Tower Hamlets
Social Work
Academy
investing in social work, inspiring excellence

TOWER HAMLETS

Direct Work Resource Pack

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

Contents

SECTION 1
Initial visits and getting to know the child or YP

SECTION 2
Completing the C&F assessment and basic tools to use (and any of these tools could also be used during long term intervention)

Sub-section 1 – The child's participation tools
Sub-section 2 – Assessing parenting capacity
Sub-section 3 – Identifying Domestic Abuse
Sub-section 4 – Miscellaneous tools and guidance

SECTION 3
Direct work – more detailed interventions more likely to be undertaken when working alongside a plan but could also be used during assessment. This range of material includes generally more detailed tools. (These could also be used during assessment)

Sub-section 1: Appropriate touch, sexual health and Child Sexual Exploitation
Sub-section 2: Domestic Abuse
Sub-section 3: Substance misuse
Sub-section 4: Neglect
Sub-section 5: Planning with Children and Young People

SECTION 4
PLO, Court – public and private including contact and parental separation

SECTION 5
Children Looked After and Adoption

SECTION 6
Websites

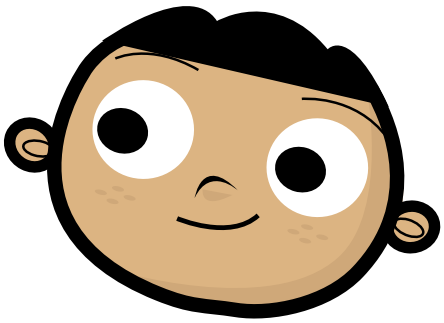
Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

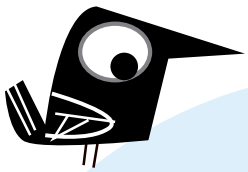
TOWER HAMLETS

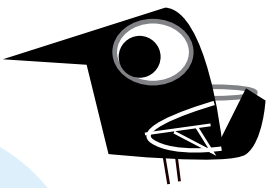
SECTION 1

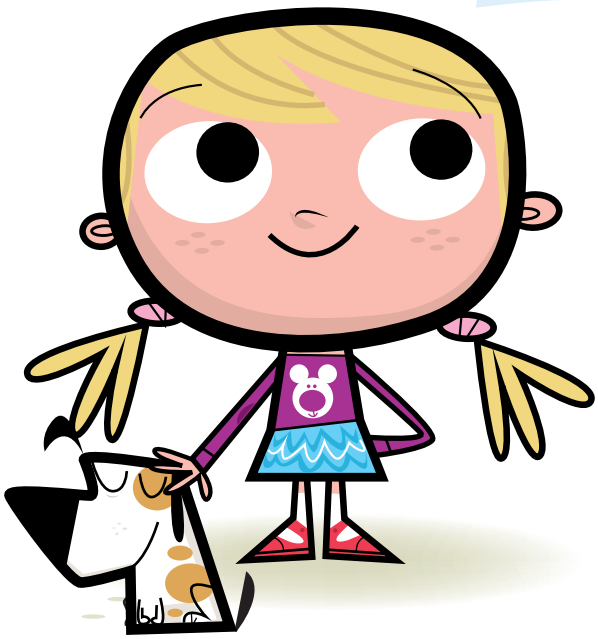
Initial visits and getting to know the child or YP

About me

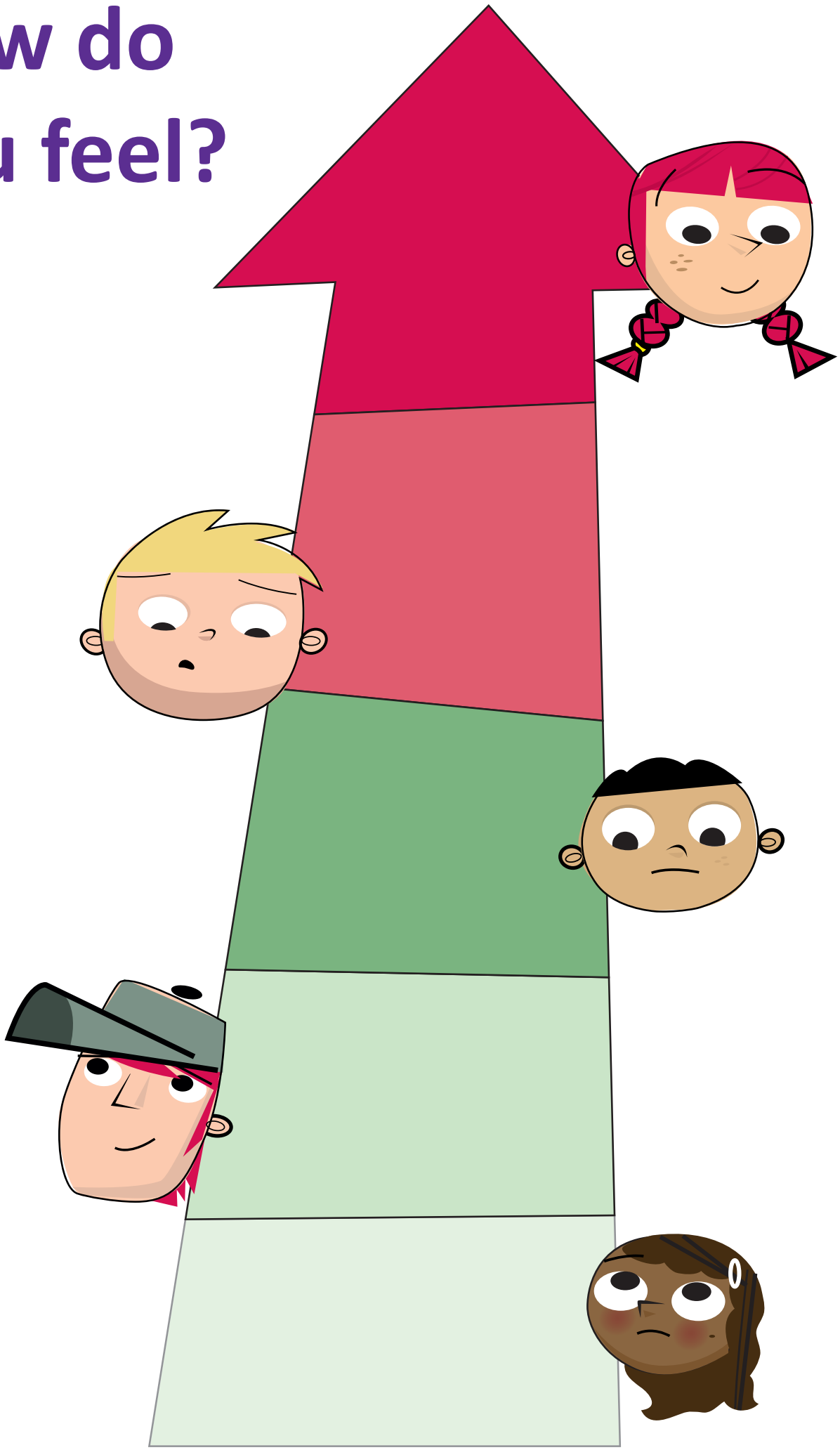








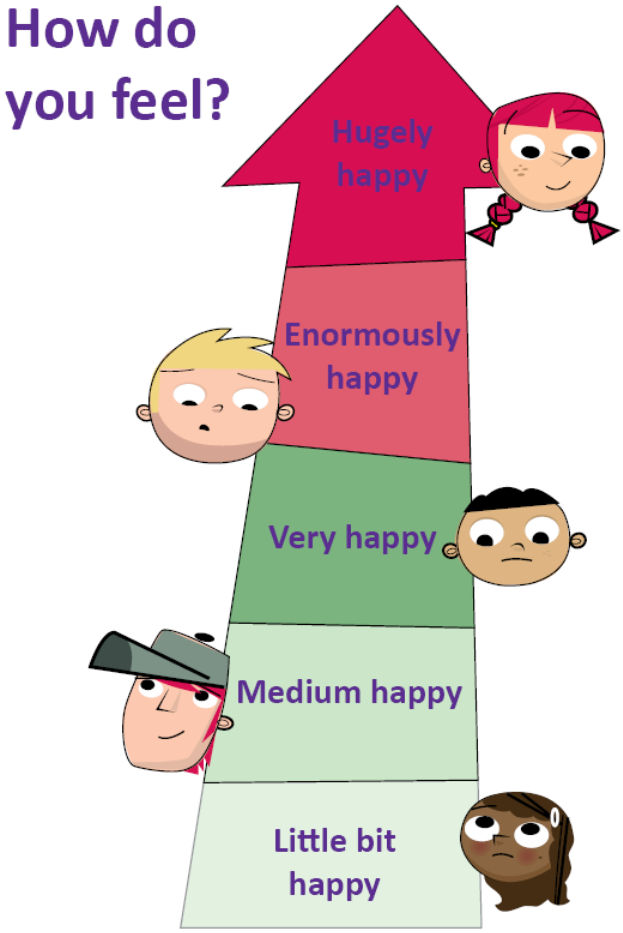
How do you feel?



Notes for practitioners:

This meter is to be used with the Cafcass emotion stickers, to add depth to the feeling the child or young person has picked. For example, if a child or young person picks the 'happy' emotion sticker - write a different scale of the emotion in each coloured box on the meter; example below.

The meter could be laminated for reuse with dry wipe pens.



Below are some questions that might help you understand the child or young persons feelings better, in general. These questions can be asked with or without the meter:

"How would mum know when you are happy?" "What do you do when you are happy?" "What makes dad happy?"

For example in practice:
Child A gave dad a happy face sticker. I asked him what makes dad happy. He said, ''When we go to bed'. He then said, "He hates us, when we annoy him he hates us so much".

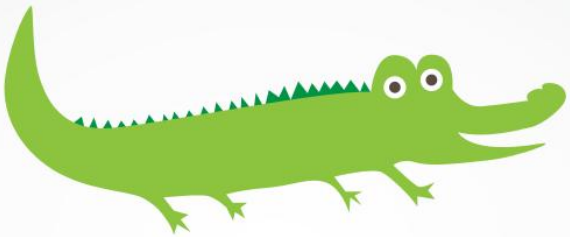
This activity could be done with the parents/carers also. You could ask them:

- to guess what stickers the child or young person might have chosen
- why they think the child or young person might have chosen that sticker
- what they think the child said about them or anyone else?

'ANIMAL TALK' ACTIVITY:

Using animal pictures to get to know children and discuss their views and feelings













Created by: Edita Stiborova socialworkerstoolbox.com 2017 ©
Designed by: vecteezy.com

Preparation:

Print out the four sheets on the following pages and cut out each picture so that you end up with 24 individual pictures.

How to use the pictures:

Choose the activity which is most suitable for the child you work with -

1) Icebreaker; getting to know the child

Look through the pictures with the child and discuss their favourite animals with them. Ask various questions such as why they chose this particular animal, what do they know about the animal, whether they have seen it in a Zoo/on TV etc.

2) Establishing the child's feelings

Ask the child what feelings they think each animal/animals they picked has and why they think they feel that way. Explore what makes the child feel the same way or when was the last time they felt that particular way.

Example of conversation: "Yes, the dog looks very angry. What do you think makes him angry?... Yes, he may feel angry because somebody wants to attack him. What about you, what makes you angry?...or... Have you ever seen anybody being attacked by a dog or a person?"

You can also use the pictures to discuss a topic of your choice - for example, if working with a family where neglect is a feature, you can ask "What do you think the little birds in the picture need?" and then discuss the child's needs.

3) Establishing what the child thinks of themselves and the people around them

Talk about various qualities the animals in the pictures have (eg. dolphins are good swimmers; bears are strong and can be scary, bunnies are cute, cats like to be around people, mice can get to small spaces).

Ask the child to choose what animals they would like to be and why. Try not to limit them to just one animal as they may like some qualities of multiple animals.

Discuss if they have some of the same qualities as some of the animals.

Do the same for various family members or key people the child knows by asking them if they have some of the same qualities as some of the animals.

















































Start

End

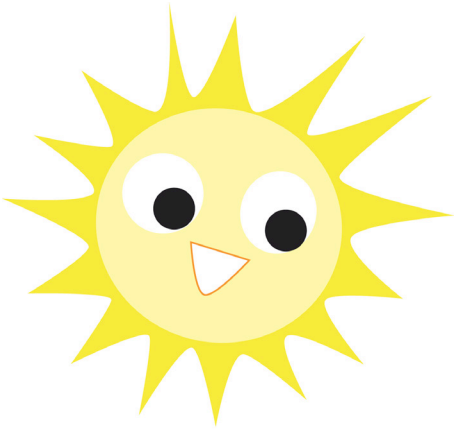
Game rules:

Both players choose a token from the next page, cut them out and place them on the Start box.

Then take it in turns to roll the dice and move the number of spaces shown.

When you land on a box tell the other player something related to the word in the box or answer the question shown.

You can play this game as many times as you like, and can change the words and questions if you want.

















Notes for practitioners:

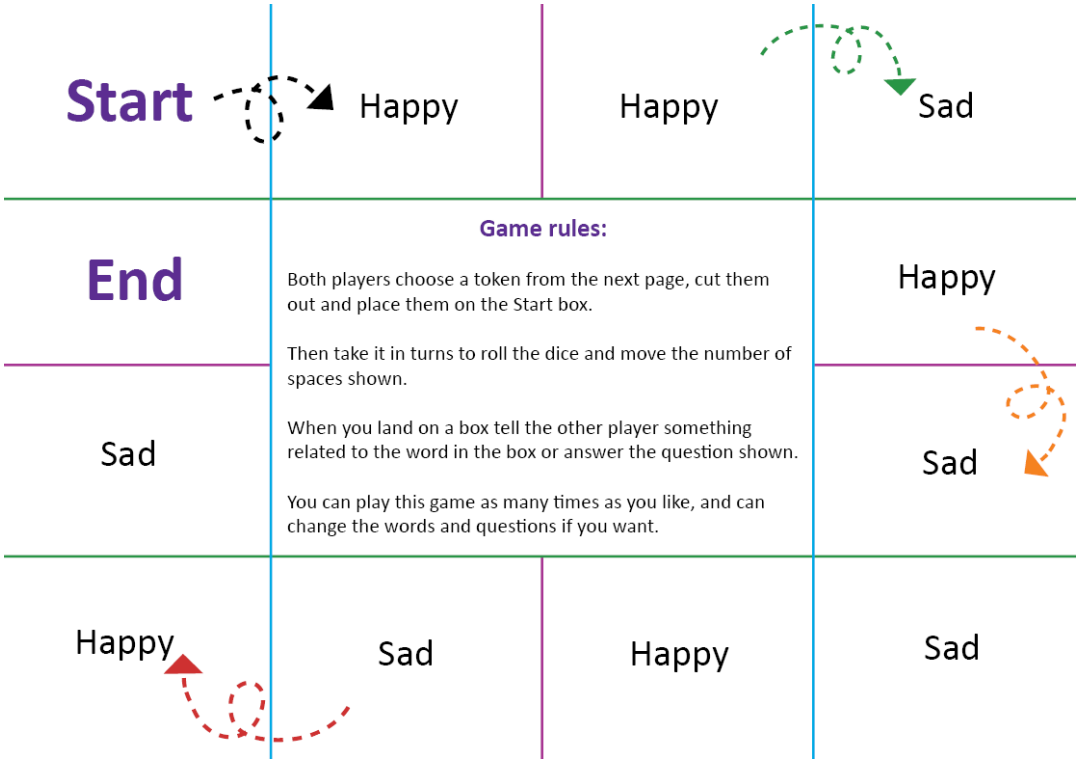
The aim of the game is to build a sense of trust with the child or young person. It allows them to openly discuss their thoughts and feelings, without feeling like they are being questioned. It is made to feel like a game, as you are also supposed to join in and share your thoughts and feelings.

To prepare the board game, write down words, such as 'happy/sad', or for older children more complex words like 'anxious/stressed' in each of the boxes; example below. Use words that relate to a particular issue that you want to discuss with the child or young person. You can write down questions if you feel this would work better.

You and the child or young person should choose a token from the second page and cut it out to use in the game.

You can play the game as many times as you feel necessary, and you can change the words/questions each time you play.

List of suggested words to use:
Angry/calm
Happy/sad
Love/hate
Like/dislike
Safe/unsafe
Scared/confident
Good/bad



HAPPY PLACE

A Happy Place is a location where you feel the calmest and most relaxed. For some people, this can be at the beach, in the woods, or in their room. Whenever you become anxious, sad, or angry, it can be helpful to imagine yourself at this place! The more details that you can imagine, as you close your eyes, the more helpful your *Happy Place* will be in calming you down. Answer the questions below and try to be as descriptive as you can be.

Where is your happy place? _____

What things do you see?



What sounds do you hear?

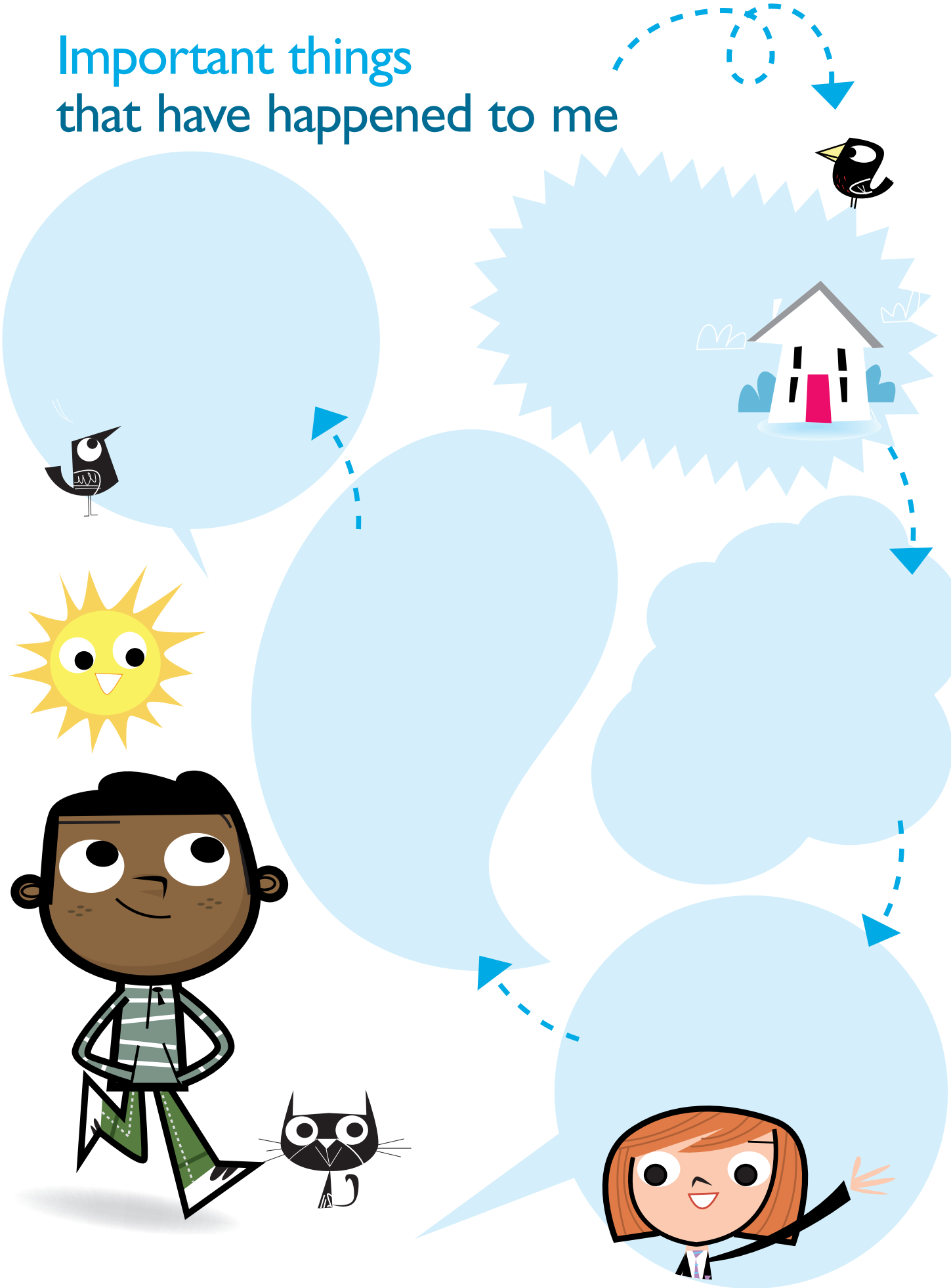
What can you feel or touch?

What do you smell/taste?

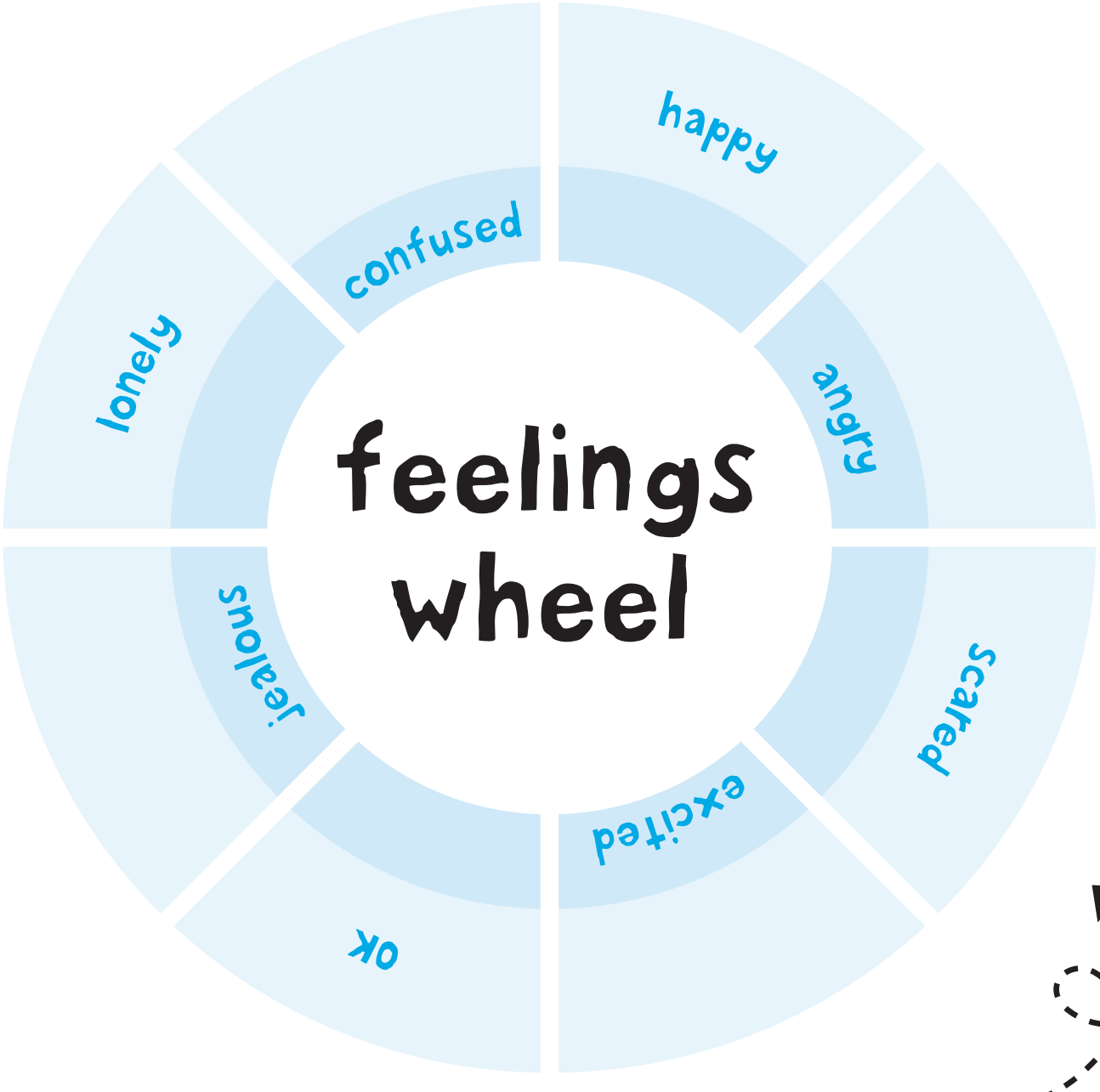
How are you feeling?

© 2016 Mylemarks LLC. All Rights Reserved.
For more resources, visit www.mylemarks.com!
Thought bubbles in the file are licensed from *Graphics From the Pond* http://frompond.blogspot.com

Important things that have happened to me



How I feel about my future



circle the feelings you have or use the empty boxes to add your own



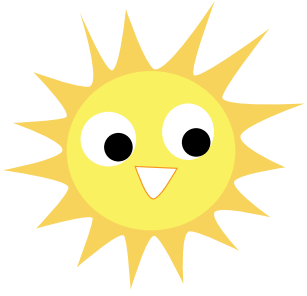
My needs

What needs to remain the same?
What needs to change?

my activities

giving me stability and security

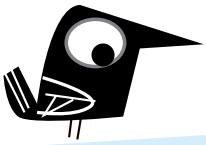
who i see



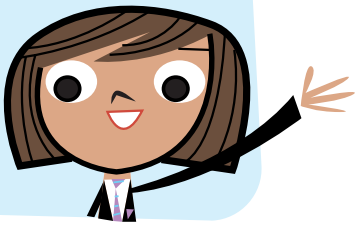


keeping me healthy





getting me the best education



keeping me safe

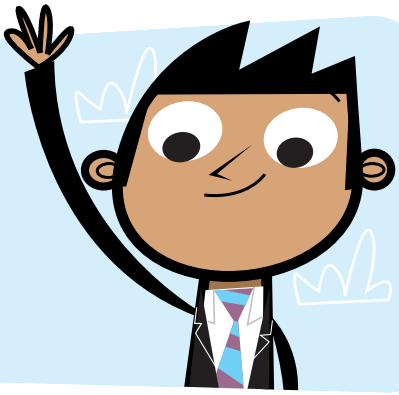


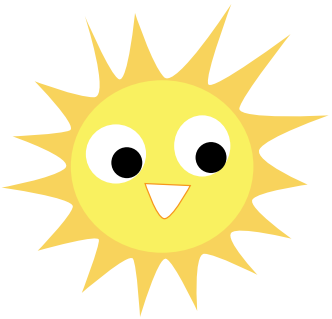
my religion or other arrangements because of who i am



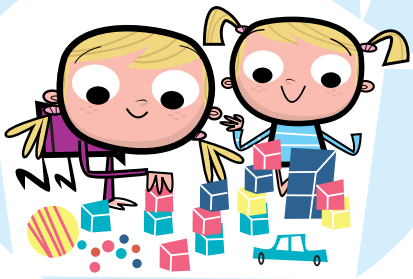
where i live



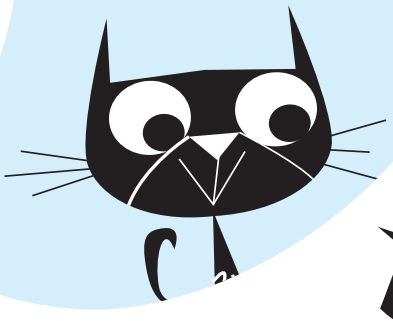




Things that make me feel safe









C10009/0407

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 2

Completing the C&F assessment and basic tools to use

(and any of these tools could also be used during long term intervention)

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 2

Sub-section 1 – The child's participation tools

All About Me

All About Me!

How I Grow and Develop

- Being healthy
- Learning to be responsible
- Learning and achieving
- Becoming independent, looking after myself
- Being able to communicate
- Enjoying family and friends
- Confidence in who I am

What I need from the people who look after me

- Guidance, supporting me to make the right decisions
- Everyday care and help
- Knowing what is going to happen when
- Keeping me safe
- Being there for me
- Understanding my families history, background and beliefs
- Play, encouragement and fun

My Wider World

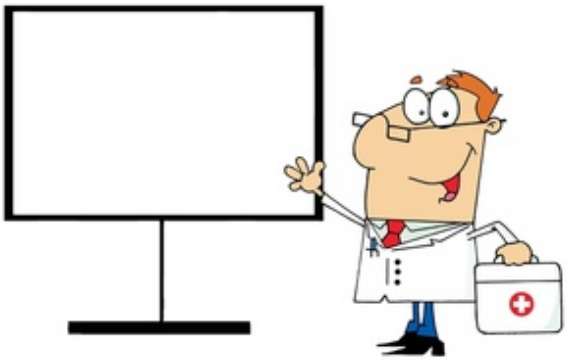
- Belonging
- Work opportunities for my family
- Comfortable and safe housing
- Enough money
- Local resources
- School
- Support from family, friends and other people

How I Grow and Develop
Being Healthy

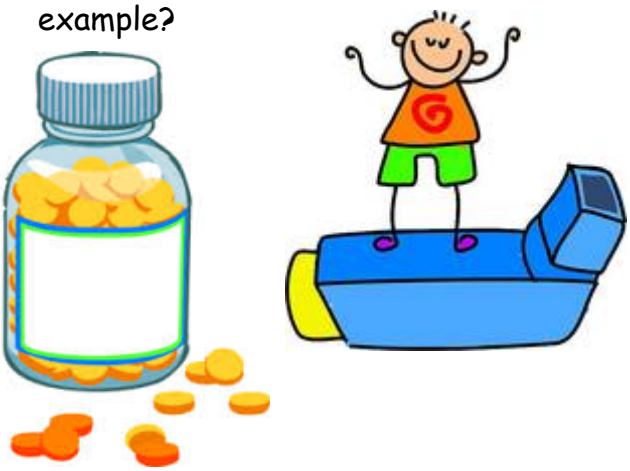
When did you last go to the dentist?

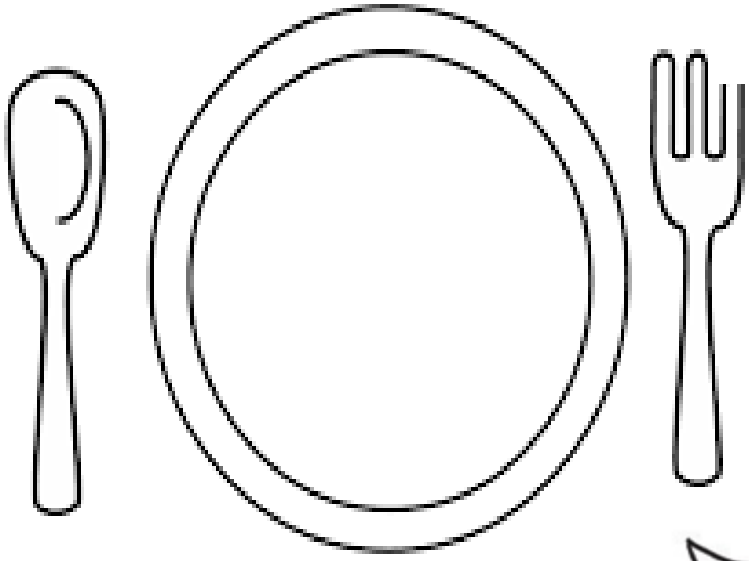


When you are poorly, do you go to the doctors?

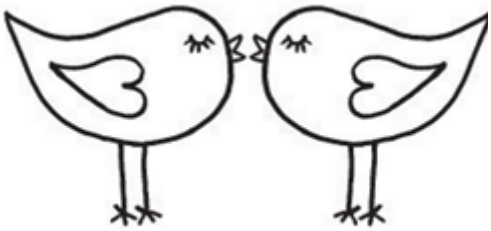


Do you take any regular medication, an asthma pump for example?





What does your favourite dinner look like? Who cooks it? What can you make to eat and drink?

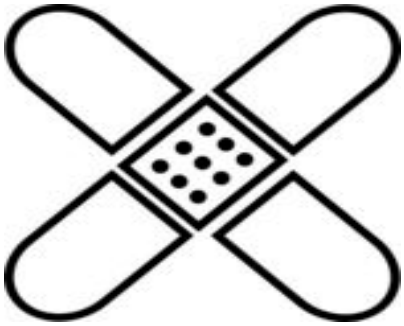


Have you got a boyfriend/ girlfriend?



Have you ever seen an optician? Do you wear glasses?

Have you had any injuries or been to hospital?

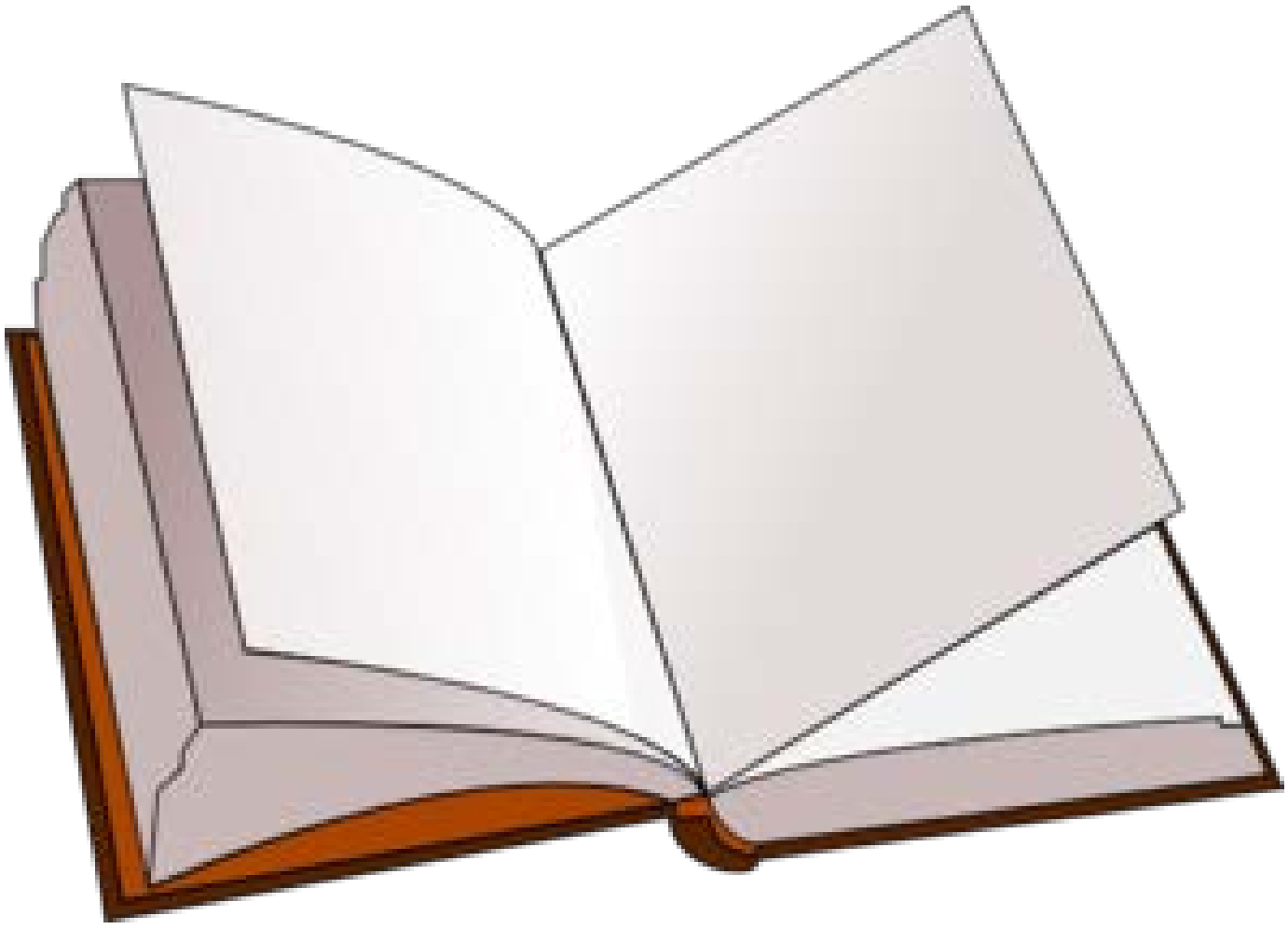


What do you like about school?

What would you change about school?

What is your biggest achievement?

What is your favourite subject? What clubs do you take part in?



Becoming independent and looking after myself/ learning to be responsible/ enough money

Can you, Do you…



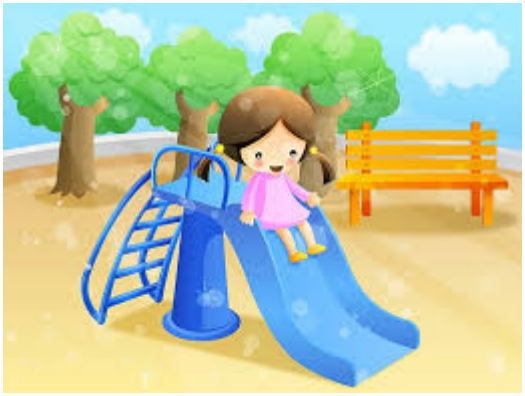
- Brush your own teeth twice a day?
- Tidy your room?
- Make a cup of tea?
- Read to someone at home?
- Make your bed?
- Brush your hair?
- Get dressed in the morning?
- Go out to play by yourself?
- Walk to school by yourself?
- Get pocket money?
- Cook dinner?
- How do you know what is right and what is wrong?











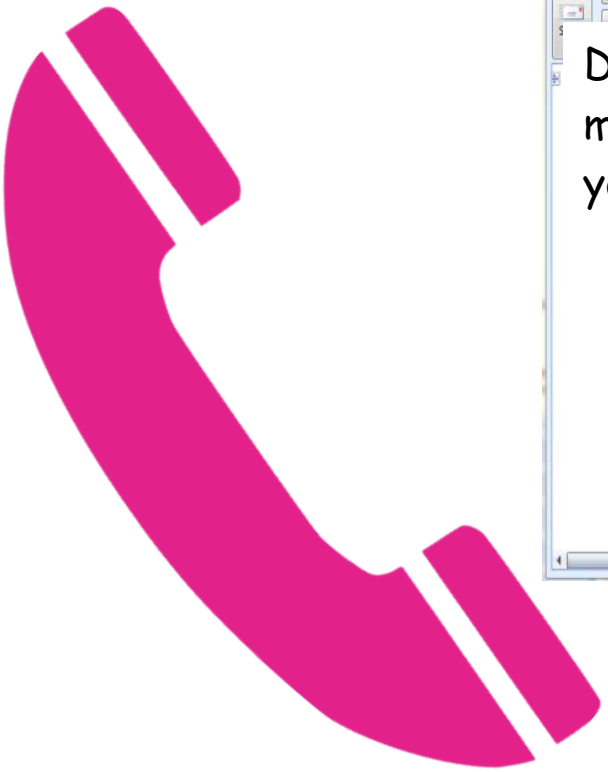


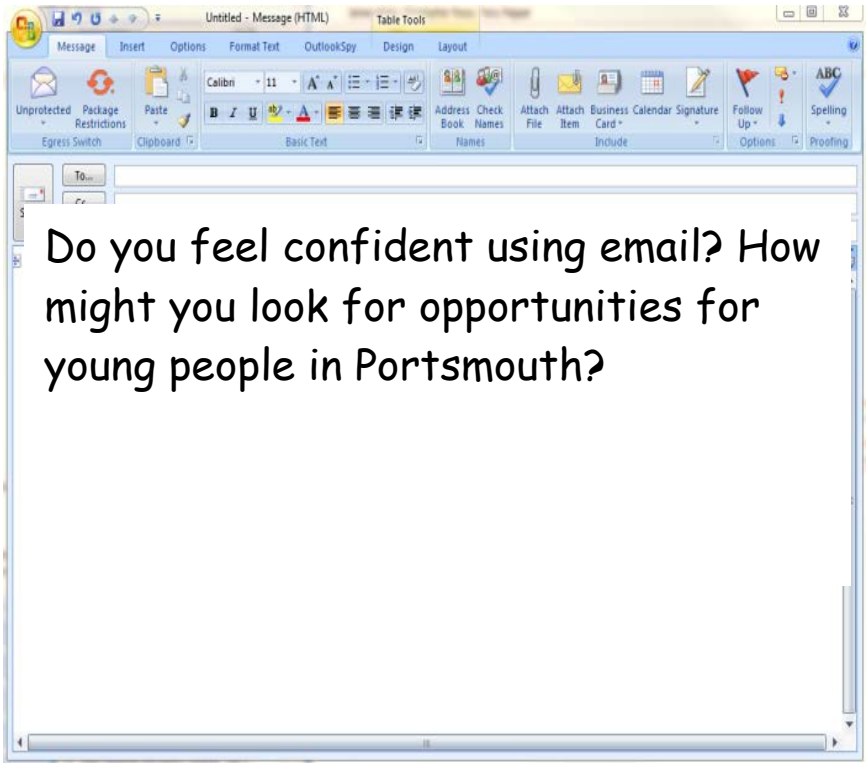
Being able to communicate

Do you have a phone? Who would you call for help if you needed to? Do you know how to put emergency contact information into it?

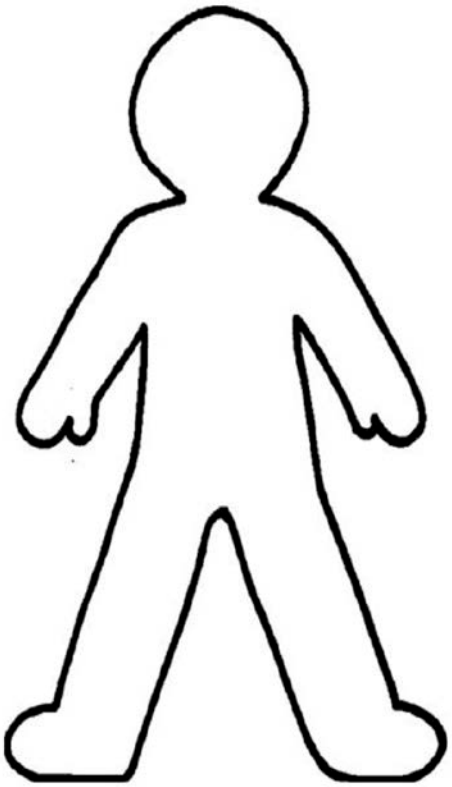
Do you use social media? Would you like to be involved in a FIP social media page to hear about events and opportunities? What do you do if someone you don't know asks to be your friend?

How do you feel about talking on the phone?





Do you feel confident using email? How might you look for opportunities for young people in Portsmouth?



We can often feel our feelings in our bodies…where do you feel yours? What happens? For example, do your legs jiggle with excitement, do your fists clench with anger, do your cheeks go

I get excited when……
When I'm excited ……
I get sad when……
When I'm sad I……
I am happy when ……
When I'm happy I……

Today I am feeling

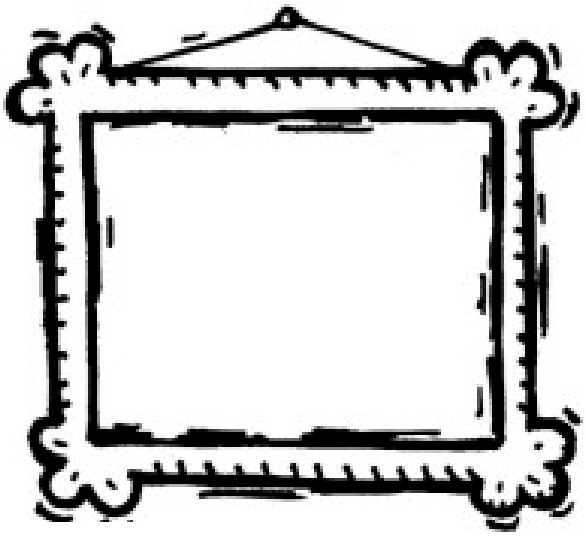
How do you let people know how you are feeling?

Enjoying family and friends/ belonging

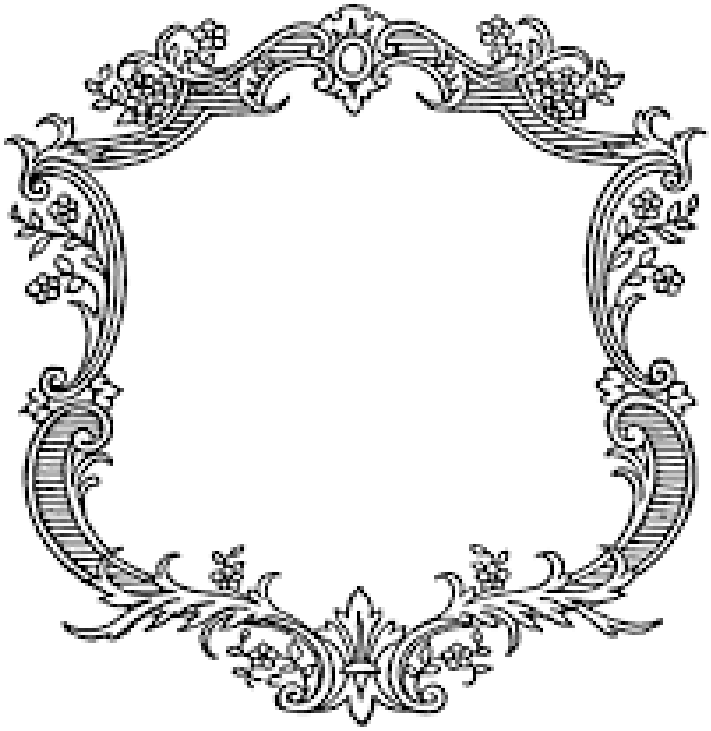
Draw a picture of who is important to you?















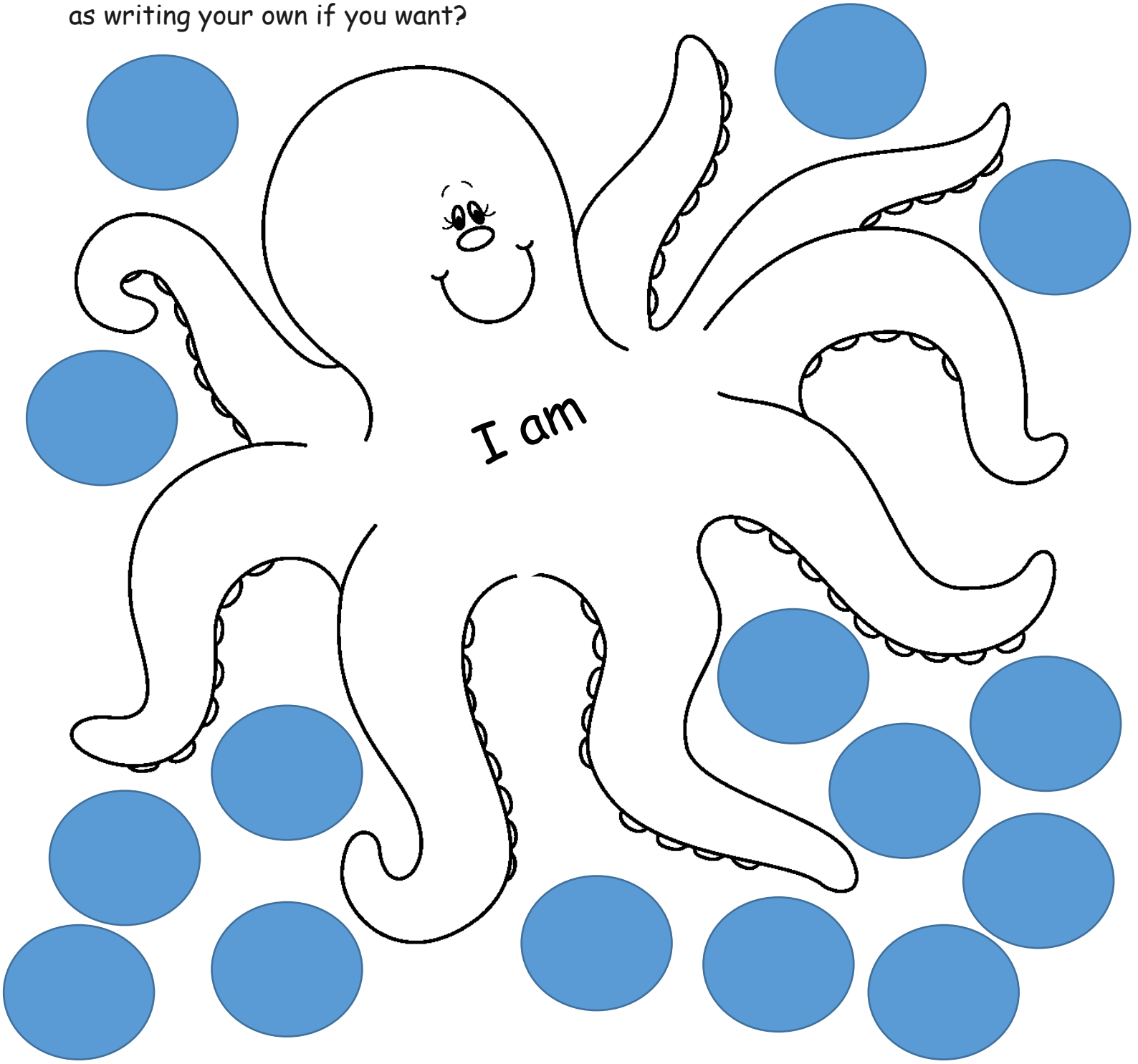
Because…….



