult improvement protection plan?	
18	Do they understand the responsibilities of other members of the core/ multi agency group?	
19	Have they communicated with all other agencies involved in delivering the plan?	
20	Are they feeling confident and comfortable working with this family? If not why not? Is this a gut instinct telling you something?	

Tool based on the learning and recommendations from Serious Case Reviews 2010-2015 and developed for the Leicestershire and Rutland LSCB and SAB by Janette Harrison Designated Nurse, Children and Adult Safeguarding.

## 20 Things to consider for Practitioners

Practitioners undertaking case discussion in supervision may find the practical questions in Table Two helpful

<b>Organisational Responsibilities</b>		<b>Notes</b>
1	Providing safeguarding training opportunities	
2	All staff and managers understanding their responsibility to undertake supervision as outlined in a Supervision Policy	
3	Developing a culture where fellow professionals supervision	
4	Changing the way organisations manage frontline staff will have an impact on how they interact with children and families. There is evidence that workers tend to treat the service user in the same way as they themselves are treated by their managers.	
<b>Practitioner Responsibilities and Self-Assessment Questions (not an exhaustive list)</b>		
1	How do I get through the front door and create a relationship where the family/parent is willing to tell me about the child / adult and family.	
2	How to I ask challenging questions about very sensitive matters.	
3	How do I develop the expertise to sense that the child or parent or adult is being evasive	
4	How do I work directly with children and young people adults and their families to understand their experiences, worries, hopes and dreams, and help them change.	
5	Do I recognise my intuitive skills (essentially derived from experience) 'Gut feelings are neither stupid nor perfect. They take advantage of the evolved capacities of the brain and are based on rules of thumb that enable us to act fast'. . Gut instinct or feelings are part of your tool kit	
6	Have I had time to reflect to mull over the experience and learning from it, in supervision, for example, or in discussions with colleagues.	
7	Do I have the necessary skills to communicate with children and vulnerable adults with communication difficulties.	
8	Do I have knowledge of child development age 0-18 years.	
9	How do I assess the level of communication and engagement with the men in the family.	

10	Have you explored whether the men associated with the family are 'visible'? Is their impact being assessed? Look for signs of 'hidden' partners, big shoes, coats etc. Ask the children! Talk to neighbours.	
11	What is life really like for the children or adult in this family? Think family? How does the toxic trio (domestic violence, mental health issues and substance use) affect daily living activities?	
12	Are you putting the needs, views and wishes of the children/ adult at risk at the forefront of interaction and enquiry, or is the parent/carer agenda dominating?	
13	Am I recognising barriers that inhibit engagement and implications for practice.	
14	Has my caseload repeated exposed me to intractable and long term problems contributing to a normalisation in my response. Is this a barrier to me recognising understanding the significance of deviant or risky behaviour.	
15	Has my caseload not exposed me to intractable and long term problems contributing to a possible lack of recognition in my response. Is this a barrier to me recognising understanding the significance of deviant or risky behaviour.	
16	Do I have the knowledge and skills to recognise bruising that may be indicative of a non -accidental injury.	
17	Do I understand my role and responsibilities within the child / adult / improvement protection plan.	
18	Do I understand the responsibilities of other members of the core group.	
19	Have I communicated with all other agencies involved in delivering the plan.	
20	Am I feeling confident and comfortable working with this family.	

Tool based on the learning and recommendations from Serious Case Reviews 2010-2015 and developed for the Leicestershire and Rutland LSCB and SAB by Janette Harrison Designated Nurse, Children and Adult Safeguarding.

# Disguised compliance

Disguised compliance involves parents/carers giving the appearance of co-operating with welfare agencies to avoid raising suspicions and allay concerns. Published case reviews highlight that professionals sometimes delay or avoid interventions due to disguised compliance

## Where is the evidence?

Just because  
you say it doesn't  
make it so!

The learning from these reviews highlights that professionals need to establish the facts and gather evidence about what is actually happening, rather than accepting presenting behaviour and assertions

By focussing on outcomes rather than processes professionals can keep the focus of their work on the child or adult at risk

Whilst disguised compliance is often associated with parents of children the issues can equally apply to parents and carers of adults with safeguarding needs (replace parents with carers and child with adult)

## What happens if Disguised Compliance is not recognised?

- opportunities are missed to make interventions
- reduction or downgrading in concern on the part of professionals
- cases drift, so losing the opportunity to make timely interventions

- removes focus from children
- a focus on adults and their engagement with services rather than on achieving safer outcomes for children
- over optimism about progress again delaying timely interventions
- After dealing with outright hostile families it can be easy to be lulled into a false sense of security when working with parents who appear to be welcoming

