

Scheme of Work for Supervision Training: Responses

Autumn First Half Term: Legislation, policies and procedures

Discussion Point (basic)

1.What services is mother accessing? Is she being tested for alcohol in the pregnancy? How engaged in the process is she? Where is Hayley going when she is missing? What assessment of her needs has been made? Where are all of the children’s father’s, what level of contact do they have with the children and what assessments of the family have occurred?

2. Mother’s alcohol misuse and the impact on the unborn baby, mother’s decline, the unknown males in the family life. Also Hayley’s disappearance and potential risk taking behaviours and the unknown impact on the boys.

3. Further information gathering, further assessment undertaken and reviewed by all professionals. Professional challenge regarding timescales and number of social workers and impact of drift and delay on the case. Challenge through core group and potential of professional disagreement procedures.

4.Children’s Act, 1989, risk of significant harm (continues and the impact on the child). Escalation protocols available by local safeguarding children board (to take forward the challenge to social care), PLO procedures (legal procedures to ascertain if threshold has been met for legal intervention).

Discussion Point (intermediary)

1.Full assessment of mother, children’s father’s and any other potential adult to be capable of caring for the children. Information gathering for PLO and legal procedures.

2. What is the unborn baby plan? What are the short and long term plans for residence in the event that mother is assessed as unable to care for the children? What timescales are in place for the assessment and when does the social worker plan to take the case into court.

3. Challenge can be made to existing IRO/Chair person, professional escalation protocols and the PLO panel that exists to manage PLO cases.

Autumn Term Second Half Term: Professional and Reflective Practice

Discussion Point (basic)

1. A relationship was originally made with Kevin in which he felt supported with the issue of bullying and had trust in you as a member of staff. You continue to maintain a good relationship with his mother who is openly sharing information about circumstances with you.

2. You may have been able to manage the issue of attendance differently, was an opportunity ever sought to speak to Kevin directly about his attendance rather than seek information and direction from his mother. Did you ensure the voice of the child was heard?

3. Following on from mother’s raised issues did you subsequently try to speak to Kevin (consider how you as a school would handle a similar situation to this and reflect on the practices and the consistency of DSL’s).

4. Speak to Kevin directly, gain a full assessment of the situation and if cannot build that relationship with you then identify a member of staff who he does feel comfortable enough to share with. Identify support/services that mother can engage in and consider is the placement at home going to break down for Kevin and what can school do to prevent that.

5. Call a meeting with Kevin/mother/other professionals to see if issues could be discussed and addressed.

6. Hear the child’s voice first, seek every opportunity to engage Kevin. Identify other professionals who may be able to develop a bond with Kevin so he feels able to share. Reflect on you practice to ensure that something like this does not happen again.

Discussion Point (Intermediary)

1.There was a point in this situation where you lost sight of Kevin’s voice and over identified or empathised with his mother. Be mindful to use supervision as a way to reflect and be objective about your practice. As a practitioner you should always focus on the child’s voice and consider the root cause of behaviour in the first instance.

2.Kevin should be given the opportunity to share his views and include within that the opportunity to apologise to him that he did not feel he could share. Much work and intervention is needed to secure Kevin’s trust and build up a support network for him in light of the information he has shared. Has he been truanting for fear of leaving his mother at home with his father in which case what strategy are services putting in place to secure his safety and well-being? A multi agency meeting/core group is needed to address the issues and make long term decisions on Kevin’s permanence.

3. Effective use of supervision, bias and over identification with families who may be vulnerable, prioritising the child’s views and listening to the voice of the child.

Spring Term-First Half Term: Managing Challenge with Professionals and Parents

Discussion Point (basic)

1.You need to assess the level of risk, if Sheila won’t sit down and Greg is being aggressive and swearing and this cannot be managed or contained both of them need to be asked to leave. Consider your surroundings, where are you in relation to school and what access to they have to children and staff/what is the safest way to get them to leave the premises if necessary. You need a plan to contain and calm the situation or managing them off the site.

2. If Sheila and Greg cannot be calmed down or the situation de-escalated they need to be removed from site. Consider which individuals in the meeting/in the school will be the safest in supporting you with this. Both Sheila and Greg need to be reminded that this is unacceptable behaviour that will not be tolerated on your premises.