Who are your friends?
What do you like to do with your friends?
Do you have a best friend?
What makes a good friend?

Confidence in who I am / belonging

How would you describe yourself to a new person in your class? What are you good at, what do you like? You can borrow some words from the bubbles as well as writing your own if you want?



If you find this tricky, think about how your parent, teacher and best friend might describe you or ask these people to write one thing each on the octopus with you.

What I need from the people looking after me.
Guidance, Supporting me to make the right decisions

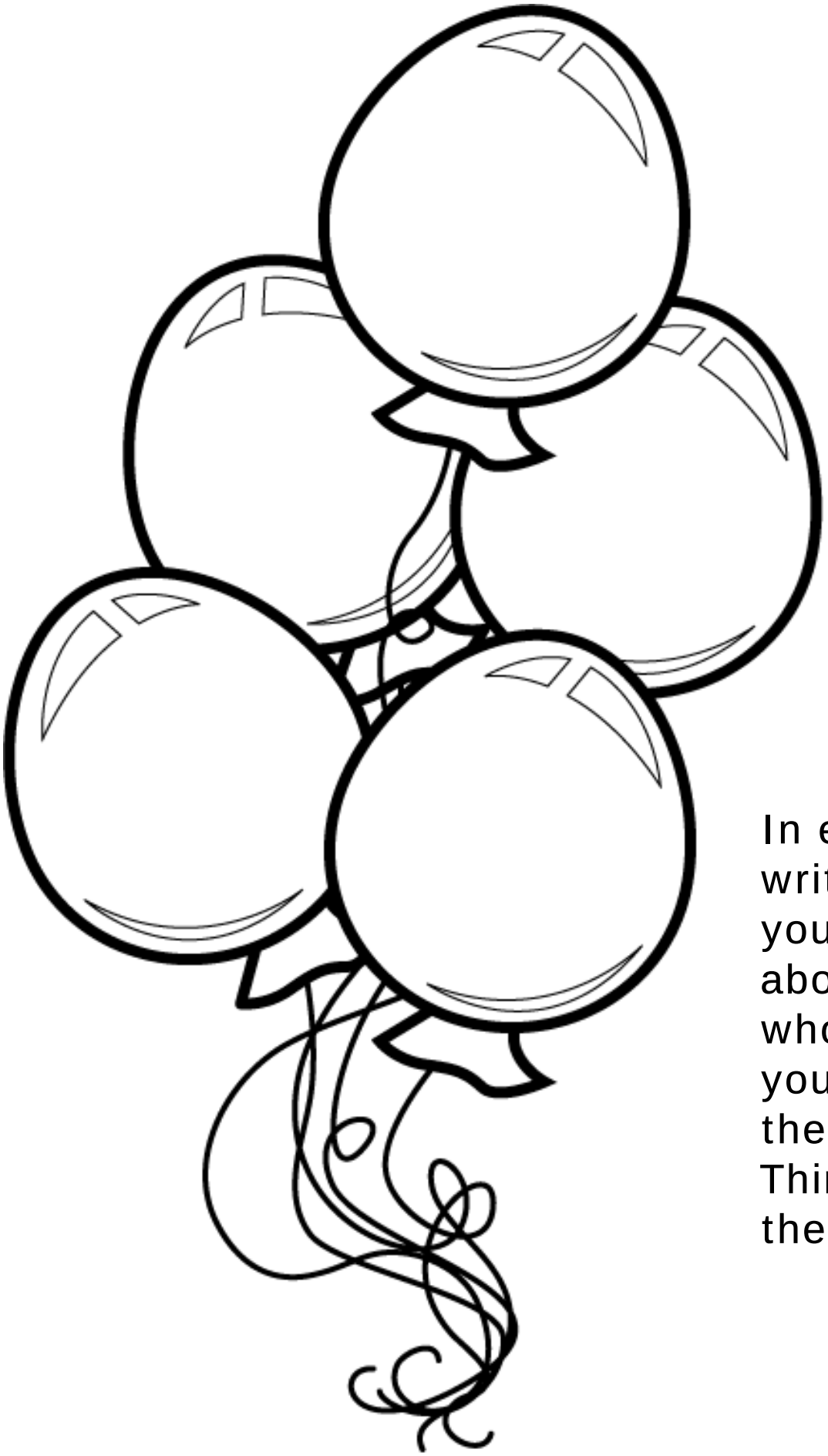
Do you know what the rules are in your house, what you are allowed to do and not allowed to do?

What are the three most important rules?

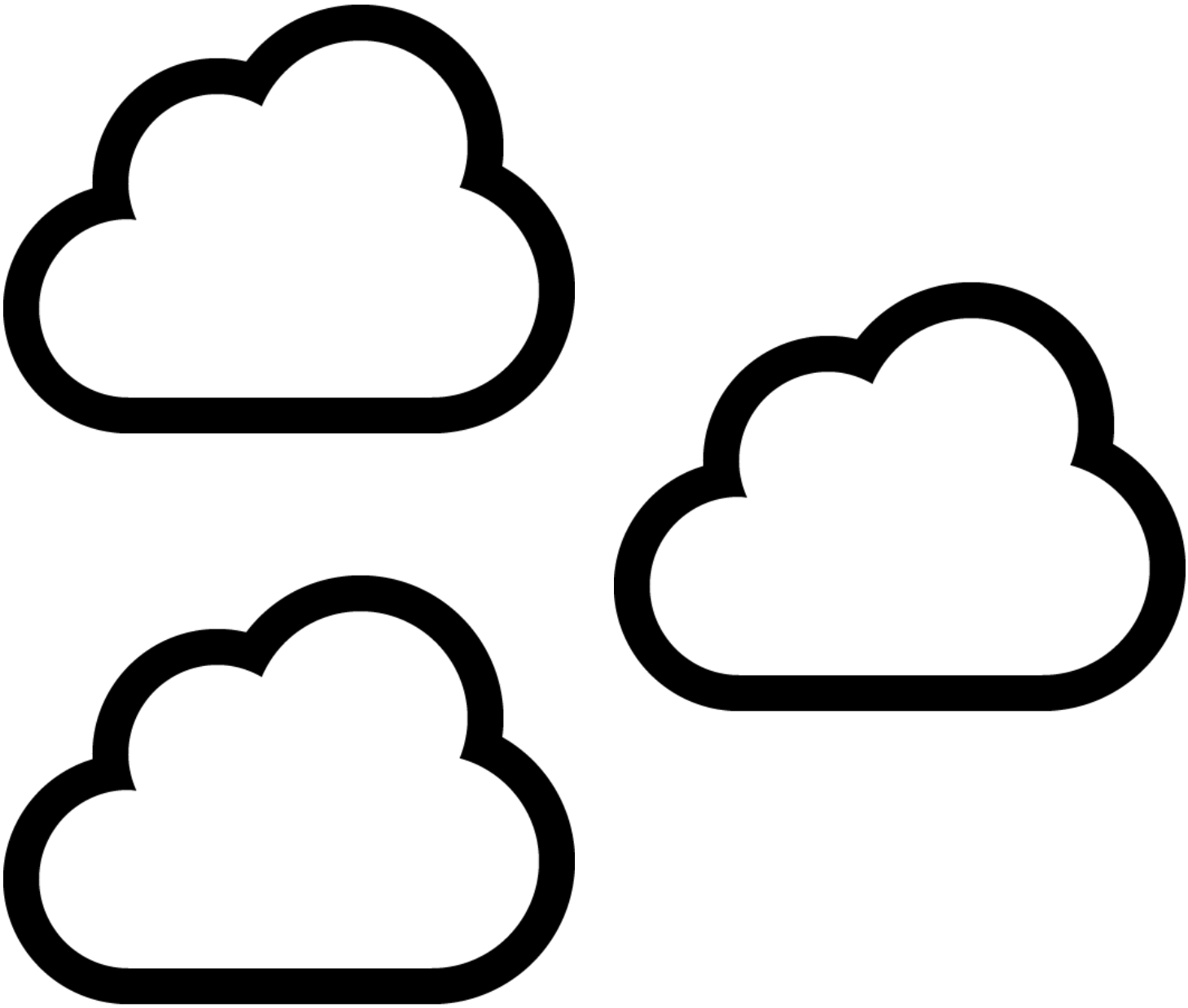


What happens if you don't stick to the rules?

Every day care and help.



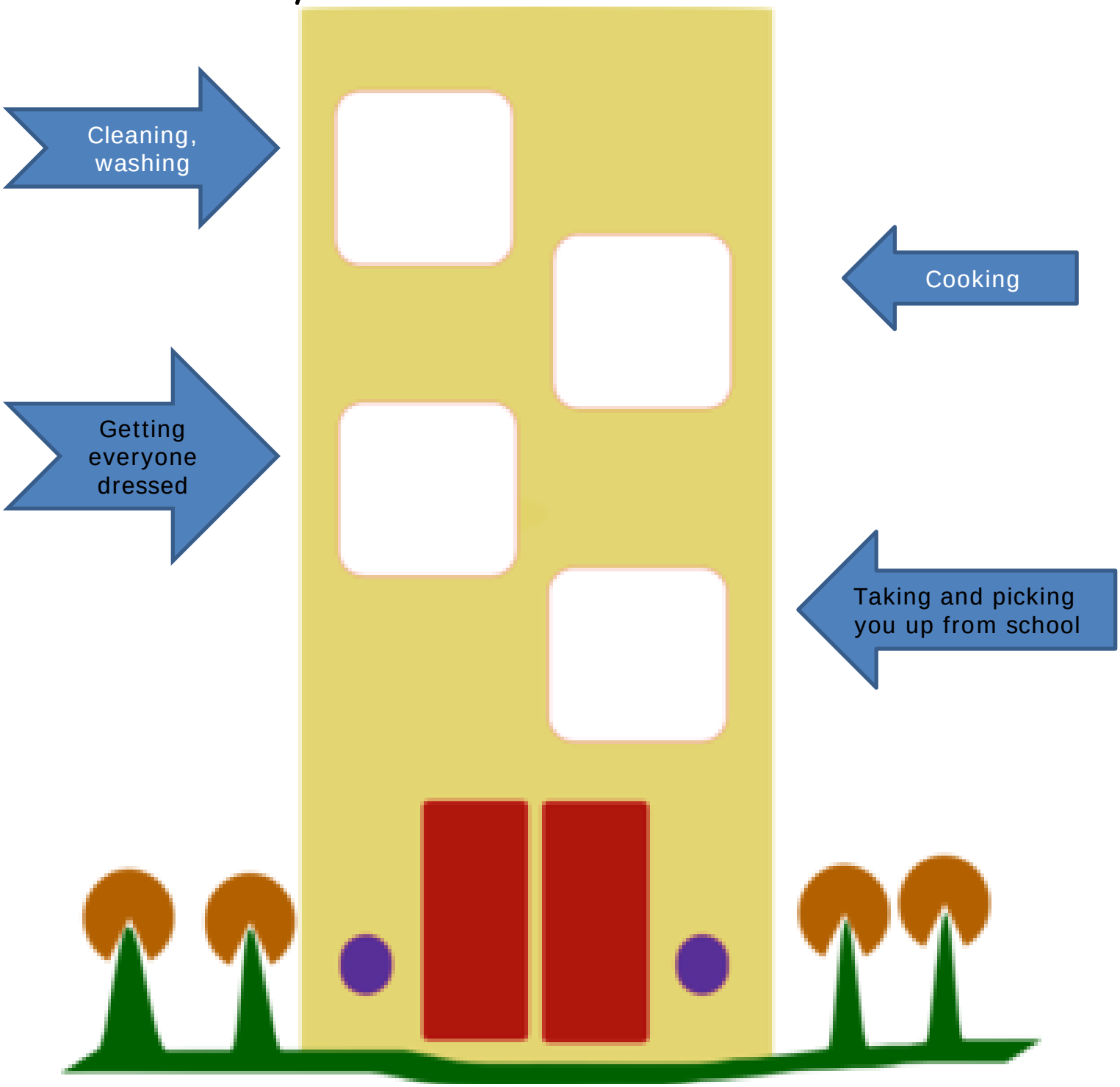
In each balloon, write something you think is good about the person who looks after you or something they are good at. Think about what they do for you?



What do you think the person that looks after you might need help with? Can you write it in the clouds?

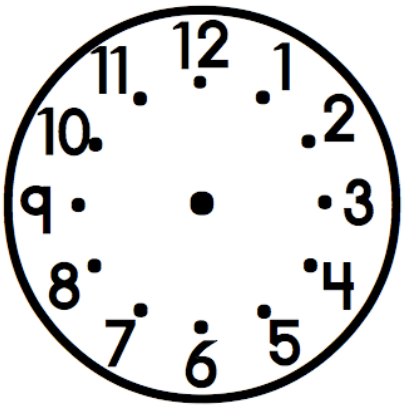
Comfortable and safe housing

Who lives in your house and who does what?



Knowing what is going to happen when/Keeping me safe

Can you draw what time bedtime is?





Have you ever had a family meeting? What might you say at one?

Do you always tell you parents where you are?

If 10 is the safest and 1 is the least safe, how safe do you feel?

Where do you feel the safest?

Can you describe any situations that might not be safe for you?

Do you know how to keep yourself safe on the internet, out and about, at home?



Who are the people you can talk to if you have a problem? Think about people at home, in school, at clubs you go to.

Draw around your hand – in each finger write down someone you can talk to, someone you can trust. How would you contact these people if you wanted to?

Family Coats of Arms

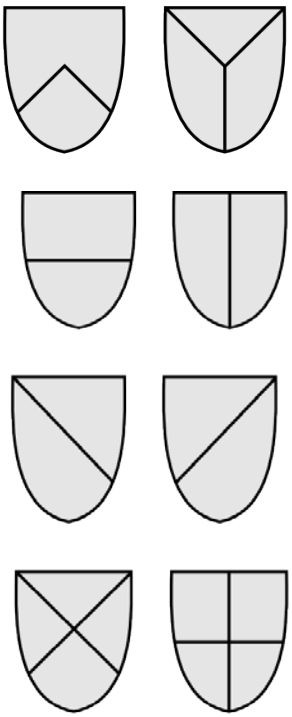




The Coat of Arms started in about the 12th Century. A knight dressed in armour from head to foot could not be recognised by friends or enemies. This resulted in markings being painted on knights' shields, as it was the largest piece of equipment the knight had and as the shield was easily seen from far away.

Have a go at designing your own

Your design should be made up of "clues" about yourself so that your friends would recognise it as being yours.



1. SHIELD – this is the main body of the design. You might want to divide it up. Each section should include something about what you like to do for fun as a family, tradition or strengths. Some of the symbols commonly used are shown below with there meaning, this might help give you some ideas.

2. COLOURS - choose your favourite colours for the background of your shield it could even be more than one colour, perhaps one or two for each section.

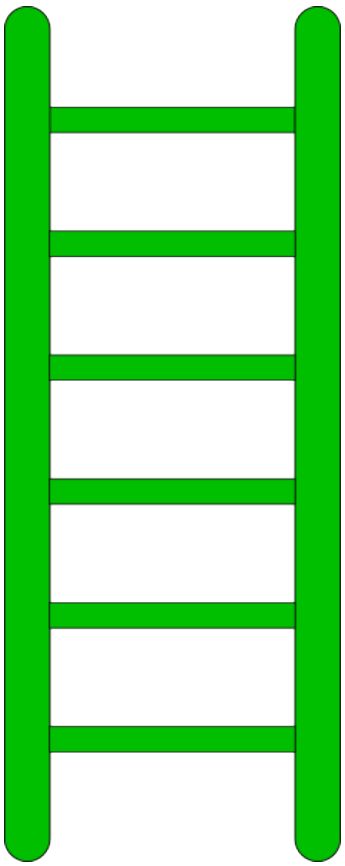
5. **MOTTO** - this appears at the bottom of the coat of arms and would normally be three words describing why the knight would be a good ally. Think of three words that sum up your family strengths.

Some colours, symbols and animals had special meaning when use on Coats of Arms.

Bravery	Red, Griffin (part eagle part lion), Unicorn, Lion, Tiger, Dragon, swords, horns, antlers
Kind	Bear, Pelican
Loyal	Blue, Dog, Wolf, Horse, Axe, Ring
Hard working	Bees, Camel
Ambitious	Snake
Enthusiasm	Falcon, Hawk, Fire
Clever/ Wisdom	Fox, Grasshopper, Cubes, Dice, Crescent
Leader	Purple, Eagle, Crown, Bridge
Trustworthy	Raven, Gold Circle
Peace & Harmony	White, Silver, Stag, Elk, Deer, Moon
Grace	Purple, Mermaid
Beauty	Peacock, Butterfly
Honest/ Truthful	Blue, Hand, Heart
Generous	Yellow, Gold

My Wider World
Work opportunities for my family

When you are an adult, what would you like to do for a job?



How will you get up the ladder to where you want to be?

Childs thoughts on what they would like to change

If a genie could grant you 3 wishes to change something about your world what would they be?



1: Example of how to explain assessment

Hello, my name is _____

I have come to see you because you are important and sometimes we need to check that you are happy and safe where you are living/at home with your family.

It is my job to make sure that you are safe and happy.



To do this we will talk to each other and I will listen carefully to what you want to say and what you would like to do.

Then together we will try to decide what would help you be happy and safe.

We can draw pictures, chat or play games.

I will write down what you think so I can remember.
This will help me to decide how to help.

If you or anyone else is being hurt then I will have to help make you safe.



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

Assessment

Understanding the child's view of what is happening and what they would like to change is a central part of any assessment. What is communicated should be made explicit and inform the assessment.

Three Houses

What is it?

This tool is designed to help children think about and discuss risks, strengths, hopes and dreams. They mirror a risk assessment tool from the signs of safety approach (Turnell 2012) which asks professionals and adult family members to think about 'what is going well' 'what are we concerned about' and 'what needs to happen'. It was developed by Niki Weld/Maggie Greening in Australia.

What do I need?

You need three large pieces of paper, one for each house, and pens, crayons or pencils (see template opposite).

What do I do?

Three Houses Process

1. Preparation: In preparing to do the 'Three Houses' with a child or young person, it can be helpful to find out as much background information as you can. At a minimum, you will need sheets of paper (preferably one for each house, as well as some spares) and some coloured pencils, crayons or pens. Choosing a venue where the child is likely to feel most comfortable is important, particularly for your first meeting.

2. Inform parents and obtain permission to interview child/ren. Sometimes, child protection workers have to interview children without advising or seeking the permission of the parents or primary caregivers. Wherever possible, the parents should be advised/ asked in advance and showing the 'Three Houses' Tool to the parents can help them to understand what the worker will be doing.

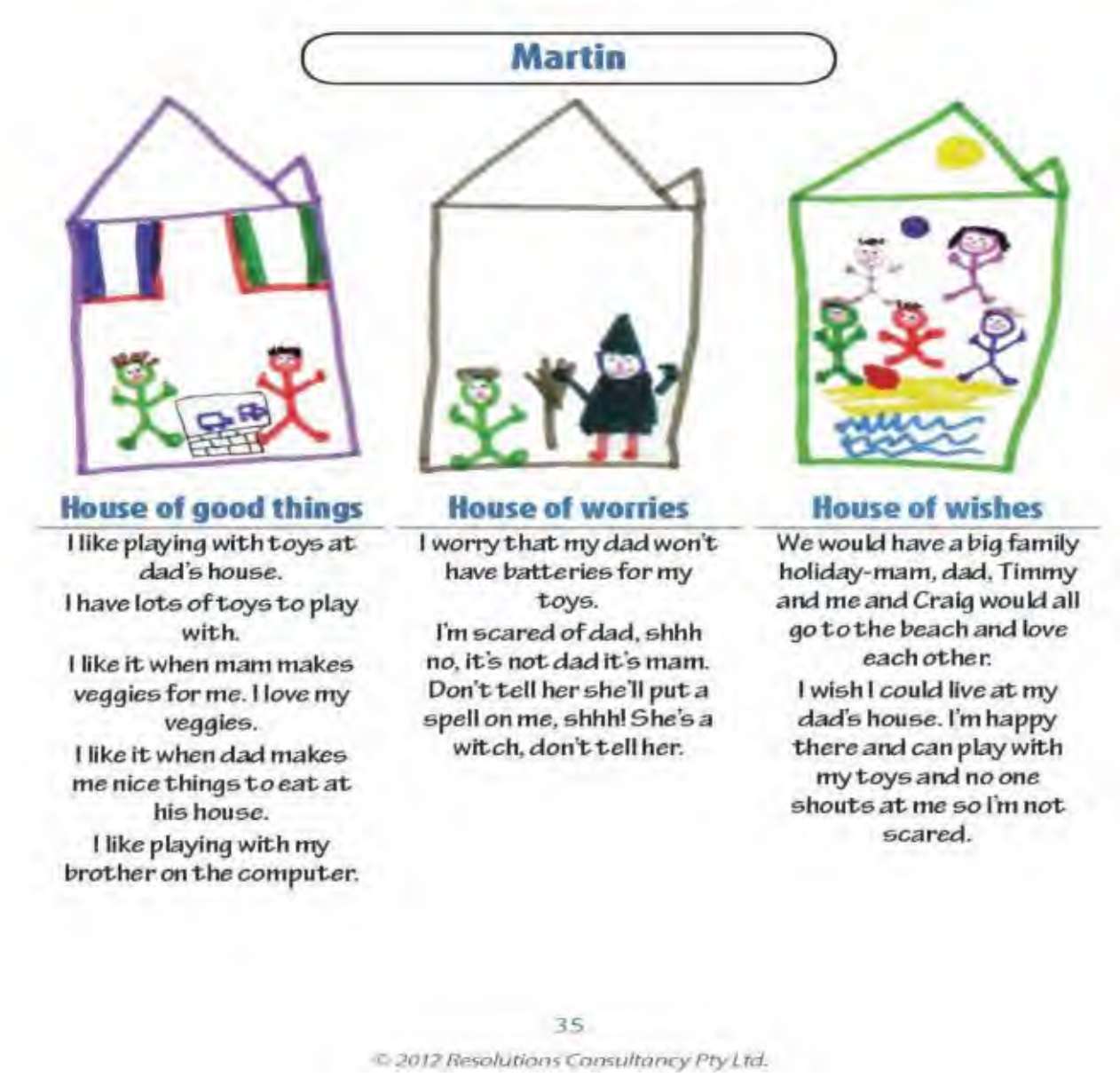
3. Make a decision whether to work with child with/without parents present. Again sometimes child protection workers need to insist that they speak with the children without a parent or caregiver present. Wherever possible it is good to make this a matter of choice for the parents and the child, but when this isn't possible, all efforts should be made to provide an explanation to the parents as to why the worker feels it is necessary to speak to the child on their own.

4. Explain and work through 3 houses with child using one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage child in the process. They can re-name houses, use toys, lego houses, picture cuts outs etc. Give child choice about where to start. Often start with 'house of good things' particularly where child is anxious or uncertain.

5. Explain to and involve the child or young person in what will happen next. Once the 'Three Houses' interview is finished it is important to explain to the child or young person what will happen next, and to obtain their permission to show the 'Three Houses' to others, whether they be parents, extended family, or professionals. Usually children and

young people are happy for others to be shown their 'Three Houses' assessment of their situation, but for some children there will be concerns and safety issues that must be addressed before proceeding with presenting what they have described to others.

6. Present to parents/caregivers usually beginning with 'House of Good Things'. Before showing the child's 'Three Houses', it can be useful to ask the parents: 'What do you think the child would say is good/worried about/ dreams of?'



Example of completed three houses from Turnell (2012)

HOUSE OF
DREAMS

HOUSE OF
GOOD THINGS

HOUSE OF
WORRIES

The Problem Tree

What is it?

The Problem Tree tool is a visual problem-solving tool which is useful in trying to map both the effects, and then the possible cause/s and the relationships between them as well as identifying a 'tipping point': the place where intervention will make the most impact for the child involved.

The roots of the tree, in the lower part of the drawing, represents the causes of the main problem. The tree trunk at the centre of the drawing represents the main problem and the tree branches and leaves, on the upper side of the drawing, provide a visual representation of the effects of the main problem.

What do I need?

A piece of paper with a tree drawn on it, as opposite. Pens, or pencils.

What do I do?

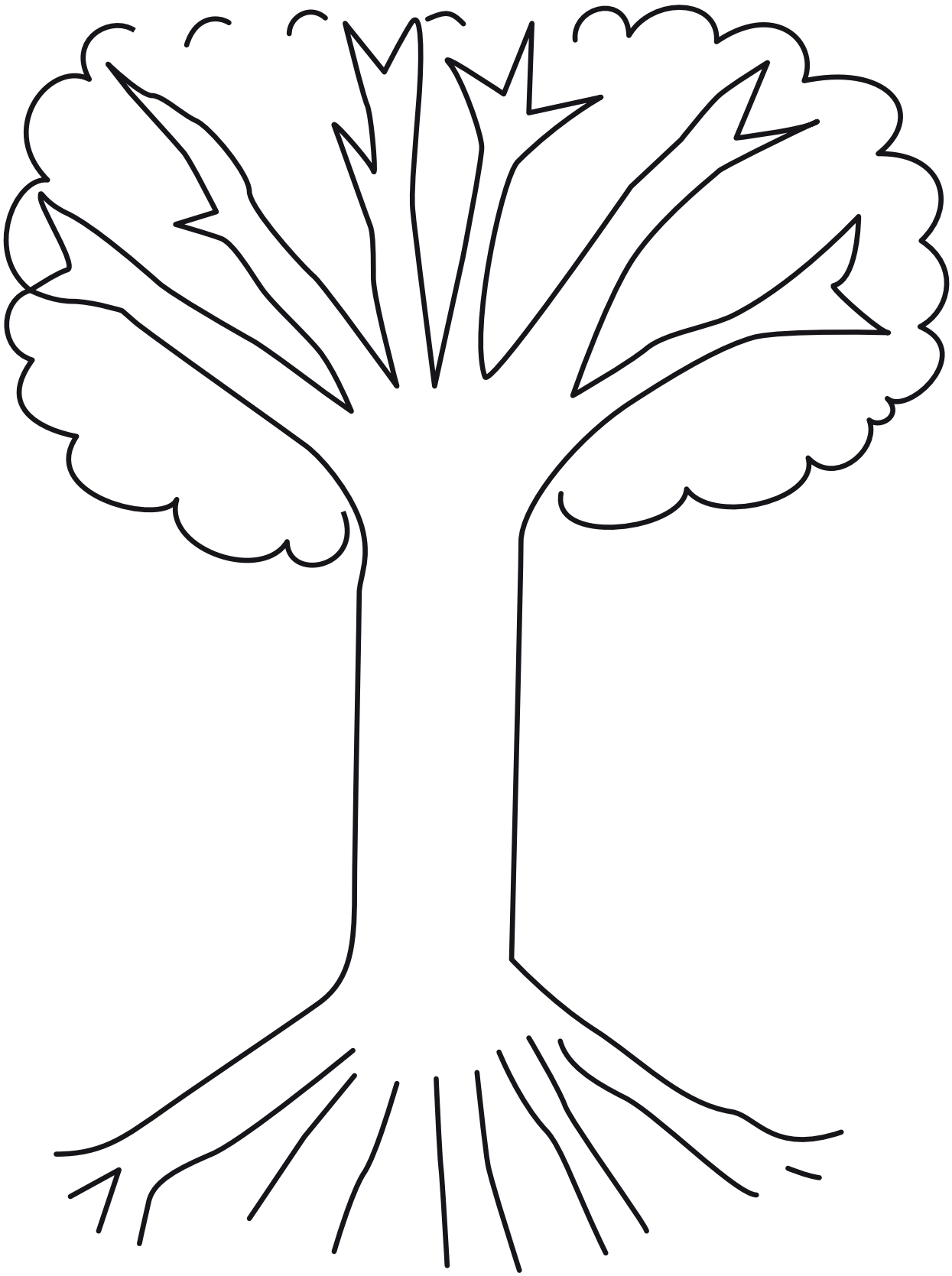
Using the template on the next page. Work with the child to map out the following:

1. Leaves and branches – effects
Begin by writing down all the effects or presenting issues – in other words all the things that we can feel, hear, touch, see or smell.

2. Trunk – main problem
Write here what the main problem is for the family and the child.

3. Roots – causes
Write here all the possible causes. There is likely to be a number of causes due to the complexity of the lives of the families we work with. For each cause, ask how many of the effects it might have an impact upon. Some causes will relate only to one effect and the impact will be limited, or another issue will immediately take its place. Other causes, if they could be changed, might impact upon a larger number of the issues. These are the tipping points and the places to start your work.

"We can always rely on our social worker."



East Sussex County Council

My Plan



One day there was a boy and a girl. The grown-ups who knew the boy and girl were worried because they did not think the boy and girl were happy, safe and well.



A social worker came to talk to the boy and the girl. They talked about how the social worker could help them and their family.



The social worker went to meeting with all the important people who know the boy and girl and their family. They all made a plan about how they could help them.





The social worker went to see the boy and girl and told them all about the plan and what the grown-ups are going to do.

If you were sad or, you and your were not safe, who would you talk to? Why not think about who they would be and write their names below.

.....

.....

.....

.....

Created and illustrated by Emma–Louise Potter

THIS IS A PICTURE OF MY SAFE PLACE

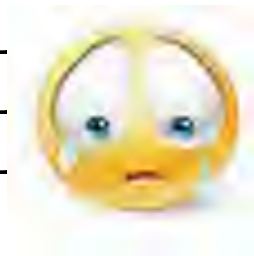


1

Early warning signs
Or
Our 'Uh-Oh' feelings

Our bodies are really clever and let us know how we feel

What sorts of feelings do people have when they feel unsafe?



6

WE ALL HAVE THE RIGHT TO FEEL SAFE

Here are some things that I Need in my house to Feel and Keep safe



4

department for
education and skills
creating opportunity, releasing potential, achieving excellence

'Say it your own way'

Children's participation in assessment: resources

Barnardo's
GIVING CHILDREN BACK THEIR FUTURE

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

Contents of the CD ROM

Click on the page number or title to go to the appropriate page.

A	Plan of child's involvement in the assessment
B	Session planning and summary form
1-4	Examples of how to explain assessment
5-6	What I do at home, what does ..... do at home?
7	Timeline
8	Who lives in your home?
9-10	A map of me and the people who matter
11-12	About my friends/my mates
13	Who does what at home? Who sets the boundaries?
14	What is home like?
15-16	Your neighbourhood
17	Places you go with your family
18	Sometimes we need to ask for help…
19	Your helpers
20	Are you a helping hand?
21	Helping hand
22	Snakes and ladders
23	A problem shared 'problem page'
24	Barriers to what you want
25	If I had three wishes...
26-29	How are you feeling?
30	For looked after children: going home
31	Alone or together?
32-33	Keeping safe at home
34-38	Who I am. My name is, I am …years old…I live with, my favourite colour, food I like, what makes me who I am?
39	I am like/I am different from
40-44	More about me. I am good at/I like/I don't like, all about me, to understand me you need to know, fact file: 1st page, fact file: blank page
45-46	What I like to do
47-48	My day/a day in the life of… (older/younger versions)
49	A week in the life of...
50	The rules
51-54	At school/college
55	Out of school on a school day
56	Times when someone might feel lonely
57	What is bullying?
58-60	Thinking ahead - what are your hopes for the future?
61	A day at my house
62	Think/say
63	Draw/write pages - Target
64	Blank arrow - can be labelled and used in a variety of ways
65-68	Bricks, speech bubbles, star border, shapes
69	Sad face, neutral face, happy face
70	Tree
71	Flower

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

A: Plan of child's involvement in the assessment

Ref. no. _____

Child's name _____ Date of birth _____

Children's social care assessment type: ☐ Core ☐ Initial ☐ LACAssessment/progress

Other assessment: ☐ Connexions ☐ Youth Justice ☐ SEN ☐ CAF ☐ Other

Who will undertake the direct work with the child?

_____

Where will direct work take place?

_____

Child's communication needs and how they will be met:

_____ first language?

_____ interpreter needed?

_____ understands number for scaling/scoring (understands 1-3, 1-5, 1-10)

_____ reading ability for age

other _____

Order of priority of issues/areas for the assessment

(based on relevant assessment framework e.g. Assessment Framework, APIR, ASSET)

1 _____

_____

2 _____

_____

3 _____

_____

4 _____

_____

5 _____

_____

6 _____

_____

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

Child's likes/dislikes

(e.g. likes drawing, drama, doesn't like writing, won't want to meet in particular location)

Appropriate methods

_____ writing
_____ drawing, art
_____ visual
_____ play
_____ music
_____ conversation or other spoken activities
_____ drama or role-play methods
_____ other

Resources needed?

What resources will be used?

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

B: Session planning and summary form

Session led by: _____

Date: _____

Session number____ out of how many are planned ____

Checklist and notes

Explanation planned

Materials to be used for setting child at ease and introduction

Materials and methods to be used to address priority areas for this session

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

Materials and methods to sum up and close session on positive note

How will follow-up support be given?

Summary of _____ views about _____

Summary of _____ views about _____

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

Summary of _____ views about _____

Summary of _____ views about _____

Summary of _____ views about _____

Summary of _____ views about _____

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

1: Example of how to explain assessment

Hello, my name is _____

I have come to see you because you are important and sometimes we need to check that you are happy and safe where you are living/at home with your family.

It is my job to make sure that you are safe and happy.



To do this we will talk to each other and I will listen carefully to what you want to say and what you would like to do.

Then together we will try to decide what would help you be happy and safe.

We can draw pictures, chat or play games.

I will write down what you think so I can remember.
This will help me to decide how to help.

If you or anyone else is being hurt then I will have to help make you safe.



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

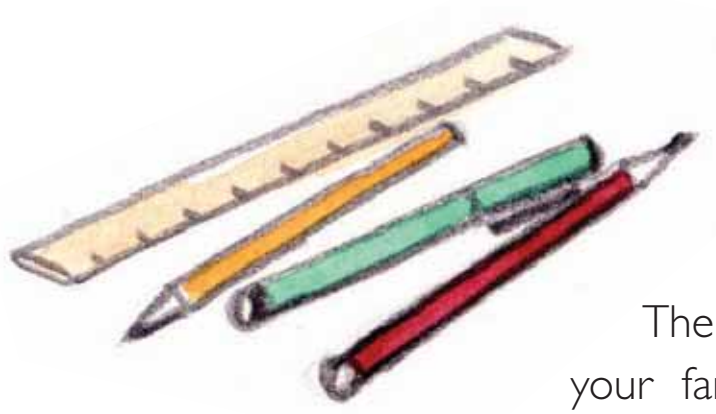
2: Example of how to explain assessment

You are important and sometimes we need to make sure that you are happy about things like home, school, your family, or friends.

It is my job to talk to you and your family about where you live and go to school, about your family and what you like to do.

To do this I will talk to you and I will listen carefully to what you want to say.

To help us do this we have some activities like drawing, fun sheets to fill in, games that we can do to help us remember to talk about all the important things and to make it easier for you to say what you want to say.



I may need to talk to other people who can help me understand how things are for you.

Then we will decide if you and your family need anything to help keep you healthy and happy.

When I've talked to you I will write down what you tell me and this will help us to decide if anything needs to be done to help keep you healthy and happy.

I may need to talk to other people who can help to understand how things are for you.

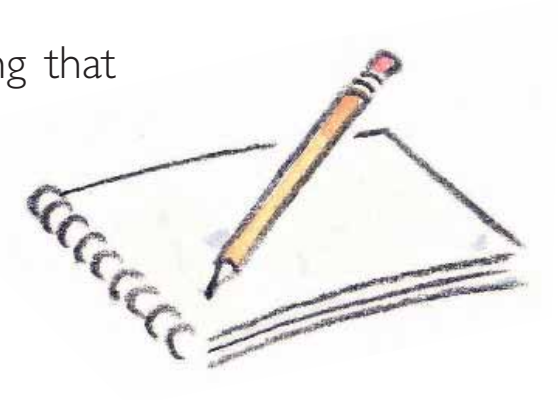
Then we will decide if you and your family need anything to help keep you healthy and happy.

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

When I've talked to you I will write down what you tell me and this will help us to decide if anything needs to be done to help keep you healthy and happy.

We will decide together what you want to say in the report.

I don't have to write down everything that you say but if you or any other child is being hurt then I will HAVE TO do something to make you safe. Here is how to get in touch with me:



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

3: Example of how to explain assessment

Why am I having an assessment?

We need to do an assessment to make sure that you have all of the things that you need to feel happy and be healthy.



This means that I would like to talk to you about how your life is at the moment, about who you live with and other people that you see. We may also talk about what sorts of things you like to do, school or college and other places that you go, how you feel about home, school, friends and any problems that you may have.

If you have any questions or I have used any words that you haven't heard before please ASK ME and I will explain them.

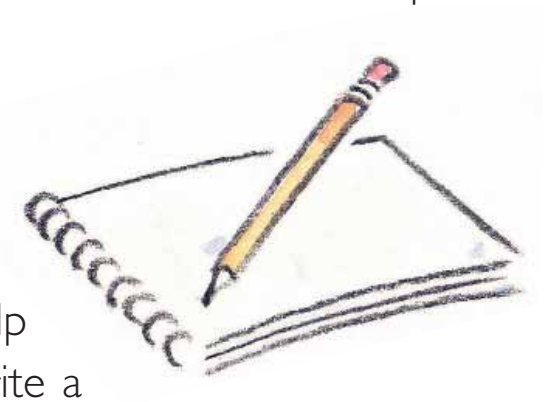
What you think is very important?

I would like to hear about the things that you like about your life and what you would like to change.

I will also need to talk to the other people that know you best, parents or carers, perhaps a teacher that you get on with or someone else in your family. We can discuss who I should talk to and you can help me to plan that.

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

After I have talked to you I will write down what you tell me and this will help us decide if anything needs to be done to help keep you healthy and happy.



Then we will decide if you or your family or carer need extra help to make sure that you have the things that you should have and need to help keep you healthy and happy. I will write a report that will be A PLAN of what we are going to do. I will write your views into that report.

Not everything that you say needs to be written down. We will decide together what you want to say in the report and who gets to see which bits of it.

But if you or any other child is being hurt then we HAVE TO do something to make you safe.

Then I will plan a meeting where all the people who can help to sort things out will come together to think about what needs to happen next.

I will talk to you again about that meeting and we can think about how we can make sure that your views are heard there.

Here is how you can get in touch with me:

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

4: Example of how to explain assessment

Assessments
Why? Where? What? Who? When?

Here are some answers to questions that you may have. If you are unsure or would like more explanation about anything then just ask. **It is very important that you have your say during this time and we will do everything we can to make sure this happens.**

Why an assessment?

The overall aim is to make sure that you have everything you need in order to feel happy and be healthy and safe. To make sure this is happening we need to find out how things are going for you and your family or whoever looks after you.

What will it involve?

I would like to talk to you about the things that are important to you. Like who you live with, who you see, about home, friends, college, work or other things happening for you at the moment, your plans for the future and any problems you may have. We may talk about things that you would like to change.

What happens to the information?

I will write a report with the information I have heard. I will write your views in that report. Not everything that we talk about needs to be in the report and we will discuss what goes into it.

What else?

I will also talk to other people that know you best, a parent or carer, maybe someone that you get on with well like a teacher, support worker or friend.

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

What then?

Then there will be a meeting where a range of people who can help to sort things out will come together and think about what needs to happen next. I will make sure that your opinions are heard at this meeting. Here we will decide if you or your family or carer need extra help to make sure that you have the things you need to help keep you healthy, happy and safe - now and in the future. I will write a plan of what we are going to do.

What kind of a say do I get in this?

It is important that your views are heard. We can decide together about who else I will talk to and who will see which parts of the report. Your opinions will be taken seriously at all times.

Something important to add

We can decide together about some parts of the process BUT if we are worried that you or another child is being hurt or is in danger then we will HAVE TO act on this to make sure you and any other children are safe.

Here is how you can get in touch with me:

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

5: What I do at home (circle round)












Draw or write anything else you do


















'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

6: What does _____ do at home? (circle round)







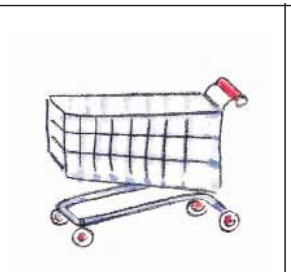


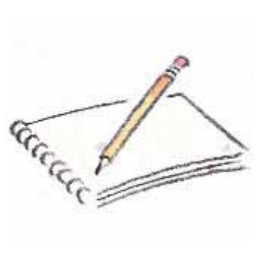

Draw or write anything else you do







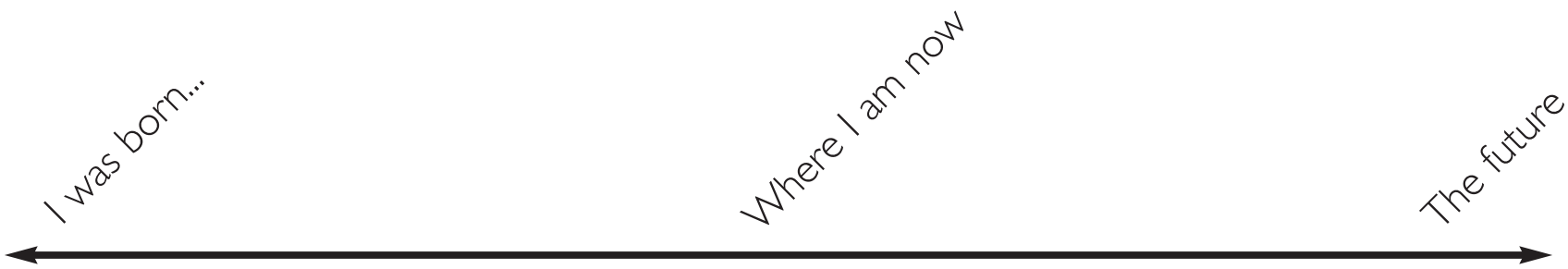




Fill in a sheet for each person. e.g. mum, dad, brother, sister, grandparents and others

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

7: Timeline



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

8: Who lives in your home?

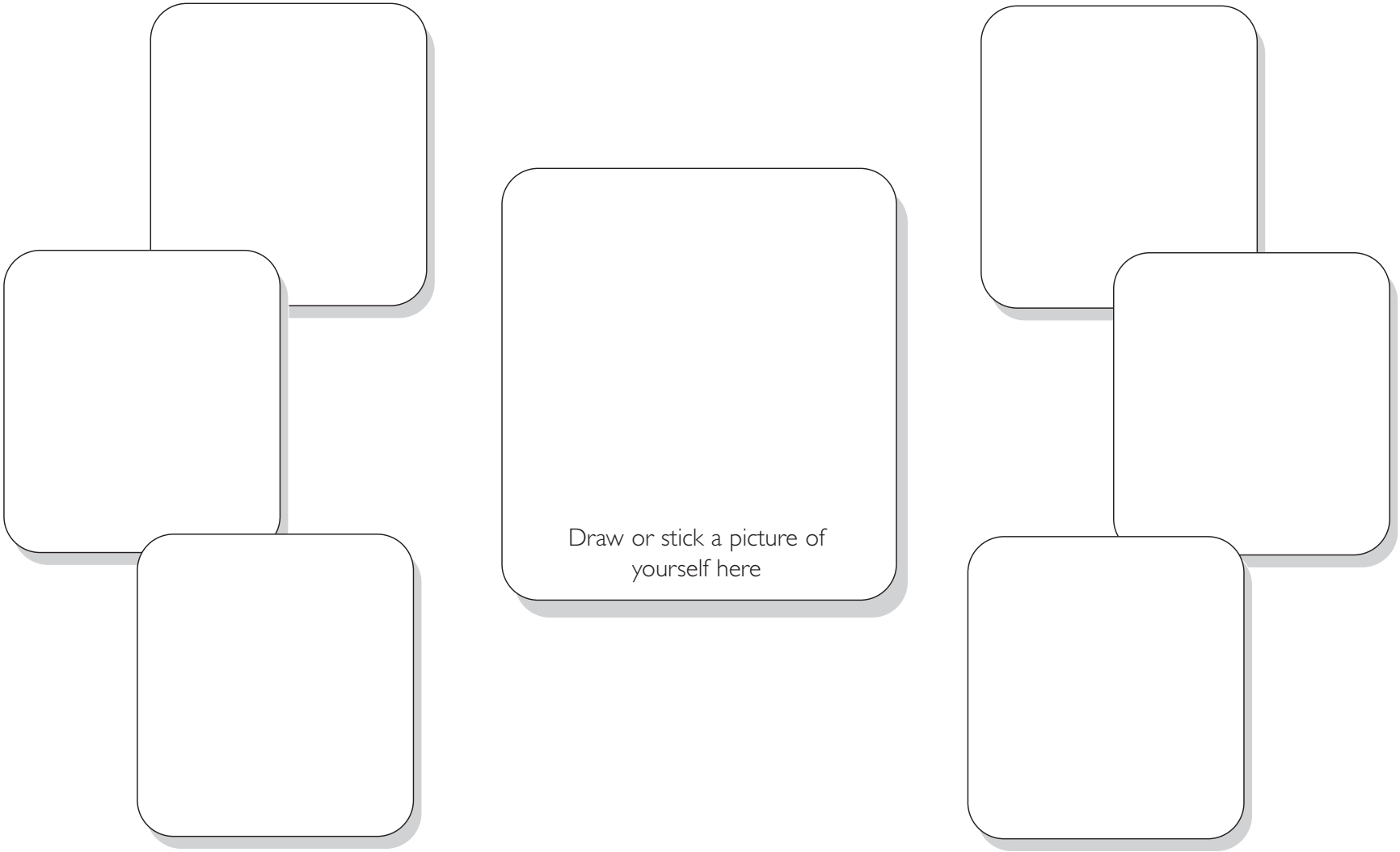
Draw or write about them in the windows



Has anyone moved out or in?

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

9: A map of me and the people who matter



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

10: A map of me and the people who matter

Draw, cartoon or write yourself in the middle.

Think of everyone you know and write, stick pictures or draw them in around you.

Use red for people you feel close to, green for people you want to feel closer to and blue for people you don't get on with.

Draw lines to them. Use different colours to represent how you get on or how close you are.

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

11: About my friends

My name _____

Age _____

I see _____ at

_____



I like _____

because _____

_____

_____

_____

Picture of _____

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

12: About my mates



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

13: Who does what at home? Who sets the boundaries?



Do you have your own door keys?



Do you get pocket money or an allowance?



Who decides who you hang out with?



Who does the cleaning?



Who pays the bills at home?



Who gets food ready?



Who says what clothes you wear?

Who buys your clothes?



Who decides when you can and can't go out and what time you have to be in by?

What else?

Do the boundaries feel right?

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

14: What is home like? (circle round)










Do you have a room? _____

Do you share it? _____

What is it like? _____

_____

_____

Draw or write in this space

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

15: Your neighbourhood

What is near your home?



Is your neighbourhood safe?



What do you like to do, where do you go, are there places to hang out?



Draw or write a map or guide.



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

16: Your neighbourhood

What is near your home?



Is your neighbourhood safe?



What do you like to do, where do you go, are there places to play?



Can you draw or write or describe it?



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

17: Places you go with your family













What places do you go to? _____

What do you do there? _____

Who do you go with? _____

Is there anywhere else you would like to go? _____













'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

18: Sometimes we need to ask for help...

Sometimes we need to ask other people for help, maybe when we can't do something for ourselves or if we are hurt. Can you think of people that help you out?



Can you think of a time when someone has asked YOU for help?