## Recognising disguised compliance

- parents focus on engaging well with one set of professionals, for example in education, to deflect attention from their lack of engagement with other services
- parents criticise other professionals to divert attention away from their own behaviour
- parents may use a worker's anxieties about cultural sensitivity as a weapon, by accusing them of racism or not understanding their culture
- pre-arranged home visits present the home as clean and tidy with no evidence of any other adults living there
- parents promise to take up services offered but then fail to attend
- parents promise to change their behaviour then make little effort to change
- avoiding contact with professionals
- no significant change at reviews despite significant input
- parents who engage with certain aspects of a plan only

## Improving practice

### Establish facts and gather evidence

Don't accept presenting behaviour, excuses or parental assertions and reassurances that they have changed or will change their behaviour

Employ "respectful scepticism" Ask yourself whether what you are seeing and hearing adds up and look for sustainable evidence that supports the parents' story

Establish the facts and gather evidence about what is actually occurring or has been achieved, in order to not lose objective sight of what is happening

Always seek to explore a parent's rationale; consider cultural belief systems as they may be a reference point in the parent's processing of the child's needs – which may be protective or a risk factor

Using the Signs of Safety approach establish what behaviour we will see that offers safety and is this happening

### Build chronologies

Chronologies can be used to provide evidence of past parenting experience, including possible former instances of disguised compliance, and to analyse parenting history. The information can then be considered in relation to current parenting capacity and to gain a fully documented picture of the family environment. This can help in recognising and understanding further incidences of disguised compliance.

### Record the children's perspective and situation

Recording can become focussed on the adult's participation and parenting capacity. Instead the focus should be on recording the children's perspective and situation. This will help to retain the focus on the child and can also help to ensure that important information does not become lost when shared between multiple agencies

### Identify outcomes

Focus on outcomes rather than process, so that attention cannot be deflected by good intent or an appearance of participation.

Identify and establish clear, understandable and measurable outcomes ( what does being safe look like) and take action when outcomes are not achieved within agreed time scales

### Challenge beliefs/rule of optimism

Professionals can become overly optimistic about change that has occurred. This can involve rationalising parent's behaviour to their own viewpoint, for example seeing a failure to engage with services as a matter of 'parental choice' rather than non-compliance, or an over optimistic desire to believe change has occurred.

**Supervision needs to challenge professionals' beliefs about apparent changes and to seek evidence of actual progress.**

<http://rsb.org.uk/uploads/resistance-professional-questions.pdf>

Working with Resistance - Questions Professionals should be asking themselves

Are individuals/parents/carers ambivalent by:

- Being late for appointments?
- Making excuses?
- Changing the conversation away from the focus on the Child/Adult or plan?

Is the plan really progressing? Are individuals/parents/carers really engaging with the work?

Are individuals/parents/carers violent or threatening violence through:

- Intimidation of workers and family members?
- Aggression towards workers and family members?
- Displays hatred of workers?
- Personality difficulties?

What is life like for me!

Are individuals/parents/carers showing avoidance through:

- Avoiding appointments?
- Missing meetings?
- Always having another appointment at the same time as your visit?
- Anxious and hoping that you go away?

Do individuals/parents/carers act in a confrontational way through:

- Challenging the accuracy of what you say?
- Being argumentative?

Is there evidence that change is happening and can be maintained?

Please check your responses to these questions, then consider WHAT YOU are going to do?

This document has been developed by the Leicestershire and Rutland Board Office from a poster produced by the Sunderland Safeguarding Children Board (SSCB) who have given their permission





## During 2016/17 the Safeguarding Children Board and Safeguarding Adults Board are supporting the roll out of the Signs of Safety Approach for Children and Families and Making Safeguarding Personal for Adults.

Further information will be provided through future editions of Safeguarding Matters and on the Boards Website. Here is an overview of the two approaches.

### Signs of Safety

The approach focuses on the question “How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?” This strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration. It expands the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilise and strengthen a child’s and family’s situation. A format for undertaking comprehensive risk assessment — assessing both danger and strengths/safety —

The approach is designed to be used from commencement through to case closure in order to assist professionals at all stages of the child protection process

#### The principles of good practice and signs of safety

- Working relationships are fundamental, with families and with other professionals
- Stance of critical inquiry –
- Landing grand aspirations in everyday practice - front line practitioners and families are the arbiters of whether practice works

### Signs of Safety assessment and planning framework

The framework includes four domains of enquiry (what are we worried about? What is working well? What needs to happen? And the scaling question) and the seven analysis categories (harm, danger (including an example of a danger statement), complicating factors, existing strengths, existing safety, safety goals (including an example of a safety goal to meet the danger statement) and next steps).