3 and 4. Who is at the greatest risk? If it is the social worker in this scenario can they be removed and placed somewhere else until Greg/Sheila are calmed down. Are they a risk to other staff in the room/on exiting the building and other children, in which case how will they be escorted off site. Could the site manger support/supervise them leaving the premises and does the police need to be contacted? Is there a way to contact the office from where you are/would lock down procedures be triggered?

5. Is where you hold meetings the most convenient/safest point in school to hold them. If you have to travel the length of school to get to the meeting room is this the best place in the event of a similar situation? Do you have access to a mobile phone/telephone within that room? Where is the access in relation to the rest of the school? e.g. is it fobbed separately? Do you ensure no glasses of water/hot drinks are available (to be used as weapons)?

6. Provided the meeting can continue without the parents e.g. the social worker feels safe to continue. The issues of the changeover in social worker and the impact on the case and the well-being of the children needs to be challenged. Core group members need to understand why the family has not been visited, why no action has occurred in 3 months and why the last meeting was cancelled. What actions will be taken from today and what timescales will the core group agree to?

7. If the Core group remain concerned about the impact on the well-being of the children then they must follow professional escalation protocols.

Discussion Point (Intermediary)

1.None engagement of parents is not a suitable reason for not progressing with a case. Professionals must state that this provides more evidence that the improvement is limited but equally highlight the parent’s frustration and non-engagement due to the long time since any consistent involvement has been in place. Professionals need to agree a course of action before the next meeting and the social worker needs to be reminded of remaining professional and focussing on the case at hand.

2. Professional escalation protocols must be initiated. First stage to speak directly to the Social Worker’s line manager and discuss the concerns.

3. Sheila and Greg must be contacted by the social worker/another member of the core group (given Sheila and Greg may refuse to speak to the Social Worker) to be informed of the decision. They must be reminded of their right to speak directly to the line manager regarding their own concerns regarding the case.

4. IRO/Chairperson/Social Worker’s line manager/each agency’s own senior leads/managers.

5. Formally contact the social worker’s line manager and put concerns in writing.

6. Once the formal professional escalation protocols are initiated, it should be done in a timely manner. Therefore the core group should agree timescales of action and follow the protocols to engage with the next tier if concerns continue.

Spring Term-Second Half Term-Voice of the Child

Discussion Point (Basic)

1.Consider firstly who is the most appropriate person, where is the best and safest place to do so and what skills/games/play will Damien respond best to.

2. Damien may be lonely, overwhelmed, confused, unhappy, shy, worried about relationships with his peers. Painting/drawing/story writing/role play/games may encourage him to open up.

3.Damien should be informed about the meeting, asked if he wants to attend for however long he may want to and supported throughout that process. Alternatively the most appropriate adult should seek his views via the above techniques and confirm with him what he wants to be shared and how that will be done.

4. Social Worker/IRO/Chair Person/any agency he has direct intervention with.

5. Parents should be informed of your report and this is a worthwhile opportunity to show your view on Damien and his views on the situation allowing for clarity and honesty prior to the conference review.

6. What groups/clubs could Damien attend, could he access breakfast and after school clubs, could he be given a buddy, join the council or any other activities that will build his confidence and peer groups.

Discussion Point (Intermediary)

1.Damien should feel safe and secure that he has done the right thing by sharing the information. He should be reminded that it is important that he has food and drink and that he and his family get the right help. He should be informed that the information has to be shared but that it will be done in a way to make sure the family receive the right help they need.

2. Damien’s views should be shared directly in his own words.

3. Professionals and parents should be reminded how important the child’s voice is and how brave he is to share. It does not have to be a negative thing but a way of ensuring the right support and intervention is provided.

4. You should inform Damien immediately after the meeting what happened and how it will be dealt with.

5. Hopefully you should be able to show Damien following the meeting that because he has shared what is happening, the root problems can be resolved and this will lead to better outcomes for him and his siblings.

Summer Term-First Half Term-Managing and Dealing with Risk

Discussion Point (Basic)

1.There is both emotional, physical and sexual risk to Gemma and school need to be on high alert in managing Gemma’s needs. Gemma is at risk from herself harm and also towards others because of her sexual behaviours.