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

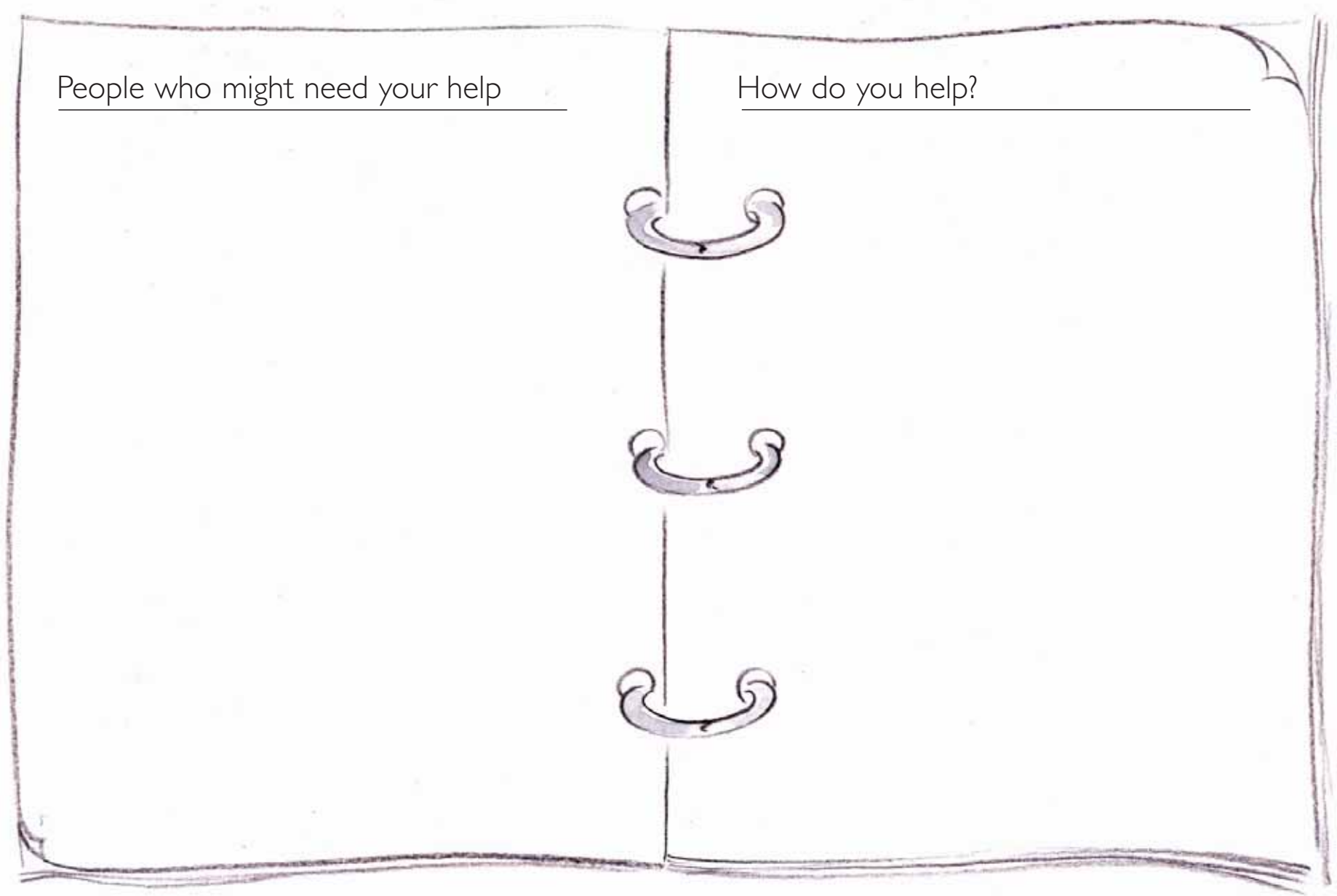
19: Your helpers



Draw or write a team of helpers

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

20: Are you a helping hand?



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

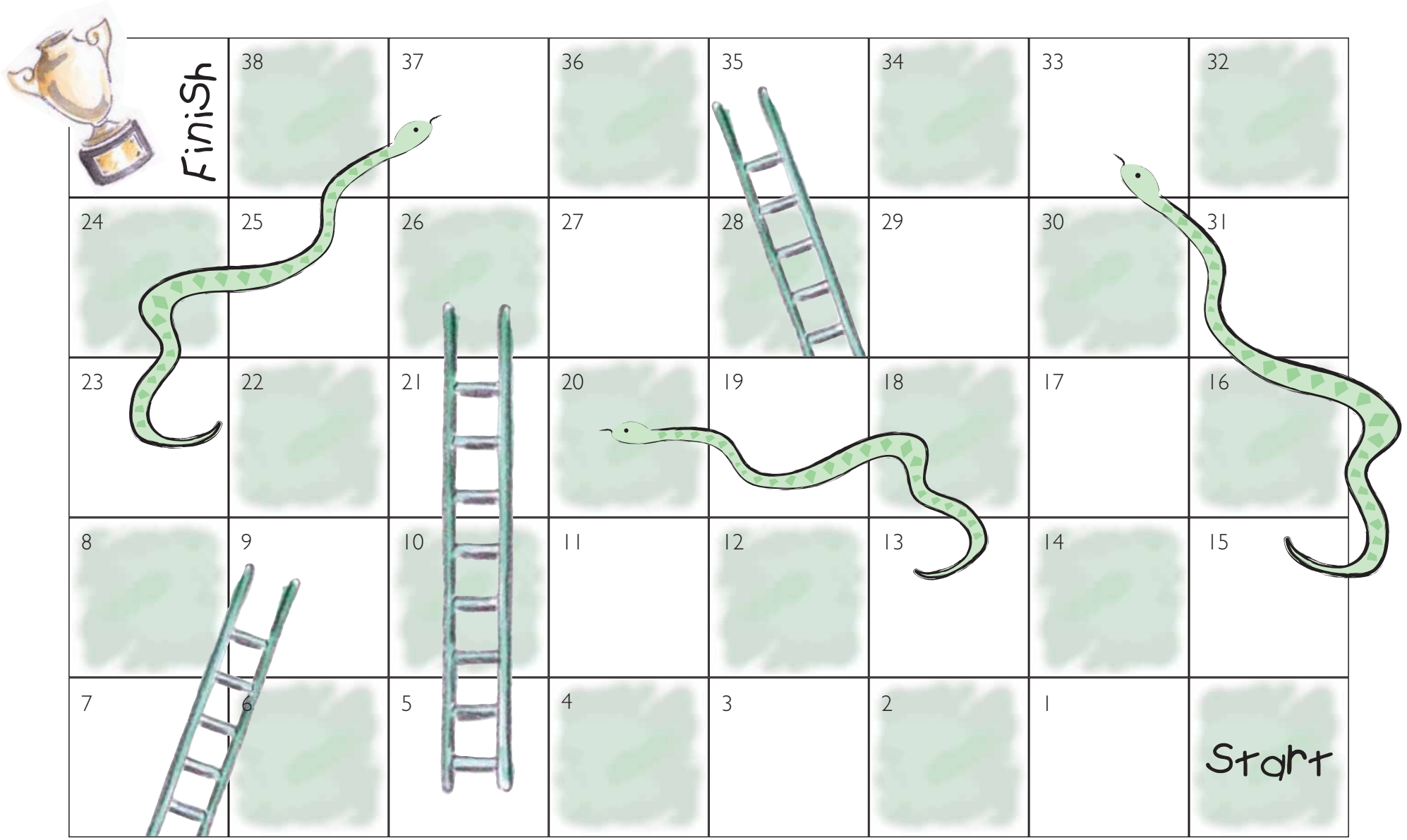
21: Helping hand

….Who can help? Draw round your hand, on each finger write someone who can help, to make a team of helpers.



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

22: Can you fill in the Snakes and Ladders board?

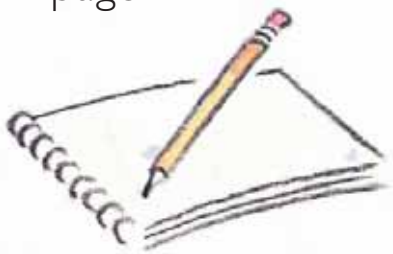


Write things that make life harder along the SNAKES. Write things that help you out along the LADDERS.

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

23: A problem shared

Write a letter to a problem page

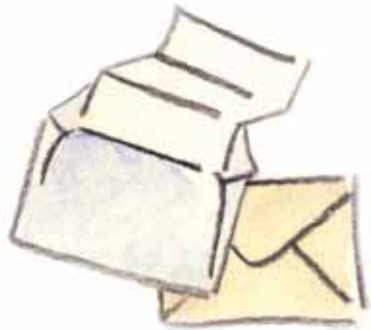


Dear....

The problem is

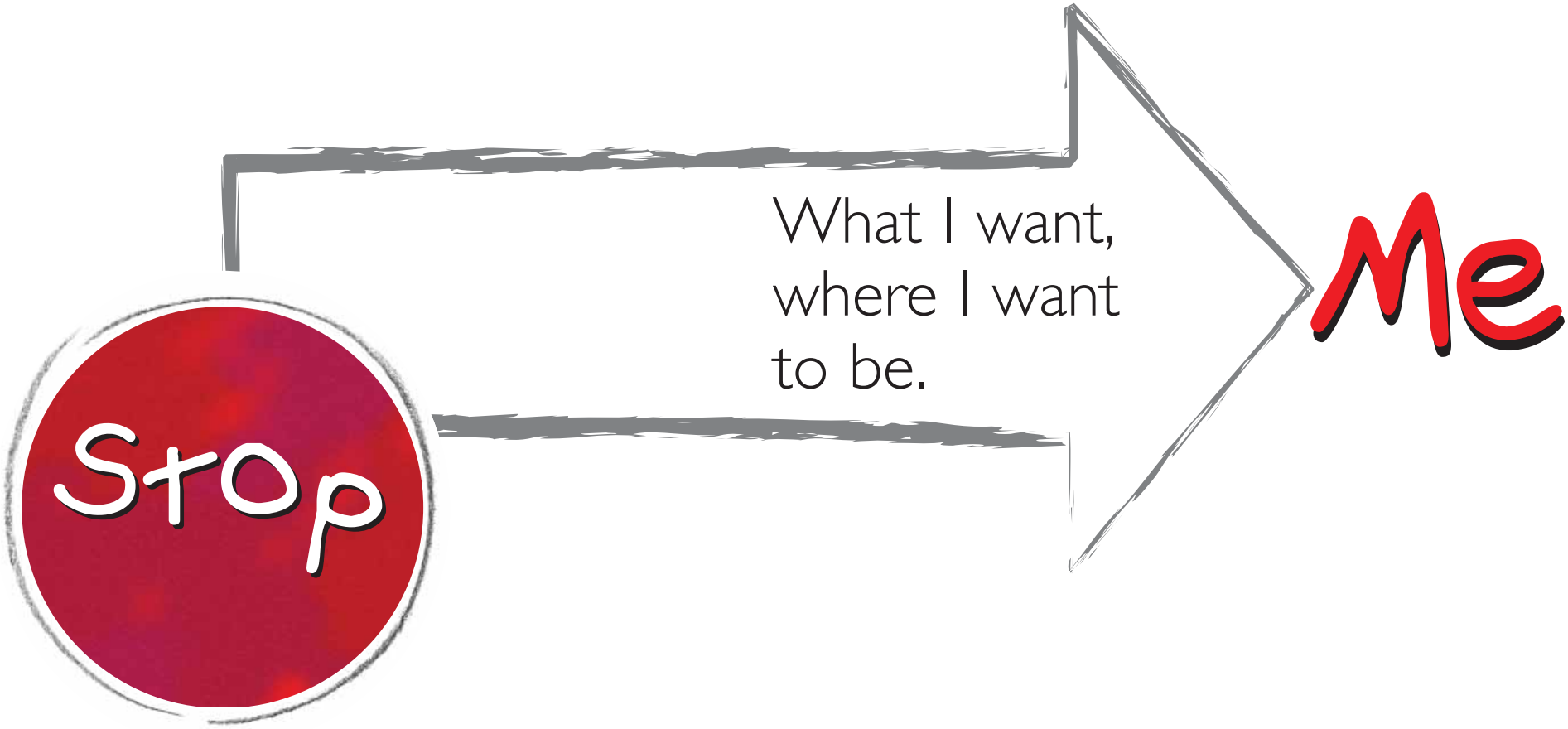
What sort of reply might help?

Dear....



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

24: Barriers to what you want



Are there things that stop you from getting what you want in your life?
What or who could help you get there? Draw or write them in or talk about them.

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

25: If I had three wishes...



draw or write

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

26: How you are feeling?





















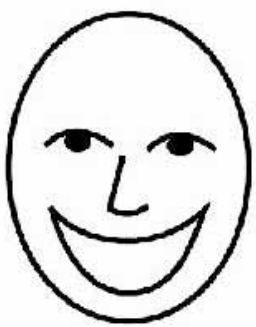
Draw or cartoon your own

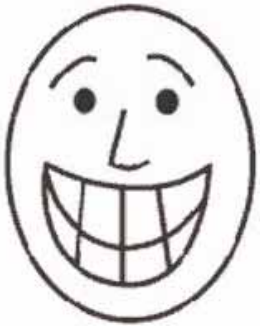
These materials use images that are owned by Triangle, the NSPCC, Blackwell Publishing and Widgit Software Ltd, which are made available for educational and social support purposes. www.howitis.org.uk

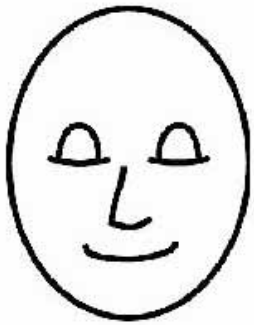
'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

27: How you are feeling?





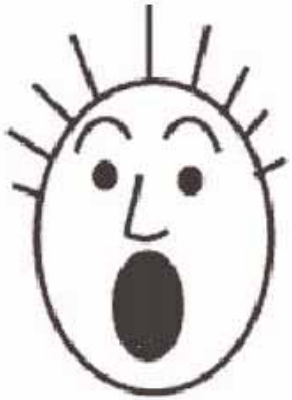
























Draw or cartoon your own

These materials use images that are owned by Triangle, the NSPCC, Blackwell Publishing and Widgit Software Ltd, which are made available for educational and social support purposes. www.howitis.org.uk

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

28: How are you feeling?

Choose from the words or pictures

Cross



Sad



Good



Happy

Bored

Annoyed

Nothing

Quiet



Relaxed





Scared



OK

Nervous

Excited

Comfortable

Funny



Calm







'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

29: How are you feeling?

Bored

Sad

Annoyed

Nothing

Funny

Calm

Comfortable

Happy

Relaxed

Scared

Nervous

Quiet

OK

Good

Excited

Cross

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

30: For looked after children: going home...

Good things about home

Anything not so good about home



Good things about my placement

Anything not so good about my placement

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

31: Alone or together?

There are times when we feel like we are on our own even when other people are there.

Can you think of any times when you have felt like this?

You can draw or write about them here...



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

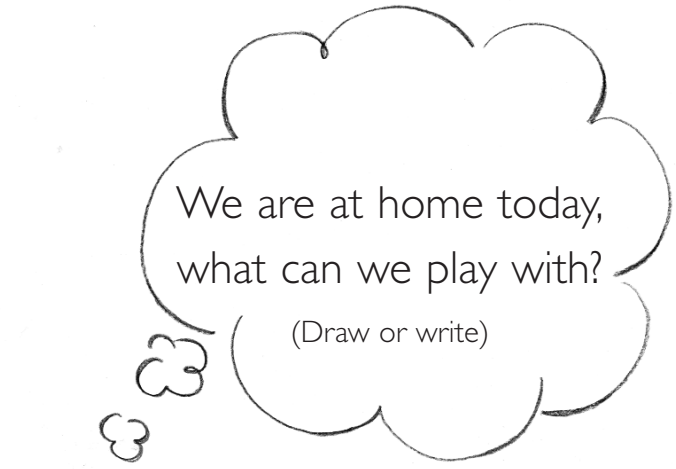
32: Keeping safe at home

What is safe to play with? Can you see anything that we should not touch?

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

33: Keeping safe at home



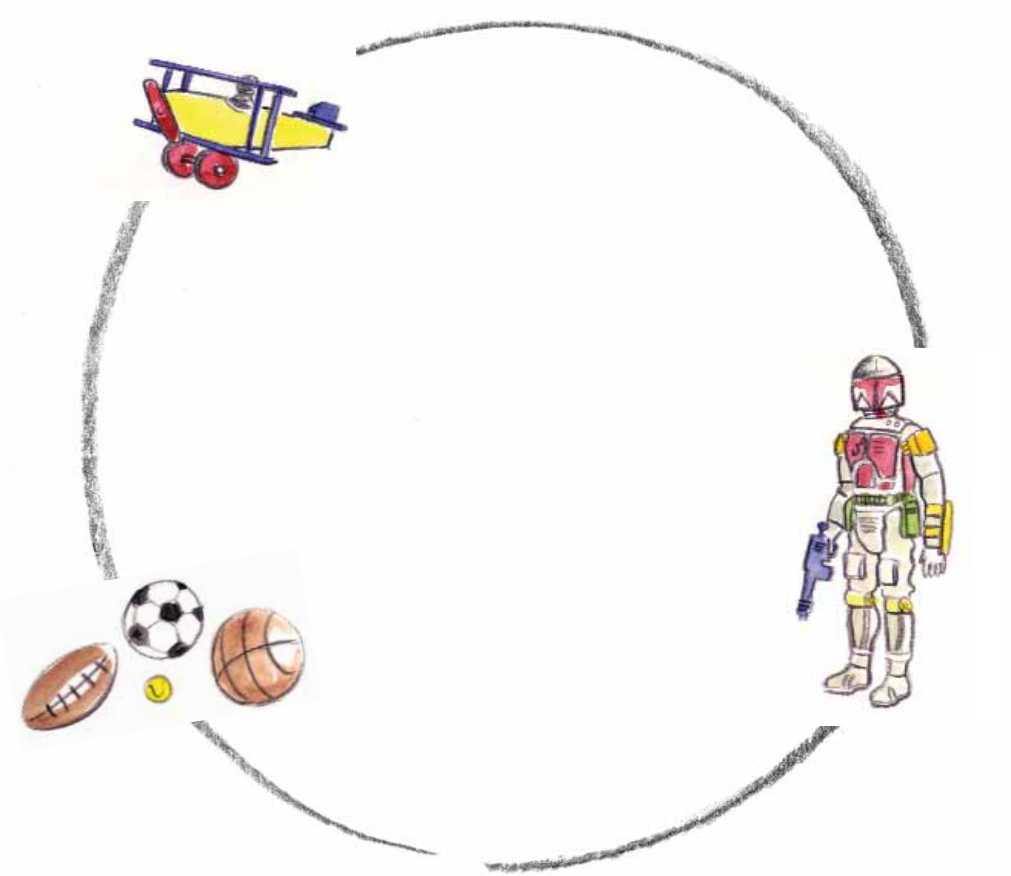


'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

34: Who I am

My name is _____

Things I like to do and play with - draw or write more



Draw around your hand
or do a hand print



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

35: Who I am

I am _____ years old



I live with...

Where I live is...





'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

36: Who I am

My favourite colour is...



I like to spend time with...



I like to eat...





'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

37: Who I am

I am

years old

My hair colour is

My eyes are

I live with

My name is

_____

My favourite colour is

My skin colour is

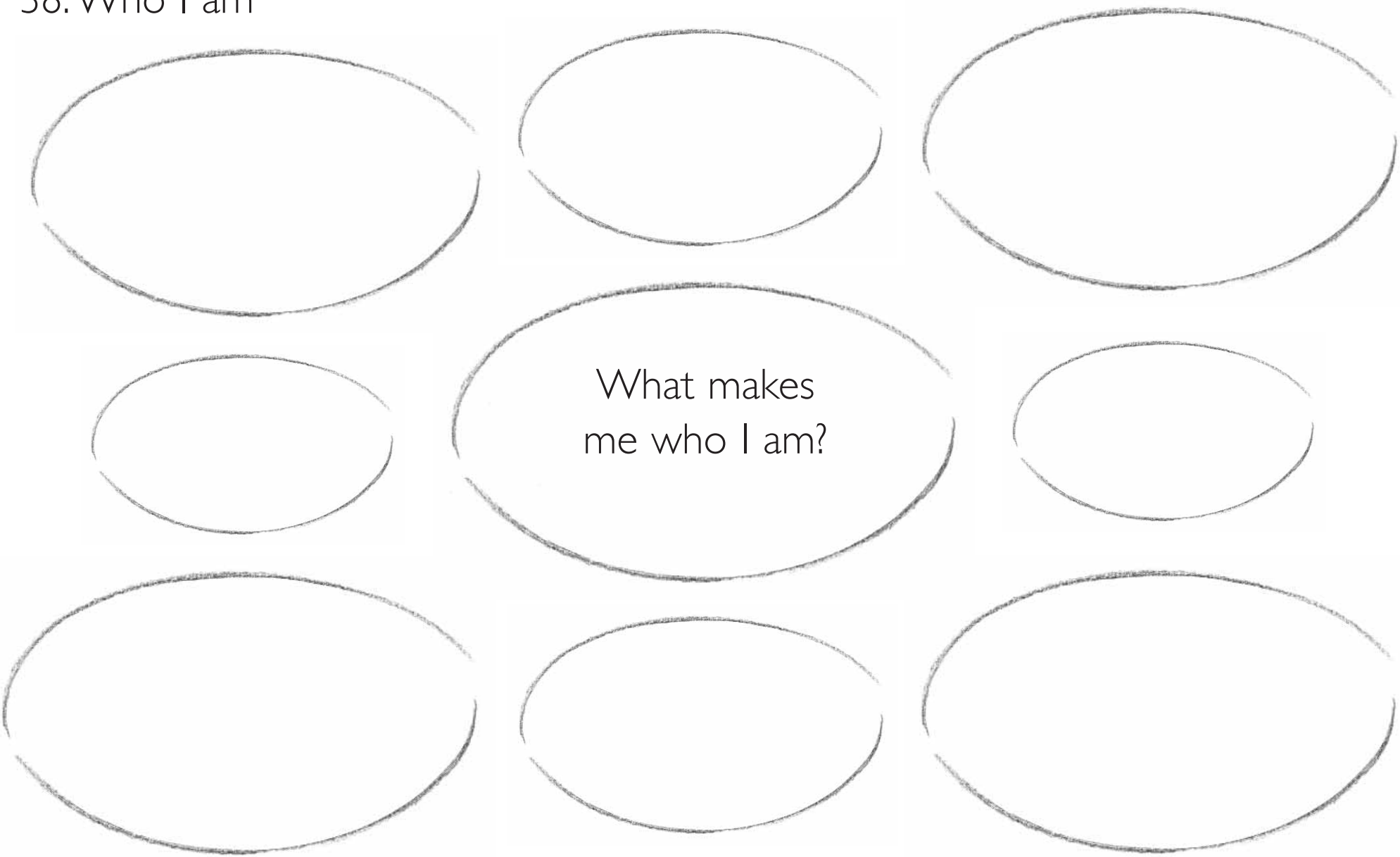
My favourite food is

I like

I don't like

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

38: Who I am



Draw or write in the boxes

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

39: I am like/I am different from

I am like my _____

because _____

I am different from this person _____

because _____

I am like my _____

because _____

I am different from this person _____

because _____

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

40: More about me

I like...



I am good at...

I don't like...

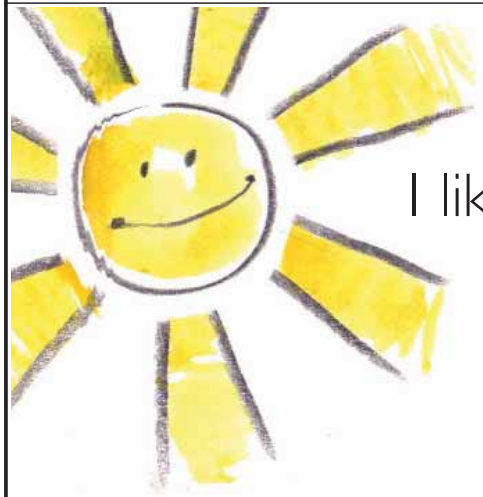




Draw or write things you feel good or not so good about

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

41: More about me



I like...

I don't like...



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

42: More about me

To understand me you need to know...

I hang out with

I like to go

I'm into

Stuff I like to do

Important people to me

Other important information



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

43: More about me

My factfile...

Name _____

Age _____

Date of birth _____

I live with _____

_____

_____

_____

What I like to do

_____

_____

_____

_____

Things that bother me

_____

_____

_____

_____

_____

Other important information

_____

_____

_____

_____

_____

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

44: More about me

My factfile...

Things I like to do

Things that are on my mind

Other important information

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

45: What I like to do






Draw a circle around anything you like to do and use the space on this page to draw your own pictures.























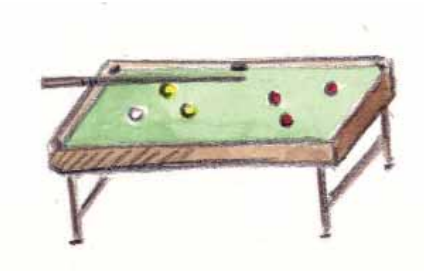






'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

46: What I like to do











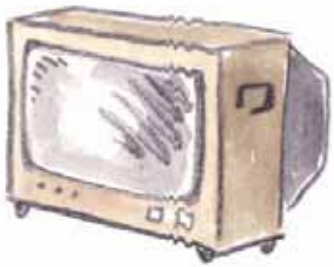








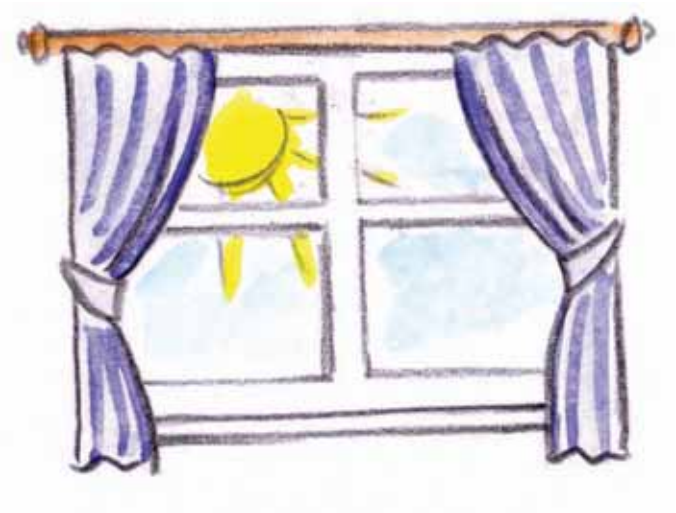






'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

47: My Day



What happens at the start of your day?

Can you tell me about the rest of your day?

You can draw, write or cartoon it

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

48: A day in the life of...





What is a typical day like for you?

How does it start?

What do you do during the day?



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

49: A week in the life of...

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

50: The rules

At home (for all of us)...



For me...



For my brother, sister, other...

At school/college...



Draw or write

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

51: At school/college



My teacher is _____

_____

Lessons I like _____

_____

I am friends with _____

_____

_____

I sit with _____

_____

I am good at _____

_____

We play at _____

_____

_____

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

52: At school/college



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

53: At school/college



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

54: At school/college



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

55: Out of school on a school day

What happens on the days when other people are at school but you are not? Can you describe your day?

What do you do?



Where do you go?

What could help you get back to school?

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

56: Times when someone might feel lonely.

This can happen when other people are around.

When? _____

_____

Where? _____

_____

Why? _____

_____



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

57: What is bullying?



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

58: Thinking ahead - what are your hopes for the future?

What would you like to happen when you're older? Fill in the bubble with your ideas.











'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

59: Thinking ahead - what are your hopes for the future?

For you

After school



At school

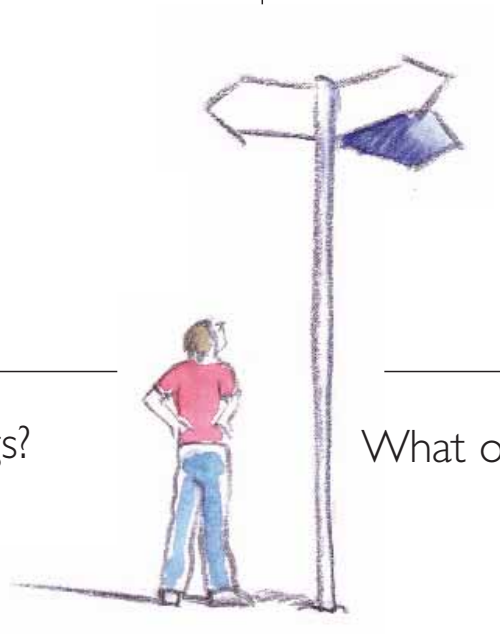
For your family

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

60: Thinking ahead - what are your hopes for the future?

Where do you hope to be?

What would you like to do?



What will you need to get these things?

What or who can help you achieve these things?

'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

61: A day at my house

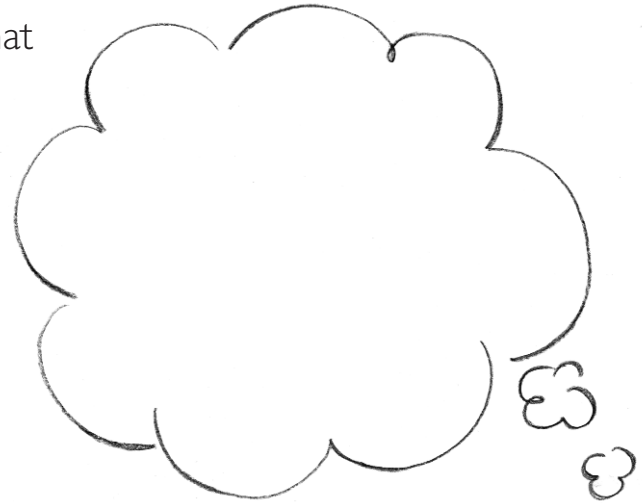


'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

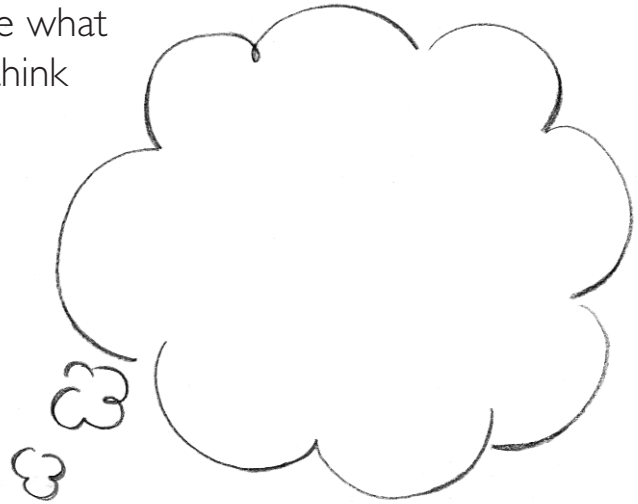
62: Think/say

Sometimes if something is bothering you, you might say one thing but think another.

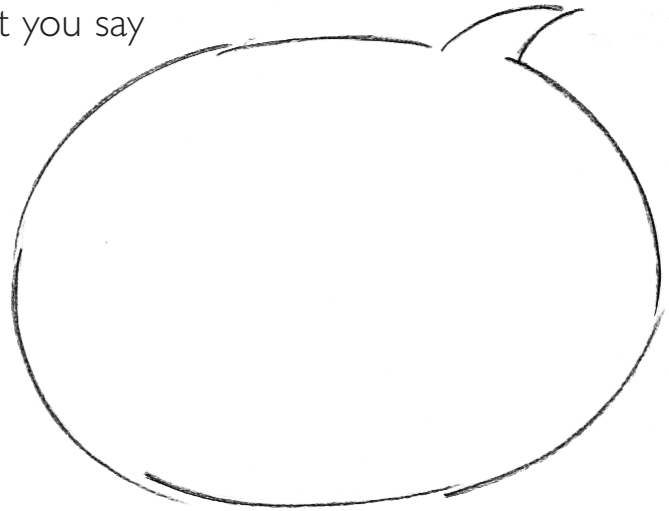
Write what you think



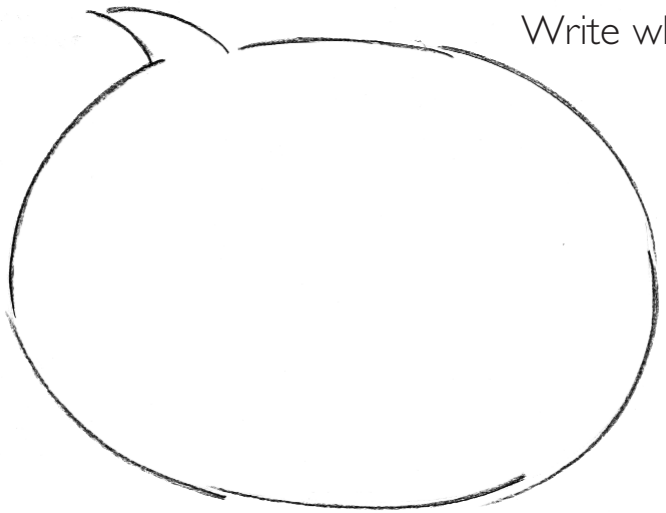
Write what you think



Write what you say



Write what you say



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

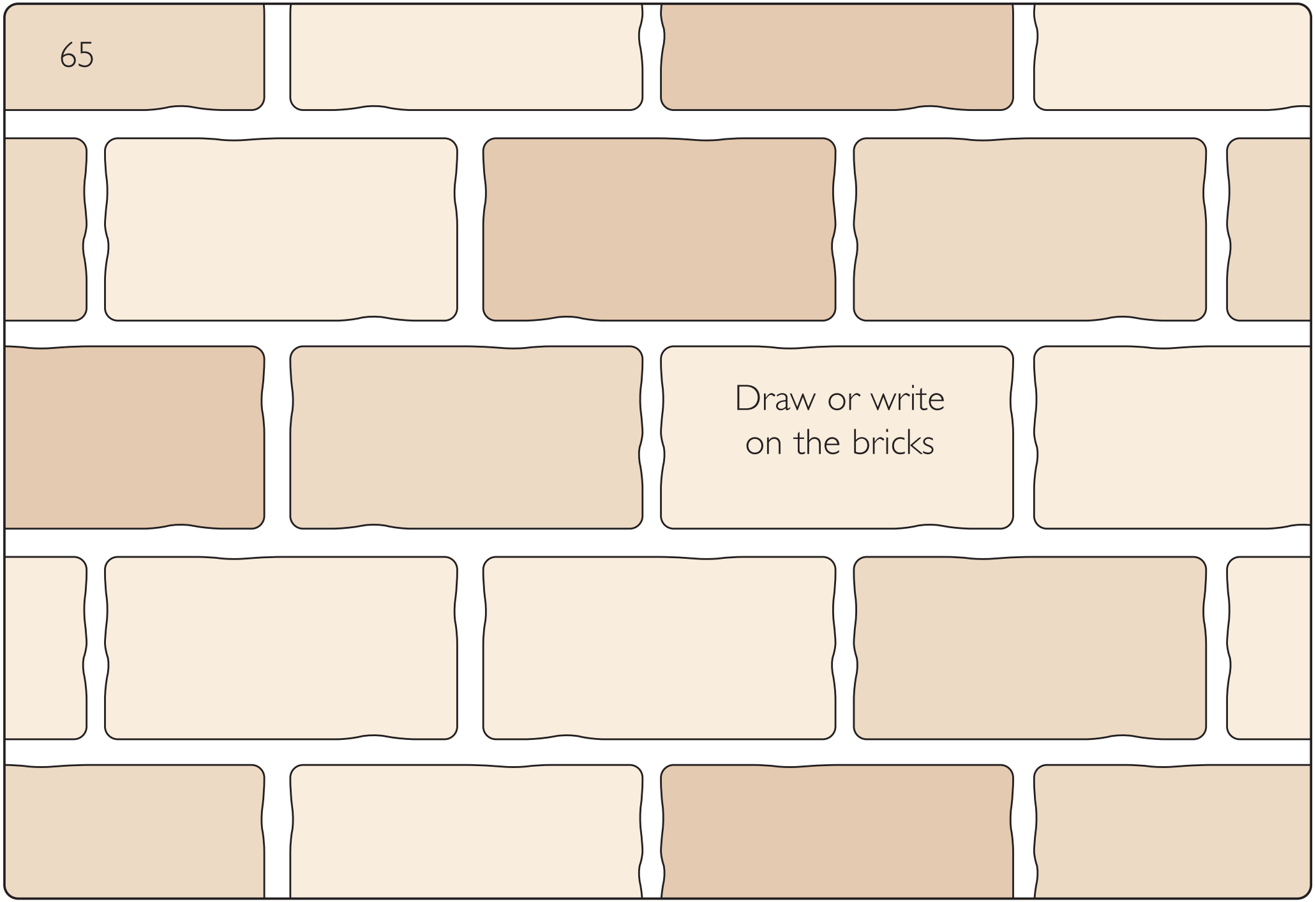
63



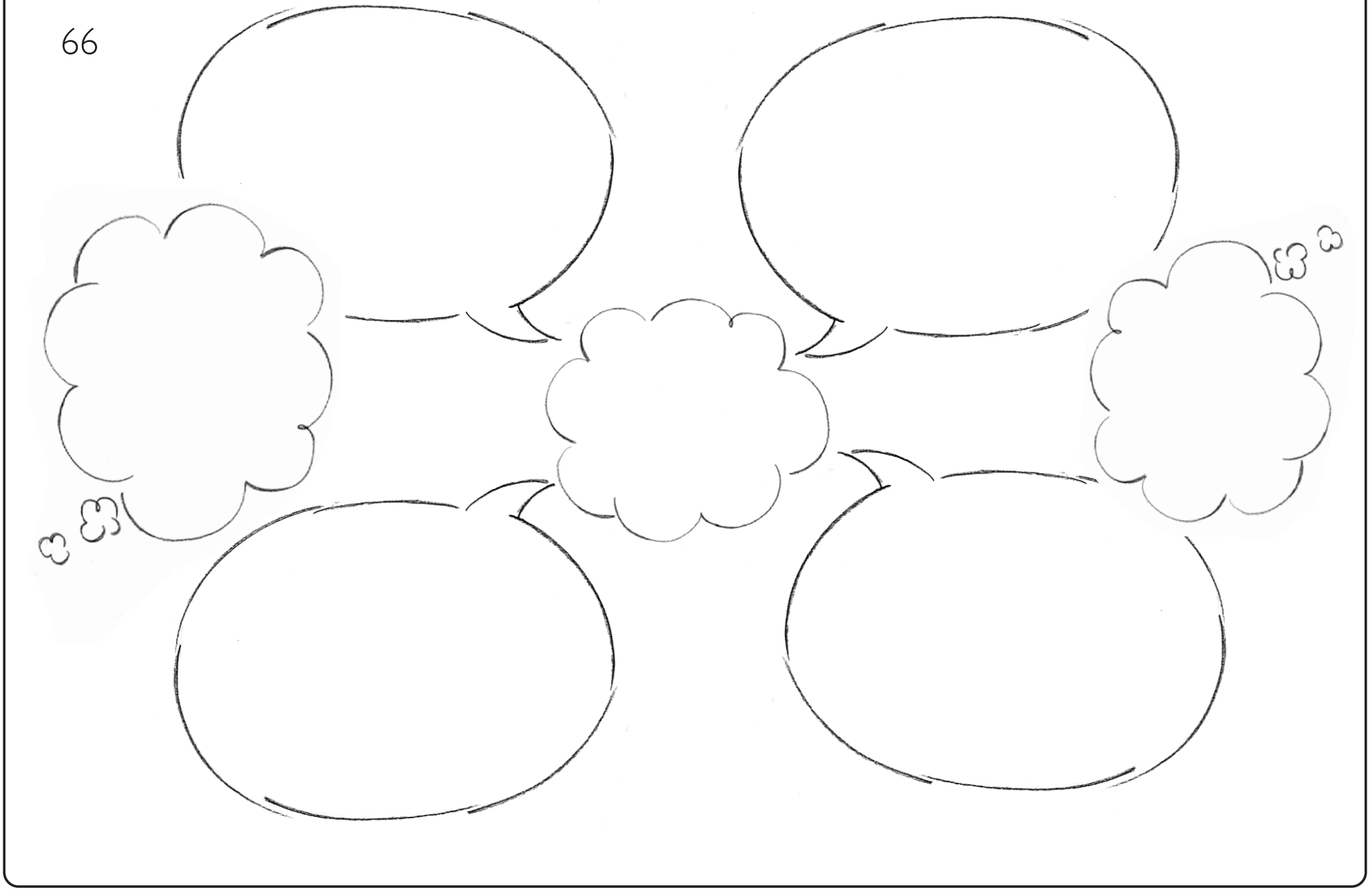
'Say it your own way' © Queen's Printers and Controller of HMSO [2006]



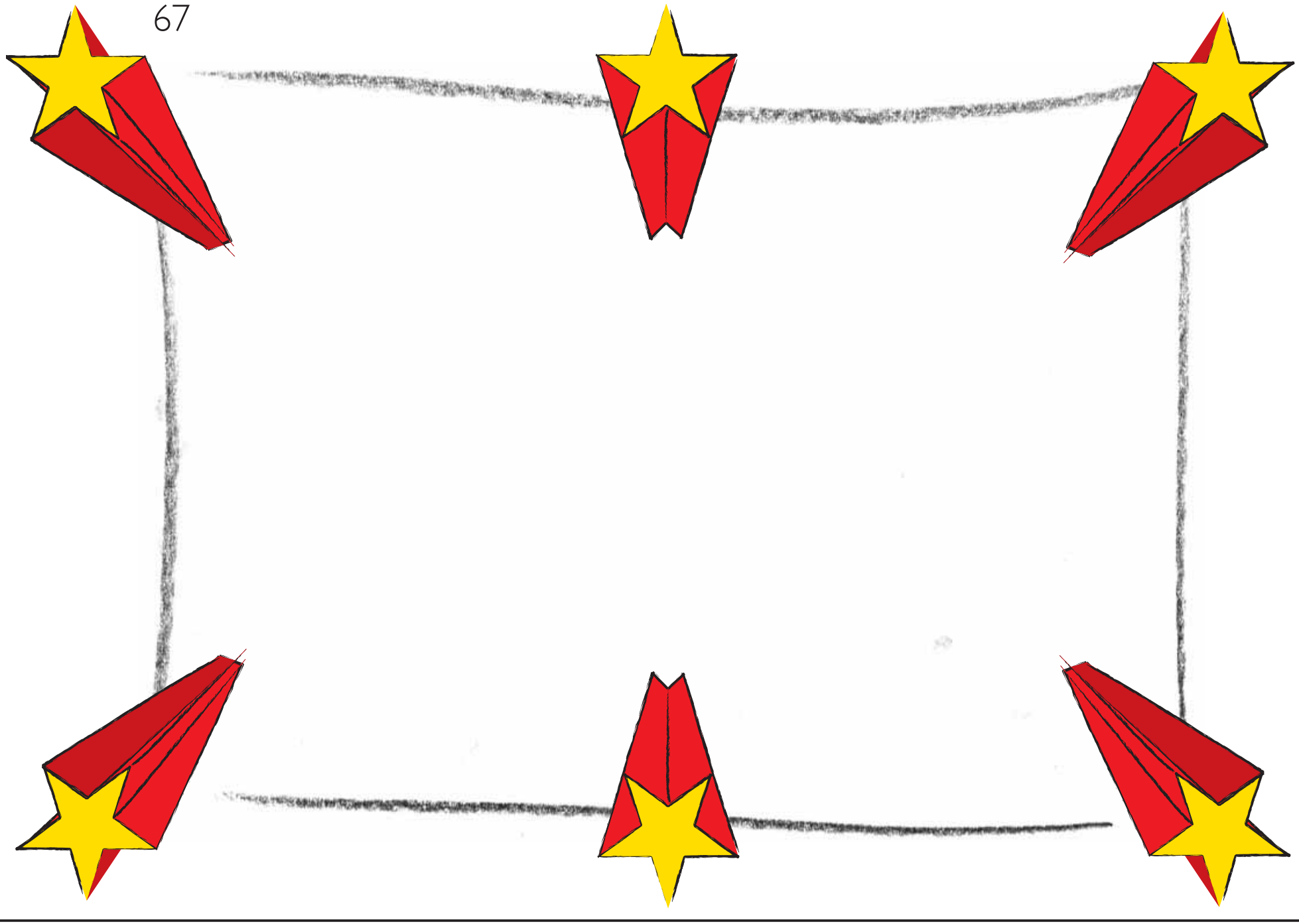
'Say it your own way' © Queen's Printers and Controller of HMSO [2006]



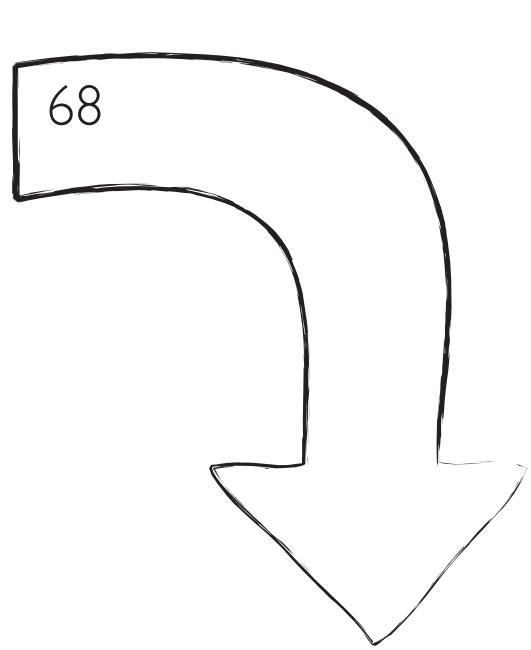
'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

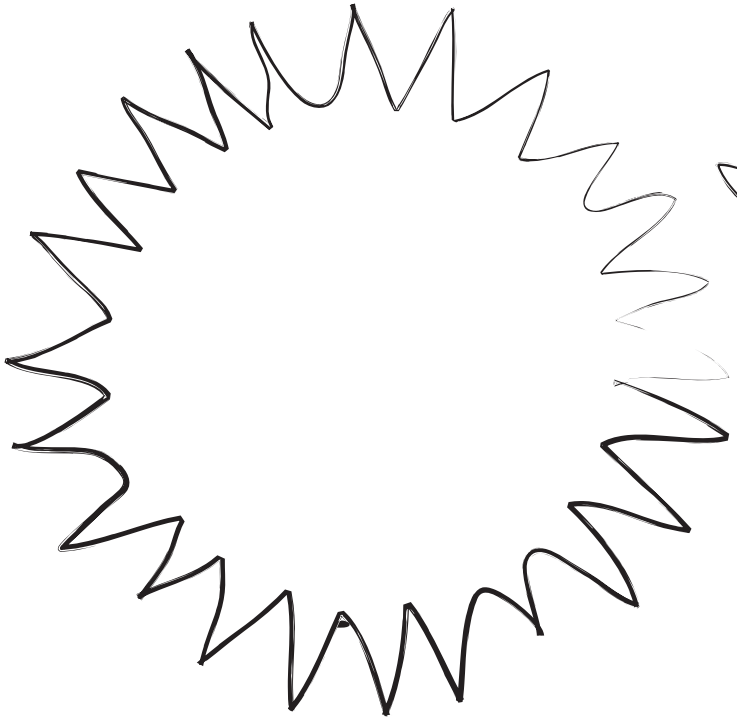


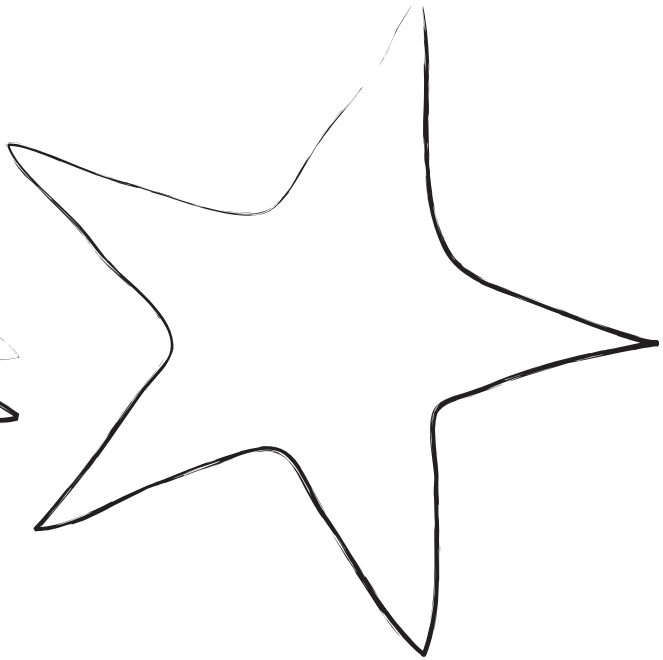
'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

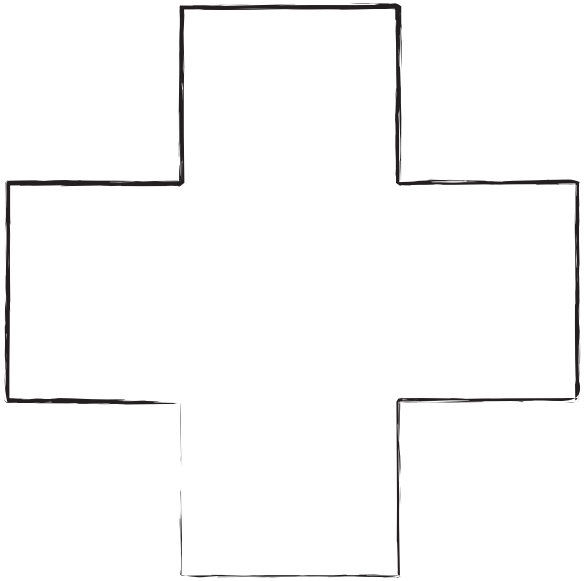


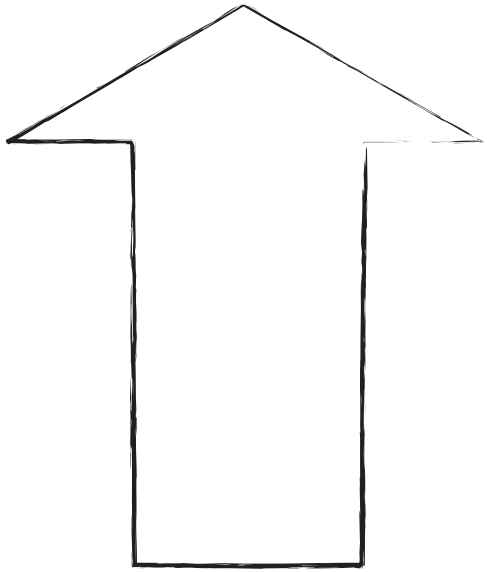
'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

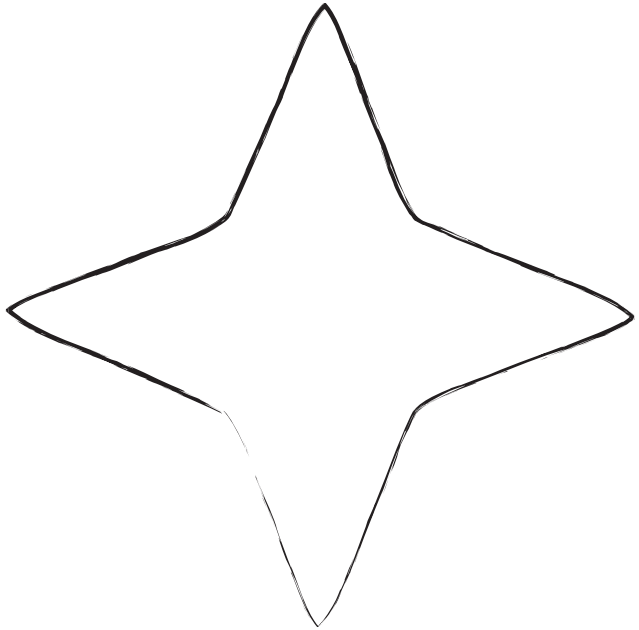












'Say it your own way' © Queen's Printers and Controller of HMSO [2006]



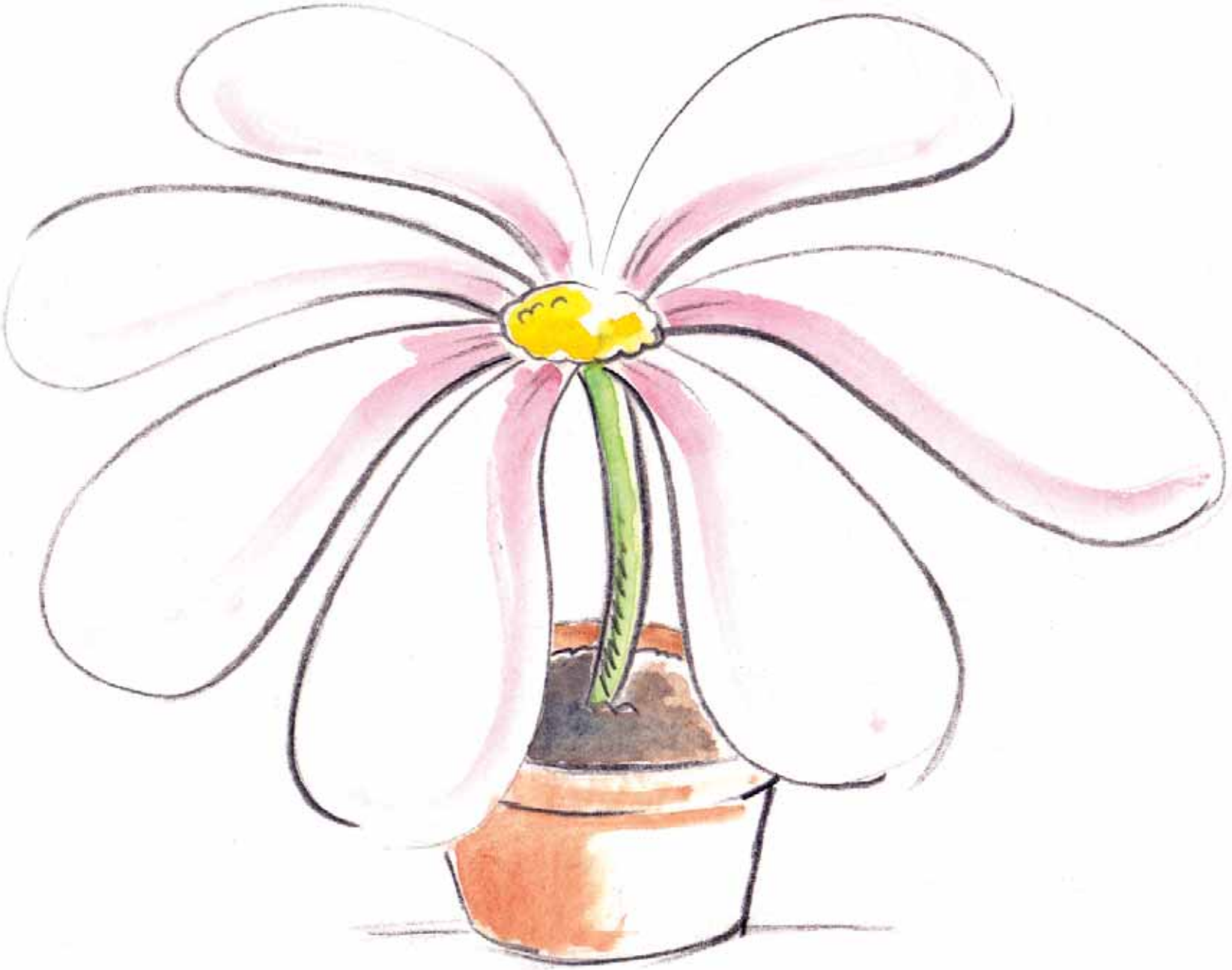




'Say it your own way' © Queen's Printers and Controller of HMSO [2006]



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]



'Say it your own way' © Queen's Printers and Controller of HMSO [2006]

Tool:

Getting to know a child's daily routine

By socialworkerstoolbox.com ©

Preparation:

1. Print out all four sheets on the following pages on a separate piece of paper.
2. Cut out each of the table cells on the next page so that you end up with 40+ individual slips.
3. Take out any of the slips you do not want to use.