### Making Safeguarding Personal (MSP)

MSP means adult safeguarding:

- is person-led
- is outcome-focused
- enhances involvement, choice and control
- improves quality of life, wellbeing and safety (and complies with Care Act Guidance)
- is done with, not to. People

MSP focuses on achieving meaningful improvement to people’s circumstances, rather than just on ‘investigation’ and ‘conclusion’

MSP is a shift from a process supported by conversations to a series of conversations supported by a process.

MSP utilises social work skills better than just ‘putting people through a process’

MSP approach is included in the Care Act Guidance & the wellbeing definition includes protection from abuse and neglect

MSP focuses on developing a real understanding of what people wish to achieve (and how), recording their desired outcomes and then seeing how effectively these have been met.

MSP should enable practitioners, families, teams and Safeguarding Adult Boards to know what differences have been made in outcomes for people

#### Questions you should consider:

What does the person want to happen?

How do we know their outcomes have been understood and our intervention is making a difference?

How can we work with people to enable their outcomes to be reached?

Does the person feel safer and protected, at the start and throughout the process?

## Working with Child Neglect

Child Neglect has been a feature of research, audits and reviews at both a national and local level and as a priority by the Leicester City LSCB and the Leicestershire & Rutland LSCB.

A group of multi-agency professionals across Leicester, Leicestershire and Rutland worked together with the aim of ensuring that:

- the profile of neglect be raised
- that there is early recognition of neglect
- where neglect is identified, the child protection or child in need plans are SMART and drift is avoided.



It is important to identify neglect earlier within families, supporting parents to enable change through partnership working, in order to reduce the impact of neglect on the emotional and physical wellbeing of children.

In December 2015, a survey to ascertain front line practitioners' knowledge and confidence in identifying and assessing neglect was conducted and found that a wide range of tools and guidance were used to inform assessments, but practitioners wanted a universal cross-agency toolkit and guidance.

The group has now completed the following work to support practice:

- [Neglect toolkit](#)
- [Neglect procedures.](#)

Available at: [www.lrsb.org.uk/dfc-neglect-resources](http://www.lrsb.org.uk/dfc-neglect-resources)

## NSPCC Learning from Serious Case Reviews

The information and links below will be useful for inclusion in supervision, team/unit meetings etc

[Inter-professional communication and decision making Practice issues identified in an analysis of 38 serious case reviews](#)

Scroll down the page and [Download practice issues briefings](#) - These 14 briefings provide a more detailed understanding of practice issues highlighted by the SCR reports and can help support change and improvement work at national and local levels. They use analysis from 38 SCR reports and practitioner knowledge gathered during 3 multi-agency summits.

[Perinatal healthcare teams: learning from case reviews.](#) Summary of risk factors and learning for improved practice for the health sector.

[www.nspcc.org.uk](http://www.nspcc.org.uk)

# Framework for the Assessment of Children in Need and their Families

Good quality assessment is essential to safeguarding and protecting vulnerable children and adults.

Since 2002 the Framework Assessment has provided practitioners with a baseline assessment tool and a common language shared across agencies and with families. Working Together 2015 and the LSCB LLR Safeguarding Procedures continue to endorse the use of the domains of the assessment framework.



## Childs Developmental Needs

### Health

Includes growth and development as well as physical and mental wellbeing; The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

### Education

Covers all areas of a child's cognitive development which begins from birth; Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

### Emotional and Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.

Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

### Identity

Concerns the child's growing sense of self as a separate and valued person.

Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.



## Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

# Parenting Capacity

## Basic Care

Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

## Ensuring Safety

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/ other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

## Emotional Warmth

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity; Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement

## Social Presentation

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created.

Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

## Self Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence; Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children.

Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.



## Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities; Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and

joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

## Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviour.

The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules

outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

## Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.

Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

# Family and Environmental Factors



## Family History and Functioning

Family history includes both genetic and psycho-social factors.

Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/ household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

## Wider Family

Who are considered to be members of the wider family by the child and the parents?

Includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

## Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members?

Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

## Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child?

Includes children's experience of work and its impact on them.

## Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

## Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.

Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

## Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities.

Includes availability, accessibility and standard of resources and impact on the family, including disabled members

# Better Conversations

## Reviews have often highlighted misunderstandings and frustrations about contacts between agencies and workers

- Is your reason for contacting the other service / agency clear?
- Have you considered what information you may need to have to hand?
- Is there consent to share information? If not what is the reason for this?
- Do both parties have a clear understanding of the information shared?
- Is there an understanding of the level of concern?
- Are there any actions arising from the information sharing?
- If so, what are they and who will be responsible for undertaking them?

### By the end of the contact both parties should be clear about:

- what information has been shared
- the purpose of the sharing
- roles/ responsibilities and any legal issues
- what each party has agreed to do as a result of the communication; and
- what is being recorded about the contact

## Contact us

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