2. With a strong risk assessment plan this risk can be measured and supported with the intervention of others and the co-operation of Gemma.

3. A risk assessment needs to consider her triggers, her timetable in school, where and when she feels most at risk, where are her safe spaces and safe people and what level of supervision can be provided to her in school.

4. Complete the risk assessment tool.

5. Seek individuals out when she feels at risk, go to her safe spaces and seek help. Tell others when she feels low, have no access to medication on site unless under the direction of first aiders. She needs to ensure she is not isolated or in a position of isolation with another student. She may have a card/pass in situations that she cannot cope with.

6.Work should be undertaken with the year group/Gemma around appropriate and acceptable behaviour and the implications and consequences if not. Pupils should be informed of who to seek and what action to take immediately if they believed themselves to be at risk by any one on site. (use peer on peer abuse policy)

7. As Gemma is the subject of a child protection plan all parties of the core group should be part of the risk assessment so consistent strategies are used elsewhere e.g. at home, counselling. If Gemma has one to one mentoring or counselling they must be part of the development of the risk assessment in managing her own risk.

Discussion Point (Intermediary)

1.Full medical attention required and parents informed to take her to A and E immediately. Review of risk assessment required urgently.

2. All parties of the core group, Gemma and parents and specific medical intervention e.g. GP/counselling.

3. Drugs intervention/counselling, mental health services, any intervention that can support her needs.

4. This risk is manageable providing honesty, transparency and a commitment from everyone willing to work together and share information. Specific circumstances will need to be in place for Gemma, e.g. bag search every morning, checking in points, safe spaces and people accessible to her, staying on site at break and lunch times, specific timetable, limited isolation points. Professionals need to co-operate and support the plan and agreed immediate action to take place in the event of further episodes of self-harm.

5. Awareness raising of self-harm, safe places and individuals to go, drug awareness, acceptable behaviour and consequences. Gemma’s individual peer group to support and raise concerns regarding Gemma if necessary.

Summer Term-Second Half Term-Sexual Exploitation and Missing Children

Discussion Point (basic)

1.Dropped off by unknown males, broken down family relationships, cash, change of image, going missing from home or school, looked after and attending locations with others to use drugs and alcohol. You may also look for withdrawn behaviours, limited contact with friends and family, sexualised behaviours, aggressive behaviours.

2. Talk to Heidi about what’s happening in her home life, use things that she may engage in e.g. recent media stories or events, hobbies, interests, friends etc. Offer Heidi space and opportunity to talk without showing judgement. Talk to Heidi about risk and if you cannot prevent her from engaging in behaviours seek to support her in managing and reducing risk e.g. strategies to leave a situation if she feels uncomfortable, code words, sexual health and protection.

3. Ensuring appropriate referrals to local CSE services are in place and what actions are being taken. Discussion of crime and consequence of such sexual behaviours and coercive and controlling behaviours. Use of informal and formal curriculum to raise awareness.

4.Ensure all appropriate support is in place for Heidi regarding her learning and consider counselling, peer mentoring, one to one, safe spaces to talk, named individuals who know her story, regular review of risk assessment and strategies to keep her safe. Externally ensure any necessary services are available and support Heidi in using her risk assessment to keep herself safe.

5. Ensure CSE guidelines are being followed, ensure LAC procedures are being followed and the appropriate support and intervention is in place to meet her need. Make sure that her care home/foster carer is adhering to protocols when she goes missing and are part of the risk assessment process and that there is joined up working between both systems.

6. Sexual health services, counselling, Mental health services.

Discussion Point (Intermediary)

1.Continuing to build a relationship with Heidi to support and build her confidence in the hope of helping her feel able to share what is happening. Continuing of intelligence sharing and professionals working together.

2. Professional resolution protocols could be followed raising the profile of this case to safeguarding board level, LAC procedures could be considered, i.e. is she safe where she is placed or does secure accommodation need to be considered in keeping her safe. The police and their actions can be formally challenged.

3. Review of risk assessment, increased multi agency meetings, increased supervision, intelligence sharing with the police.

4. Review of LAC procedures in terms of Heidi’s direct safety.