Suggestion:

Before printing out the sheet with the slips, rewrite any of the sentences so that you can explore a part of the child's life you are particularly interested in or add more 'funny' slips to make the activity more entertaining for the child.

Instructions:

Ask the child to take each slip one by one, starting with the easier ones to answer, and put it on one of the sheets depending on how often they take part in each activity/complete a particular task/have a particular feeling:

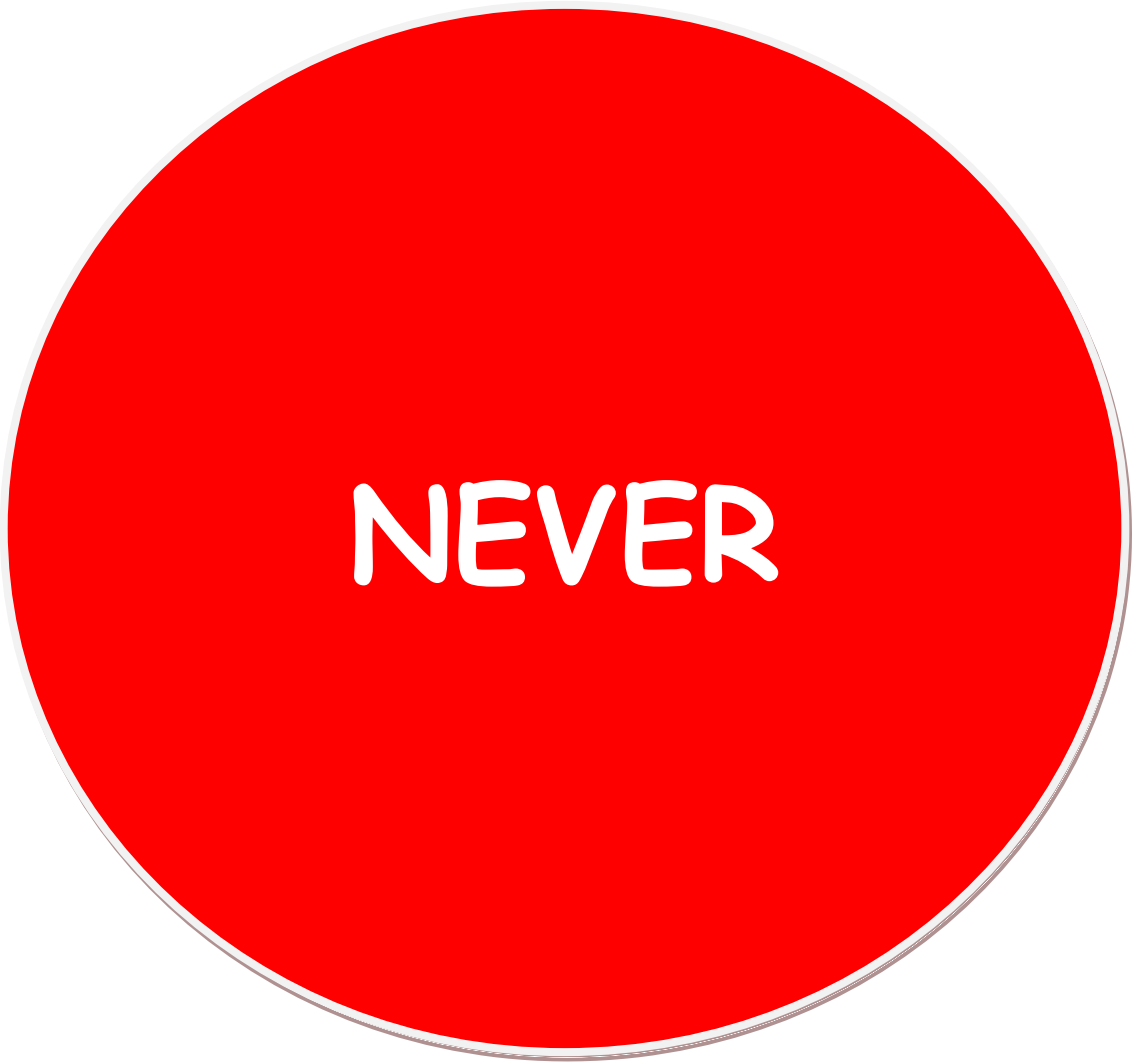
* Every day
* Sometimes
* Never

Recommendation: As they put the slip down, ask the child various questions to find out more about that particular activity and how they experience it.

Brush my teeth	Get into a fight
Go to school	See a friend
Have breakfast	Get a hug
Have lunch	Get a kiss
Have dinner	Laugh
Watch TV	Cry
Have fruit or vegetables	Get shouted at
Eat something nice	Get bullied
Get pocket money	Feel happy
Stay at home alone	Feel sad
Do household chores	Feel scared
Play inside	Get angry
Play outside	Get praised
Read	Put my hands over my ears
Do sports	Ride a cow
Sing	Dress up as a gorilla
Dance	Eat chocolate with ketchup
Take medicine	Stroke a spider
Have fun	Wear all my clothes at once
Do something silly	Smell my feet
Do homework	Have a piggy back ride
Hide	Do a handstand
Play with toys	Feel special
Have a wash	Get bored


EVERY DAY


SOMETIMES


NEVER

ESTABLISHING A DAY IN THE LIFE OF A SCHOOL AGE CHILD

This tool supports workers to gain a good understanding of a child or young person daily routine. It should help to identify positives or strengths in the child/young person's daily routine, as well highlighting areas where there may be concerns. It should be used to support any assessment being undertaken within Bolton's Framework for Action.

Question	**Factors to Consider**
Do you get yourself up in the morning?	Is the child expected to get themselves up? Is there a regular routine or does it depend on the motivation of the carer? Does the child have to take responsibility for carers and /or siblings in the morning? Is an alarm clock /mobile phone used to make sure child is up in time for school /play school etc?
Do you have anything to eat?	Is there usually food in the house? What is available to the child? Does an adult/sibling or child themselves take responsibility for preparing breakfast? Is the child given money to buy something on way to school? If so, what do they tend to buy?
What happens about getting dressed?	Are clothes readily available, clean and in a good state of repair? Does the child have to find their own clothes? Do they have their own clothing? What happens about washing, etc? Does the child wash and brush their teeth in the morning? Is this appropriately supervised? Are there facilities available, e.g. tooth brush?

Establishing a Day in the Life of a School Age Child

What happens if you are going to school?	How does the child get to school? Who is responsible for getting the child to school? Is the child responsible for other children?
What happens at school?	What is the nature of the child's relationships with their peers, teachers and support staff? What do they enjoy at school? What do they find difficult? What makes them happy and sad at school? Do they have friends? Are they bullied? What do they do at playtime?
What happens if it's the weekend or school holidays?	Is the child expected to look after other children and/or the carer? Are they expected to do errands, etc. for the carer? How do they spend their time? Do they have any friends? Are they left unsupervised or allowed to undertake inappropriate activities? What happens about food? (Consider areas below)
What happens after school?	Are they collected from school and, if so, on time? Do they stay for after school activities? Are they responsible for other children? Do they have friends that they see? What is the journey home from school like? (Consider opportunities for bullying etc) Is there anyone at home when they arrive back? What happens when they get home? Do they have any caring responsibilities? Is food available when the child gets home from school?

Establishing a Day in the Life of a School Age Child

What happened in the evening?	Is there food available? What kind of food does the child eat in the evening? What does the child enjoy eating best? How often do they have this? Does anyone prepare an evening meal? If so does the family eat together? If not, does the child get their own food and/or get food for others? When does the child usually have their last meal/snack? What happens if the child says they are hungry? Does the child spend their time watching TV? Do they go out - where and with whom? Does the child enjoy games and toys; which ones? Do they have toys? What do the carers do in the evening? What does the child think about their activities? Does anyone talk to the child or give them any attention? Is the child left alone or expected to supervise other children in the evenings?
What happens at bed time?	Does the child have a bedtime? Who decides when the child goes to bed? Where does the child sleep? Do they change their clothes before bed? Do they have a wash and brush their teeth? Does the child get disturbed? E.g. carers making a noise, child sleeping on settee. Is the child left alone at night and/or expected to look after other children?

How do you feel today?

 LOVED	 HAPPY	 CONTENT	 SLEEPY	 SAD	 HEARTBROKEN	 STRESSED	 WORRIED	 ANGRY
 ESTATIC	 WARM	 AFFECTIONATE	 SHOCKED	 ANXIOUS	 HESITANT	 CONFUSED	 DEPRESSED	 BETRAYED
 INTELLIGENT	 LUCKY	 CONFIDENT	 SKEPITCAL	 SCARED	 HELPLESS	 DISAPPOINTED	 IRRITATED	 EXPLOSIVE
 ACCEPTED	 HOPEFUL	 PLAYFUL	 HOPELESS	 INVISIBLE	 FRUSTRATED	 POWERLESS	 DISGUSTED	 VIOLENT
 STRONG	 SILLY	 GOOD	 UNSURE	 EMPTY	 WORTHLESS	 GAURDED	 SNEAKY	 RAGE
 UNBREAKABLE	 EXCITED	 ABANDONED	 LOST	 ALONE	 REJECTED	 TOXIC	 HURT	 OVERWHELMED

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

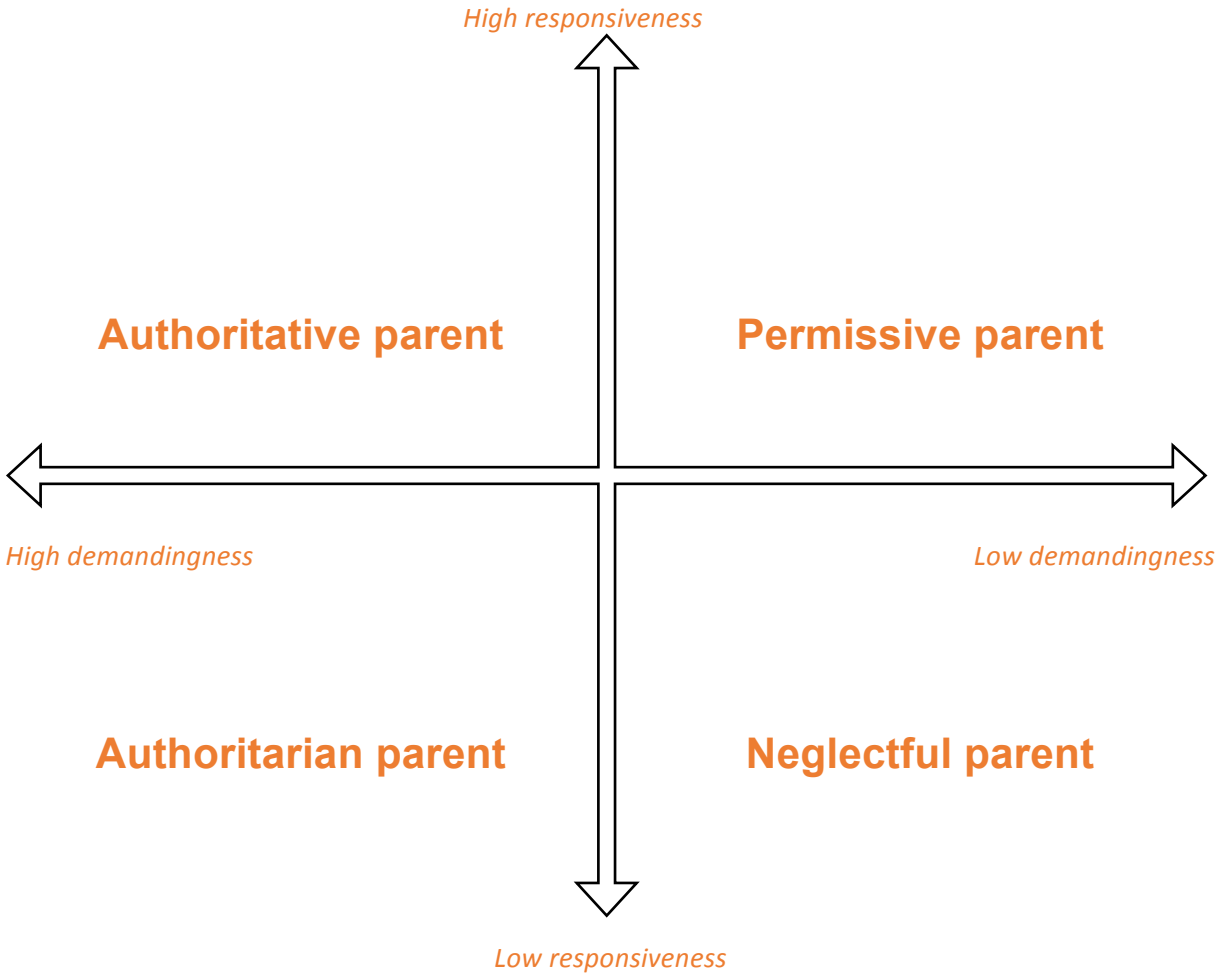
SECTION 2

Sub-section 2 – Assessing parenting capacity

Parenting styles tool (Baumrind Parenting Typology)

Parenting style has a significant impact on children's outcomes and tend to fit under one of four categories: authoritarian, authoritative, indulgent, and neglectful (see indicators below). These styles fit on a matrix of (high/low) warmth/responsiveness and (high /low) demandingness/control. They influence a child's outcomes in relation to autonomy, independence, self-discipline, self-regulation, and ability to navigate and maintain relationships.

Figure 1. Baumrind's model of parenting styles



Parenting Style	Indicators of this type of parenting style	Possible outcomes from this type of parenting style
The indulgent/permissive parent (high warmth/low control) This style is an extremely relaxed approach where parents are generally warm, nurturing and affectionate. However, they are overly accepting of their children's behaviour, good or bad. (Santrock, 2005).	☐ Parent demonstrates warmth and emotional involvement with their children. ☐ Parent makes very little demands and places few, if any, limits on the child's behaviour ☐ Parent believes that children are making their own decisions with little parental guidance. ☐ Children have few, if any, demands, rules, or restrictions placed on them to avoid arguments. ☐ Parent is overly responsive to the child's demands, 'gives in' and is 'too soft'. ☐ Parent seldom sets or enforce consistent rules or responsibilities. ☐ Parent is easily manipulated and/or controlled by the child. ☐ Parent may act like more of a friend than a parent; treating the child as equal. ☐ Children are involved in decision-making process ☐ Parenting style is welcomed or encouraged by the child.	☐ Children tend to develop a lack of self-discipline. ☐ Children often become self-centred and demanding. ☐ Children have a tendency to clash with authority. ☐ Children tend to be aggressive and act out. ☐ Underage drinking due to lack of rules. ☐ Children may struggle to understand cause and effect (consequences of their behaviour). ☐ Children may present as 'spoiled' or 'mature'. ☐ Children may respond negatively when rules or restrictions are placed upon them by their parent or other adult (i.e. teacher or other authority figure).
Authoritative parents (high warmth/high control) The *authoritative parenting style* is one that communicates in a warm, accepting, nurturing manner. It is moderate in both responsiveness and the demandingness elements of parenting. (Spera, 2005).	☐ Parent maintains firm expectations and restrictions on their children's behaviour while holding them accountable for their own actions. ☐ Parent encourages independence in their children while at the same time placing appropriate limits on their behavior; ☐ Open parent-child communication is encouraged. ☐ Warmth and support are consistently displayed toward the child. ☐ Parent understands their children's feelings. ☐ The development of autonomy is a main focus. ☐ Children's views and opinions are strongly considered and respected. ☐ Parent often allows them to help establish certain rules and guidelines. ☐ Once clear limits and standards are jointly established, parents closely	☐ Children develop the capacity to self-regulate. ☐ Children tend to be very social. ☐ Children are good at developing positive relationships. ☐ Children do very well in school and academic testing. ☐ Children are emotionally stable. ☐ Alcohol & illicit drug use by the child or young person is lower than with other parenting styles. ☐ Children learn respectful behaviours towards others. ☐ Children learn the framework to create the same secure and positive family environment as an adult. ☐ Parent-child relationship is likely to be more healthy and

	monitor and enforce the rules set out. ☐ Children are encouraged to think for themselves and to consider the consequences of any actions. ☐ Discipline is consistent and aimed at teaching and learning (communicative approach is taken rather than punishment). ☐ Child's emotional development is strongly considered; child is supported to understand and deal with mixed emotions.	sustainable.
The **neglectful parent** (low warmth/low control) the parent is totally disengaged and emotionally uninvolved in their child's life. There is little if any expression of love and affection. (Santrock, 1995).	☐ Parent is disengaged and/or emotionally uninvolved in their child's life. ☐ There is little if any expression of love, warmth and affection. ☐ Parent provides only the basic needs of food and shelter. ☐ Opportunities for sports, recreation and ordinary pleasures are infrequent or non-existent. ☐ Parent may be 'too busy' or self-involved to support their children (i.e. school functions, teach life skills or encourage socially acceptable behaviour). ☐ Parent places very few restraints on their children and there is little monitoring of their children's activities. ☐ Parent may be immersed in their own lifestyle or circumstances (i.e. battling mental disorders, drug and alcohol addiction or domestic abuse).	☐ Children develop a sense of unimportance to the parent. ☐ Children become emotionally withdrawn from social situations. ☐ Children develop a sense of loneliness. ☐ Children show patterns of truancy in school. ☐ Children show patterns of delinquency during adolescence. ☐ Children are prone to develop fear, stress and anxiety disorders. ☐ Children develop a low self-esteem. ☐ Children lack self-control and self-regulation. ☐ High risk of addiction to drugs and alcohol. ☐ Children often demonstrate defiance to authority figures such as parents, teachers and other adults.
The **authoritarian parent** (low warmth/ high control) This type of parenting style is a harsh, rigid emotional climate that is low in parental responsiveness (the nurturing aspect of the child) and high in parental demandingness (control over the child). (Spera, 2005).	☐ Parent places limits on their children's behaviour but to the point of becoming restrictive. ☐ Parent requires unquestioning obedience and are intolerant of inappropriate behaviour. ☐ Harsh, punitive measures are often used to ensure compliance with rules and standards. ☐ Parent has high expectations and high maturity demands for their children, which they communicate through rules and orders. ☐ Little verbal exchange is allowed and displays of affection are kept at a minimum.	☐ Children rarely learn to think on their own. ☐ Children feel pressured to conform ☐ Children often become socially withdrawn. ☐ Children may be very angry, resentful and frustrated. ☐ Children can find it hard to deal with their anger. ☐ Children may develop a tendency to act out ☐ Children develop a fear of failure (do to pressure). ☐ Children often have a low self-esteem. ☐ Children develop a

	☐ The consequence of breaking a rule is absolute punishment. Yelling and spanking of younger children is often resorted to for means of discipline and control over their behaviour. ☐ Parent often critical of their children if they fail to meet their expectations.	resentment of authority.

References:

*If you would like to see any of the items listed, send the 5 or 6-digit item numbers (in **bold**) to library@cafcass.gov.uk (for internal use only)*

300724. Santrock, J. (2017). *Life-span development* (16th Ed.). New York, NY: McGraw-Hill.

300710. Spera, C. (2005). A review of the relationship among parenting practices, parenting styles, and adolescent school achievement. *Educational Psychology Review*, *17(2),*125-146.

***Important**: This tool has been developed from existing evidence base and research, however is not a validated tool. The tool should be used to inform the assessment and analysis and is not a replacement for the professional judgement of the practitioner.*

Tool for parenting knowledge and style

1. Why do babies cry?
Answer here

2. How would you respond to the different types of crying?
Answer here

3. What physical needs does a child have as s/he is growing up?
Answer here

4. What emotional needs does a child have as s/he is growing up?
Answer here

5. What educational needs does a child have as s/he is growing up?
Answer here

6. How do you think children learn?
Answer here

7. What kind of things do you think are naughty?
Answer here

8. What things can a parent do when a child is naughty?
Answer here

9. Would you ever smack your child? If so, what for?
Answer here

10. Do you think children like to be cuddled? If so, when would you cuddle them?
Answer here

11. Do you think that children should know that parents are ‘in charge’?
Answer here

12. If so, how would you let your children know you were in charge?
Answer here

12. Should parents encourage imaginary play with small children, for example, having a tea

party?
Answer here

13. Should parents join in?
Answer here

14. At what age do you think children would want to stop playing at having tea parties or imaginary play?
Answer here

15. How often do you think parents should play with children?
Answer here

16. How long do you think a child of 12 months will concentrate on one game/thing/activity?
• One minute • Five minutes • Ten minutes • Fifteen minutes • Thirty minutes • Forty-five minutes

17. Why do you think they can concentrate for that long?
Answer here

18. At what age do you think children should be allowed to go to the shop alone?
Answer here

19. When should children be allowed to have boyfriends/girlfriends?
Answer here

20. When should children be allowed to stay up until 10.00pm?
Answer here

21. At what age should children be allowed to stay in the house alone?
Answer here

22. At what age should children be allowed in the kitchen unsupervised?
Answer here

23. At what age should children be allowed a say in important family decisions – for example, whether a new partner should be allowed to move into the house?
Answer here

24. How old should children be before they are allowed pocket money?
Answer here

25. How old should a child be before they are told about contraception, masturbation, safe sex?
Answer here

26. Is there an age when you think children should be allowed to watch pornographic films?
Answer here

(Fowler, adapted)

© Copyright ISBN 0 11 322426 5



Department of Health

Parenting Daily Hassles

SCALE

Name of Child:

_____

Completed by:

_____

Relationship to child:

_____

Date: _____



Parenting Daily Hassles

SCALE

The statements below describe a lot of events that routinely occur in families with young children. These events sometimes make life difficult. Please read each item and circle how often it happens to you (rarely, sometimes, a lot, or constantly) and then circle how much of a 'hassle' you feel that it has been for you **FOR THE PAST 6 MONTHS**. If you have more than one child, these events can include any or all of your children.

EVENT	How often it happens				Hassle (low to high)				
1. Continually cleaning up messes of toys or food	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
2. Being nagged, whined at, complained to	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
3. Meal-time difficulties with picky eaters, complaining etc.	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
4. The kids won't listen or do what they are asked without being nagged	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
5. Baby-sitters are hard to find	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
6. The kids schedules (like pre-school or other activities) interfere with meeting your own household needs	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
7. Sibling arguments or fights require a 'referee'	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
8. The kids demand that you entertain them or play with them	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
9. The kids resist or struggle with you over bed-time	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
10. The kids are constantly underfoot, interfering with other chores	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
11. The need to keep a constant eye on where the kids are and what they are doing	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
12. The kids interrupt adult conversations or interactions	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
13. Having to change your plans because of unprecedented child needs	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
14. The kids get dirty several times a day requiring changes of clothing	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
15. Difficulties in getting privacy (eg. in the bathroom)	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
16. The kids are hard to manage in public (grocery store, shopping centre, restaurant)	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
17. Difficulties in getting kids ready for outings and leaving on time	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
18. Difficulties in leaving kids for a night out or at school or day care	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
19. The kids have difficulties with friends (eg. fighting, trouble, getting along, or no friends available)	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5
20. Having to run extra errands to meet the kids needs	Rarely	Sometimes	A lot	Constantly	1	2	3	4	5

Questionnaire completed by *mother/father/adoptive parent/foster carer* (please specify)

Scoring

19. (a) The challenging behaviour total score is obtained by adding the intensity scale scores for items: 2, 4, 8, 9, 11, 12, 16. Range: 0–35.

    (b) The parenting tasks total score is obtained by adding the intensity scale scores for items: 1, 6, 7, 10, 13, 14, 17, 20. Range: 0–40

20. There is no cut off for any of the scales but total scores above 50 on the frequency scale or above 70 on the intensity scale indicate on the one hand a high frequency of potentially hassling happenings, and on the other that the parent is experiencing significant pressure over parenting.

21. Events occurring with frequency 3 or 4, or intensity 4 or 5, particularly those where the parent rates high intensity or impact, should be discussed to clarify the extent of need.

22. The total score on the challenging behaviour and parenting tasks scales may be useful in indicating how the parent/caregiver sees the situation, whether difficulties lie in the troublesome behaviour of the children, or the burden of meeting the 'expected' or 'legitimate' needs of the children. The subscores may also be useful in monitoring change.

Reference

Crnic KA & Greenberg MT (1990) Minor parenting stresses with young children. *Child Development*. **61**: 1628-1637

Crnic KA & Booth CL (1991) Mothers' and fathers' perceptions of daily hassles of parenting across early childhood. *Journal of Marriage and the Family*. **53**: 1043–1050.

© Copyright ISBN 0 11 322426 5



DH Department of Health

Parenting Daily Hassles

GUIDANCE ON USING SCALE

PARENTING DAILY HASSLES SCALE

Background

1. This scale aims to assess the frequency and intensity/impact of 20 experiences that can be a 'hassle' to parents.
2. It has been used in a wide variety of research concerned with children and families. The research in which it has been used includes a parenting programme with families who had major difficulties in raising young children.
3. Parents/Caregivers enjoy completing the scale, because it touches on aspects of being a parent that are very familiar. It helps them express what it feels like to be a parent.
4. During piloting, social workers reported that it depicted concisely areas of pressure felt by the carer. This helped identify areas where assistance could be provided either by the social services department or other agencies.
5. It is seen by parents as a way for them to express their needs for help with parenting.

The Scale

6. The caregiver is asked to score each of the 20 potential **Hassles** in two different ways for **frequency** and **intensity**.
7. The frequency of each type of happening provides an 'objective' marker of how often it occurs.
8. The intensity or impact score indicates the caregiver's 'subjective' appraisal of how much those events affect or 'hassle' them.
9. The time frame for this scale can be varied according to the focus of the assessment. For example, if a family is thought to have been under particular pressure in the last 2 months the parent can be asked to consider how matters have been during that period. However, if it is intended to assess progress, the same time frame should be used on each occasion. Periods of less than one month are probably too short to give a useful picture.

Use

10. The caregiver should understand the aim of filling out the questionnaire, and how it will contribute to the overall assessment.
11. The scale is probably most useful with families that are not well-known. In piloting it was found to highlight areas for future discussion, and help prioritise which parenting issues needed to be addressed first.
12. It can also be used to monitor change.

Administration

13. It should be given to the parent/caregiver to fill out themselves.
14. It can be read out if necessary.
15. It takes about 10 minutes to complete.
16. The scale should always be used as a basis for discussion. In general this is best kept until the parent has finished, but there will be occasions when it is vital to acknowledge, or immediately follow up comments made while it is being filled out.

Scoring

17. The scale can be used in two distinct ways: (a) the totals of the frequency and intensity scales can be obtained, or (b) scores for challenging behaviour and parenting tasks can be derived from the intensity scale.
18. To obtain frequency and intensity total scores

    a) The frequency scale is scored: rarely = 1, sometimes = 2, a lot = 3, and constantly = 4. If the parent says that an event never occurs, never = 0. The range for this scale is 0–80. A score of 3 or 4 for any one event indicates that it occurs with above average frequency.

    b) The intensity scale is scored by adding the parents rating of 1–5 for each item. If a 0 has been scored for frequency on an item then it should be scored 0 for intensity. The range for this scale is 0–100. A score of 4 or 5 for any one event indicates that it is at least some problem to the parent.

	Lower	Range of behaviours	Higher
Symptom severity	Infrequent, low intensity and some manageable distress	Symptoms may be regular and cause distress but not distorting or causing unmanageable distress. There may be some periods of dysregulation or excessive rumination, but this is not constant or resulting in highly disturbed or risky behavior.	Frequent or constant, intense distress and/or distortion of thinking, requiring intermittent hospitalization. Manifesting aggressive or severely dysregulated behavior, suicidality and/or serious self harm.
Chronicity	Single/first episode	Episodes might be short but frequent or intense, or symptoms may never quite remit but fluctuate over time with some periods of relative relief.	Early onset/long standing and chronic with no periods of remission
Co-morbidity	No co-morbid mental health conditions, substance misuse or learning disability	Other related co-morbid conditions that compound difficulties but do not severely affect functioning or access to treatment.	Several co-morbid conditions including substance misuse and/or learning disability
Functioning	Able to continue with daily activities work, housework, socializing, self-care, taking children to school on time with good level of care.	Able to manage most days but some days functioning is limited or manages basic tasks most of the time but this is a struggle, impact may be loss of employment, long periods off sick, limited self-care and withdrawal from social relationships. Care of children inconsistent, some lateness at school.	All aspects of functioning affected, or some areas affected very severely (e.g. unable to leave the house, no self-care), at risk of self-neglect, homelessness or other serious consequences without remission of symptoms or unable to relate to others or maintain relationships in any way. Children have poor attendance and neglect of the home and basic needs are evident.
Access to treatment	Engaged with appropriate multidisciplinary team and/or appropriate therapy service, GP regularly reviews medication	Some brief therapy services, or time limited CMHT support available during times of difficulty	No appropriate services available in borough, does not meet criteria
Engagement with treatment	Takes medication regularly, manages repeat prescriptions and reviews effectively, attends and engages meaningfully in all therapy sessions	Or takes medication, but refuses therapy, or attends therapy but patchy attendance or superficial/reluctant engagement	Non-compliant with medication, refuses to attend any therapy or reviews with CMHT, overtly hostile and defensive to treatment
Response to treatment	Invested in own recovery, seeking	Symptom relief and some	No change in presentation, remains

Dr Sheena Webb, Tavistock & Portman NHS Trust for Cafcass, 2017.

	out new opportunities for further treatment, able to respond to crises with new coping strategies, evidence of new thinking and insight, generalizing skills to new situations.	improvement in functioning but fragile to crises or not yet tested in crisis, still can default to old coping mechanisms, needs support to generalize skills to new situations.	hostile to treatment and unwilling to accept there is a problem or has engaged with a great deal of treatment but no discernable change in mental state, insight or coping skills.
Insight	Full insight into nature and degree of own illness, triggers and need for treatment. Also has insight into how this affects others including the child.	Accepts has a difficulty but denies any impact on themselves or their child, may feel they don't need treatment and can manage by themselves. Understands they have a difficulty and there is some impact on the child but feels it is under control or is unrealistic about prognosis.	Does not believe they have a problem, does not feel they need treatment and does not make links between their own mental state and their children's wellbeing.
Impact on parent-child interaction	Warm and attuned interactions noted, attachment behaviours in child indicate security.	Inconsistent or restricted affect, lower involvement, capacity for attunement but at times intrusive or withdrawn. Own emotional states can spill over in front of the child and at times some poor boundaries around sharing.	Consistently poor interactions, low involvement/warmth, intrusive/withdrawn, negative/critical, creates anxiety in the child, draws child into own difficulties. Intermittent bizarre or hostile interactions with child.
Developmental impact	Onset later in child's development and/or very brief and mild episodes.	Onset may have been earlier but episodes more brief or mild, or more severe difficulties with later onset in child's life.	Onset of illness during early developmental phase and continuous throughout.
Child resilience	Child has good coping skills, a secure attachment to at least one caregiver, has an understanding of their parents' difficulties and will seek out support when needed.	Child has some superficial resilience but may be carrying latent vulnerability or be burdened by parentification, some ability to cope and seek help but also concerns of unhelpful coping or holding in difficult emotions at times.	Infant or older child with limited coping resources or developmental disability or already seriously impacted by neglect or abuse. Child's behavior is challenging and likely to place additional stress on parent.
Social support	Well functioning and committed partner who understands illness and is attuned to child, good network of family and friends to offer respite to parent and child	Limited social support, or partner with some moderate difficulties of their own, perhaps a family context that can be supportive but also lacks insight or can be conflictual at times.	Isolated, no supports or mentally unwell or abusive partner or substance misusing partner or social network is predominantly antisocial or substance using with high

	and support child to understand parents' difficulties.		exposure to conflict and risk.

Opportunities for intervention – 'solvable problems'

N.B. This is a tool to help organise your thinking and critically review evidence in cases where parents have mental health difficulties. It is not designed to be a prescriptive or definitive measure of risk and should be used in the context of your overall structured professional judgement, in conjunction with the broader evidence in the case.

***Important**: This tool has been developed from existing evidence base and research, however is not a validated tool. The tool should be used to inform the assessment and analysis and is not a replacement for the professional judgement of the practitioner.*

© Copyright ISBN 0 11 322426 5



Department of Health

Adult Wellbeing

THE SCALE

Name of Child:

_____

Completed by:

_____

Relationship to child:

_____

Date: _____

ADULT WELLBEING SCALE

This form has been designed so that you can show how you have been feeling in the past few days.

Read each item in turn and UNDERLINE the response which shows best how you are feeling or have been feeling in the last few days.

Please complete all of the questionnaire.

1. I feel cheerful

Yes, definitely | Yes, sometimes | No, not much | No, not at all

2. I can sit down and relax quite easily

Yes, definitely | Yes, sometimes | No, not much | No, not at all

3. My appetite is

Very poor | Fairly poor | Quite good | Very good

4. I lose my temper and shout and snap at others

Yes, definitely | Yes, sometimes | No, not much | No, not at all

5. I can laugh and feel amused

Yes, definitely | Yes, sometimes | No, not much | No, not at all

---

6. I feel I might lose control and hit or hurt someone

Sometimes | Occasionally | Rarely | Never

7. I have an uncomfortable feeling like butterflies in the stomach

Yes, definitely | Yes, sometimes | Not very often | Not at all

8. The though of hurting myself occurs to me

Sometimes | Not very often | Hardly ever | Not at all

9. I'm awake before I need to get up

For 2 hours or more | For about 1 hour | For less than 1 hour | Not at all. I sleep until it is time to get up

10. I feel tense or 'wound up'

Yes, definitely | Yes, sometimes | No, not much | No, not at all

---

11. I feel like harming myself

Yes, definitely | Yes, sometimes | No, not much | No, not at all

12. I've kept up my old interests

Yes, most of them | Yes, some of them | No, not many of them | No, none of them

13. I am patient with other people

All the time | Most of the time | Some of the time | Hardly ever

14. I get scared or panicky for no very good reason

Yes, definitely | Yes, sometimes | No, not much | No, not at all

15. I get angry with myself or call myself names

Yes, definitely | Yes, sometimes | Not often | No, not at all

---

16. People upset me so that I feel like slamming doors or banging about

Yes, often | Yes, sometimes | Only occasionally | Not at all

17. I can go out on my own without feeling anxious

Yes, always | Yes, sometimes | No, not often | No, I never can

18. Lately I have been getting annoyed with myself

Very much so | Rather a lot | Not much | Not at all

Scoring

19. The sheet accompanying the questionnaire indicates the method of scoring the 4 subscales.

20. Use of cut-off scores gives indicators of significant care needs with respect to depression, anxiety, and inwardly and outwardly directed irritability.

21. Inward irritability can point to the possibility of self-harm. Outward irritability raises the possibility of angry actions towards the child(ren).

22. As with any screening instrument, interpretation must be in the context of other information. Some respondents will underreport distress, others exaggerate it. A high or low score on any scale does not guarantee that a significant level of need is present.

23. Most value is obtained by using the scale as a springboard for discussion.

Reference

Snaith RP, Constantopoulos AA, Jardine MY & McGuffin P (1978) A clinical scale for the self-assessment of irritability. *British Journal of Psychiatry*. **132**: 163–71.

© Copyright ISBN 0 11 322426 5



DH Department of Health

Adult Wellbeing

GUIDANCE ON USING THE SCALE

ADULT WELLBEING SCALE

Background

1. Parent/Caregiver mental health is a fundamental component of assessment.
2. There is evidence that some people respond more openly to a questionnaire than a face to face interview, when reporting on their mental health.
3. A questionnaire gives caregivers the opportunity to express themselves without having to face another person, however sympathetic that person may be.
4. A questionnaire is no substitute for a good relationship, but it can contribute to the development of a rapport if discussed sensitively.
5. During piloting the use of the questionnaire was found to convey the social worker's concern for the parent's wellbeing. This can be particularly valuable where the parent feels their needs are not being considered.

The Scale

6. The scale is the Irritability, Depression, Anxiety (IDA) Scale developed by Snaith *et al* (1978).
7. This scale allows respondents four possible responses to each item.
8. Four aspects of wellbeing are covered: Depression, Anxiety and Inwardly and Outwardly directed Irritability.

Use

9. In principle the questionnaire can be used with any adult, who is in contact with the child whose development and context are being assessed. In practice this will usually be the main caregiver(s).
10. In piloting, social workers reported that use of the scale raised issues on more than half the occasions that it was used. Probable depression was found amongst almost half the caregivers, and significant anxiety in a third.
11. Where social workers were new to the family situation they said they learnt things they did not know. 'It helped me to be aware of the carers' needs', and 'highlighted stresses'. It helped focus on 'parents' needs and feelings'.
12. Even when parents were known to the workers it gave topics an airing and clarified areas to work on; it 'released tension'.
13. Progress can also be registered. It was 'useful to measure when things were calmer'.
14. Used flexibly it can provide openings to discuss many areas including feelings about relationships with partners and children.

Administration

15. It is vital that the respondent understands why they are being asked to complete the scale. Some will be concerned that revealing mental health needs will prejudice their chances of continuing to care for their child. For example, it can be explained that many carers of children experience considerable stress, and it is important to understand this if they are to be given appropriate support.
16. The scale is best filled out by the carer themselves in the presence of the worker, but it can be administered verbally.
17. It takes about 10 minutes to complete.
18. **Discussion is essential**. Usually this will be when the questionnaire has been completed, so the respondent has an opportunity to consider their own needs uninterrupted. However, there will be times when an important clue to how the caregiver feels may be best picked up immediately. One example occurred during piloting, when a respondent expressed distaste for questions about self-harm.

SCORING THE ADULT WELLBEING SCALE

1. **Depression** – Questions 1,3,5,9 and 12 look at depression. The possible response scores that are shown below run from the left to the right – i.e. for question 1 'I feel cheerful', the scores would be looked at from 'yes, definitely' (0), 'yes, sometimes' (1), 'no, not at all' (3), A score of 4–6 is borderline in this scale and a score above this may indicate a problem

QU1	QU3	QU5	QU9	QU12
0,1,2,3	3,2,1,0	0,1,2,3	3,2,1,0,	0,1,2,3,

2. **Anxiety** – Questions 2,7,10,14 and 17 look at anxiety. A score of 6–8 is borderline, above this level may indicate a problem in this area.

QU2	QU7	QU10	QU14	QU17
0,1,2,3	3,2,1,0	3,2,1,0	3,2,1,0,	0,1,2,3,

3. **Outward directed irritability** – Questions 4,6,13 and 16 look at outward directed irritability. A score of 5–7 is borderline for this scale, and a score above this may indicate a problem in this area.

QU4	QU6	QU13	QU16
3,2,1,0	3,2,1,0	0,1,2,3	3,2,1,0,

4. **Inward directed irritability** – Questions 8,11,15 and 18 look at inward directed irritability. A score of 4–6 is borderline, a higher score may indicate a problem.

QU8	QU11	QU15	QU18
3,2,1,0	3,2,1,0	3,2,1,0	3,2,1,0,

Use of cut-off scores gives indicators of significant care needs with respect to depression, anxiety, and inwardly and outwardly directed irritability. Inward irritability can point to the possibility of self-harm. Outward irritability raises the possibility of angry actions towards the child(ren).

As with any screening instrument, interpretation must be in the context of other information. Some respondents will underreport distress, others exaggerate. A high or low score on any scale does not guarantee that significant level of need is present.

Most value is obtained by using the scale as a springboard for discussion.

© Copyright ISBN 0 11 322426 5



Department of Health

Adult Wellbeing

SCORING THE SCALE

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 2

Sub-section 3 – Identifying Domestic Abuse

Confidential – Multi-Agency Risk Assessment Conference (MARAC)
Domestic Violence Risk Assessment (DASH)

This risk assessment form should be completed in all cases where the DV1 has flagged concerns about risk (6 or more ticks on the DV1 risk section), or where you as a professional have concerns about the risks to any member of the household, particularly any risks to children.

- In all cases scoring 14 or more on the risk assessment or where you as a professional judge any individual to be at significant risk of harm, a referral should be made to the Tower Hamlets Multi-Agency Risk Assessment Conference (MARAC). Please send the MARAC referral form and Risk Assessment to the Domestic Abuse Team (domestic.violence@towerhamlets.gov.uk.cjsm.net or domestic.violence@towerhamlets.gov.uk)

- Where there are children present in the household - In all cases scoring 14 or more on the risk assessment, where any of the shaded questions on the form are present, or where the professional has significant concerns about the safety of any children in the household, a referral should be made to the MASH / Integrated Pathways and Support Team.

Name of Victim:
Name of Perpetrator:
Date RA completed:

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the correct box under the questions to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.	**Yes (Y)**	**No (N)**	**Don't Know (DK)**	**State source of info if not the victim e.g. police officer**
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)				
Comment:				
2. Are you very frightened?				
Comment:				
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s),..)might do and to whom, including children)				
Comment:				
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)…….) try to stop you from seeing friends/family/doctor or others?				
Comment:				
5. Are you feeling depressed or having suicidal thoughts?				
Comment:				
6. Have you separated or tried to separate from (name if abuser(s)….) within the past year?				
Comment:				
7. Is there conflict over child contact?				
Comment:				
8. Does (….) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and				

Confidential – Multi-Agency Risk Assessment Conference (MARAC)
Domestic Violence Risk Assessment (DASH)

behaviour of what is being done.) **Comment:**				
9. Are you pregnant or have recently had a baby (within the last 18 months)? **Comment:**				
10. Is the abuse happening more often? **Comment:**				
11. Is the abuse getting worse? **Comment:**				
12. Does (…) try to control everything you do and/or are they excessively jealous? *(In terms of relationships, who you see, being 'policed at home', telling you want to wear for example. Consider 'honour-based' violence and specify behaviour.)* **Comment:**				
13. Has (…) ever used weapons or objects to hurt you? **Comment:**				
14. Has (…) ever threatened to kill you or someone else and you believed them? (If yes, highlight who.) * You * Children * Other (please state)				
15. Has (…) ever attempted to strangle/choke/suffocate/drown you? **Comment:**				
16. Does (…) do or say things of sexual nature that make you feel bad or that physically hurt you or someone else? *(If someone else, specify who.)* **Comment:**				
17. Is there any other person who has threatened you or who you are afraid of? *(if yes, please specify whom and why. Consider extended family if HBV)* **Comment:**				
18. Do you know if (…) has hurt anyone else? *(Please highlight whom including the children, siblings or elderly relatives. Consider HBV.)* * Children * Another family member * Someone from a previous relationship * Other (please state)				
19. Has (…) ever mistreated an animal or the family pet? **Comment:**				
20. Are there any financial issues? For example, are you dependent on (…) for money/have they recently lost their job/other financial issues? **Comment:**				
21. Has (…) had problems in the past year with drugs *(prescription or other)*, alcohol or mental health leading to problems in leading a normal life? (*If yes, please specify which and give relevant details of known.)* **Comment:**				
22. Has (…) ever threatened or attempted suicide?				

Confidential – Multi-Agency Risk Assessment Conference (MARAC)
Domestic Violence Risk Assessment (DASH)

Comment:				
23. Has (…) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? *(you may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)* * Bail conditions * Non-Molestation/Occupation Order * Child contact arrangements * Forced Marriage Protection Order * Other				
24. Do you know if (…) has ever been in trouble with the police or has a criminal history? (If yes, please highlight.) * DV * Sexual violence * Other violence * Other (please state):				
Total 'yes' responses				

<u>Supplementary child risk assessment questions:</u> Please complete this section of the form in all cases where domestic abuse has been disclosed and where there are children in the household.	**Yes (Y)**	**No (N)**	**Don't Know (DK)**	**State source of info if not the victim e.g. police officer**
1. Has the child/ children directly intervened in or witnessed any incidents of domestic abuse and/ or been physically injured in the course of any incidents of domestic abuse?				
Comment:				
2. Has (…) made any threats or attempts to abduct the children?				
Comment:				
3. Are there any emerging concerns about the impact the abuse is having on the children? *(consider factors such as poor school attendance, bed wetting, signs of significant distress)*				
Comment:				
4. Are there any additional factors related to the child/ children that would increase their level of vulnerability to the abuse? *(e.g. child/ children has a disability, child/ children are not the perpetrators')*				
Comment:				
5. Is any member of the household at risk of forced marriage or honour based violence?				
Comment:				
6. Professionals – Do you have any concern as a professional about minimisation of the abuse by parent(s) and/or lack of parental engagement with support services?				
Comment:				

Ending domestic abuse

SafeLives Dash risk checklist
Quick start guidance

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

The Dash risk checklist should be introduced to the victim within the framework of your agency's:

- Confidentiality Policy
- Information Sharing Policy and Protocols
- Marac Referral Policies and Protocols

Before you begin to ask the questions in the Dash risk checklist:

- Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the Marac

While you are asking the questions in the Dash risk checklist:

- Identify early on who the victim is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

Revealing the results of the Dask risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to Marac and Children's Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner's professional judgement in all cases. 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 a

© SafeLives 2015. Please acknowledge SafeLives when reprinting. Registered charity number 1106864.

Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

Resources

Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

- **National Domestic Violence Helpline** (tel: 0808 2000 247) for assistance with refuge accommodation and advice.
- **'Honour' Helpline** (tel: 0800 5999247) for advice on forced marriage and 'honour' based violence.
- **Sexual Assault Referral Centres** (web: http://www.rapecrisis.org.uk/Referralcentres2.php) for details on SARCs and to locate your nearest centre.
- **Broken Rainbow** (tel: 08452 604460 / web: www.broken-rainbow.org.uk for advice for LGBT victims) for advice and support for LGBT victims of domestic abuse.

Asking about types of abuse and risk factors

Physical abuse

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 23.

- Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- Sometimes violence will be used against a family pet.
- If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as a GP or A&E nurse.

Sexual abuse

We ask about whether the victim is experiencing any form of sexual abuse in question 16.

- Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

Coercion, threats and intimidation

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 24.

- It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (e.g. children/siblings). Victims usually know the abuser's behaviour better than anyone else which is why this question is significant.
- In cases of 'honour' based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as "If I can't have you no one else can…"
- Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim's home or workplace, loitering and destroying/vandalising property.

© SafeLives 2015. Please acknowledge SafeLives when reprinting. Registered charity number 1106864.

- Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

Emotional abuse and isolation

We ask about emotional abuse and isolation in questions 4, 5 and 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Victims of 'honour' based violence talk about extreme levels of isolation and being 'policed' in the home. This is a significant indicator of future harm and should be taken seriously.
- Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim's mental health and they might feel depressed or even suicidal.
- Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won't understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

Children and pregnancy

Questions 7, 9 and 18 refer to being pregnant and children and whether there is conflict over child contact.

- The presence of children including stepchildren can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

Economic abuse

Economic abuse is covered in question 20.

- Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.

© SafeLives 2015. Please acknowledge SafeLives when reprinting. Registered charity number 1106864.

- The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

We also have a library of resources and information about training for frontline practitioners at http://www.safelives.org.uk/marac/Information_about_Maracs.html

Other Marac toolkits and resources

If you or someone from your agency attends the Marac meeting, you can download a **Marac Representative's Toolkit** here: http://www.safelives.org.uk/marac/Toolkit-Marac-representative.pdf. This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from http://www.safelives.org.uk/marac/Resources_for_people_who_refer_to_Marac.html. These offer a practical introduction to Marac within the context of a professional role. Please signpost colleagues and other agency staff to these toolkits where relevant:

A&E
Ambulance Service
BAMER Services
Children and Young People's Services
Drug and Alcohol
Education
Fire and Rescue Services
Family Intervention Projects
Health Visitors, School Nurses & Community Midwives
Housing
Independent Domestic Violence Advisors
LGBT Services
Marac Chair
Marac Coordinator
Mental Health Services for Adults
Police Officer
Probation
Social Care Services for Adults
Sexual Violence Services
Specialist Domestic Violence Services
Victim Support
Women's Safety Officer

For additional information and materials on Multi Agency Risk Assessment Conferences (Maracs), please see the http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc. This provides guidance on the Marac process and forms the basis of the Marac Quality Assurance process and national standards for Marac.

© SafeLives 2015. Please acknowledge SafeLives when reprinting. Registered charity number 1106864.

© SafeLives 2015. Please acknowledge SafeLives when reprinting. Registered charity number 1106864.

Tool for assessing whether a DVPP is appropriate

Derived from Sturge and Glaser

The perpetrator demonstrates

a) some (preferably full) acknowledgment of the violence;

b) some acceptance (preferably full if appropriate, ie the sole instigator of violence) of responsibility for that violence;

c) full acceptance of the inappropriateness of the violence particularly in respect of the domestic and parenting context and of the likely ill-effects on the child;

d) a genuine interest in the child's welfare and full commitment to the child, ie a wish for contact in which he is not making the conditions;

e) a wish to make reparation to the child and work towards the child recognising the inappropriateness of the violence and the attitude to and treatment of the mother and helping the child to develop appropriate values and attitudes;

f) an expression of regret and the showing of some understanding of the impact of their behaviour on their ex-partner in the past and currently;

g) indications that the parent seeking contact can reliably sustain contact in all senses.

safety plan for Young People

**** Remember it may not be safe for a young person to fill in a safety plan and take it with them ****

Domestic violence is a crime. I have a right to be safe.

A young person needs to know:

- They have the right to be safe and to be cared for in a safe environment
- They should try not to intervene, but get out of the way and if possible, try to find some help
- They are not responsible for adult violence

During your work with the young person, it is very important that they identify a safe person they can go to and who they can talk to about any of the difficulties they are living with.

I can leave this safety plan with for safety.

Signed: (Young Person)

Signed: (Mother)

Signed: (Practitioner)

Date:

We will review this safety plan on:

Islington Targeted and Specialist Children and Families Services

Acknowledgements to:
London Safeguarding Children Board; Safeguarding Children Abused through Domestic Violence, March 2008
Northern Ireland Women's Aid Federation; Helping Hands

My Safety Plan

I have the right to be safe and cared for in a safe place ☐ agree

Violent words and actions at home are not my fault ☐ agree

I cannot stop the violence ☐ agree

To protect yourself you can break rules, like:

Say No
Shout
Kick
Scream



The best thing you can do when there is violence at home is get out of the way.

☐ agree

To be safe I can do the following:

Get out of the room where the violence is occurring	Go to a room/place in my house where I feel safe

The room/place in my house where I feel safe is: _____

There is a lock on the door ☐ yes ☐ no

The nearest telephone is:

If it is safe I can telephone 999 and ask for the police, I will need to say:

My name:

My Home Address:

What's happening:

People I can trust in an emergency are:



A code word so they know I need help is:

My brothers and sisters:

Have a safety plan too, that I know

☐ yes ☐ no

They know my safety plan

☐ yes



If we leave the house I would like to go to:

I have a bag of things that are important to me at (safe friend/relative's house):

If I am hurt I will tell:
(including telephone numbers)

If my mum is hurt I will tell:
(including telephone numbers)

I can talk about how I feel with:
(including telephone numbers)





The people who know this plan are:

Mother _____

Safe relative/friend _____

Teacher _____

Social Worker _____

Others _____

I can't stop the violence but I can do these things to keep safe

☐ **Agree**

_____'s Safety Plan Today's Date: _____

Step 1: Warning Signs of a Crisis

1. _____
2. _____
3. _____

Step 2: Activities I Can Do By Myself to Try to Take my Mind off of Things

1. _____
2. _____
3. _____

Step 3: Taking My Mind off of Things

PEOPLE I CAN GO TO:

1. _____
   Relationship: _____
   Phone #: _____
2. _____
   Relationship: _____
   Phone #: _____
3. _____
   Relationship: _____
   Phone #: _____

PLACES I CAN GO TO:

1. _____
2. _____

Step 4: People I Can Call for Help

1. _____
   Relationship: _____
   Phone #: _____
2. _____
   Relationship: _____
   Phone #: _____
3. _____
   Relationship: _____
   Phone #: _____

Step 5: Ways That Supportive People Can Help Me Stay Safe

1. _____
2. _____
3. _____

Step 6: I Can Call These Very Important Phone Numbers

_____

_____

_____

I Have Great Strengths To Help Me Get By

1. _____
2. _____
3. _____

Safety Plan | Adapted from an original work by Barbara Stanley and Gregory K. Brown
This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License.

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 2

Sub-section 4 – Miscellaneous tools and guidance

Tool for alcohol use

Note: this document was first issued by the Department of Health but has been adapted by Cafcass to keep it updated.

Alcohol use

The Department of Health guidance for low risk drinking states that**, for all adults**, to keep health risks from alcohol to a low level, it is safest not to drink more than 14 units a week on a regular basis.1 unit = approximately 1⁄2 a pint of beer, 1 measure of spirit (25ml), or 1 small glass of wine (125ml).

Name of child:	
Completed by:	
Relationship to child:	
Date:	

Alcohol use questionnaire

Please circle the answer most relevant to you.

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+
3. How often during the past year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the past year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Scoring

For each question	0	1	2	3	4

Tool for alcohol use

ECMS number:

Interpretation of scoring

1. A score of 5 or more indicates that there may be an alcohol problem, and that there should be fuller evaluation. It should be remembered that although people may be more honest filling in a questionnaire than face-to face, they are still likely to underestimate consumption and effects.
2. If questions 3, 4 or 5 are checked as other than *No* or *Never* there is likely to be concern that the pattern of drinking may be impacting on the children.
3. Interpretation may be helped by looking at the Department of Health guidelines: https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

Reference

Piccinelli M, Tessari E, Bortolomasi M, Piasere O, Semenzin M, Garzotto N & Tansella M (1997) 'Efficacy of the alcohol use disorders identification test as a screening tool for hazardous alcohol intake and related disorders in primary care: A validity study' in British Medical Journal *514: 420-424.*

Tool for alcohol use: guidance

Background

1. Alcohol misuse is estimated to be present in about 6%* of primary carers, ranking it third in frequency behind major depression and generalised anxiety. Higher rates are found in certain localities, particularly amongst parents known to Social Services Departments.
2. Drinking alcohol affects different individuals in different ways. For example, some people may be relatively unaffected by the same amount of alcohol that incapacitates others.
3. The primary concern therefore is not the amount of alcohol consumed but how it impacts on the individual, and more particularly on their role as a parent.
4. Drinking alcohol can affect a carer's behaviour towards their partner or children, even if their alcohol consumption is within the Department of Health guidelines for low health risk drinking. This may be particularly true if the parent has a vulnerable personality.
5. Drinking alcohol may contribute to incidents where there is loss of temper or parental rows. Deep sleep due to alcohol may reduce the parents' awareness of distress in young children at night.
6. Children of parents who misuse alcohol are more likely to have: developmental delays, social problems, emotional detachment, and delinquency.
7. Research has found that individuals who misuse alcohol are more likely to have a parent or relative who misused alcohol.
8. Children of alcoholics are reported to abuse alcohol or drugs more than children who have grown up with non-alcoholics, and are 2–4 times* more likely to have a psychiatric disorder.

The questionnaire

9. This questionnaire can be effective in detecting adults with alcohol disorders and those with hazardous drinking.
10. The questionnaire is designed to be self-administered. Research has found that adults may be more honest in completing this type of questionnaire than in a face-to-face interview.
11. The questionnaire can be scored (see overleaf), but should be viewed primarily as a tool to help to raise the subject of alcohol, and to provide the opportunity to address any issues that may arise, particularly in the responses to questions 3, 4 and 5.
12. The questionnaire covers:
    - Frequency of alcohol consumption (1)
    - Number of drinks consumed in a typical day (2)
    - Ability to control drinking (3)
    - Failure to carry out expected tasks as consequence of the effects of alcohol (4)
    - Whether others are concerned about the individual's drinking (5)

Use

13. The questionnaire can be useful to provide a baseline, either at initial or core assessment or during ongoing work.

14. The questionnaire can help to detect drinking issues in circumstances where alcohol problems are not suspected. Drinking habits are often hidden, even from other family members.
15. It is important that the questionnaire is used as a basis for discussion of drinking patterns. For example, it may be useful to explore with carers how they manage their children when they are drinking. If they go the pub – what happens to the children?
16. Where the worker is uncertain how to interpret the response to the questionnaire they should consult a professional who is experienced in this field.

Administration

17. The introduction of the questionnaire will have to be carefully planned, particularly with carers from communities where the use of alcohol is frowned upon. One approach is to explain that it is important to understand families' approach to drinking alcohol, and that asking parents to fill out a questionnaire can be a useful starting point for discussion. It can be emphasised that the worker is not for or against drinking, but from the children's point of view it is helpful to know what part it plays in day to day family life.
18. Although designed to be self-administered, the questionnaire can also be used as a series of initial probes for use by the worker.

*Further statistics regarding alcohol abuse can be found at: https://www.drinkaware.co.uk/research/data/

Tool for alcohol use

ECMS number:

Tool for criminal history

1. When did you first start to commit criminal offences?
Answer here

2. Why do you think you began to offend?
Answer here

3. What is your criminal history from that time?
Answer here

4. What sentence(s) did you receive?
Answer here

5. Why do you think you committed each offence?
Answer here

6. What was happening in your life at the time of the offence?
Answer here

ECMS Number:

7. When was your last offence?
Answer here

8. Have you got any outstanding court appearances?
Answer here

9. Do you think you will commit offences in the future? If so, why?
Answer here

10. Have you received any counselling or attended any courses in respect of your offending behaviour?
Answer here

11. What did you learn?
Answer here

12. If you are still committing offences, would you like to stop?
Answer here

13. If so, how do you think this will be achieved?
Answer here

14. What impact do you think your offending behaviour has on your parenting ability?
Answer here

(Fowler, 2005/ adapted)

Child Sexual Exploitation Screening Tool

Introduction

The purpose of the screening tool (see below) is to enable practitioners to assess a child's level of risk of child sexual exploitation (CSE) in a concise and consistent manner. The screening tool can be applied to all children (male and female) under the age of 18 years.

Important points to remember when considering CSE:

- Both girls and boys can be victims of child sexual exploitation and are equally vulnerable.
- The coercer(s) and perpetrator(s) are usually an adult(s), but children and young people can also act in a sexually abusive way towards other young people or exert power e.g. group/gang members of either gender.
- Children and young people may exchange or sell sex as a result of constrained choices such as poverty, isolation and historic abuse.
- Although it is rare, parents/carers may be involved in the sexual exploitation of their children.
- Groups of children and multiple perpetrators may be involved (organised abuse).
- No child under 13 years should be assessed as Low Risk if behaviours indicate a risk of CSE.
- Children with additional needs require special consideration up to the age of 21 years.
- No child with a learning disability should be assessed as Low Risk if behaviours indicate involvement in or risk of CSE.
- Be aware: disclosure of information by the child may take time and evident risks may only emerge during ongoing assessment, support and interventions with the child and/or family.

Guidance on the use of the screening tool

1. Completion of the Screening Tool: (see below) by the practitioner identifying the concerns should involve liaison with other agencies to ensure that there is multiagency information sharing and support.

2. The screening tool is intended to assist professional judgment by assisting practitioners to consider the risk of harm to a child.

3. If a child presents with one indicator from the list below, action is required. Early intervention improves the chances of positive outcomes. One indicator is unlikely to require Children's Social Work Services or specialist services intervention unless it is a Significant Risk category.

4. Assessing or screening for child sexual exploitation should not be seen as a one off event. Young people can move very quickly between the risk categories, therefore regular assessment should be undertaken using the Screening Tool (see below). Any escalation of risk should be immediately brought to the attention of the service manager and/or HoS

5. Where risk is assessed as 'significant', then a referral must be made to

ECMS number:

Children's Social Work Services or the allocated Social Worker where the Child is already known. In addition, the disruption and prosecution of perpetrators is important and where names are known this information should also be made clear to the relevant local authority.

6. The level of intervention required depends on the assessed level of risk.

Sexual exploitation screening tool

Name:		**Also known as:**	
Date of Birth:		**Gender:**	
Ethnicity:		**Disability:**	

Address: **Contact Number:**	
Lives with:	
Parental Responsibility	
Relationship to young person	

Reason for completing screening tool:

Child Sexual Exploitation Screening Tool

Child sexual exploitation involves children being forced or manipulated into sexual activity in exchange for something- money, gifts or accommodation, or less tangible goods such as affection or status. The sexual activity and exchange may be seen as consensual, but is based on an imbalance of power which severely limits victims' options. This Tool has been developed to enable the identification of children and young people at risk of sexual exploitation.

Name of child/young person:_____

Significant Risk Indicators	Current or during the past six months:	Over six months ago:
Periods of absence/missing (day and/or night)		
Relationship of concern with a controlling adult (male or female) or young person, which might involve physical and/or emotional abuse and/or gang activity		
Entering/leaving vehicles driven by unknown adults (not car theft)		
Unexplained amounts of money, expensive clothes, mobile phones or other items		
Frequenting areas known for risky activities		
Groomed/abused via the Internet and mobile technology		
Having unexplained contact with hotels, taxi companies or fast food outlets		
Sexually transmitted infections/ Pregnancies / termination of pregnancies		
Involvement in criminal activity for example the selling of drugs		

Risk Indicators	Please tick
Whereabouts unclear or unknown – day and/or night	
Absences/exclusion from school or not engaged in school/college/ training/work	
Regular/Multiple contacts from unknown adults/young people	
Physical injuries without plausible explanation	
Drugs Misuse	
Alcohol Misuse	
Self-harming/challenging behaviours/suicide attempts/ eating disorders/aggression	
Use of a mobile phone which causes concern – including sexting/multiple phones/sims	
Unsafe use of internet	
Has been sexually assaulted	
Disclosure of sexual/physical assault followed by withdrawal of allegation	
Risky/inappropriate sexual behaviour	
Lack of awareness/understanding of being safe	
Peers involved in sexual exploitation/risky or concerning behaviours	
Living independently and failing to respond to attempts by workers to keep in touch	
A&E attendance because of alcohol/drug misuse	
Being accompanied to appointments by an unknown person that causes concern	
Association with gang members that suggests sexual exploitation is a possibility	

Vulnerability Factors	Please tick
Unsuitable/inappropriate accommodation/'sofa surfing'/financially unsupported/migrant/refugee	
Isolated from peers/family/social networks	
Learning disabilities/special needs or mental health issues	
History of Local Authority Care	
Involvement in criminal activities and/or at risk of gang involvement	
Family conflict/ breakdown, lack of love/security, death, loss, illness of a significant person in child's life	
History of Child Protection involvement in relation to neglect, physical sexual or emotional abuse	
Family history of domestic abuse and/or substance misuse and/or mental health difficulties	

The suggested questions below can be used as scoping questions in relation to Child Sexual Exploitation. The screening tool for CSE indicates key risk areas which will assist in narrowing and defining potential risk factors.

Tell me about school/college.

Tell me about the people you most often spend your time with.

Do you have a lot of people that you count as friends, say more than seven?

How did you get to know them?

Of the people you meet - do you know all their names?

Do you keep the names of your friends in your phone so that you can face or message them or do they mainly contact you?

The school say that you are often absent - tell me what you do when you're not at school

Do you have one special friend/boyfriend? (Tell me more about them). How did you decide to have them as a special friend/ boyfriend? Do you always get on or do you sometimes fall out? Who speaks first after a fall out? Do you always like being with them, and their friends, or are there times when for some reason they make you unhappy or hurt?

Are you having sexual contact with this person?

Has anyone ever asked or made you do something that you are unhappy about? Tell me more about that.

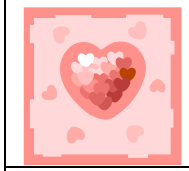
Have you had sexual contact with others in the past three months?

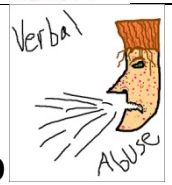
Is there someone you can talk to about relationships and sex?

I often work with children and young people who believe no-one can help - do you know anyone like that? (What is it that they are scared about?)

I've been told that you self-harm – could you tell me more about that?

Does anyone in your friendship group take drugs or use alcohol?

	What Baby in womb needs to grow and develop- what do you expect parents to do?	Baby in womb current lived experience- what are parents doing?	Likely Impact on development (using research)	Plan to address – goals and timescales	Outcome/Review of goals with dates
					
					
					
					
					

 Violence					
NO  Verbal Abuse					
 RELAX					
 Families helping Families Kid Picks					
					

NSPCC

Assessing parenting capacity

An NSPCC factsheet

February 2014

Aimed at practitioners, this factsheet describes the process of assessing parenting capacity. It highlights aspects of good practice drawn from research literature and guidance.

This factsheet is relevant across the UK (it does not refer to specific policy frameworks and legislation).

What is parenting capacity?

A simple definition is: "the ability to parent in a 'good enough' manner long term" (Conley, 2003).

According to a survey of practitioners' perceptions of 'good enough' parenting, there are four elements:

- meeting children's health and developmental needs
- putting children's needs first
- providing routine and consistent care
- acknowledging problems and engaging with support services.

From the same survey, risky parenting was associated with:

- neglecting basic needs; putting adults' needs first
- chaos and lack of routine
- and an unwillingness to engage with support services (Kellett and Apps, 2009).

What is a parenting capacity assessment?

Parenting capacity is one of three core elements which practitioners assess when concerns about a child's welfare are raised.

The other two elements are the child's developmental needs, and wider family and environmental factors.

These three elements are inter-related and cannot be considered in isolation (HM Government, 2013).

EVERY CHILDHOOD IS WORTH FIGHTING FOR

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

The assessment process

Parenting assessment focuses on identifying strengths and weaknesses in relation to six dimensions of parenting:

- basic care
- ensuring safety
- emotional warmth
- stimulation
- guidance and boundaries
- stability.

Assessment must also take into account the impact of wider factors on parenting and the child's development. These include:

- family history and functioning
- extended family
- housing
- employment
- income
- social integration and community resources (HM Government, 2013).

During a parenting assessment it is important to establish whether poor parenting is a regular occurrence (Kellett and Apps, 2009).

To obtain a full picture of parenting capacity, the practitioner must consider the care parents provide in a variety of settings and at different times of the day (Jones, 2010).

Parenting capacity assessments involve:

- interviewing parents/carers
- interviewing children
- whole family assessments
- observations of parent-child interaction in a number of settings and at different times of the day (Jones, 2010).

Building relationships
Building a positive relationship with parent/carers pays dividends during the assessment process. Parents are a vital source of information about the family's circumstances. Their response to attempts to build a working relationship may also predict how co-operative they will be in enacting change in the long-term (Department for Education, 2010a).

There are a number of barriers to building positive relationships with parents:

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

- the challenge of working with vulnerable people who may have trouble trusting authority figures
- parents/carers' fear of losing their children
- practitioners' lack of confidence, fear of making mistakes, fear of violence, and work and time pressures (Department for Education, 2010a).

Practitioners need to work effectively with parents whilst retaining a focus on the child's welfare. They must never become so immersed in parents' problems that they lose sight of children's needs. They need to be honest and clear with parents without creating hostility; and show empathy without colluding with unacceptable behaviour (Forrester et al, 2008).

Interviewing parents/carers
This should include:

- giving reasons for the assessment and explaining clearly the process and desired outcomes
- assessing each parent's/carer's physical, mental and emotional health, including evidence of issues such as substance misuse, learning difficulties or domestic violence
- asking them to share their feelings about each child over time
- building a picture of parent-child attachment over time and the child's attachment and separation behaviour at key stages in their development such as starting school
- establishing the identities of all adults who care for the child
- considering parents' views about concerns relating to their parenting (Jones, 2010; Kellett and Apps, 2009).

Interviewing children
Children should be interviewed on their own. The practitioner must not ask leading questions and should avoid distressing the child. Dependent on the age of the child, the interview will cover:

- their current concerns and what needs to happen to address them
- their views on family relationships
- their views on school and their social relationships.

With younger children, this may involve a play-based session (Jones, 2010; HM Government, 2013).

Observations
This includes observations of each individual carer and their verbal and non-verbal interaction with each child. Observations need to cover the following:

- how the parent or carer talks to the child
- how/whether they show affection and warmth
- how they set boundaries and offer guidance.

EVERY CHILDHOOD IS WORTH FIGHTING FOR

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Practitioners must measure strengths and weaknesses against the first five of the six parenting dimensions in the assessment framework. Observations should take place at home and in other familiar settings (Jones, 2010; Kellett and Apps, 2009).

The assessment must also be backed up by complementary sources of information. These include:

- interviews with extended family, friends, and professionals from other sectors including healthcare and education
- access to health, educational and criminal records (Jones, 2010).

Building a chronology of events

A family's past history, patterns of behaviour and agency interventions need to be recorded as a chronology. This will guard against 'start again' syndrome which involves a succession of assessments at crisis points which do not take into account the findings of previous assessments (Brandon et al, 2009).

A chronology is drawn up using information and knowledge already held by agencies involved with the family. Its aim is to provide early indications of emerging patterns of concern. It includes the following elements:

- key dates and milestones
- life changes and transitions
- a brief note of interventions and actions taken by professionals (Social Work Inspection Agency, 2010).

The parents own history should be part of any chronology. This includes any experiences of child abuse and neglect which may impact on their parenting capacity (Jones, 2010).

Assessing motivation to change

An essential part of the assessment process is evaluating parents'/carers' ability and motivation to change. This is characterised by parents accepting responsibility for their own actions; sustaining changes over time; and taking up offers of support and resources from services. Practitioners should note evidence of changes and improvements made as a result of previous interventions. They should also assess parents' ability to translate information into action (Department for Education, 2010b).

Practitioners need to be alert to cases of 'disguised compliance' (Reder, Duncan and Gray, 1993). This is when parents/carers appear to co-operate with child welfare agencies but have little intention of changing their behaviour permanently. It often features as a theme in serious case reviews. In a biennial analysis of reviews between 2003 and 2005, Brandon et al (2008) noted: "Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted."

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Examples of disguised compliance include engaging with professionals such as health workers for a limited period of time, agreeing with practitioners' recommendations but then failing to make use of services provided, or only cleaning the house before scheduled visits from a professional (Reder, Duncan and Gray, 1993).

To counteract this behaviour some Local Safeguarding Children Boards have produced guidance to enable professionals to recognise warning signs such as the child's account differing significantly from the parent's/carer's (Peterborough Safeguarding Children Board, 2008). Lord Laming, in his inquiry into the death of Victoria Climbié, suggested social workers needed to practice "respectful uncertainty", applying critical evaluation to any information they receive and maintaining an open mind (Laming, 2003).

Assessing parents with complex needs and problems

In many cases in which there are concerns about a child's welfare, parents will be facing at least one of the following issues:

- domestic abuse
- substance misuse
- mental health problems
- and/or learning difficulties.

Cleaver and Walker (2004) found that three-quarters of the 866 initial assessments they audited in 24 local authorities in England identified one or more of these problems.

Practitioners must be mindful of the fact that parents often struggle with more than one of these problems and should factor this in to their assessment. Furthermore, risks to the child's welfare increase significantly if the parents themselves were raised by carers experiencing any of these issues (Cleaver, Unell and Aldgate, 2011).

Such cases will always require specific in-depth assessment of the impact of these issues on parenting capacity.

Domestic violence and abuse

Domestic abuse has a serious impact on parenting capacity. It creates an inconsistent and unpredictable environment for children. Carers affected by domestic abuse usually exhibit a lack of emotional warmth and higher levels of aggression and rejection (Calder et al, 2004). Even if they try to create a nurturing environment, these attempts can be undermined by the child sensing the fear and anxiety of the person being abused (Buchanan et al, 2001). Children are harmed by hearing or witnessing violent incidents (Calder et al, 2004). Children can be manipulated by a perpetrator and used against

EVERY CHILDHOOD IS WORTH FIGHTING FOR

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

the victim. They are also at risk of abuse and assault themselves (Kurz, 1996).

The best way to keep children and non-abusing parents safe from domestic abuse is to focus on early identification, assessment and intervention from specially-trained staff in universal services (for example, health care and education) (Scottish Government, 2010).

Practitioners should enquire about domestic abuse as a routine part of any assessment (Hester, 2006). However, they must raise the issue in a safe setting which does not expose the victim to further violence. In order to do this, it is advisable to consult with community safety officers or staff working in domestic violence and abuse organisations (Stanley, Cleaver and Hart, 2010).

Stanley and Humphreys (2006) suggest that two professionals be present at assessments involving both parents so that there is less chance of the perpetrator intimidating the practitioners or manipulating them in to a collusive relationship.

Asking the following questions may provide insight when assessing risks posed by domestic abuse:

- how are arguments settled?
- what happens when you agree or disagree?
- what happens when your partner gets angry?
- have you ever felt frightened or threatened by your partner?

(Stanley, Cleaver and Hart, 2010 adapted from Hester et al, 2006).

It is unhelpful to place all responsibility for a child's protection on the non-abusive parent without addressing the problem of the abusive partner. It is therefore important to engage both parents in the assessment (Farmer and Owen, 1995; Stanley, 1997).

Practitioners must be cautious in threatening care proceedings if a parent does not leave an abusive partner. This fails to recognise the complexity of an abusive relationship and the dangers inherent in leaving. Practitioners must therefore identify ways in which the abuser can be engaged in assessment and treatment programmes (Radford, Blacklock and Iwi, 2006).

Practitioners should remember that men can be victims and women can be perpetrators of domestic abuse.

Substance misuse

Substance abuse does not inevitably affect parenting capacity. However the social, legal and financial pressures associated with substance misuse make it more difficult to parent adequately (Stanley, Cleaver and Hart, 2010).

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Analysis of serious case reviews since 2001 has shown that parental substance misuse is a significant factor in child deaths and serious injuries (Brandon et al, 2008, 2009; Rose and Barnes 2008). Children of substance misusers are more likely to experience physical and emotional neglect, they are less likely to be immunised and may be injured due to lack of parental supervision (AMCD, 2003). They are also more likely to be physically abused by substance misusing parents (Royal College of Psychiatrists, 2012).

There are a number of barriers to carrying out effective parenting assessments including the denial and stigma of addiction. This can also influence practitioners. A study carried out by Hart and Powell found that social workers, under pressure to protect limited resources, only offered the necessary support to those who actively sought help for their addictions. As a consequence, they were reluctant to 'lift the lid' on how parental addictions affect children (Hart and Powell, 2006).

Assessments must focus on children's needs and ways in which parents are unable to meet these needs due to their addiction. Practitioners should use the Common Assessment Framework (HM Government, 2013) to understand the child's needs and areas where help is needed. They should also liaise with adult substance misuse workers (Stanley, Cleaver and Hart, 2010). The 'risk and resilience' approach involves identifying and reducing risks posed by substance misuse and promoting protective factors. For example, practitioners work to reduce family conflict whilst at the same time building family and social support networks. Practitioners should also seek to connect families with specialist services providing intensive practical support (Forrester, 2004; Velleman and Templeton, 2006).

There are tools available to help practitioners assess the extent of alcohol use and how big a risk it poses to the child's welfare. These include: the Alcohol Use Questionnaire (Department of Health, Cox and Bentovim, 2000) or the screening questionnaires T-ACE and TWEAK (BMA, 2007) can be helpful in assessing the risk.

Mental health problems

Reviews of serious case reviews have noted an association between mental health problems and the risk of serious harm for children (Brandon et al, 2008; Falkov, 1996; Reder and Duncan, 1999). However, factors linked to mental health problems such as poverty and social exclusion can also adversely affect outcomes for the child (Social Exclusion Unit, 2004).

Mental health problems such as depression can inhibit parents' ability to respond to their children's emotional cues and offer consistent care (Falkov, Mayes and Diggins, 1998; Gorin, 2004). Maternal insensitivity, commonly caused by depression, can either be 'intrusive and hostile' or 'withdrawn and disengaged.' This can cause children distress and damage their social and emotional development (Murray et al, 2010).

EVERY CHILDHOOD IS WORTH FIGHTING FOR

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

The stigma attached to mental health problems can lead to delays in disclosure. Practitioners and parents can also struggle to recognise and understand mental health symptoms (Stanley, Cleaver and Hart, 2010).

During the assessment, practitioners need to focus on how mental health issues are affecting day-to-day parenting capacity. They also need to remember that mental health problems can fluctuate over time - sometimes over the course of a day. For example, a depressed mother may function better in the evening than in the morning. For this reason, they should visit more than once, at different times of the day. It is important to note that due to the remitting and relapsing nature of some mental illness, parents will require more support at some times than at others (Stanley, Cleaver and Hart, 2010).

Cassell and Coleman (1995) have suggested considering the following during a parenting capacity assessment of people with mental health problems:

- the warmth of the parent-child relationship
- the parent's ability to respond to the child's needs
- delusional thinking
- the parent's anger management
- the availability of another responsible adult.

Information and advice should also be sought from mental health practitioners involved in the parents' care. Unless there is a risk of significant harm to the child, practitioners should seek consent before doing this. If there is a risk of significant harm, guidance stresses that confidential information should be shared with or without consent (HM Government, 2008).

Learning disabilities

McGaw and Newman (2005) identified parental learning disabilities as a risk factor in child neglect. They concluded that "neglect appears to occur as a result of acts of omission rather than commission". For this reason parent education and skills teaching must be an integral part of any intervention. However, professionals must guard against what Booth and Booth (1993) have termed the 'presumption of incompetence' which leads them to assume that parents cannot cope solely because they have learning difficulties. This leads to skills and strengths being overlooked and parents denied the opportunity to build on existing strengths. It is unlawful to remove a child from his or her family solely on the grounds of a parental learning disability.

As always, the focus of the assessment is on whether the parent can meet the needs of the child. The parent's intellectual impairments should be identified and assessed and support put in place as early as possible. The following factors should be assessed:

- the parent's own early childhood experiences (for example, their parenting deficits may be due to a lack of adequate care when they were children)

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

- the parent's ability to learn or acquire new information and retain this over time
- the parent's ability to assess and respond to changing situations
- the parent's ability to prioritise appropriately the needs of self and others (DfE, 2010c).

Communication must be clear and simple at all times, with adequate opportunities for repetition. Instructions need to be concrete rather than abstract and it is important to check comprehension frequently. A positive, empathic and patient approach is encouraged (Department for Education, 2010c).

What happens next?

Assessment is a continuous and dynamic process. Decisions made must be reviewed in the light of new and emerging information. In some cases, parents will be unable to make sufficient and timely change to ensure they meet their children's needs and can protect them from harm.

When parents are unable to provide their child with 'good enough' parenting, professionals must decide what child protection measures should be taken to protect the child from significant harm.

This may involve making a child subject to a child protection plan or instigating care proceedings and drawing up a care plan. Such plans offer access to support services and outline the differences these services are expected to make to parenting capacity (Jones, 2010). Changes happening as a result of interventions need to be measured and modifications to the plans made on an on-going basis.

In some cases, parents will be unable to make sufficient and timely change to ensure their children do not continue to suffer significant harm and it may be necessary to consider separating the child from his/her caregivers permanently (HM Government, 2013).

References

Advisory Council on the Misuse of Drugs (2003) **Hidden harm: responding to the needs of children of problem drug users (PDF)**. London: Home Office.

Booth, T. and Booth, W. (1993) **Parenting with learning difficulties: lessons for practitioners**. British Journal of Social Work, 23: 459-480.

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Brandon, M. et al (2008) **Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005 (PDF)**. London: Department for Education and Skills (DfES).

Brandon, M. et al (2009) **Understanding serious case reviews and their impact: a biennial analysis of serious case reviews 2005-07 (PDF)**. London: Department for Children, Schools and Families (DCSF).

British Medical Association (BMA) (2007) **Fetal alcohol spectrum disorders: a guide for healthcare professionals (PDF)**. London: British Medical Association (BMA).

Calder, M., Harold, G. and Howarth, E. (2004) **Children living with domestic violence: towards a framework for assessment and intervention.** London: Russell House.

Cassell, D. and Coleman, R. (1995) Parents with psychiatric problems. In: Reder , R. and Lucey, C. (eds.) **Assessment of parenting: psychiatric and psychological contributions.** London: Routledge.

Cleaver, H. and Walker, S. (2004) **From policy to practice: the implementation of a new framework for social work assessment of children and families.** Child and Family Social Work, 9 (1): 81-90.

Cleaver, H., Unell, I. and Aldgate, J. (2011) **Children's needs – parenting capacity: child abuse: parental mental illness, learning disability, substance misuse and domestic violence (2nd ed.) (PDF)**. London: The Stationery Office (TSO).

Conley, C. (2003). **A review of parenting capacity assessment reports.** Ontario Association of Children's Aid Societies (OACAS) Journal, 47(3): 16–22.

Department for Education (DfE) (2010a) **Communicating with parents: assessment, analysis and planning (PowerPoint)**. London: Department for Education (DfE).

Department for Education (DfE) (2010b) **Assessing motivation and willingness to change: assessment, analysis and planning (PowerPoint)**. London: Department for Education (DfE).

Department for Education (DfE) (2010c) **Parenting with learning disabilities: recognition and response (PowerPoint)**. London: Department for Education (DfE).

Department for Education (DfE) (2013) **Common assessment framework**. London: Department for Education (DfE).

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Department of Health, Cox, A. and Bentovim, A. (2000) **The family assessment pack of questionnaires and scales**. London: The Stationery Office (TSO).

Falkov, A. (1996) **Study of Working together part 8 reports. Fatal child abuse and parental psychiatric disorder: an analysis of 100 Area Child Protection Committee case reviews conducted under the terms of Part 8 Working together under the Children Act 1989**. London: Department of Health (DoH).

Falkov, A., Mayes, K. and Diggins, M. (1998) **Crossing bridges: training resources for working with mentally ill parents and their children**. Brighton: Pavilion.

Farmer, C. and Owen, M. (1995) **Child protection practice: private risks and public remedies**. London: Her Majesty's Stationery Office (HMSO).

Forrester, D. et al (2008) **Communication skills in child protection: how do social workers talk to parents?** Child and Family Social Work, 13 (1): 41 – 51.

Forrester, D. (2004) Social work assessments with parents who misuse drugs or alcohol. In: Phillips, R. (ed.) **Children exposed to parental substance misuse: implications for family placement**. London: British Association for Adoption and Fostering (BAAF).

Gorin, S. (2004) **Understanding what children say: children's experiences of domestic violence, parental substance misuse and parental health problems**. London: National Children's Bureau and NSPCC.

Hart, D. and Powell, J. (2006) **Adult drug problems, children's needs: assessing the impact of parental drug use: a toolkit for practitioners**. London: National Children's Bureau.

Hester, M. (2006) Asking about domestic violence: implications for practice In: Humphreys, C. and Stanley, N. (eds.) **Domestic violence and child protection: directions for good practice**. London: Jessica Kingsley Publishers.

Hester, M., Pearson, C. and Harwin, N. (2006) **Making an impact: a reader**. 2nd edition. London: Jessica Kingsley Publishers.

HM Government (2015) **Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers (PDF)**. London: Department for Education (DfE).

HM Government (2015) **Working together to safeguard children: a guide to interagency working (PDF)**. [London]: Department for Education (DfE).

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Jones, D. (2010) Assessment of parenting. In: Horwath, J. (ed.) **The child's world: the comprehensive guide to assessing children in need**. London: Jessica Kingsley.

Kellett, J. and Apps, J. (2009) **Assessments of parenting and parenting support need: a study of four professional groups (PDF)**. York: Joseph Rowntree Foundation.

Kurz, D. (1996) Doing parenting: mothers, carework, and policy. In: Arendell, T. (ed.) **Contemporary parenting: challenges and issues**. Thousand Oaks, Calif.: Sage.

Laming, Lord (2003) **The Victoria Climbie inquiry: report of an inquiry by Lord Laming (PDF)**. Norwich: The Stationery Office (TSO).

McGaw, S. and Newman, T. (2005) **What works for parents with learning disabilities?** Ilford: Barnardos.

Murray, L. et al (2010) Effects of postnatal depression on mother-infant interactions and child development. In: Bremner, J. G and Wachs, T. D.(eds) **The Wiley-Blackwell handbook of infant development: volume 2: applied and policy issues**. Chichester: Blackwell.

Peterborough Safeguarding Children Board (2012) **Chapter F: practice guidance: working with hostile, non-compliant clients and those who use disguised compliance within the context of safeguarding children**. In: **Peterborough Safeguarding Children Board (2014) Peterborough Safeguarding Children Board procedures manual**. Coventry: Tri.x.

Radford, L., Blacklock, N. and Iwi, K. (2006) Domestic abuse risk assessment and safety planning in child protection – assessing perpetrators. In: Humphreys, C. and Stanley, N. (eds.) **Domestic violence and child protection: directions for good practice**. London: Jessica Kingsley Publishers.

Reder, P. and Duncan, S. (1999) **Lost innocents**. London: Routledge.

Reder, P., Duncan, S. and Gray, M. (1993) **Beyond blame: child abuse tragedies revisited**. London: Routledge.

Rose, W. and Barnes, J. (2008) **Improving safeguarding practice: study of serious case reviews 2001-2003 (PDF)**. London: Department for Children, Schools and Families (DCSF).

Scottish Government (2010) **National guidance for child protection in Scotland 2010 (PDF)**. Edinburgh: Scottish Government.

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Social Exclusion Unit (2004) **Mental health and social exclusion (PDF)**. London: Office of the Deputy Prime Minister.

Social Work Inspection Agency (2010) **Practice guide: chronologies (PDF)**. Edinburgh: The Scottish Government.

Stanley, N. (1997) **Domestic violence and child abuse: developing social work practice**. Child and Family Social Work 2 (3): 135-146.

Stanley, N. and Humphreys, C. (2006) Multi-agency and multi-disciplinary work: barriers and opportunities. In: Humphreys, C. and Stanley, N. (eds.) **Domestic violence and child protection: directions for good practice**. London: Jessica Kingsley Publishers.

Stanley, N., Cleaver, H. and Hart, D. (2010) The impact of domestic violence, parental mental health problems, substance misuse and learning disability on parenting capacity. In: Horwath, J (ed.) **The child's world: the comprehensive guide to assessing children in need**. London: Jessica Kingsley.

Velleman, R. and Templeton, L. (2006) Reaching out: promoting resilience in the children substance misusers. In: Harbin, F. and Murphy, M. (eds.) **Secret lives: growing with substance**. Lyme Regis: Russell House Publishing.

Further reading

Action for Children and the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) (2010) **The views and experiences of children and young people who have been through the child protection/safeguarding system: review of literature and consultation report**. London: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).

Axford, N. (2010) **Conducting needs assessments in children's services**. British Journal of Social Work 40(1): 4-25.

Barlow, J. and Scott, J. (2010) **Safeguarding in the 21st century: where to now?** Devon: Research in Practice.

Brown, L., Moore, S. and Turney, D. (2012) **Analysis and critical thinking in assessment: resource pack**. Dartington: Research in Practice.

Broadhurst, K. et al (2010) **Performing 'initial assessment': identifying the latent conditions for error at the front-door of local authority children's services**. British Journal of Social Work, 40(2): 352-370.

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Dalzell, R. and Sawyer, E. (2011) **Putting analysis into assessment: undertaking assessments of need: a toolkit for practitioners (PDF)**. London: National Children's Bureau.

Dalzell, R. (2012) **Putting analysis to work**. Every Child Journal, 3(1): 46-51.

Daniel, B. et al (2011) **Recognizing and helping the neglected child: evidence-based practice for assessment and intervention**. London: Jessica Kingsley

Gillingham, P. (2011) **Decision-making tools and the development of expertise in child protection practitioners: are we 'just breeding workers who are good at ticking boxes'?** Child and Family Social Work 16(4): 412-421.

Harris, N. (2012) **Assessment: when does it help and when does it hinder?: parents' experiences of the assessment process**. Child and Family Social Work, 17(2): 180-191.

Helm, D. (2011) **Judgements or assumptions?: the role of analysis in assessing children and young people's needs**. British Journal of Social Work 41(5): 894-911.

Lincoln, H. (2011) **Re-shaping family intervention work**. Community Care, 1859: 18.

Lombard, D. (2011) **Changing times for child assessments**. Community Care, 1878: 16-17.

Lowenstein, L. (2011) **Assessing children and families creatively**. Counselling Children and Young People, September: 27-30.

Munro, E. R. and Lushey, C. (2012) **The impact of more flexible assessment practices in response to the Munro review of child protection: emerging findings from the trials (PDF)**. London: Childhood Wellbeing Research Centre.

Stanley, T., McGee, P. and Lincoln, H. (2012) **A practice framework for assessments at Tower Hamlets children's social care: building on the Munro review**. Practice, 24(4): 239-250.

Turney, D. et al (2012) **Improving child and family assessments: turning research into practice**. London: Jessica Kingsley.

Walker, S. (2012) **Effective social work with children, young people and families: putting systems theory into practice**. London: Sage.

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Welsh Government (2013) **Well-being statement for people who need care and support and carers who need support (PDF)**. Cardiff: Welsh Government.

Contact the NSPCC Information Service with any questions about child protection or related topics:
Tel: 0808 800 5000 | Email: help@nspcc.org.uk | Twitter: @NSPCCpro

Copyright © 2014 NSPCC Information Service - All rights reserved.

©2014 NSPCC. Registered charity England and Wales 216401 and Scotland SC037717. J20141193.

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 3
Direct work

– more detailed interventions more likely to be undertaken when working alongside a plan but could also be used during assessment. This range of material includes generally more detailed tools. (These could also be used during assessment)

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 3

Sub-section 1 – Appropriate touch, sexual health and Child Sexual Exploitation



By identifying sexual behaviours as **GREEN**, **AMBER** or **RED**, professionals across different agencies can work to the same criteria when making decisions and protect children and young people with a unified approach.

This tool lists examples of presenting sexual behaviours within four age categories. All green, amber and red behaviours require some form of attention and response, but the type of intervention will vary according to the behaviour. This tool must be used within the context of the guidance provided and should not be used in isolation.

0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years

Brook Sexual Behaviours Traffic Light Tool adapted with permission from True Relationships & Reproductive Health. (2012). Traffic Lights guide to sexual behaviours in children and young people: identify, understand and respond. Brisbane: True Relationships & Reproductive Health, Australia. Retrieved from here

Book training online
Everything you need to know about booking a place on one of Brook's training courses for professionals.

Background to the Traffic Light Tool
Read about the background to and history of Brook's Traffic Light Tool.

Sexual behaviours in children and young people
Knowing how to distinguish healthy and harmful sexual behaviour in children and young people.

Consent and the law
Read more about children, young people, sex and the law.

Challenging beliefs and assumptions
Understand more about how our own beliefs and assumptions can affect the decisions we make about children and young people.

Using the Traffic Light Tool
Guidance on what to do when identifying a green, amber or red behaviour using the Traffic Light Tool.

Using the Traffic Light Tool

The Sexual Behaviours Traffic Light Tool lists examples of green, amber and red behaviours within four different age groups. These are examples only and must be considered in context.

The age categories deliberately overlap to demonstrate the fluidity and variable nature of development. These are indicative, and understanding may vary. The 13 to 17 age category may also be a useful guide for vulnerable young people, or young people with physical or learning disabilities, up to the age of 25.

All green, amber and red behaviours require some form of attention and response, but the type of intervention will vary according to the behaviour. Green behaviours may highlight opportunities to provide positive feedback and information that supports healthy sexuality. Amber and red behaviours may require observation, documentation, education, referral to other services, increased supervision, therapy, safeguarding assessment and/or a legal response.

Sexual development is influenced by many factors. When using the traffic light tool to categorise behaviour, it is necessary to consider the current social, cultural, legal, community and familial context. Read more about what these factors may mean.

You can also download a PDF of the guidance.

▸ On identifying a behaviour

▸ Frequently Asked Questions

On identifying a behaviour

I have identified a green behaviour

Green behaviours reflect safe and healthy sexual development. They are:

- Displayed between children or young people of similar age or developmental ability
- Reflective of natural curiosity, experimentation, consensual activities and positive choices

Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up. Green behaviours provide an opportunity to positively reinforce appropriate behaviour, and to provide further information and support.

All children and young people have the right to relationships and sex education which equips them with the information and skills they need to form healthy and positive sexual relationships and keep their traffic lights green.

I have identified an amber behaviour

Amber behaviours have the potential to be outside of safe and healthy development. They may be:

- Unusual for that particular child or young person
- Of potential concern due to age or developmental differences
- Of potential concern due to activity type, frequency, duration or the context in which they occur

Amber behaviours signal the need to take notice and gather information to consider appropriate action.

Recognising that behaviour may be unhealthy is the first step in a process. If you are a professional working with young people and your organisation has internal guidance or safeguarding frameworks, please refer to these. You may be required, or feel it is necessary, to inform your safeguarding lead or another member of staff.

Amber behaviours cannot be ignored, and it is important to think through the options available to you. Consider why the behaviours may be being displayed, and, where possible, gather further information and continue to monitor behaviour.

I have identified a red behaviour

Red behaviours are outside of safe and healthy behaviour. They may be:

- Excessive, secretive, compulsive, coercive, degrading or threatening
- Involving significant age, developmental or power differences
- Of concern due to the activity type, frequency, duration or the context in which they occur

Red behaviours indicate a need for immediate intervention and action, though it is important to consider actions carefully. When determining the appropriate action, identify the behaviour, consider the context and be guided by:

- Relevant national legislation and guidance
- Organisational policies, procedures and guidance
- Human rights
- The identified risks or needs of the young person
- The potential or real risks to others

If you are a professional working with young people and your organisation has internal guidance or safeguarding frameworks, please refer to these to decide on the next steps to take. Your policy or procedure should guide you towards a designated safeguarding lead who can be notified and will provide support.

Frequently Asked Questions

What if the presenting behaviour is not in the normative list?

The normative lists provides examples of the types of behaviours that would sit within each colour category. If the presenting behaviour is not given as an example it may be useful to consider the following questions:

- Is the behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour unusual for that particular child or young person?
- Is the behaviour excessive, coercive, degrading or threatening?
- Is the behaviour occurring in a public or private space? How does this affect the colour categorisation?
- Are other children or young people showing signs of alarm or distress as a result of the behaviour?

What should I do if I suspect a case of female genital mutilation/cutting?
Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation as being "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reason".

FGM is illegal in this country and it is also illegal to take a child out of the country for FGM. FGM is always a safeguarding issue.

It has not been included in the normative lists as it is not a behaviour. However, if it is suspected that a child or young person may be at risk or has been subjected to FGM, this should be treated as a red indicator. Find out more information and advice about FGM.

I am not a professional working with young people. Where can I go for help?
If you are not a professional working within an organisation with internal procedures or frameworks, you may want to consider contacting a specialist organisation that can advise you. See below for useful links to trusted organsiations.

I don't work for an organisation with internal procedures or a safeguarding lead, where can I go for help?
If you are not a professional working within an organisation with internal procedures or frameworks, you may want to consider contacting a specialist organisation that can advise you. See below for useful links to trusted organsiations.

Is training available to support the use of the Brook Sexual Behaviours Traffic Light Tool?
Brook provides a UK-wide training programme for professionals to support the use of this resource. If you are interested in this training for yourself or for your organisation please visit this page or email us.

I would like to use the information contained in this website in an internal document or policy. Is this possible?
The information on this website is protected by copyright. If you would like to use any of the information it contains please email your request and full details to us so a member of staff can contact you.

Background to the Traffic Light Tool
Read about the background to and history of Brook's Traffic Light Tool.

Challenging beliefs and assumptions
Understand more about how our own beliefs and assumptions can affect the decisions we make about children and young people.

Consent and the law
Read more about children, young people, sex and the law.

Sexual behaviours in children and young people
Knowing how to distinguish healthy and harmful sexual behaviour in children and young people.

The Sexual Behaviours Traffic Light Tool
Click here to explore the Traffic Light Tool itself. Relaunched with a fresh new design in October 2015, but with the same acclaimed content.

NSPCC advice on harmful sexual behaviours
Get advice from the NSPCC about recognising and dealing with harmful sexual behaviours

NSPCC advice on healthy sexual behaviours
Your guide to keeping children safe, spotting warning signs and what to do if you're worried

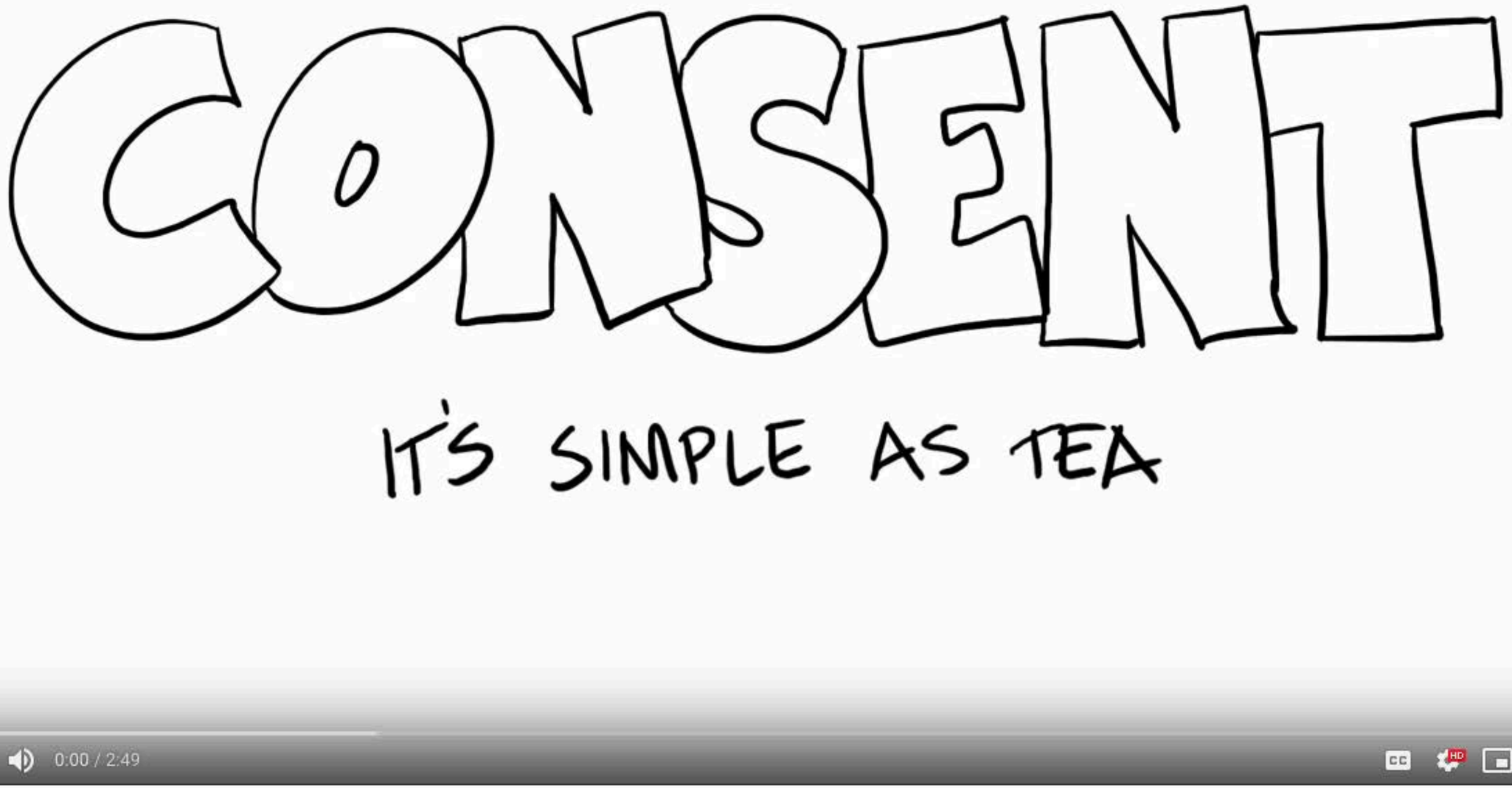
Parents Protect
Raising awareness about child sexual abuse, answering questions and giving adults the information, advice, support and facts, they need to help protect children

Book your place on our Traffic Light Tool Training courses
Visit the Brook shop to book your place on our Sexual Behaviours Traffic Light Tool training course

About Brook's Sexual Behaviours Traffic Light Tool training
Learn more about Brook's Sexual Behaviours Traffic Light Tool training; what it involves and what delegates will learn.

Stop It Now!
Stop it Now! UK and Ireland is a child sexual abuse prevention campaign

Child Exploitation and Online Protection Centre (CEOP)
CEOP works with child protection partners across the UK and overseas to identify the main threats to children and coordinates activity to bring offenders to account



Tea and Consent

3,062,810 views

37K 1.2K SHARE SAVE ...

Thames Valley Police
Published on Nov 16, 2015

SUBSCRIBE 6.8K



THE REAL STORY?



CHILD SEXUAL EXPLOITATION & SEXUAL HEALTH RESOURCE PACK



CONTENTS

Background & Purpose

What is Child Sexual Exploitation?

Predisposing Factors

Current Indicators

Model For Intervention

Guidance Notes

Safeguarding & Confidentiality

Session Plan

Session 1: Values and Beliefs

Session 2: Grooming

Session 3: Power & Control/ Healthy Relationships

Session 4: Consent

Session 5: Sexual Health

Session 6: Safe Choices

Other Resources

Useful Contacts

ACKNOWLEDGEMENTS

Barnardo's Safe Choices NI has welcomed the opportunity to work in effective partnership with the South Eastern Health Development Team. This has involved the facilitation of group work with young people and the development of this resource.

The Public Health Agency (PHA) South Eastern Area is 'committed to improving community development approaches to address health and wellbeing inequalities and empower communities to get involved in promoting health and wellbeing'.

Barnardo's Safe Choices NI and the South Eastern Trust Health Development Team are grateful for funding from the Public Health Agency to achieve these outcomes through the 'The Real Story?' programme.

Thanks are extended to StudioStereo who have produced the short films and facilitated the visual development and production of the resource pack.

THE REAL STORY?

Believe in children
Barnardo's Northern Ireland

HSC Public Health Agency

HSC South Eastern Health and Social Care Trust

THE REAL STORY?

BACKGROUND & PURPOSE

Barnardo's Safe Choices and the South Eastern Health and Social Care Trust Youth Health Advice Service have had a working partnership since September 2012. Through this partnership, group work has been facilitated in a number of youth settings to raise awareness of Child Sexual Exploitation (CSE) and Sexual Health. As a result of this partnership youth work staff have indicated a need for more information and awareness raising on the subject of CSE, Relationships and Sexual Health.

This resource has been designed and formulated to equip facilitors to effectively engage young people aged 13 and above in the subject area. The short films have been designed to enable young people to discuss the issue whilst protecting them from personal disclosure in a safe and secure learning environment.

The success of this work is dependent upon the facilitator's ability to create and maintain a safe learning environment. These sessions can form the basis of in-depth discussions and debate. The success of this programme is reliant upon the practitioners own knowledge of the subject area and their ability to engage young people effectively.

It is therefore recommended that staff complete Safe Choices training prior to delivery.

WHAT IS CHILD SEXUAL EXPLOITATION?

'Child Sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.'

(SBNI 2014, adopted from CSE Knowledge Transfer Partnership NI)

PREDISPOSING FACTORS

The following should not be read as a definitive list or be taken as a direct indication of sexual exploitation.

- Developmental delay
- Parental mental health
- Learning difficulty/disability
- Low self-esteem
- Lack of protective structures
- Being in care / residential / foster / kinship
- Family breakdown
- Loss
- Domestic violence
- Being a young carer
- Mental health issues
- Chaotic household
- History of abuse
- Experience of trauma
- Non/low attendance at school
- Homelessness
- Poverty
- Black Minority Ethnic (BME) background
- Paramilitary involvement
- Attachment difficulties
- Negative peer group
- Increased levels of stress
- Family history of substance misuse
- Isolation

CURRENT INDICATORS

The following should not be read as a definitive list or be taken as a direct indication of sexual exploitation.

- Low self-esteem
- Hyper-vigilance
- Change in personal hygiene
- Self-harm or other expressions of despair
- Sexualised behaviour / language
- Physical symptoms eg. STIs, bruising, bites
- Unexplained gifts or possessions
- Known to be sexually active
- Evidence or suspicion of substance misuse
- Leaving home/care without permission
- Phone calls/contact outside the usual range of social contacts
- Entering or leaving unknown vehicles
- Adults or peers loitering outside the child's place of residence
- Significantly older boyfriend/girlfriend
- Frequenting parties
- Abusive peer relationships
- Going missing or returning late
- Sexting
- Non-attendance at school
- Being in areas known for drug and alcohol misuse
- Use of taxis unauthorised by parents/carers
- Change in appearance
- Mood swings
- Change of peer group
- Secretive internet/mobile phone use
- Loss of interest in hobbies etc
- Agitated/stressed prior to leaving/ returning to home or care
- Criminal activity
- Deterioration in relationships
- Returning distraught or disheveled
- Requesting Emergency Hormonal Contraception (Morning After Pill)
- Disclosure followed by recant

CSE MODEL FOR INTERVENTION

FACILITATOR NOTES:

The Model, illustrated far right, is the guiding framework that forms the context for all of the sessions, activities and features that are contained in this resource.

The aim of this model is to guide practitioners through the safe and effective delivery of Child Sexual Exploitation work. The model is based on emerging themes arising from direct work with young people who are at risk of, or who have experienced CSE.

The model of intervention places CSE at its core, the central elements of which encompass grooming, consent, relationships, power and control and sexual health. Supporting themes which underpin and permeate the work are empathy, confidence, self-esteem, identity, values and beliefs and risk. The delivery of the model should be guided by the 'Plan, Do, Review' process in order to ensure that the work continues to meet the individual needs of the young person.

The model provides the basis for a three-pronged approach to targeting CSE – on a universal, selective and indicated level**. Universal** interventions target the general population and consist of educative or preventative work facilitated in youth centres, schools, community groups etc**. Selective** interventions focus on work carried out with specific high risk groups, such as those displaying some of the indicators of CSE. **Indicated** interventions target those young people who have experienced CSE with a view to aiding their recovery process.

THE MODEL ALSO SITS WITHIN BARNARDO'S *FOUR A's* APPROACH

APPROACH TO CSE INTERVENTION:

Access – We believe that CSE services should be easily accessible to all children and young people. Workers should meet young people in their locality and carry out work in a space that the young person identifies as being safe, secure and conducive to work.

Attention – We recognise and value the importance of relationship in engagement with young people. The focus of work should be agreed with them and they should be enabled to determine the pace and method of delivery. Work should continue for as long as is deemed necessary.

Assertive Outreach – The delivery of training aims to raise awareness of CSE within communities by enhancing the ability of others to recognise it and to respond effectively, by employing persistant engagement techniques.

Advocacy – We are committed to advocating on behalf of young people to ensure their rights are upheld and to ensure their voice is heard by key stakeholders in all decisions that affect them.

The model also reflects the recommendations of **Spotting the Signs: a National Proforma for identifying risk of CSE in Sexual Health Services** (developed by BASHH in partnership with Brook). The proforma highlights the importance of adopting a conversational tone when exploring the risk of CSE with a young person.

CSE work is most effective when it is planned and delivered with clear objectives and informed through continuous monitoring, evaluation and critical reflection on the processes and practices employed. The starting point for this work will be dictated by the assessed need of the young person. For example, it may be deemed appropriate to begin work looking at the 'grooming process' for one young person however beginning with 'identity' may be more appropriate for another. Furthermore, each element may be delivered as a stand-alone subject area although impact is often maximised by giving due regard to the fact that topics are often inter-linked.

The young person must be at the centre of the process and the success of the work will be largely dependent on the relationship between the young person and the worker. It should be noted that the work is not resource dependant – **the worker is the primary resource.**

This model should be viewed as a framework within which there is scope for development, given that it promotes an educational process and not a fixed programme of work. It should not restrict spontaneity or improvisation, and opportunities for learning should be taken as they arise, as they can greatly enrich the work.

Practitioners are encouraged to use the model to develop their practice and to view it as a tool that can be adopted or re-shaped to meet the holistic needs of individual young people. It is recognised that in some contexts other elements, not highlighted here, will be deemed important, such as internal trafficking, going missing, substance misuse etc. It is neither possible nor desirable to construct a model to cover the breadth of issues that arise from CSE. The delivery of the model will be shaped by a combination of factors and individual circumstances, including:

Age / Religion / Cultural background / Sexual Orientation / Learning style / Disability / Gender

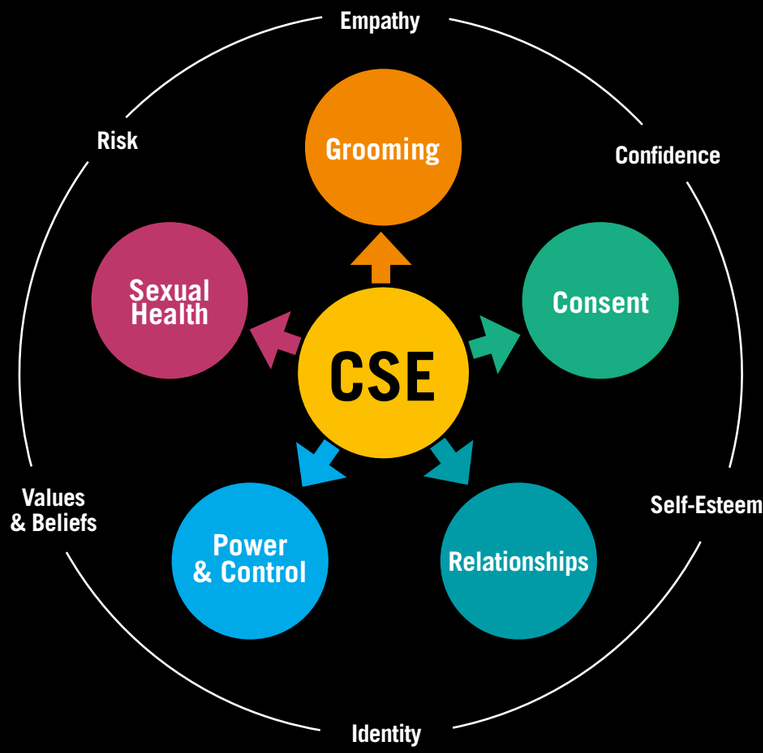
Practitioners should recognise that treating everyone the same is not the same as treating everyone fairly. It is important to appreciate the value of different experiences, cultures and perspectives.

This model is underpinned by child-centred practices. 'Child-centred' is a widely used term that is often misunderstood. Within this context, working in a way which is child-centred involves seeing young people as active participants in their own learning and focuses on their interests, abilities and learning styles. Being child-centred allows the child to make choices whilst affording freedom to think, experience, explore, question and search for answers.

Child-centred practice is a key principal highlighted by Munro (2013) in 'Working together to safeguard children', statutory guidance on inter-agency working to safeguard and promote the welfare of children. Munro (2013) suggests that in order for services to be child centred, "they should be based on a clear understanding of the needs and views of children."

Munro (2013) also references the dangers of 'standardised services' that do not provide the required range of responses to address the variety of need that is presented. It is recommended that professionals move away from a 'compliance culture' to a 'learning culture', where they have more freedom to use their expertise in assessing need and providing the right help.

Experience suggests that restrictions around the length of intervention can inhibit practice and can be detrimental to the young people involved. The centrality of forming relationships with children and families to enable practitioners to understand and support them can become obscured by focusing solely on bureaucratic demands.



SAFEGUARDING & CONFIDENTIALITY

It is acknowledged that this sensitive area of work may provoke feelings of distress for some young people. The facilitator must ensure that the young person's right to privacy is respected at all times. The facilitator must create a safe environment throughout this programme and no young person should be expected to ask or answer any personal questions. Young people should be encouraged to take responsibility for what they share in the group. It should be made clear from the outset and included in the contract that this is not a forum for disclosure.

Young people should also be reminded of Safeguarding policies and procedures which require the facilitator to pass on information that raises concern about potential harm to them or others. The duty of care should be explained as per organisational policies and procedures.

It is the responsibility of the practitioner/ organisation to ensure that safeguarding training is up to date before embarking on this programme.

SESSION PLAN

This resource has been developed as a six session programme built around 3 short films but individual sessions may be used for bespoke sessions as deemed suitable by the facilitator.

The resource can be used with young people aged 13 and up however it is at the discretion of the practitioner if they wish to use this resource with younger children. Facilitator notes should be read in advance of each session.

An icebreaker will be suggested to compliment each session but this can be replaced or added to as deemed appropriate.

At the end of each session an evaluation should be completed. We suggest a voicebox exercise as a possible tool for evaluation. Facilitator invites young people to offer a word or a sentence to sum up their feelings about the session. Alternatively, established methods of evaluations may be employed.

FACILITATOR NOTES:

These exercises will set the scene with the young people and professionals. It will help the worker ascertain the level of understanding and attitude regarding values and beliefs, identity, relationships and self-esteem.

SESSION 1: VALUES & BELIEFS

INTRODUCTION & CONTRACT

A contract is the protective skin that provides and contains a safe learning environment. It is a safety barrier that defines the purpose of being together and agrees an acceptable code of behaviour. It ensures a sense of shared responsibility between the worker and the young people. If things go wrong, it will form the basis of any required conflict resolution.

SAMPLE CONTRACT

1. Define **purpose**, **duration**, **time** and **breaks**

2. Define acceptable behaviour

- Show Respect, Care and Consideration for self/others and property (may need expanded upon depending on the group).
- Confidentiality - Be responsible for what you share. (It is unrealistic to expect young people not to talk about the group outside of the group)
- Mobile phones off/on silent

RESOURCES:

- Human bingo sheet (p.8)
- Pens

ICEBREAKER: HUMAN BINGO

- Hand out pen and bingo sheet to each member of the group
- Young people move round the group and find a name to put next to each question
- The only rule is that young people cannot ask the same person 2 questions in a row
- First person to have a name against every question on the sheet shouts 'Bingo!' and wins the game.

RESOURCES:

- Floating Debate Statements (p.9)
- Prepare 3 sheets A4: Agree/Disagree/Don't Know

AIMS:

- To enable young people to become aware of their own values and beliefs
- To provide the facilitator with insight into the knowledge and understanding of the group
- To create a safe space to explore CSE and its complexities
- To provide insight into group dynamics and culture
- To encourage interaction and participation

OUTCOMES:

- Increased awareness of values and beliefs
- Increased communication and negotiation skills
- Increased understanding and acceptance of others.

FLOATING DEBATE

EXPLANATION:

1. Facilitator lays agree, disagree & don't know sheets out across the room.

2. Young people are presented with a series of statements and are asked to adopt an agree/disagree or don't know stance.

3. Participants try to encourage people of opposing opinions to conform to theirs by providing explanations for their chosen stance.

4. If a young person changes their opinion they must adopt their new position in the room.

It is the role of the Facilitator in this session to encourage and promote debate resulting in young people moving around the room as they reflect on their own opinion.

This challenges values and beliefs and forces young people to take a physical position to defend their own opinion or to follow the opinion of others. This aids the facilitators to see group dynamics and a level of understanding and different roles within the group: example, leader, follower, joker, and manipulator.

HOW RISKY?

RESOURCES:

- How Risky Statements p.10 (1 set for every small group)

AIMS:

- To encourage young people to discuss and explore their perception of risk
- To help young people articulate their own opinion whilst considering the opinion of others.

OUTCOMES:

- Enhanced communication skills
- Increased understanding of risk
- Increased understanding of how emotional vulnerabilities can influence choices

EXPLANATION:

1. Split young people into smaller groups.

2. Present each group of young people with 12 statements and ask them to place these in order of perceived risk. 1 being lowest risk and 12 being the highest risk.

3. Facilitator should ensure that all young people are included in the discussion.

4. Facilitator should adopt a controversial stance to encourage young people to reflect and reason, for example: If group places "need to be loved" at a low risk rating, facilitator suggests that "need to be loved" may results in young people getting drunk with strangers, meeting stranger from Facebook etc

5. Each group presents their agreed order to larger group

Facilitator encourages discussion and debate about different levels of risk. Facilitator must be aware that the context of the scenario could influence the risk rating, for example "14 year old girls gets into car with 21 yr old Male"—could potentially be high risk or could be no risk if the 21 year old is her brother.

SAFE vs UNSAFE

RESOURCES:

- Prepare 2 sheets A4 : Safe/Unsafe
- Safe/Unsafe statements (p.10)

AIM:

- To explore and discuss safe and unsafe situations

OUTCOMES:

- Increased awareness of unsafe situations
- Increased ability to debate social issues
- Increased awareness of internet safety

EXPLANATION:

- Facilitator reads out statements and young people are invited to decide if statements are Safe or Unsafe and place them underneath the relevant sheet.

EVALUATION + CLOSE

SESSION 1:

HUMAN BINGO!

FIND SOMEONE WHO...

*Can name **3** sexually transmitted diseases*	*Thinks its **OK** for a girl to ask a boy out*	*Knows what the age of **consent** is*
*Watches **Coronation Street***	*Thinks condoms prevent STIs*	*Thinks that relationships should be **equal***
*Has **blue** eyes*	*Can name **3** methods of contraception*	*Brushed their **teeth** this morning*
*Would **not** drop friends for boyfriends/girlfriends*	*Changes **underwear** every day*	*Knows what **love** is*
*Thinks child abuse is **wrong***	*Thinks **education** is important*	***Wears** make-up*

SESSION 1:

FLOATING DEBATE

There is nothing wrong with two 15yr olds having sex.

If someone gives you alcohol or drugs, you should have sex with them.

It's ok to take legal highs because they are legal.

If a 16yr old boy has sex with his 11yr old sister it is not abuse because he loves her.

If you sleep with lots of people it means you are popular.

If someone loves you, they want to know where you are all the time.

It's ok to send naked photos to your boyfriend/ girlfriend.

It's risky for a 13 yr old to get into a car with a 21yr old.

Young people should not tell if they have been abused by a family member or friend.

It's ok to smoke weed so long as you stay away from legal highs.

Parents should not let their 14yr olds boyfriend/ girlfriend have a sleep over in the house.

Boys get sexually abused.

Young people take drugs to help them forget about their problems.

Your boyfriend/girlfriend will love you more if you sleep with people to pay off debts.

It's ok to have sex with your boyfriend/ girlfriend if they are 'out of it'.

A relationship should be based on trust.

It's a laugh to spike someone at a party.

Everyone wants to be loved.

Paramilitaries control communities.

Sex is not as good if you use a condom.

SESSION 1:

HOW RISKY?

Meeting someone from Facebook	Needing a boyfriend
Getting drunk with strangers	Having lots of friends on Facebook
Having an older boyfriend	Going to party houses
Staying out without permission	Wanting to be loved
Keeping secrets from parents/carers	Getting a lift with strangers
Posting naked images on Facebook	Keeping a relationship a secret

SESSION 1:

SAFE vs UNSAFE

Jenny has been going out with Roy for one week. Roy wants to buy her new clothes and take her out for dinner.

Aimee is at a party and takes legal highs. John asks her to have sex on the snooker table for a laugh.

Sarah (17) uploads a photo on an online dating site.

Jo and his mates are playing 'Rap the door'.

Jack (18) picks Rebekah up to go for a drive in his Subaru Impreza.

Severina lives in a house with her mother, father, two sisters and three uncles.

Chloe's friend has a new boyfriend who has hot mates. Chloe is invited to party with them at the weekend. There will be drink and drugs at the party.

A religious leader invites Carl into his house for coffee.

Febi tells her friend that she has to go back to Nigeria for a special operation.

Daniel has unprotected sex with his boyfriend who he has known for years.

Tom posts on Facebook that he has had a massive row with his parents and he hates them.

Lee is going camping at the weekend with a group of male and female friends.

SESSION 2: *GROOMING*

FACILITATOR NOTES:

The themes which will be addressed in particular during this session and animation are Grooming and Consent and this will lay a foundation for a subsequent session on Power and Control and Relationships.

HOW DOES CHILD GROOMING WORK?

People who commit sexual offences against children typically have close relationships with the children that they abuse. They use grooming to create a trust that is later used to keep the child in the sexual relationship as well as to keep them from sharing it with anyone. Family members can also be groomed to increase the vulnerability of the child.

SIX STAGES OF CHILD GROOMING:

1) ***Targeting the victim.*** A groomer will identify some type of vulnerability within the intended victim. Children with less involved parents are more desirable although all young people are potential victims.

2) ***Gaining the victim's trust.*** The groomer gains their victim's trust by gathering information about the child, their needs and how to fill them. They make the child feel understood and valued.

3) ***Filling a need.*** Once the groomer has figured out what the child's needs are, they begin to fill the void. They may provide drink, drugs, somewhere to stay, thoughtful gifts, but most significantly, the groomer will make the child feel loved and special.

4) ***Isolating the child.*** The groomer will encourage the child to sever protective contacts with family and friends and assume a protective and understanding position.

5) ***Sexualising the relationship.*** After the emotional attachment and trust of the child has been obtained, the groomer progressively sexualises the relationship. Desensitisation of the child may occur through talking, watching pornography and having sexual contact. The child may begin to see their relationship in more special terms.

6) ***Maintaining control.*** Once the sexual abuse has begun, child sex abusers use secrecy, blame and threats to manipulate the child into silence and participation. Threats may be made against the child's family and friends. The abuser may also threaten to circulate indecent/abusive images.

ICEBREAKER: **TRUTH OR SPOOF**

• Young people are invited to share three pieces of superficial information with the group, two being true and one being a lie. Young people are encouraged to think of things that may not be known to the group. The group then decides which one is a lie.

RESOURCES:

Short Film : The Innocent Add

SHORT FILM: *THE INNOCENT ADD*

WATCH 'THE INNOCENT ADD'

QUESTIONS TO CONSIDER:

1) Would you have accepted the friend's request?
2) Do you think she should have sent pictures?
3) When did the relationship become controlling?
4) If this girl was your friend what advice would you give her?

RESOURCES:

- Prepare sheet with individual stages of grooming: 'identify'/'gain trust'/'fill a need'/'isolate'/'sexualise'/'maintain control'
- Printable Grooming Triangle p.13

AIMS:

- To enable young people identify and understand grooming
- To provide young people with information to make safer choices
- To enable young people to consider the complexities of the grooming process with their peers.

OUTCOMES:

- Increased ability to identify the stages of grooming.
- Increased ability to recognise when relationships are becoming controlling/dangerous.
- Increased ability to empathise with others who may have been groomed.
- Increased communication and presenting skills.

STAGES OF GROOMING

EXPLANATION:

1. Young people are split into manageable sized groups and presented with the 6 stages of grooming and asked to place in sequential order.

2. Facilitator takes feedback from the groups and presents the stages of grooming in their sequential order, emphasising that this is not an exact process and stages may vary and be interlinked.

3. Young people are then invited to suggest practical examples of how they would recognise the various stages of grooming on a printed triangle or flipchart.

4. Young people present completed triangle back to larger group.

If young people are aware of grooming they have the knowledge to protect themselves from this abusive process.

RESOURCES:

- Sexual abuse worksheet p.14
- CSE worksheet p.15

AIM:

- To encourage discussion and debate to clarify understanding of Sexual Abuse and CSE

OUTCOMES:

- Increased understanding of the differences between Sexual Abuse and CSE
- Increased ability to recognise that it is not young people's fault if they are abused or exploited.

SEXUAL ABUSE OR CSE?

SEXUAL ABUSE DEFINITION:

"Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways"

(DHSPSS, May 2003)

CSE DEFINITION:

"Child Sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse"

(SBNI 2014, adopted from CSE Knowledge Transfer Partnership NI)

EXPLANATION:

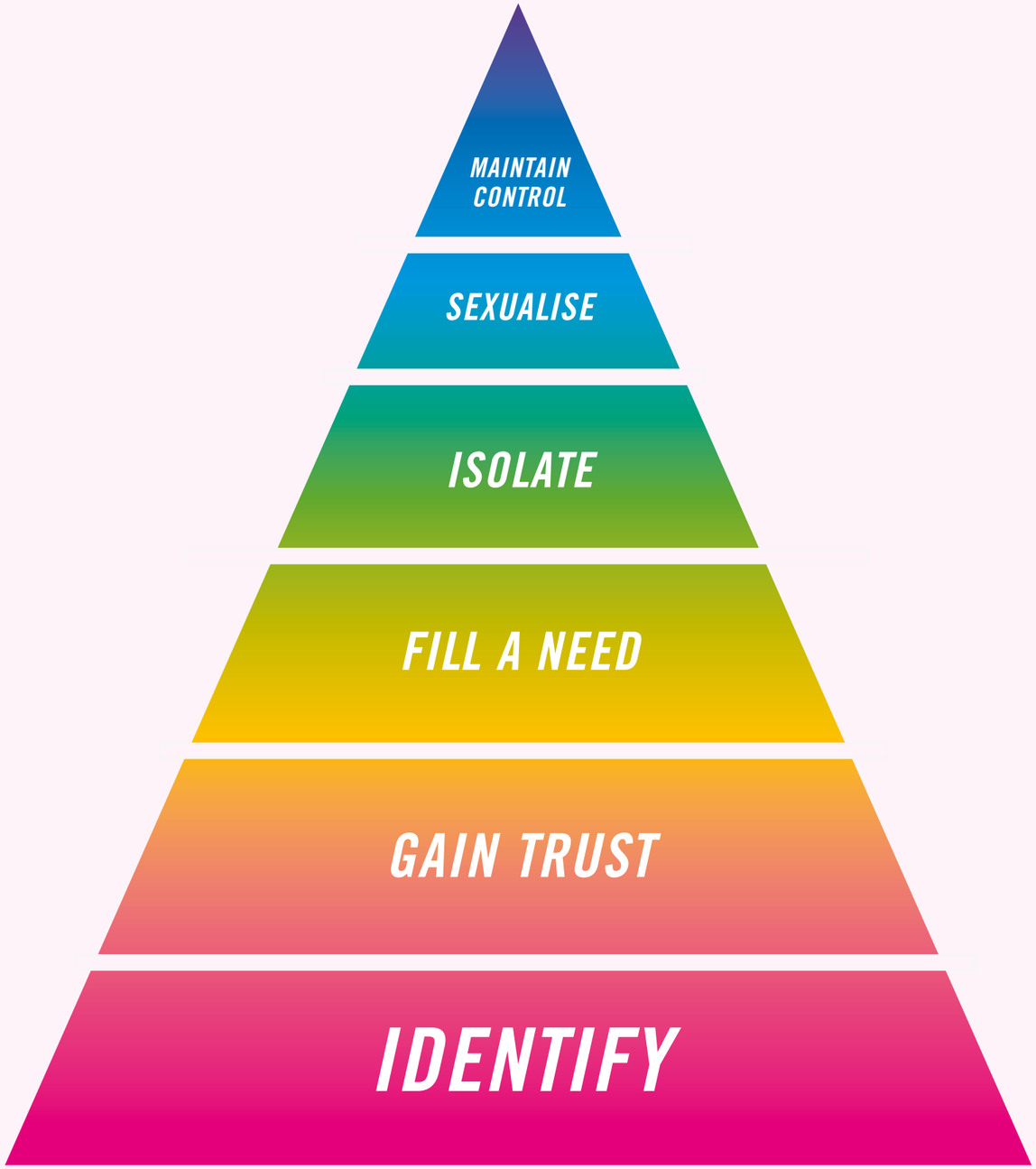
1. Young people are asked questions on sexual abuse as per worksheet
2. The same questions are then asked again but using the CSE diagram
3. Facilitator should explore the similarities and differences between the two headings
4. Possible questions to aid discussion:

    - Are CSE and Sexual Abuse the same?
    - What's the difference between CSE and Sexual Abuse?
    - Is a young person to blame if they are sexually exploited?
    - Can a 16 year old be sexually abused?
    - Are males sexually exploited?

EVALUATION & CLOSE

SESSION 2:

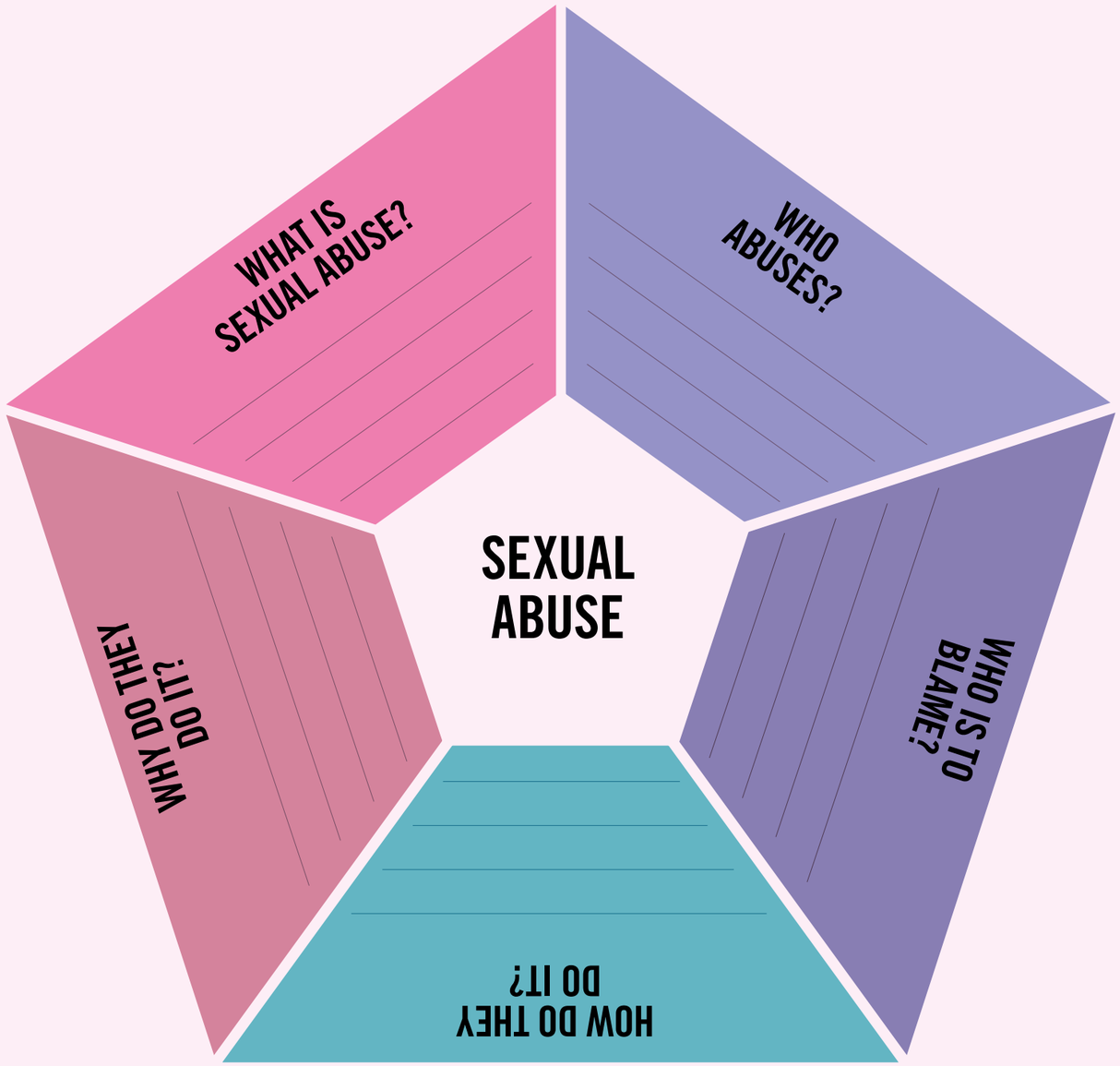
THE GROOMING TRIANGLE



Adapted from Dr Michael Welner

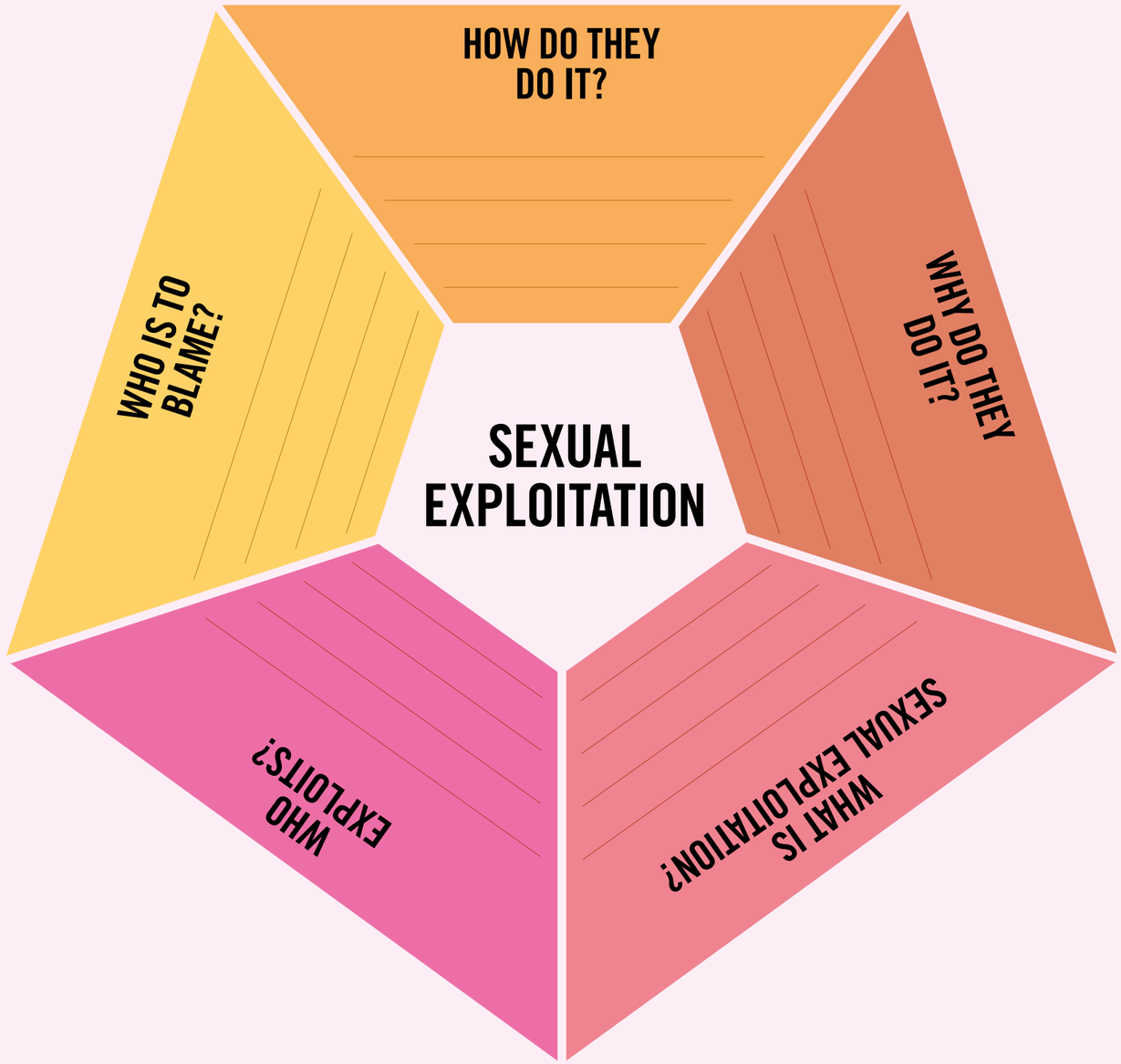
SESSION 2:

THE WHEEL OF SEXUAL ABUSE



SESSION 2:

THE WHEEL OF SEXUAL EXPLOITATION



FACILITATOR NOTES:

This model of power & control is adapted from the original work by Duluth Domestic Abuse Intervention Project, Minnesota, USA .

Young people are asked to identify the different types of abuse under the listed headings.

In order to consolidate learning, young people may be presented with controlling statements (as devised by facilitator with relevance to the group) and asked to place these under the most appropriate heading. This enables young people to identify control within a relationship even in its most subtle forms. Being able to recognise the signs may help young people protect themselves from controlling relationships in all their forms.

This is used to initiate discussion around abusive relationships. Often suggestions can fall under more than one heading, eg; hitting someone **(Physical)** can cause bruises which can lead to people not wanting to leave the house and leads to **isolation.**

Forcing someone to have sex and saying they should be grateful as no one else would want them because they are so ugly is **sexual** and **emotional** abuse.

'I hit you because I love you and I don't want you talking to other men, I will give you money when you learn how to behave', incorporates **physical, emotional** and **financial** abuse.

RESOURCES:

- Wheel of Power and Control (p.17)
- Flipchart paper
- Pens & markers

AIMS:

- To help young people identify power imbalances within relationships
- To enable young people identify when a relationship becomes abusive.

OUTCOMES:

- Increased awareness and understanding of abusive relationships
- Enhanced ability to question the early stages of abuse before behaviour becomes normalised.
- Enhanced communication and presentation skills

FACILITATOR NOTES:

This is a fun, high energy activity to explore healthy relationships:

RESOURCES:

- Printable money (p.18)
- Blank sheets of paper

OUTCOMES:

- Increased understanding of healthy relationships
- Increased knowledge of personal relationship preferences and choices
- Increased awareness of choices and consequences.

SESSION 3: ***POWER AND CONTROL***

ICEBREAKER: **LINE UP**

Young people are invited to stand in a straight line, then without talking are asked to place themselves in different orders e.g.

- lightest to darkest hair colour
- tallest to shortest
- oldest to youngest
- highest number of brothers and sisters to lowest number
- highest number of pets to lowest number of pets

Young people may develop alternative methods of communication such as tapping, pointing etc.

WHEEL OF POWER & CONTROL

EXPLANATION

1. Facilitator presents the Wheel of Power & Control to the group.
2. Young people are split into smaller groups and given a blank wheel of power & control or blank flipchart paper to create their own wheel. They are then asked how they they were being emotionally, sexually, physically, or financially controlled or if they were being isolated from protective networks? (What would be said?)
3. Feedback is presented back to the large group

RELATIONSHIP AUCTION

EXPLANATION

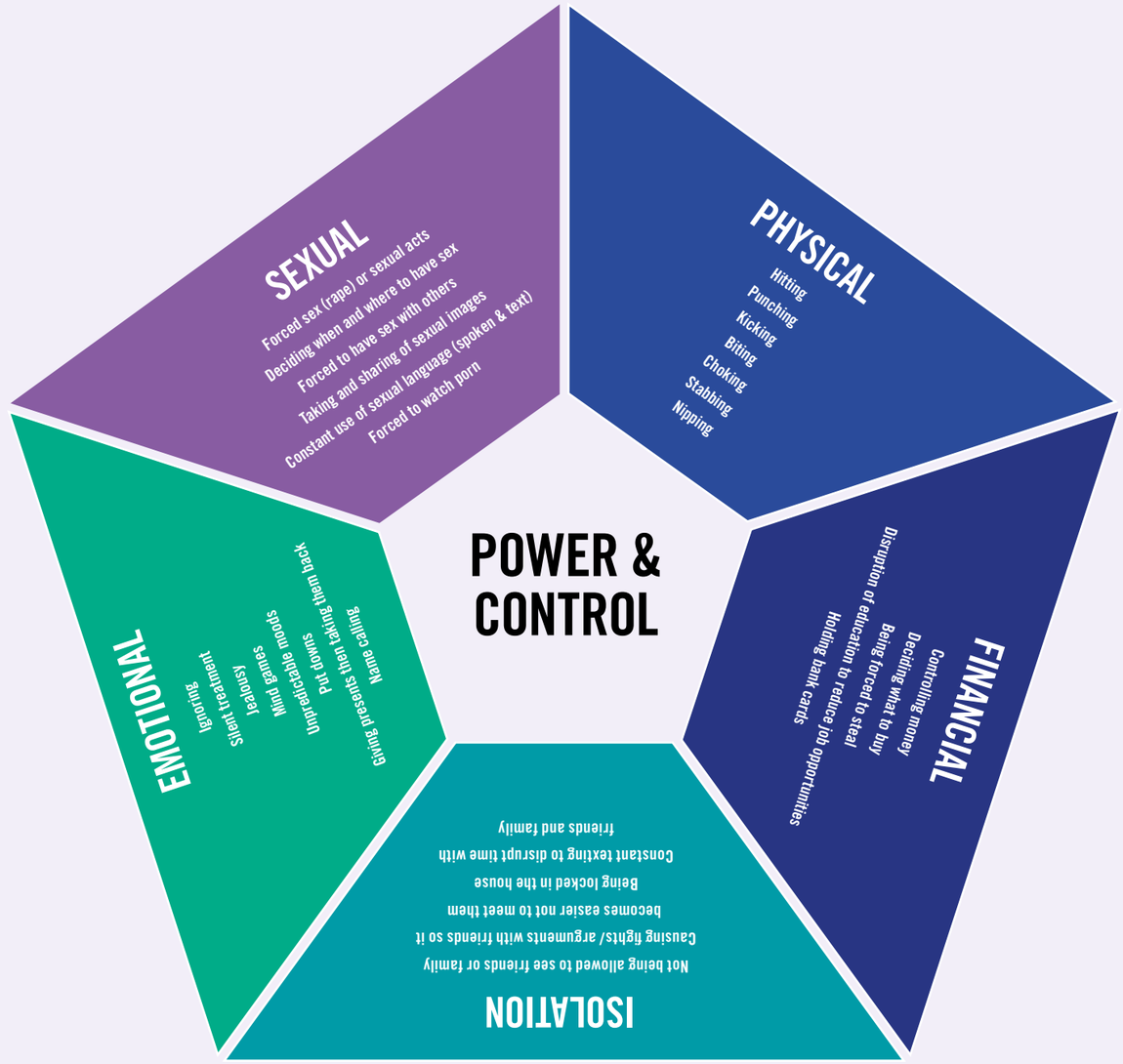
1. Young people are invited to list qualities and attributes which they consider important in a relationship.
2. Facilitator writes down what the young people have said on individual pieces of paper.
3. When an extensive list has been completed (facilitator may need to offer suggestions which include physical appearance, hobbies, skills, belief system, education, family, personality) young people are then presented with £200 of printable money.
4. Facilitator acts as auctioneer and invites the young person to bid on the qualities which they value most.
5. Young people then present their ideal partner back to the group as purchased in the auction.
6. Facilitator challenges values and beliefs by introducing additional information which had not been considered.

For example, young person presents a partner who is kind, has blue eyes, blonde hair, funny, kind to them, and wears nice clothes. Facilitator then asks if this person was a drug dealer/drug user/6 years older/starts fights with others/cheats or unfaithful etc, would this impact on the relationship choice.

Discussion is encouraged among the group and helps the group to see different values and beliefs which are held amongst individuals. This encourages young people to think about what is important in a relationship and what they would not compromise on. This should enable them to make healthier relationship choices.

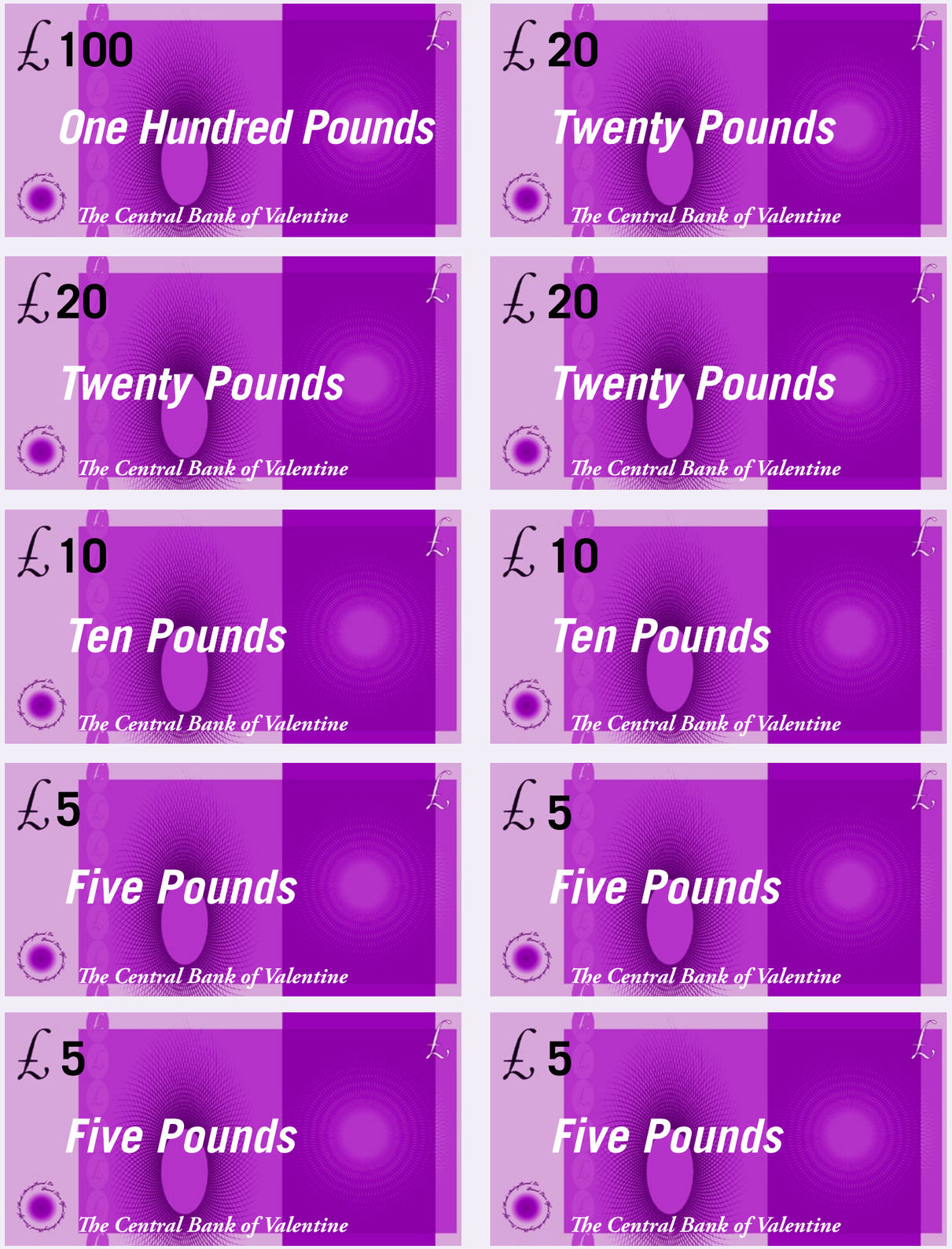
SESSION 3:

THE WHEEL OF POWER & CONTROL



SESSION 3:

RELATIONSHIP AUCTION



FACILITATOR NOTES:

Consent is voluntary positive agreement between participants to engage in specific sexual activity:

- Can be communicated in a variety of ways
- Shouldn't be presumed in the absence of clear positive agreement
- Must be clear and unambiguous
- Alcohol and drugs render a person incapable of giving valid consent.

Consent is agreeing by CHOICE and having the FREEDOM and CAPACITY to make that choice **(Sexual Offences (NI) Order 2008, Art.3)** It is worth considering what might impact on a young person's ability to provide informed consent to sexual activity. Sometimes young people do not say NO as they are afraid of the consequences. eg;

- Socially accepted norms within a peer group
- Sexual activity while under the influence of something
- Sexual activity in exchange for something
- Pressure to take part in line ups/sexual activity with multiple partners
- Pressure to send sexual images/texts (sexting)
- Recording of sexual activity

RESOURCES:

- Chairs, paper and markers.

SESSION 4:
CONSENT & PEER EXPLOITATION

ICEBREAKER: *BACK TO BACK DRAWING*

Young people are split into pairs and position two chairs back to back and sit down. If anyone turns around they are out. Both young people are presented with a piece of paper and a marker. One young person is given one minute to draw a picture. They then have 5 minutes to describe their drawing to the other young person who tries to recreate it. Both images are then compared. Young people then change roles.

Facilitator then explores any communication difficulties.

RESOURCES:

- Short Film: *THE JOURNEY HOME*

AIM:

- To explore consent and how it impacts on peer relationships.

OUTCOME:

- Increased awareness around consent and perceived consent

SHORT FILM: *THE JOURNEY HOME*

WATCH 'THE JOURNEY HOME'

DISCUSSION QUESTIONS:

1. Why do you think Claire had sex in exchange for Pills?
2. Why do you think Claire offered the Taxi driver a blow job? (she had the money to pay)
3. Do you think that Claire is freely consenting to sexual activity?
4. If you knew Claire, would her behaviour be any of your business?

Background information: Claire has been raped by her father and his friends. Her coping strategy was alcohol and by the age of 14 was a confirmed alcoholic. She thinks she is in control, that she is using people. Sex is a means to an end for her, she does not associate sex with a loving relationship.

Does the background information change your opinion on any of the above questions?

RESOURCES:

- Agony Aunt Problems Page p.20

AIM:

- To explore the role of the peer group in CSE

OUTCOMES:

- Increased understanding of consent
- Increased understanding of the influence of peer groups
- Improved communication, negotiating and presenting skills

AGONY AUNT

EXPLANATION

1. Young people are split into small groups and asked to respond to the agony column given to them
2. Feedback is presented to the larger group to discuss and debate differing opinions
3. Facilitator highlights consent issues and explores if consent was freely given or abusively obtained.

EVALUATION & CLOSE

SESSION 4:

AGONY AUNT'S PROBLEM PAGE

Dear Agony Aunt
My name is Sarah and I am 16. I was at a party last Friday night with my friend Jason. Jason asked to go with me; I said no, he's just a friend. Jason gave me drugs and we had a great time until I blacked out. I woke up naked in bed with Jason on Saturday morning. My friend Lucy said she saw Jason spike my drink. Lucy says Jason raped me, but how could he, I have no bruises. Jason made me tea before driving me home. I had a laugh and anyway, how can you be raped if you enjoy it? I always enjoy sex. Is Lucy mad?
Sarah

Dear Agony Aunt
My mother died from cancer 6 months ago. Since then I have been spending a lot of time with her best friend, Beth. One night I was having a drink with Beth and we ended up having sex. We have had sex several times since. I like spending time with her as she reminds me of Mum. Beth is 38, I am 16. Is there anything wrong with this relationship?
Darren

Dear Agony Aunt
Please help me; I don't know what to do. My Mammy has parties every weekend. Every time I have to have sex with someone, sometimes it's very sore and it makes me bleed. My mammy always cuddles me and tells me she loves me, she always makes me laugh. I really really really love my mammy. How can I make the sex stop?
Lee

Dear Agony Aunt
All my friends are posting naked pics on-line. I don't want to, but I think they will fall out with me if I don't. Then I will have no friends. I am really scared. What will I do?
Jamie

Dear Agony Aunt
Every evening and weekend I hang out in the local park with my friends. It's a laugh most of the time. Sam is the leader of the group, he's really funny and everyone likes him, he's a really good fighter as well. Last Saturday Sam txt us all to be in the park for 7pm. When we arrived he told us he had got a girl to give us all blowjobs. I nearly died, he was standing with Chloe, and she was off her head. There were 12 of us. Sam told us all to line up and get ready for action. I was really nervous; I did not want to stand in a line and wait for a blowjob. I had never had a blowjob before, but I couldn't stand the thought of everyone laughing at me or even beating me up. I stood and waited for it to be over. It was awful. I'm not sure Chloe had a good time either. The other boys were all laughing and saying how great it was and how great Sam was. I've just got a txt from Sam, 'same time next week boys'. What will I do? Have I done anything wrong?
Peter (15)

Dear Agony Aunt
I can never leave the house again!!!!!!! I met Craig on line. We chatted for weeks. He made me feel really special. He asked me for a topless pic so I sent it. I went into school the next day and EVERYONE was laughing at me. Everyone had seen my pic. There was NO Craig it was girls in my class letting on to be him. I can't stop crying, I can never go back to school, I have been such a fool. My parents have seen the photo; they are so disappointed in me. My head hurts and I feel sick all the time. Is there anything I can do to make my life better?
Sue (14)

SESSION 5: SEXUAL HEALTH

RESOURCES:

- Flipchart paper and pen markers

AIMS:

- To explore a young person's values and beliefs in relation to sex
- To encourage empathy and acceptance of the values and beliefs of others

OUTCOMES:

- Increased awareness of values and beliefs and how they impact on sex.
- Increased awareness of peer influences relating to having sex
- Enhanced knowledge of the social emotional and physical aspects of sex

ICEBREAKER: WHY DO PEOPLE HAVE SEX?

EXPLANATION

1. Divide young people into small groups and provide them with flip chart, coloured pens and ask them to write down the reasons why they think people may choose to have sex.
2. Prompt discussion through using soaps, media and culture etc. Encourage young people to fill the page with as many reasons as possible.
3. Once completed ask each group to circle the 'top 3 reasons' which they think are the most common reasons why a young person may choose to have sex. Acknowledge that not all young people will choose to have sex but if they did, what would be the most common reasons.
4. Once agreed each group feeds back what they have written down.

Please note: During feedback, some of the group answers may mention Rape or Sexual Assault—in this scenario it is important to acknowledge that this does happen but that in this exercise we are discussing Choice and remind participants that rape is where choice has been taken away from a person so therefore will not be discussed in this session.

5. Facilitator may use the top 3 reasons to create some discussion and debate. It is important to acknowledge that everyone is an individual and therefore will have differing opinions on this topic.
6. It is important to be mindful of different values and reasons when we approach sexual relationships as expectancy of what comes after sex may be different to the other individual involved.

RESOURCES:

- Short Film : The First Time

SHORT FILM: *THE FIRST TIME*

WATCH 'THE FIRST TIME'

QUESTIONS TO CONSIDER:

1) Did Jonny really want to have sex?
2) Why do you think Jonny and Emma had sex?
3) Can you get an STI the first time you have sex?
4) Where is your nearest sexual health clinic?

RESOURCES:

- STI myths and Facts (p.25)
- Add page/Sheet Instruction
- Prepare 2 sheets A4 paper: True/False

AIMS:

- To increase the awareness of Sexually Transmitted Infections (STIs) amongst young people
- To educate about signs and symptoms and treatment of STIs and how to seek help

OUTCOMES:

- Increased knowledge of local services available for sexual health check-ups
- Enhanced understanding of the transmission of STIs
- An increased understanding of safer sex

STIs: *TRUE OR FALSE*

EXPLANATION

1. Invite group to stand together in the centre of the room
2. Facilitator lays out True and False cards at opposite sides of the room.
3. Facilitator reads out statements to the group. Young people are asked to stand at the True or False card to express their opinion.
4. Facilitator asks young people to explain why they have adopted that stance.
5. After young people have answered, the facilitator will provide the correct answer and explanation from the Fact Sheet
6. At the end of this session the facilitator should highlight the local services available for any young person or friend who may want to get further information or a check-up. Signpost young people to appropriate websites such as www.brook.org.uk, www.nhs.co.uk/Livewell
7. Leaflets are also available for further reading and information as pdf versions from http://www.fpa.org.uk/resources/downloads

ANSWERS AND FACILITATOR NOTES:

You can get a sexual health check-up without needing an intimate examination
Answer: TRUE. You are able to get a sexual health check-up without needing to be examined. This involves a blood test for HIV, Syphilis and Hepatitis and a urine sample for boys or a self-taken swab for girls which both test for Chlamydia and Gonorrhoea. If the person has symptoms a clinic will recommend an examination but it is always the patient's choice and if they have no symptoms then no examination needs to be carried out.

If you had Chlamydia you would know
Answer: FALSE. Chlamydia is the most common Sexually Transmitted Infection (STI) in young people under 25 years old. **Most of the time someone who has Chlamydia will have no signs or symptoms.** Chlamydia is easily treatable and cleared with antibiotics.
If a person does get symptoms for any STI these are the most common ones to look out for:

In women and men:
- pain when you pass urine (pee)
- itching, burning or tingling around the genitals
- blisters, sores, spots or lumps around the genitals or anus

In women:
- yellow or green vaginal discharge
- discharge that smells
- bleeding between periods or after sex
- pain during sex
- lower abdominal pain

In men:
- discharge from the penis
- irritation of the urethra (the tube where urine comes out)

These symptoms don't necessarily mean that you have an STI, but it's worth seeing a doctor so you can find out what's causing the symptoms and treat it.

If you get Chlamydia you should always tell your sexual partner(s)
Answer: True and False (depending on value base) It is important that any recent sexual partners (usually from the last 6 months) should also be tested and treated.

This statement is to help explore attitudes and beliefs as this could generate healthy debate about roles and responsibilities in sexual relationships and confidentiality etc.
Sexual Health clinics offer the opportunity for partners to be notified where the Health Advisor from the clinic can contact any partners anonymously and keep the patient's information confidential.

You can get an STI from only having oral sex
Answer: TRUE. Most STIs can be passed on through oral sex. Oral sex is when the mouth comes in to contact with a partner's genitals. The cold sore virus can be easily transmitted onto the genitals through oral sex and this can then develop as Herpes. Other STIs such as Chlamydia, Gonorrhoea, Syphilis and HIV can be transmitted through oral sex.

If you go to a sexual health clinic they will always write to your GP or parents
Answer: FALSE. Anyone can refer themselves to a sexual health clinic for a check-up and the nurse or doctor will discuss confidentiality with the person when they attend a clinic. They will always endeavour to act in the best interests of the patient and confidentiality is always respected and afforded to every individual who attends a clinic. The nurse or doctor will encourage and support a young person to talk to their parents/ guardian about this. If the nurse or doctor has concerns about the young person's welfare and safety then they may need to break that confidentiality and this is the only time when that would be happen. This would be to exercise their duty of care towards the young person and get the appropriate help and support for them. If the nurse or doctor deems the young person competent and not at risk, then no information is required to be shared with their GP/ Parent/ Guardian if this is not the young person's wish.

All STIs can be cured
Answer: FALSE. Not all STIs can be cured however all STIs can be managed. Bacterial infections such as Chlamydia, Gonorrhoea and Syphilis can be treated with specific antibiotics. Viral STIs such as HIV and Herpes remain with the person for life but can be managed with treatment. The most important message is that it is much better for the individual to know so that they can get the right support, help and treatment.

Women taking the pill are protected from STIs
Answer: FALSE. The hormonal contraceptive pill does not protect women against STIs. Barrier contraception, such as Male or Female condoms are the only type of contraception options which offer protections against STIs.

Using condoms can help prevent you catching an STI
Answer: TRUE. Condoms offer good protection from preventing the onward transmission of STIs. **Condoms must be used consistently and correctly to be effective.** (Please refer to the condom quiz activity for further info.)

Safer sex is about choosing your partners carefully. Delaying sexual intercourse and encouraging discussion about negotiating safer sex with potential partners will also help improve sexual health. Encouraging individuals to attend for a sexual health check-up is important. This should be considered if:
- they have never had a sexual health check up before
- they have a new sexual partner or relationship (since their last check-up)
- they have had recent unprotected sex (condom omission or failure).

If someone has no signs or symptoms a check-up, two weeks after sexual exposure, will be reliable for Chlamydia and Gonorrhoea. It is advised to have a HIV test at least 4 weeks after sexual exposure. If they are very anxious regarding their partner or have signs or symptoms they should attend a clinic as soon as possible.

ACTIVITY: *CONDOM QUIZ*

FACILITATOR NOTES:

Using a light hearted but informative quiz participants are introduced to the Condom Quiz and invited to participate as much or as little as they feel comfortable.

Participants are made aware that the quiz is intended to be light hearted but not offensive and will be used for the purposes of educating young people about condom use. Remind young people that it is good to ask questions and that no question is too silly, stupid or wrong to ask. Remind the group that different people will have different levels of knowledge about this topic but that this is an informal exercise and not a test.

RESOURCES:

- Copy of Condom Quiz p.26
- Safer Sex leaflets and websites: http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sex-and-young-people-hub.aspx
- Information about local Sexual Health Clinics, Young people's services and where young people can access condom provision locally may be appropriate.

EXPLANATION

1. Facilitator reads out question and possible answers
2. Young people are invited to answer via a show of hands or shout out (facilitator will decide a best method suitable to group)
3. The facilitator will relay the correct answer and explanation to the group. Discussion should be encouraged.

ANSWERS:

1/ C. In a cool, dry, dark place
A condom should be stored safely and free from possible ripping, tearing, damage.

2/ A. The use by date
C. The size
Condoms can go out of date. They may appear ok but it is important to check the date as otherwise the condom may not be safe to use. The correct size of condom is important, there are different sizes available. Different sizes are on account of the width or girth of the penis rather than length.

3/ C. Before penetration
D. Before genital contact
A condom should always be used before any type of genital contact, including full intercourse. There are flavoured condoms available to promote safer oral sex.

AIMS:

- To educate young people about the correct usage of condoms
- To promote safer sex messages
- To empower young people to make safer choices about their sexual health
- To know when it is appropriate to seek help and services

OUTCOMES:

- Enhanced understanding of correct condom usage
- Increased awareness of the consequences relating to poor or omitted condom use
- Knowledge of available services

4/ A. 1
Condoms can only be used once and therefore an individual should make sure they have enough and know where they are available. Condoms may be bought in supermarkets and chemists. Condoms are free and available at Sexual Health Clinics, Family Planning Clinics, Sexual Reproductive Health Clinics, Brook Clinics and most Youth Health Advice / FE College Clinics.

5/ B. Making sure they are put on the right way round
Correct condom use is essential as if used incorrectly they may come off or split during sex.

6/ C. KY Jelly
KY Jelly is a water based lubricant and is therefore the correct and safest type of lube to use. The oils present in other lubricants can cause damage to the condom.

7/ D. Put it in a bin

8/ C. Get emergency contraception
D. Get a check-up at a clinic if you're worried about infection
E. Talk to a caring/ responsible adult

c. If a heterosexual couple have had unprotected vaginal sex or a failed condom use then the female may want to avail of emergency hormonal contraception (the morning after pill) and can be accessed up to 72 hours after having sex. This prevents a pregnancy from taking place and is important if the young person is not on a normal contraceptive or has had a missed pill or episode of illness recently. Emergency hormonal contraception is available for free from Sexual Health Clinics, family planning clinics, Brook Clinics and some Youth Health Advice clinics and GPs. It can be bought over the counter at most pharmacies. There is an emergency hormonal contraceptive pill available up to 5 days after having sex but not all services may have this in stock. An IUD (intrauterine device) may also be fitted as a form of emergency contraception—this can be arranged through the service you attend.

d. If the young person develops symptoms they should contact their local sexual health clinic to book a check-up. If the young person has no signs or symptoms then they should wait for 2 weeks after having unprotected sex before they have a sexual health check-up.

RESOURCES:

- A4 print outs of pregnancy quiz (p.27)
- Prepare two sheets A4 paper: True/False

AIMS:

- Dispel myths around how a woman can or can't get pregnant
- Educate young person about conception and how to prevent a pregnancy
- Promote discussion and awareness of contraception

OUTCOME:

- The young person will know the importance of contraception in preventing an unwanted pregnancy

PREGNANCY TRUE/ FALSE QUIZ

EXPLANATION

1. Ask for two volunteers to hold up a 'True' sign at one end of the room and another volunteer to hold the 'False' sign at the opposite end. (This may be some of the quiet/shy members of the group who may not be comfortable about discussing sexual health)

2. Randomly distribute the True/False statements amongst group members and then ask the participants to read their statement, decide whether it is true or false and then stand at the respective end of the room.

3. Take a short time to feedback and be aware of certain myths that may be believed or talked about amongst the group.

4. If there is not enough time to cover all the myths and facts, pick out the most relevant and topical statements.

ANSWERS:

1. False , **2.** False , **3.** False , **4.** False , **5.** False , **6.** False , **7.** True , **8.** False , **9.** False , **10.** False , **11.** False

SESSION 5:

STIs
TRUE OR FALSE?

YOU CAN GET A SEXUAL HEALTH CHECK-UP WITHOUT NEEDING AN INTIMATE EXAMINATION

IF YOU HAD CHLAMYDIA YOU WOULD KNOW

IF YOU GET CHLAMYDIA YOU SHOULD ALWAYS TELL YOUR SEXUAL PARTNERS

YOU CAN'T GET AN STI FROM ONLY HAVING ORAL SEX

IF YOU GO TO A SEXUAL HEALTH CLINIC THEY WILL ALWAYS WRITE TO YOUR GP OR PARENTS

ALL STIs CAN BE CURED

WOMEN TAKING THE PILL ARE PROTECTED FROM STIs

USING CONDOMS CAN HELP PREVENT YOU CATCHING AN STI

SESSION 5:

CONDOM QUIZ

1. WHERE SHOULD CONDOMS BE KEPT?

a) In your back pocket b) In the fridge c) In a cool, dry, dark place d) Beside the bed

2. WHAT SHOULD YOU CHECK FOR ON A PACKET OF CONDOMS?

a) The use by date b) The flavour c)The size d) The price

3. WHEN SHOULD YOU PUT A CONDOM ON?

a) When you go to bed b) Just before you come c) Before penetration d) Before genital contact

4. HOW MANY TIMES SHOULD YOU USE A CONDOM?

a)1 b) 2 c) Up to 5 d) Until it splits

5. WHAT MAKES USING A CONDOM SAFER?

a) Using two at a time b) Put on the right way round c) Saying a prayer d)Tying them onto your penis

6. WHAT SORT OF LUBRICANT CAN YOU USE WITH THE LATEX CONDOMS?

a) Vaseline b) Baby oil c) KY Jelly d) Engine oil

7. WHAT SHOULD YOU DO WITH A CONDOM AFTER SEX?

a) Flush it down a toilet b) Wash it out and keep it for next time c) Shove it under your partner's pillow d) Put it in a bin

8. WHAT SHOULD YOU DO IF YOUR CONDOM SPLITS DURING SEX?

a) Nothing- there's no point in worrying b) Panic c) Get emergency contraception
d) Get a check-up at a clinic if youre worried about infection e)Talk to a caring/ responsible adult

SESSION 5:

PREGNANCY QUIZ
TRUE OR FALSE?

1. WHEN A GIRL STARTS HER PERIODS IT MEANS SHE IS READY TO HAVE SEX
2. A WOMAN MAY GET PREGNANT IF SHE SWALLOWS A MANS SPERM
3. A WOMAN CAN'T GET PREGNANT IF SHE HAS SEX DURING HER PERIOD
4. THE 'PILL' CAN PROTECT YOU FROM SOME SEXUALLY TRANSMITTED INFECTIONS
5. A WOMAN WON'T GET PREGNANT IF SHE HAS SEX WHEN SHE IS DRUNK OR HER PARTNER IS DRUNK
6. A WOMAN WON'T GET PREGNANT THE FIRST TIME SHE HAS SEX
7. A MAN'S SPERM CAN REMAIN ALIVE INSIDE A WOMAN FOR UP TO 5 DAYS
8. IF A MAN WITHDRAWS HIS PENIS FROM A WOMAN'S VAGINA BEFORE HE EJACULATES (COMES) THE WOMAN CAN'T GET PREGNANT
9. YOU CAN USE CLINGFILM AS A CONDOM
10. A WOMAN IS VERY UNLIKELY TO GET PREGNANT IF SHE HAS SEX STANDING UP
11. CONDOMS ARE NOT VERY EFFECTIVE IN PREVENTING PREGNANCY

FACILITATOR NOTES:

The facilitator should be mindful to avoid scaring young people but promote the benefits of having accurate information to make informed choices. The facilitator should not provide false reassurance but, where there are concerns, they should signpost on to Sexual Health Clinics. The facilitator should emphasise the importance of getting a check-up and that **all STIs can be managed.**

SESSION 6: *THE REAL STORY?*

ICEBREAKER: **ONE AT A TIME**

Young people are asked to line up at one side of the room and hold hands. They are advised that they are not allowed to speak. They are then instructed that everyone has to move across to the other side of the room. One young person can only move at a time, if more than one moves or if anyone speaks everyone must return to the start position. Faciliator must decide a time to complete the task.

Task can be successfully completed if young people take a step in sequential order, beginning at one end of the line and moving down. This needs to be communicated through non-verbal means by the young people.

RESOURCES:

- Sexual Network Map (p.30)
- Local Service information of clinics & relevant websites

AIMS:

- To improve knowledge and awareness of how STIs are transmitted
- To promote safer sex awareness
- To provide information of where and when to seek help from Sexual Health Services

OUTCOMES:

- Increased knowledge of the transmission of STIs and safer sex.
- Knowledge of local services and when to attend for a check up
- An enhanced understanding of the importance of choosing partners carefully to protect your sexual health.

WHO HAVE YOU HAD SEX WITH?

EXPLANATION

1. Ask the young people to make up 2 fictional characters or celebrities in a relationship. The couple may be heterosexual or a same sex relationship — facilitator has the responsibility to ensure diversity is reflected. Label the names on the sexual network map couple (bottom of diagram).
2. The young people are then invited to create a story based on the two fictional characters which concludes with the couple having unprotected sex.
3. Facilitator suggests that one of the couple has tested positive for Chlamydia
4. The facilitator should then ask the group to provide an explanation for this. For example: cheating, open relationship etc.
5. This is an opportunity for the facilitator to pull out common attitudes and beliefs about people who have STIs and an opportunity to educate and dispel myths.
6. In this scenario the individual may only have had one or two partners before and these partners had no symptoms. However now we have learnt that Chlamydia does not usually have any signs or symptoms and therefore can be innocently and unknowingly passed on to sexual partners. This story helps to dispel some of the myths about STIs: that they only occur within an unfaithful relationship or that an individual who has an STI must have had several partners.
7. Acknowledging a partner may have a sexual history before entering into a new relationship is helpful to consider when choosing a new partner or thinking about having sex.
8. The sexual network map is a helpful and effective tool to build a picture and contextualise the importance of Safer Sex and getting a sexual health check-up.

RESOURCES:

- Short Film : The Whole Story

AIM:

- To consolidate prior learning

OUTCOMES:

- Increased understanding of CSE & sexual health
- Increased ability to make safer choices
- Increased knowledge of existing services

SHORT FILM: *THE WHOLE STORY*

A FINAL REVIEW OF ALL 3 SECTIONS OF ***SAFE CHOICES***

WATCH 'THE WHOLE STORY'

Lee (the story teller) was at a party where;
- Claire exchanged sex for pills and money
- Her close friend, Jonny, felt pressured into having sex for the first time (without a condom)
- She met a boy who went on to groom and sexually exploit her.

QUESTIONS TO CONSIDER:

1) What was really going on for Claire? Did she really want to have sex with loads of people?

2) Was 'Crazy Claire' really having a good time?

3) Did Jonny really want to have sex?

4) Does peer pressure really influence the decision to have sex?

5) Do you think Lee really consented to have sex with all her boyfriends' mates?

6) Why does Lee keep going back to Paul? Does she really want to be with him?

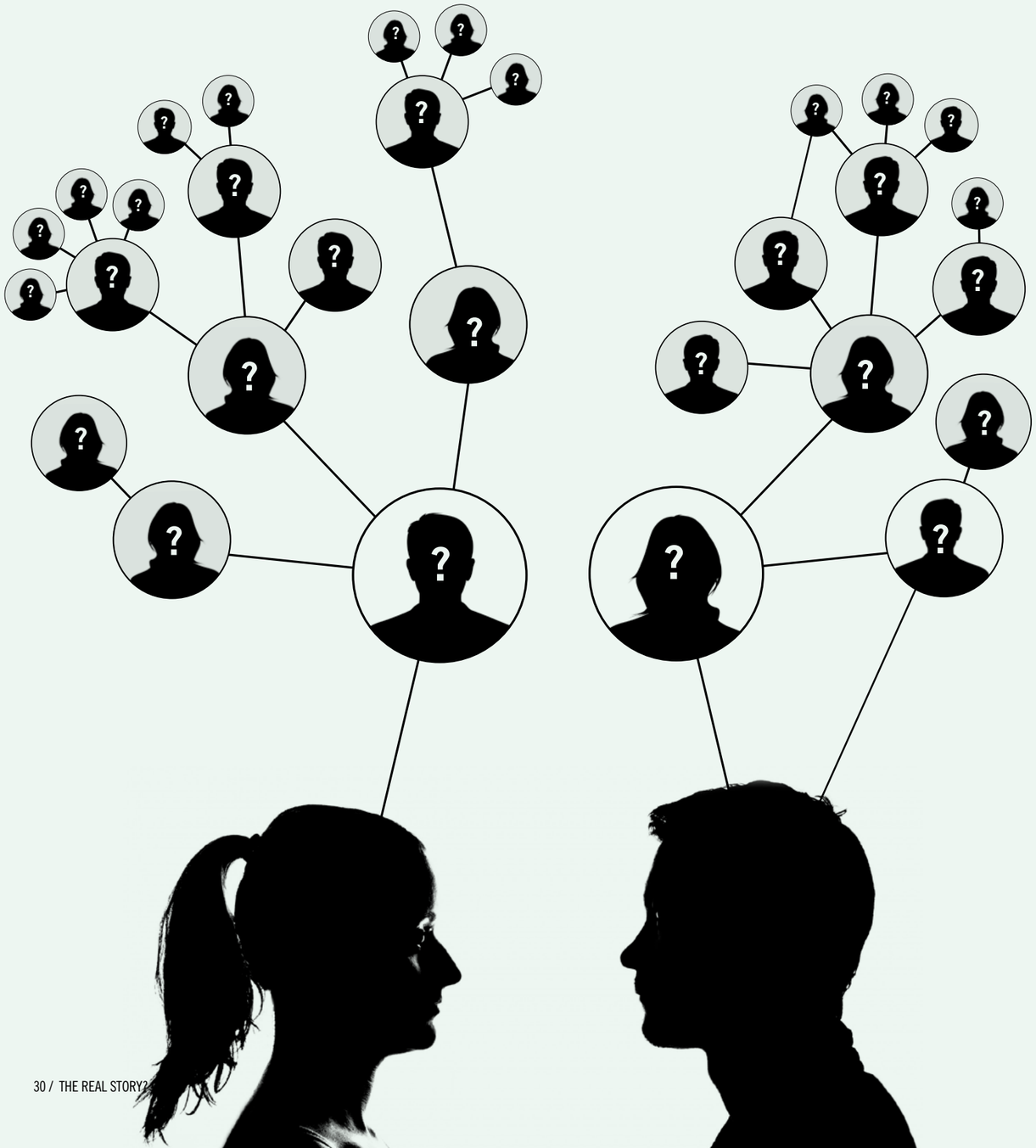
SIGNPOSTING:

Young people should be made aware of Agencies that can offer support & advice. (p.31)

EVALUATION & CLOSE

SESSION 6:

SEXUAL NETWORK MAP



CSE RESOURCES & SERVICES

Barnardo's Safe Choices NI
230b Belmont Rd, Belfast,
BT4 2AW. Phone: 028 9065 8511
www.barnardos.org.uk/nisafechoices.htm

South Eastern Health & Social Care Trust
Youth Health Advice Service
Health Development, Lisburn Health Centre
Linenhall Street, Lisburn, BT28 1LU
Phone: 028 9250 1373
http://www.setrust.hscni.net/healthyliving/2427.htm

'Sick Party' CSE DVD:
http://basistraining.org.uk/sick-party-dvd/

The Rowan, Regional Sexual Assault Referral Centre:
http://therowan.net/

NI Sexual Health Clinics Map:
http://www.belfasttrust.hscni.net/pdf/GUM_Sexual_Health_Clinics_Northern_Ireland.pdf

FPA Sexual Health information leaflets:
http://www.fpa.org.uk/resources/downloads

NHS Choices Website:
http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sex-and-young-people-hub.aspx

BASHH 'Spotting the Signs' Proforma:
http://www.fsrh.org/pdfs/SpottingTheSignsNationalProforma.pdf

SBNI:
http://www.safeguardingni.org/resources

NSPCC:
http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/

Brook & ARK: Sexual Risks among young people:
http://web-previews.com/brook3/

NEXUS NI:
http://www.nexusni.org/

Sex, Relationships + The Internet
www.thinkuknow.co.uk/14_plus/

CEOP Child Exploitation + Online Protection Centre
www.ceop.police.uk

Childline
0800 1111

Lifeline
0808 800 8000

Independent Inquiry into Child Sexual Exploitation (CSE) in Northern Ireland: CSE Inquiry Report:
http://www.rqia.org.uk/cseinquiry/



www.barnardos.org.uk/nisafechoices
www.setrust.hscni.net/healthyliving/2427.htm

SAFE CHOICES NI
230b Belmont Rd
Belfast, BT4 2AW
028 9065 8511

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST
Youth Health Advice Service
Health Development, Lisburn Health Centre
Linenhall Street, Lisburn, BT28 1LU
028 9250 1373

Believe in children
Barnardo's Northern Ireland
HSC Public Health Agency
HSC South Eastern Health and Social Care Trust
studio stereo

© 2014 Barnardo's Charity Re. Nos. 216250 & SC037605
& South Eastern Health & Social Care Trust. All rights reserved.

KEEP AND LEARN KIDS' PULL-OUT

SAY HELLO TO PANTOSAURUS!



He wants every child to stay safe and strong just like him!

LEARN PANTOSAURUS' FIVE EASY RULES FOR STAYING SAFE

Use what you've learned to help Pantosaurus complete his roarsome journey.



P RIVATES ARE PRIVATE

A LWAYS REMEMBER YOUR BODY BELONGS TO YOU

N O MEANS NO

T ALK ABOUT SECRETS THAT UPSET YOU

S PEAK UP, SOMEONE CAN HELP

Tick the correct answer:

PRIVATES ARE...

- ☐ PINEAPPLES
- ☐ PRIVATE
- ☐ PIZZAS

Circle the right answer:

NO MEANS...

1. YES 2. NO

Unscramble the word:

TALK ABOUT...

_ _ _ _ _ _ _ _

ESTRSCE

THAT UPSET YOU

Fill in the missing letters:

S_ _ _ _ UP, SOMEONE CAN HELP

ALWAYS REMEMBER YOUR BODY BELONGS TO...

Find the correct word below:

E	N	M
Y	O	U
T	A	M

Remember, a secret that worries you is a bad secret, so always talk about secrets that upset you.

HOW MANY DID YOU GET RIGHT?

.....

National Society for the Prevention of Cruelty to Children ©NSPCC 2017.
Registered charity England and Wales 216401. Scotland SC037717.
J20171066. Illustrations by Jamie Nash.

Answers: Privates are **private**, Always remember your body belongs to **you**, No means **no**, Talk about **secrets** that upset you, **Speak** up, someone can help



Answer: Five

For children with learning disabilities

TALK PANTS AND STAY SAFE



This booklet will give you some information about the PANTS rules.

These rules can help keep you safe.





NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR

How to remember the PANTS rules.

There is an easy way to remember how to talk PANTS.



Just remember the word PANTS.

Each letter in the word PANTS gives you one of the safety rules.



Privates are private

Always remember your body belongs to you

No means no

Talk about secrets that upset you

Speak up, someone can help



The next few pages will tell you more about talking PANTS.





P is for
Privates are private

Parts of your body covered by underwear are private. No one should ask to see, or touch them.



Sometimes doctors, nurses or family members might have to. But they should always explain why, and ask if it's OK first.





A is for
Always remember your body belongs to you

It's your body, no one else's. No one should make you do things that make you feel unhappy or uncomfortable.



If anyone tries to touch you in a place that makes you feel uncomfortable, tell an adult you trust.



If you don't want to talk to someone you know you can call Childline on 0800 1111.





N is for
No means no

You are allowed to say no, even to a family member or someone you love.

Remember, you are in control of your body and your feelings are important.



T is for
Talk about secrets that upset you

Secrets shouldn't make you feel upset or worried.



If they do, tell an adult you trust.

You will never get into trouble for sharing a secret that upsets you.



S is for
Speak up, someone can help

Talk about stuff that makes you worried or upset.



An adult you trust will listen, and be able to help.



If you don't want to talk to someone you know you can call Childline on 0800 1111.

mencap
The voice of learning disability

This version was adapted from our original children's guide, with help from Mencap.

Childline is a service provided by the NSPCC.
© 2013 NSPCC – all rights reserved. Registered charity England and Wales 216401. Scotland SC037717.
Illustration by Jamie Nash. J20161202.

For children with autism

TALK PANTS AND STAY SAFE



P RIVATES ARE PRIVATE

A LWAYS REMEMBER YOUR BODY BELONGS TO YOU

N O MEANS NO

T ALK ABOUT SECRETS THAT UPSET YOU

S PEAK UP, SOMEONE CAN HELP





NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR

LEARN THE PANTS RULES FOR STAYING SAFE



PRIVATES ARE PRIVATE

Parts of your body covered by underwear are private. No one should ask to see or touch them. No one should ask you to touch or look at parts of their body that are covered by underwear. Sometimes doctors, nurses or family members might have to. But they should always explain why, and ask if it's OK first.



ALWAYS REMEMBER YOUR BODY BELONGS TO YOU

It's your body, no one else's. No one should make you do things that make you feel embarrassed or uncomfortable. If anyone tries, tell an adult you trust.



NO MEANS NO

You have the right to say 'no' – even to a family member or someone you love. Remember, you're in control of your body and your feelings are important.



TALK ABOUT SECRETS THAT UPSET YOU

Secrets shouldn't make you feel upset or worried. If they do, tell an adult you trust. You will never get into trouble for sharing a secret that upsets you.

SPEAK UP, SOMEONE CAN HELP

Talk about stuff that makes you worried or upset. An adult you trust will listen, and be able to help. It doesn't have to be a family member. It can be a teacher or a friend's parent – you can also call Childline on **0800 1111** and someone will always be there to listen. If you find it difficult to talk about, you could write it down or draw a picture instead.



NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR

©NSPCC 2013. Registered charity England and Wales 216401. Scotland SC037717. J20161202. Illustration by Jamie Nash.

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 3

Sub-section 2 – Domestic Abuse

Reducing the Risk of Domestic Abuse

WORKSHEET



SAFETY PLANNING FOR YOUNG PEOPLE

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk
Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

Registered Charity No 1120244

INTRODUCTION

This workbook for young people, aims to promote wider discussion of their feelings about the situation they are living in.

It is also to be used as an aid for Professionals when assessing a young person's needs, feelings and wishes.

The key message to give to the young person is that the situation they are living in is not their fault, but they need to protect themselves by finding a safe person to talk to and a safe place to go.

In cases where domestic violence is the issue the young person needs to know:-

- **They have the right to be safe and to be cared for in a safe environment.**
- They should not try to intervene, but get out and then if possible try to find some help.
- They are not responsible for adult violence
- If they are over 16 and directly suffering intimate partner violence, then they are a victim and should have a DASH assessment

In all situations the young person needs to know:-

- **They have the right to be safe and to be cared for in a safe environment.**
- They have the right to protect themselves, to say NO and get out of violent situations
- They can help their siblings but they are not responsible for their long term safety. This is an adult responsibility.

During the work with the young person it is very important that they identify a safe person to go to, and who they can talk to about the difficulties they live with.

SAFETY PLANNING INCREASES POWER AND DECREASES FEAR

Useful telephone numbers:

Childline 0800 1111
NSPCC 0808 800 5000
National 24hr Domestic Violence Helpline 0808 2000 247

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk
Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

Reducing the Risk of Domestic Abuse

Thinking Sheets for Young People

Write about what you think about what's happening in your family:

Sometimes you might act differently to how you really feel

Write down how you act on the surface:

Write down what you truly feel underneath:

Write down how the problems in your family have been affecting your life:

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk
Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

Write down any things you have tried to do to help deal with this:

You've survived in this difficult situation so far. Write down the personal strengths yopu have that have kept you going:

What have you learnt so far through having to deal with this?

Some of the things you are good at are:

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk
Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

Some things you hope to do in your life in the future:

Someone you could consider telling about your worries:

How would you tell them?

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk
Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

Reducing the Risk of Domestic Abuse

My Safety Action Plan

These are the things in my family that I don't have to put up with:

Somewhere safe I can go to when it gets scary is:

People I trust who could help me if I'm in a situation that scares me is:
Their phone number is:

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk
Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

We could work out a code or phrase that lets them know I need help.
I will make sure the person knows where I am by putting it into the phone conversation.
The code word would be:

When I use this code word, this person should:
Call police for me and/or tell a trusted adult or ring a helpline.

Meet me somewhere that we have agreed on. This place will be:

From now on I will make sure I have enough money in my pocket to:

- Make a call from a public phone- or agree with a trusted adult they will take a reverse charge call from me if I need them to- http://www.0800reverse.co.uk/
- Buy a bus ticket
- Catch a taxi

This plan might keep you out of danger for now but you should not have to keep living with abuse. If you want the abuse to stop, or live somewhere safe, talk to someone about what else you can do.

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk
Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF

The person I'll tell who can help me take action to make things better is**:**

Or a trusted professional is:

Useful Websites to visit

www.burstingthebubble.com
This site contains information for young people and aimed at those living with abuse at home. It is very interactive and will appeal to young people.

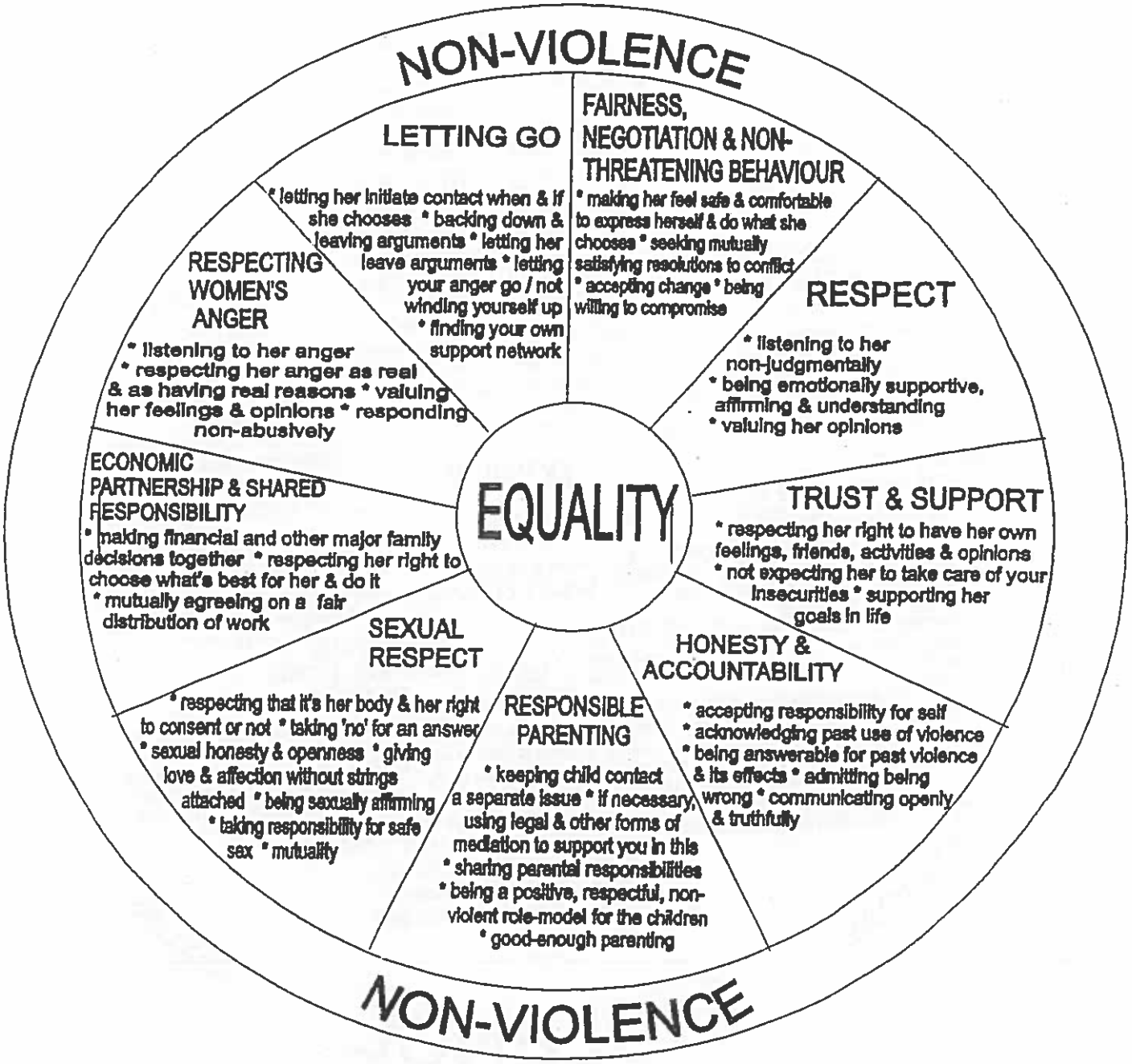
http://dotcomcf.org/
Empowering young people to practice positive values and make safer choices in life

http://www.childline.org.uk/Pages/Home.aspx
Childline also have a helpline on 0800 1111

http://www.thehideout.org.uk/default.aspa
Women's Aid run this site which contains interactive advice for children and young people.

www.youngminds.org.uk/
Improving the emotional wellbeing and mental health of children and young people and empowering their parents and carers. Tel: 0808 802 5544

Compiled By Sally Doran: Family Support Worker, sally.doran@oxfordshire.gov.uk
Acknowledgements to: Chris Greenwood, Cheshire County Council & Helping Hands NIWAF



Equality wheel



The power and control model of an abusive relationship

Tool for assessing coercive control

This tool should be used where the Safe Lives DASH has identified elements of coercive and/or controlling behaviour in the relationship in order to assess this dynamic more fully in the context of the application.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Coercive control involves repeated, ongoing, intentional tactics which are used to limit the liberty of the victim. Those tactics may or may not necessarily be physical. They can be sexual, economic, psychological, legal, institutional, or all of these. By deploying these tactics the abuser can create a world where the victim is constantly monitored or criticised and every move and action checked. Victims often describe coercive control as not being 'allowed', or having to ask permission, to do everyday things; and being in constant fear of not meeting the abusers expectations or complying with their demands. The term walking on eggshells is often used.

For additional reference and information:

- Learning and Development coercive control knowledge bite
- Home Office statutory guidance framework on controlling or coercive behaviours
- Women's Aid's toolkit for talking to young people about coercive control

Note on Gender

Research both nationally and internationally is clear that victims of coercive control are overwhelmingly female and the perpetrators are male, whereas situational couple abuse has greater gender symmetry. For those using this tool where men are victims of coercive control, the tool should be used with full knowledge of the current research base as above and relevant gender notes included as appropriate.

Tool for Identification of Coercive Control

Restricting freedom	Always	To some extent	Never
My partner isolated me from family and friends			
My partner told me what to wear			
I was not allowed to go out without permission			
I was not allowed to use the car			
Medical care was denied to me or to the children			
I had to account for my time when I had been out			
My partner was jealous about who I spoke to when I was out			
I was accused of having affairs			
I was deprived of basic needs/food/sleep			
My partner tracked my phone location to monitor my whereabouts			
My partner monitored my messages, e mails and social media account			
Other identified behaviours			
Notes on gender if relevant			
Emotional abuse	**Always**	**To some extent**	**Never**
My partner belittled and abused me in front of the children			
My partner insulted me in front of family and friends			
My partner insulted my appearance			
My partner called me names and swore at me			
My partner had rules which I had to follow			
My partner withdrew affection			
My partner threatened to find me if I left			
My partner did not let me tend to the children			
My partner told me I was stupid or crazy			
My partner instructed the children to abuse me			
Other identified behaviours			
Notes on gender if relevant			
Intimidation and threats	**Always**	**To some extent**	**Never**
My partner physically abused me			
My partner used the threat of physical abuse to control me			
My partner changed their mood for no reason			
My partner destroyed my or the children's possessions			
My partner threatened to harm or did harm the children as a punishment to me			
My partner threatened to or did ruin planned events			
My partner threatened to take the children away			

My partner threatened to kill me in a way which made me believe it			
My partner raped me			
My partner humiliated me sexually			
My partner abused the family pet			
My partner drove the car in a reckless manner			
My partner blamed me for making them angry			
Other identified behaviours			
Notes on gender if relevant			
Economic abuse	**Always**	**To some extent**	**Never**
My partner denied me money			
I was not allowed to spend money on myself or the children			
I had to account for everything I spent			
I had to ask for basic necessities			
My partner spent money on themselves only			
I was kept in the dark as to our finances			
My partner went through my belongings for evidence of spending			
Other identified behaviours			
Notes on gender if relevant			

Assessment

The assessor will talk through the form with the victim and determine the nature and intensity of the behaviours and ask relevant questions around current perceptions and safety. The purpose of this task is to consider how the disclosed/ alleged behaviours may still be affecting the victim either as a current risk (ie they are ongoing), or whether the impact is more psychologically affecting and the victim still feels controlled or coerced.

The tool should be used to establish the risk with regard to the following factors:

- The nature of the behaviour and primary perpetrator
- The extent to which these factors **were** present in the relationship

Your assessment should establish:

- The extent to which these factors **remain** present in the relationship
- The current risk to victim and child
- The impact on parenting capacity
- The impact on the child
- Mitigating protective factors

This tool is a guide only. It is to be used in conjunction with complementary tools and as part of a holistic assessment process.

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 3

Sub-section 3 – Substance misuse

SCODA: Risk assessment with parental drug use

The following checklist outlines seven key domains that can be used as part of risk assessment with parental drug use. These domains were developed by the Standing Conference on Drug Abuse (SCODA) and the Local Government Drugs Forum (LGDF) for use by non-specialist professionals in England, Scotland and Wales. Additions and changes are identified by use of *italics*.

The four scoring categories developed for the DrugNet site (http://www.drugnet.bizland.com/assessment/checklis1.htm) aim to broaden a 'yes/no' response and to identify evidence of positive parenting as well as potential child safety issues. The numerical system is a general guide only. Higher scores indicate increased risk and concern. Standardised or validated assessment of the sum totals of this checklist have NOT been developed. The comments section should be used to summarise the assessment from each of the domains.

Subsequent reassessments should provide both worker and parent(s) an opportunity to acknowledge progress. This tool should be used in conjunction with the ten drug management steps outlined in 'Working with a parent or care-giver with an alcohol or other drug use problem'.

This checklist should be completed with the parent(s) where possible. Collateral information (e.g. from a neighbour or relative) may also be sought to validate or otherwise this information. (Note Confidentiality)

Contents

Parent/care-giver drug issues checklist
Key to scoring
The pattern of parental drug use
Accommodation and home environment
Provision of basic necessities
Procurement of drugs
Health risks
Family's social network and support systems
The parents' perception of the situation
Other Child Safety Issues
Other Positive Parenting Issues
Overall summary of findings
Negotiated recommendations and goals

Parent/care-giver drug issues checklist				
Key to Scoring Numbers are only intended to discriminate between protective factors, concerns and more serious issues which require immediate intervention. **-1 = Positive** (positive - congratulate) **1 = Transitional** - (somewhat an issue) **2 = Problematic** - (requires immediate attention) **? = Unsure** - (further information required (**or N/A)**				
The pattern of parental drug use				
Is there a drug-free parent, supportive partner or relative?	**-1**	**1**	**2**	**?**
Is the drug use by the parent Experimental? Recreational? Chaotic? Dependent?	**-1**	**1**	**2**	**?**
Does the user move between categories at different times? Does the drug use also involve alcohol *or a combination of drugs*?	**-1**	**1**	**2**	**?**
Are the levels of care different from when the parent is/was a non-user?	**-1**	**1**	**2**	**?**
Is there any evidence of coexistence of mental health problems alongside the drug use? If there is, do the drugs cause these problems, or have these problems led to the drug use?	**-1**	**1**	**2**	**?**
Comments:				
Accommodation and home environment				
Is accommodation adequate for children?	**-1**	**1**	**2**	**?**
Are parents ensuring that rent and bills are paid?	**-1**	**1**	**2**	**?**
Does the family remain in one area or move frequently. If the latter, why?	**-1**	**1**	**2**	**?**
Are other drug users sharing the accommodation? If they are, are relationships with them harmonious, or is there conflict?	**-1**	**1**	**2**	**?**

Is the family living in a drug using community?	**-1**	**1**	**2**	**?**
If parents are using drugs, do children witness the taking of the drugs, or other substances?	**-1**	**1**	**2**	**?**
Could other aspects of the drug use constitute a risk to children (eg. conflict with or between dealers, exposure to criminal activities related to drug use)?	**-1**	**1**	**2**	**?**
Does the alcohol or other drug use contribute to any domestic violence issues?	**-1**	**1**	**2**	**?**
Comments:				

Provision of basic necessities				
Is there adequate food, clothing and warmth for the children?	**-1**	**1**	**2**	**?**
Are the children attending school regularly?	**-1**	**1**	**2**	**?**
Are children engaged in age-appropriate activities?	**-1**	**1**	**2**	**?**
Are the children's emotional needs being adequately met?	**-1**	**1**	**2**	**?**
Are there any indications that any of the children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities, etc.)?	**-1**	**1**	**2**	**?**
Comments:				

Procurement of drugs				
Are the children being left alone while their parents are procuring drugs?	**-1**	**1**	**2**	**?**
Because of their parent's drug use, are the children being taken to places where they could be "at risk"?	**-1**	**1**	**2**	**?**

How much are the drugs costing?	**-1**	**1**	**2**	**?**
How is the money obtained?	**-1**	**1**	**2**	**?**
Is this causing financial problems?	**-1**	**1**	**2**	**?**
Are the premises being used to sell drugs?	**-1**	**1**	**2**	**?**
Are the parents allowing their premises to be used by other drug users?	**-1**	**1**	**2**	**?**
Comments:				

Health risks				
If drugs and/or injecting equipment are kept on the premises, are they kept securely?	**-1**	**1**	**2**	**?**
Are the children aware of where the drugs are kept?	**-1**	**1**	**2**	**?**
If the parents are intravenous drug users: * Do they share injecting equipment? * Do they use a needle exchange scheme? * How do they dispose of syringes? * Are parents aware of the health risks of injecting or using drugs?	**-1**	**1**	**2**	**?**
If parents are on a substitute prescribing program, such as methadone: * Are parents aware of the dangers of children accessing this medication? * Do they take adequate precautions to ensure this does not happen?	**-1**	**1**	**2**	**?**
Are parents aware of, and in touch with, local specialist agencies who can advise on issues such as needle exchanges, substitute prescribing programs, detox and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?	**-1**	**1**	**2**	**?**

Comments:				
Family's social network and support systems				
Do parents and children associate primarily with: * Other drug users? * Non-users * Both?	**-1**	**1**	**2**	**?**
Are relatives aware of the drug use? Are they supportive?	**-1**	**1**	**2**	**?**
Will the parents accept help from the relatives?	**-1**	**1**	**2**	**?**
Will the parents accept help from statutory/non-statutory agencies?	**-1**	**1**	**2**	**?**
The degree of social isolation should be considered particularly for those parents living in remote areas where resources may not be available and they may experience social stigmatisation.				
Comments:				
The parents' perception of the situation				
Do the parents see their drug use as harmful to themselves or to their children?	**-1**	**1**	**2**	**?**
Do the parents place their own needs before the needs of their children?	**-1**	**1**	**2**	**?**
Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. child protection procedures, statutory powers, other legal issues)?	**-1**	**1**	**2**	**?**

Comments:	
Other child safety issues	**Other positive parenting issues**
Overall summary of findings: • • • •	
Negotiated recommendations and goals: • • • •	
Source (parent/care-giver/neighbour): **Office/case worker:**	**Dated:** **Review Date:**
This checklist is based on 'Guidelines for professionals for assessing risk when working with drug using parents' published in (and available for purchase from) Drug Using Parents: Policy Guidelines for Inter-Agency Working *(1997). Initially developed by the South East London Clinic Social Workers Group with the Standing Conference on Drug Abuse (SCODA) and subsequently modified by SCODA and the Local Government Drugs Forum (LGDF). First published in the* SCODA Newsletter*, Dec/Jan 1986/87.*	

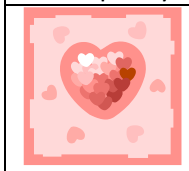
Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

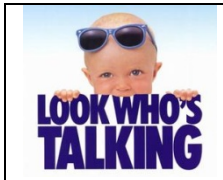
TOWER HAMLETS

SECTION 3

Sub-section 4 – Neglect

What Children need to grow and develop	Current lived experience- what are parents doing?	What does this mean for the child today, next month, next year and when they grow up?	How can we as professionals help?	How we will we know help is working for children?
 Enough of the right food				
 Reasonable living conditions				
 Clean and clothes				
 Dental care				

 Medical check ups and immunisations				
 Good quality supervison				
 Love and care – knowing you are loved				
 Talking to your baby				

 Talking to children and showing care				
 Not smoking in the house				
 No drugs				
 Not witnessing violence				
 Going to school				

 **NO shouting or aggression**				
 Contact and support with the wider family				
 Enough money				
 Looking after animals/addressing animal risks				
Supervsion				
Other issues?				

QUALITY OF CARE TOOL ACTION PLAN -

Targeting Particular Item of Care:-

Any sub area that has been identified as a concern should be considered as part of an action plan.

		Current Overall Score	**Target for change- what do you want to see change for the child – be specific**	**Support to be provided**	**Changes at first review**	**Further Action**
1	Physical Care					
2	Health					
3	Safety					

4	Love and Care					
5	Stimulation & education					
6	Parental Motivation to change					

Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

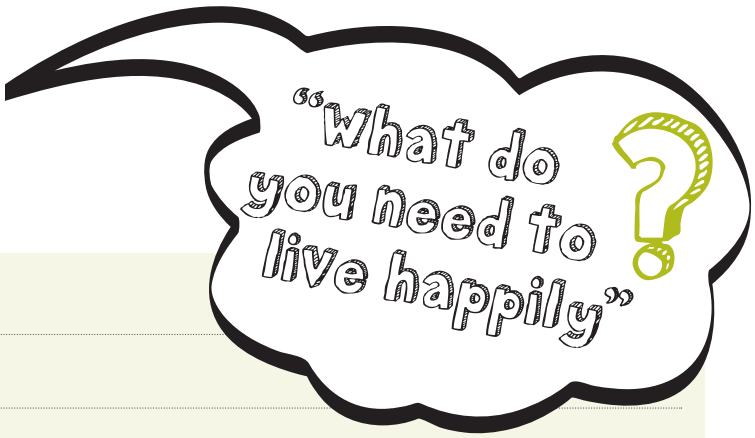
TOWER HAMLETS

SECTION 3

Sub-section 5 – Planning with Children and Young People

Option 1

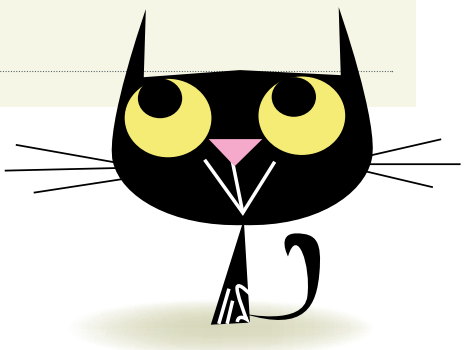
My needs



Where I like to live:

Activities I like to do:

Who I like to see:



Where I like to go to school:

How I like to keep healthy:

What I need for my religion or culture:

What I need to keep safe:



Option 2

My needs

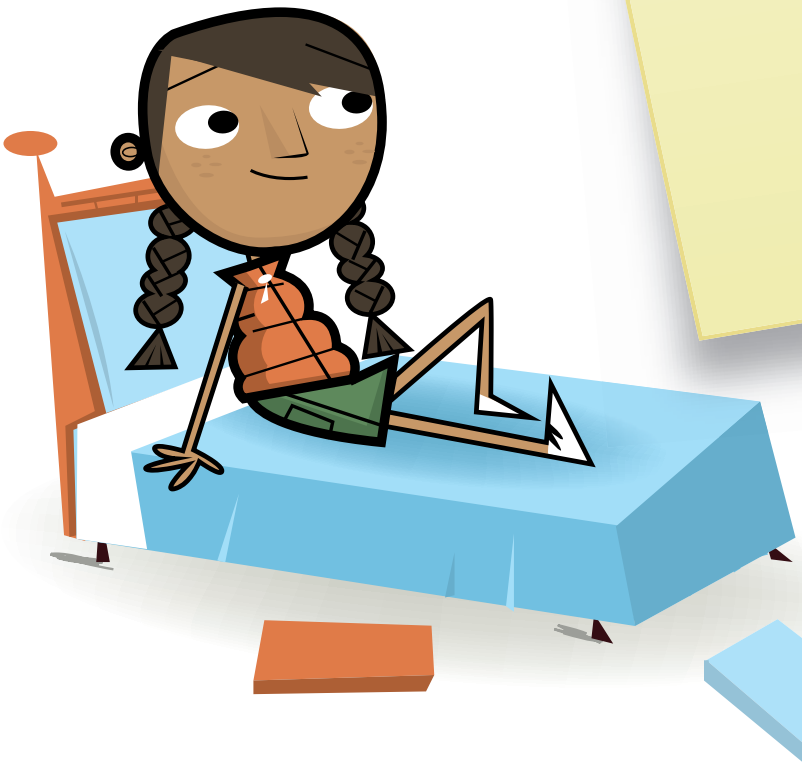
What needs to remain the same?
What needs to change?

my activities

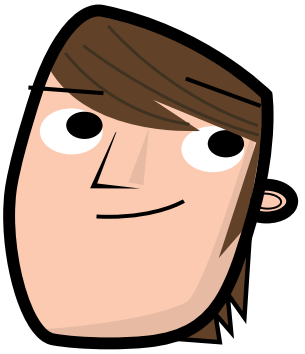
where i live

who should i see?

keeping me healthy



getting me the best education

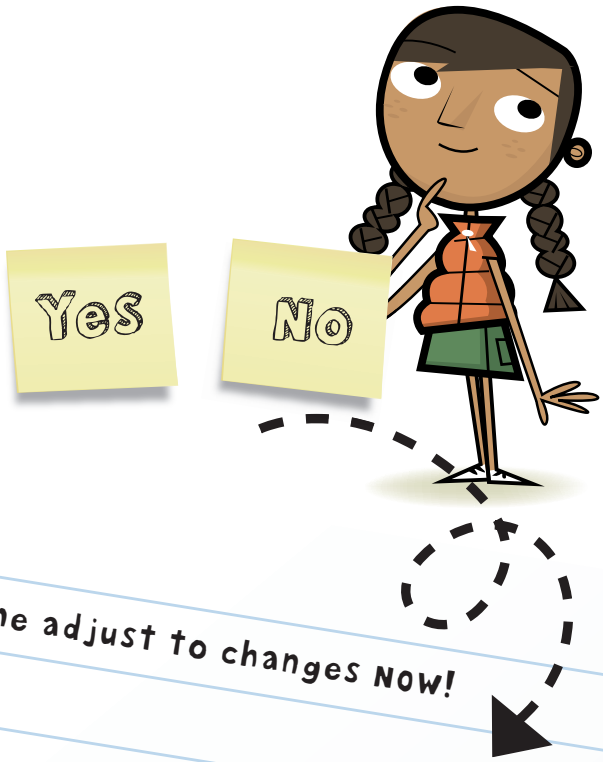


keeping me safe

giving me stability and security

my religion or other arrangements because of who i am

What I want to happen next



Do you know what help you need now?

No 1. Most important to help me adjust to changes NOW!

No 2.

No 3.

No 4. can wait a little



Any other information?

1.

2.

3.

NSPCC

Solution-focused practice

A toolkit for working with children and young people

© NSPCC 2014 Registered charity England and Wales 216401 | Scotland SCO37717

EVERY CHILDHOOD IS WORTH FIGHTING FOR

Contents

Page 4
Introduction

Page 6
Explaining the solution-focused approach to children

Page 16
Problem-free talk

Page 25
Establishing what is wanted: the destination of the work (best hopes)

Page 38
Describing what is wanted in detail: the preferred future

Page 49
Working toward the preferred future: instances, exceptions and scaling questions

Page 62
The solution team

Page 70
Building on success

Page 79
Planning and working toward endings

Page 88
Further resources

Page 90
Appendix: tools to use with children and young people

Acknowledgments

This toolkit was compiled, edited and steered through the publication process by Louise Bazalgette, Maria Emilsson, Sharon Breslin, Alex Modder, Meriel Clunas, Ali Brown and Neil Anderson. We would like to thank the many NSPCC practitioners and managers for sharing their inspirational stories and practice materials, and for advising us on the content and presentation of this toolkit. Without your contributions, this toolkit could not exist.

We are grateful for the support with project management and staff consultation provided by Julia Mayes, Liana Sanzone and Gillian McElroy. We are also grateful for the advice and guidance of Charlotte Akinola, Alex Stevenson, Victoria Clarke and Helen Walters.

We would like to thank Guy Shennan for the many hours of training in solution-focused practice he has provided to NSPCC staff and for his very valuable role in shaping this toolkit.

Finally, and most importantly, we would like to thank the many children and young people who have worked with us through the Face to Face service. It is your resourcefulness and creativity that has provided the inspiration for this toolkit.

Introduction

Solution-focused practice with children

Solution-focused practice was originally developed in the United States in the 1980s and 1990s by a group of people including Steve de Shazer and Insoo Kim Berg (Shennan, 2014). From the beginning, this approach has been used with children and young people as well as adults, and a variety of books have been written about its specific use with children (for example, Berg and Steiner, 2003; Milner and Bateman, 2011).

The approach of solution-focused brief therapy distinguishes itself from other more traditional forms of interventions because the change that is sought is located in an imagined future. The task of solving problems is approached by seeking to move towards what is wanted instead of trying to move away from an unwanted problem.

In offering this support, the practitioner makes the assumption that the child or young person is the expert on their own life. In asking useful questions, the process enables the person to begin moving towards the future they want and to learn from their own existing skills, strategies and ideas of what could be done differently. Although the principle is simple, the delivery of the approach is often felt to be far from easy: "Solution-focused interviewing is not an easy process; it is one in which therapists have to search as hard for the questions as their clients have to search for their answers." (Ratner et al, 2012, p109)

This task of working with children and young people using a solution-focused approach can require innovative means to channel communication and pose the questions that are at the core of solution-focused brief therapy. It is the challenges experienced by NSPCC practitioners in using solution-focused practice with children and young people, and the creative solutions that they have devised that has led to the development of this toolkit.

NSPCC's Face to Face service

The NSPCC's Face to Face service has been delivered in 18 locations in the UK. The service is offered to children and young people in care and those on the edge of care who wish to receive support and can identify something that they wish to change in their life. Trained NSPCC practitioners work with the children and young people using a solution-focused approach, to identify how the child can make positive changes in their life to achieve their wishes. Practitioners delivering the Face to Face service received introductory training in using solution-focused practice.

The Face to Face service is being evaluated and links to published evaluation reports can be found in the resources section at the end of this toolkit.

A toolkit for working with children and young people

This toolkit was first developed by NSPCC practitioners to support themselves and their colleagues in conducting solution-focused work with children and young people aged five to 19.

The NSPCC has been using solution-focused practice with children and young people in our Face to Face service since September 2011. Through this work our practitioners have developed a wealth of knowledge in communicating different aspects of the solution-focused approach to children of varying ages, interests and needs. We have decided to develop and publish this toolkit so that others using solution-focused practice with children can benefit from the collective experience and creativity of our practitioners and the children they have worked with. The toolkit presents ideas for worksheets and activities that NSPCC practitioners have found to be helpful in working with children and young people. We do not intend this toolkit to be prescriptive or

Introduction (continued)

limiting in any way. Each child will have different needs and interests; therefore, you will want to tailor your practice and any ideas in this toolkit to make them relevant and useful to the individual. Inevitably, the best ideas will come directly from the young person – many of the case examples provided show how young people have brought their own ideas into this work. However, we do hope that the ideas set out in this toolkit will provide inspiration for activities that you may wish to use, adapt or devise for the children and young people that you work with.

NSPCC practitioners have often found it helpful to come to sessions of the Face to Face service prepared with worksheets and activities to help young people to get started on their solution-focused journey (some examples of these are shared in this toolkit). However, while worksheets can be helpful, you may find that they are unnecessary.

Who this toolkit is for

This toolkit has been developed to help people who have already received training in using a solution-focused approach with children and young people. It provides practical materials and resources that can be used specifically with children and young people.

You will find brief introductions at the start of each section of the toolkit to refresh your memory on different aspects of the solution-focused approach. However, for a fuller discussion we suggest that you consult other texts, such as Berg and Steiner, 2003; Milner and Bateman, 2011; Ratner et al, 2012; and Shennan, 2014 (full publication details are provided in the resources section).

Things to consider

- Every child and young person is different and will have different needs and interests.
- You may/will want to modify your approach depending on the age, ethnicity and developmental stage of the child, as well as taking into account their individual learning style, emotional literacy and any learning difficulties or disabilities. Is the child particularly creative or active, or do they prefer reading and writing? Berg and Steiner (2003, p13–14) emphasise the importance of "learning children's ways".
- The section in this toolkit called 'problem-free talk' includes activities that can be used to help the solution-focused practitioner get to know the child and what is important to them.
- Do not let the activities you choose be restricted by the child's age. Some teenagers will enjoy drawing exercises or using a sand tray, while some younger children will be very confident about expressing their opinions verbally.
- The role of the child's existing support network is important in facilitating and reinforcing the work taking place within your sessions with them. In this toolkit, we refer to the child's support network as the 'solution team'.
- Come to sessions prepared with a back-up option, as your planned approach may not always work.
- Tailor your approaches as you go, to keep them relevant to the individual and the work itself as it progresses.
- Bring the child's earlier work to subsequent sessions so that you can refer back to it and chart progress.

1

Explaining the solution-focused approach to children

Explaining the solution-focused approach to children

What is the solution-focused approach?

"It seems quite clear that one cannot solve the problem with the same kind of thinking that has created the problem".

(Berg and de Shazer, 1993, p9).

The solution-focused approach poses questions to children to help them to:
identify what they want from the work, understand what is within their capacity,
explore what they are doing to move towards this.

The process will identify instances when the desired outcome is already happening and how the child can do more of what is working. Their previous experiences of help may have been more 'problem-focused', leading them to expect a particular approach. Therefore, it can be useful to explain the solution-focused approach and how it can be experienced as 'different'. This will help the child to gain some understanding of the process so as not to be left sitting 'on guard' when different questions are being used.

Things to consider

It is probably best to avoid a lengthy introduction, which may risk the child losing interest. The best way to explain the approach may be to show it to the child in action, by actually starting the work. Shennan suggests asking the child or young person whether they would like an explanation of the work, or whether they would just like to get started (2014, p144–5).

The aim of this toolkit is to provide a variety of exercises, games and activities that can help keep the child interested and engaged in the work at each step of the way.

Tools to use with children and young people to explain the solution focused approach

- 'My journey' overview: explanation
- 'My journey' overview: tool
- Ladders and tool bags: explanation
- Ladders and tool bags: tool
- Jamie's story cartoon: tool

Tool: 'My journey' overview

The solution focused journey:

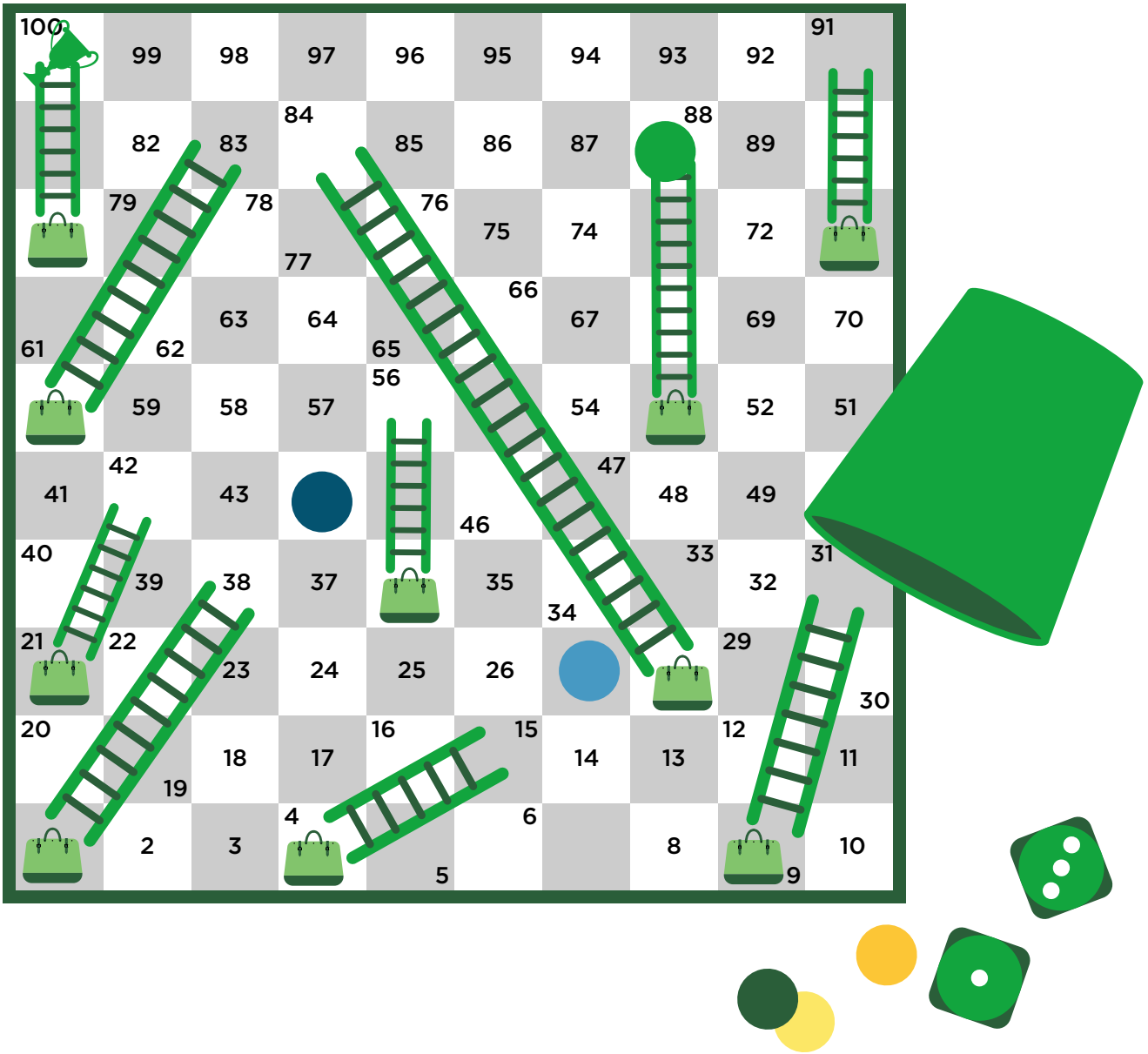
- You start by identifying your hopes for the work
- You think about what achieving your hopes would look like
- You think about what you are already doing to move towards your hopes
- You think about what it would look like if you moved just one or two steps closer toward reaching your hopes
- As you go, you learn more about your strengths and what you are capable of.



Tool: Ladders and tool bags

Instruction:

- This tool could be used at several stages of the solution-focused process (for example, problem-free talk or moving toward the preferred future).
- If you use this tool as part of problem-free talk, the aim is to identify strengths rather than defining the child's hopes.
- The tool bags represent the skills and strengths the child knows about himself/herself.
- Explain to the child that everyone has strengths, and that you will help them to think about theirs.
- The child rolls dice and if they land on a tool bag, they describe one or more of their strengths (and can draw/write it on the bag). Then they can move up the ladder!



Tool: Jamie's story

Here is Jamie.

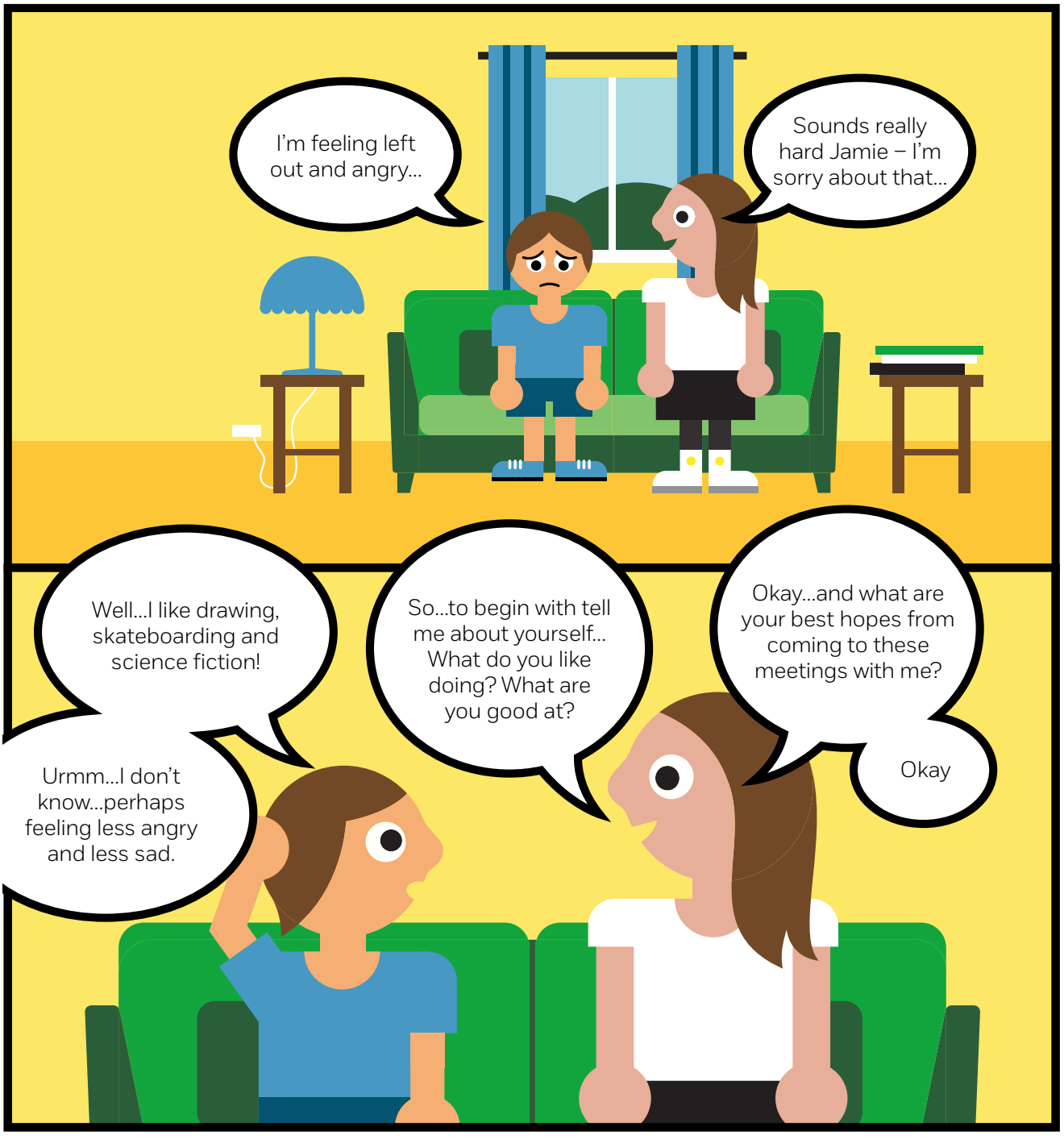
He is being bullied and wants some help to feel better.

He decides to give the Face to Face service a try...

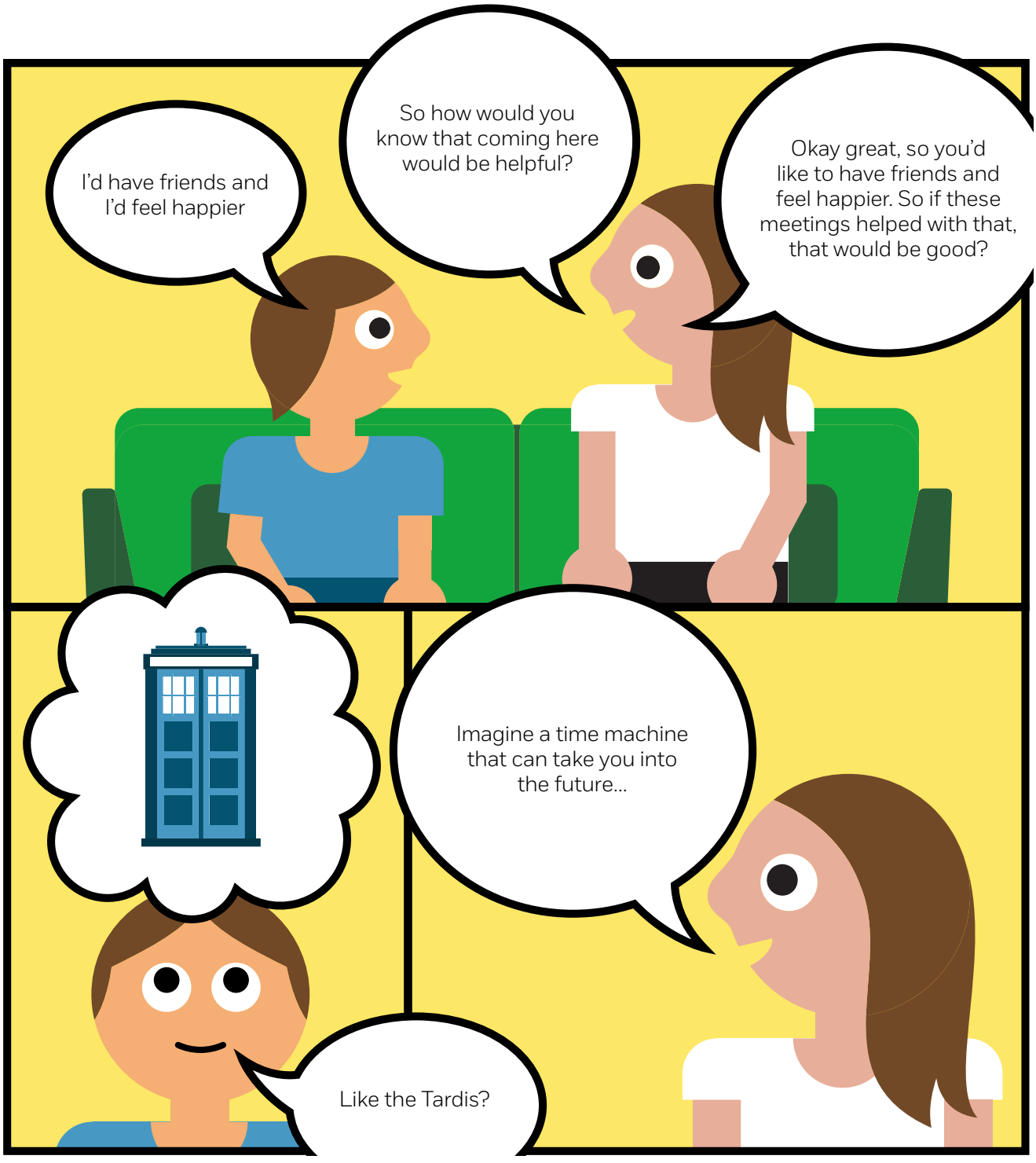




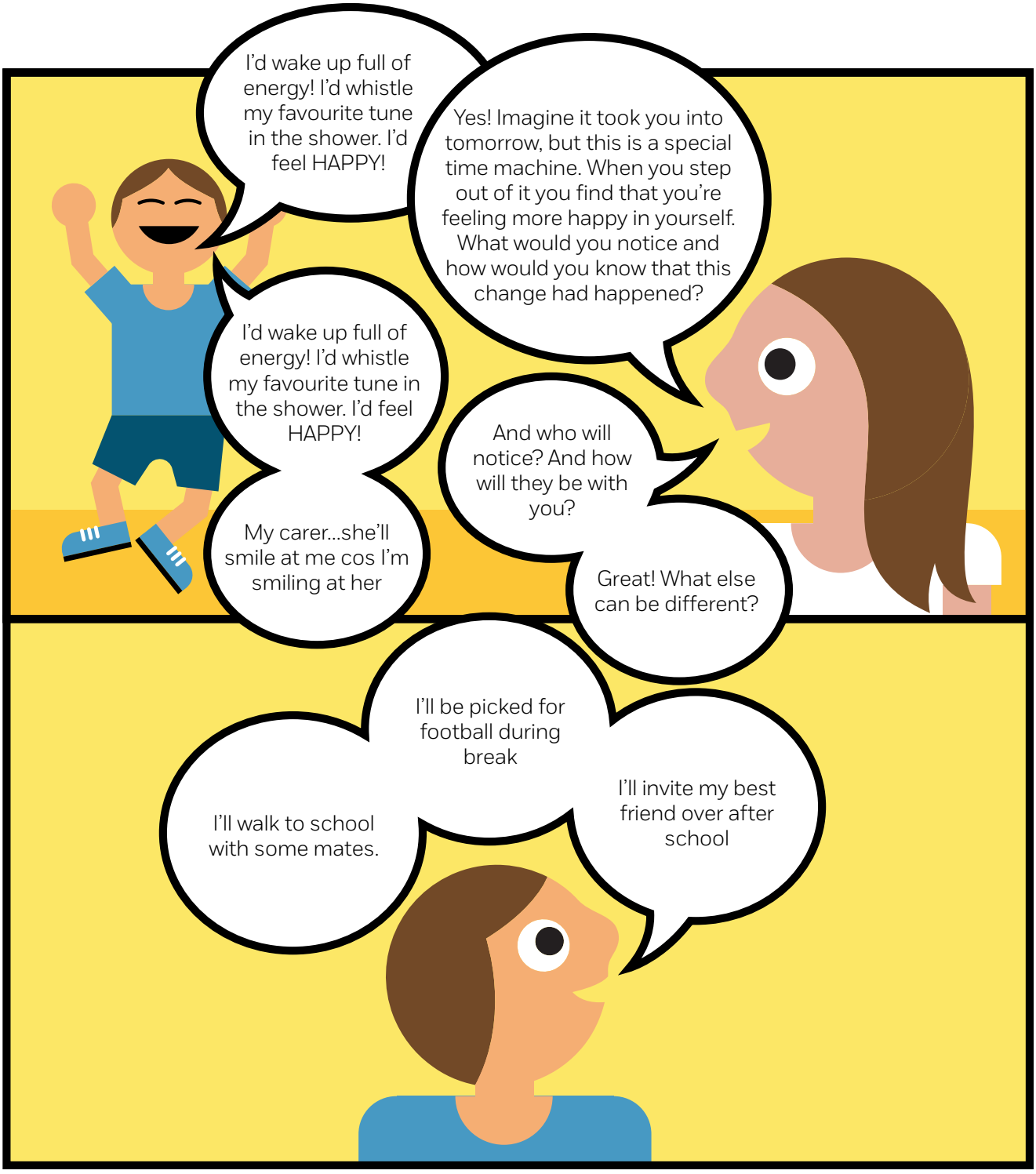
Tool: Jamie's story (continued)



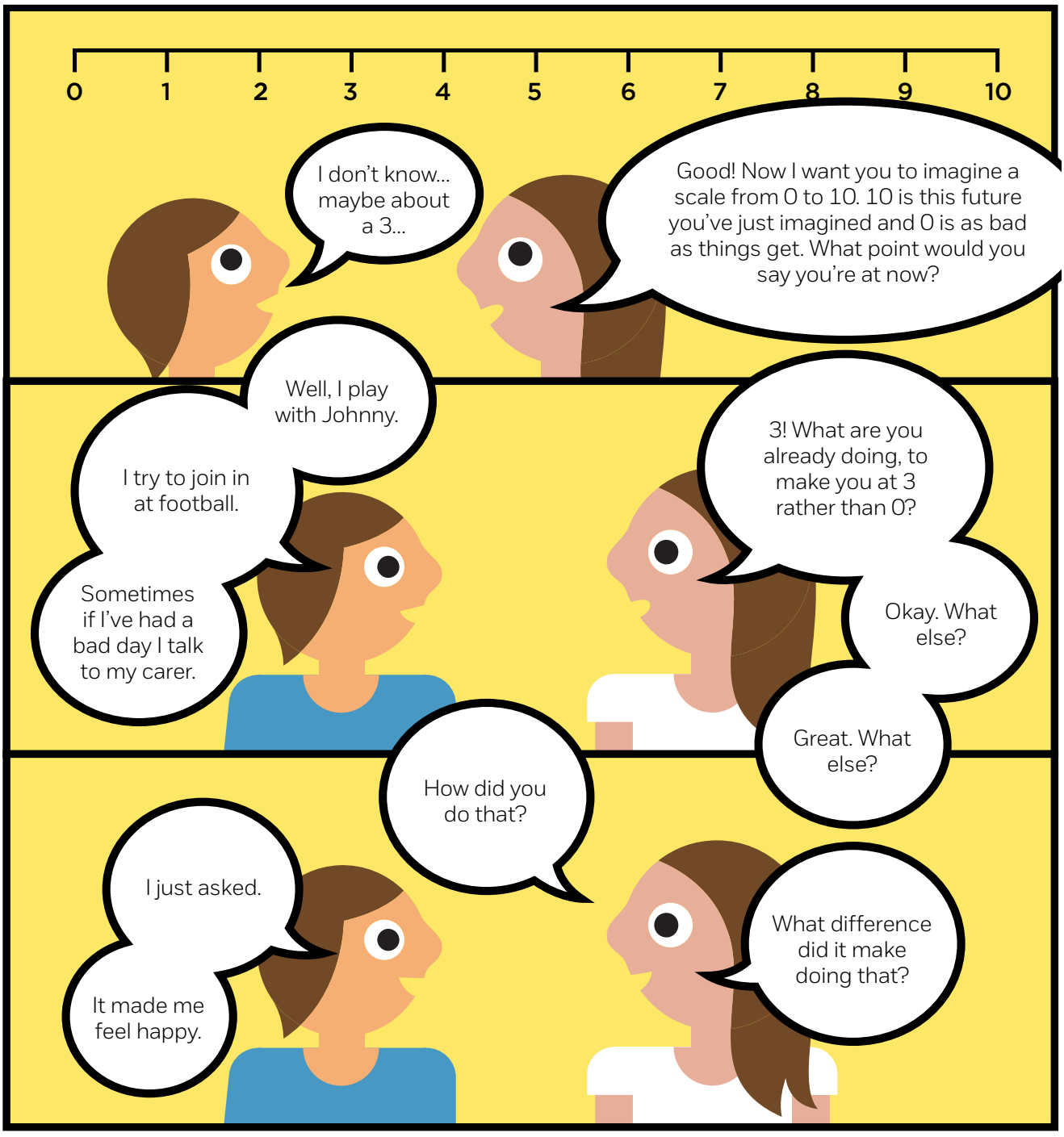
Tool: Jamie's story (continued)



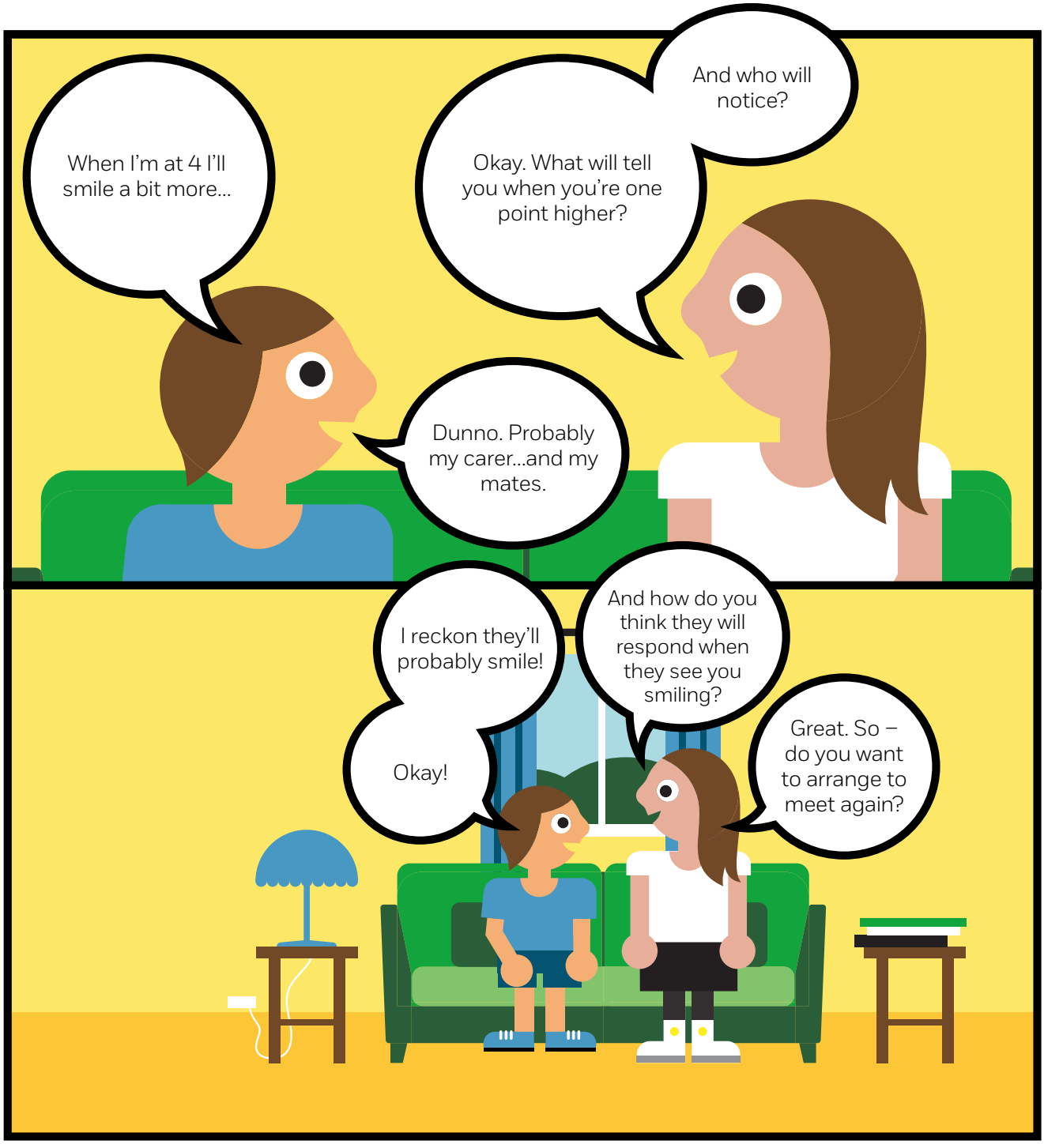
Tool: Jamie's story (continued)



Tool: Jamie's story (continued)



Tool: Jamie's story (continued)



2

Problem-free talk

Problem-free talk

Introduction

When you first meet the child or young person, it will be important to learn some things from them; their interests, skills and strengths. This information will help you to plan future sessions and select suitable tools and activities that fit the child's interests. Please note that where we refer to 'problem-free talk' this is not just limited to verbal discussion, it could be other forms of interaction like drawing, play-acting or other activities.

Engaging in problem-free talk provides a positive start to the solution-focused process. Inviting the child to describe their likes and strengths will communicate to them that there is more to them than just the problem. This way you and the child will be reminded of the resourceful person who has abilities and skills. At this point you have the opportunity to re-frame the child's thinking around their strengths, so that they can start to see themselves in a different, more positive way. Building these positive references supports the child to begin considering other possibilities and to become hopeful that change is possible. As a practitioner you can also use problem-free talk to show that you are choosing to work with a resourceful and capable child who has lots of positive qualities, rather than perceiving the child as difficult and troublesome.

With younger children it may take some time to help them identify their hopes for this work. Playing a game or carrying out a 'getting to know you' activity may help you to learn what is important to them. These activities may also help you to find out about their 'solution team' – this is the people in their life who can offer them support and encouragement.

You could offer the child or young person a variety of games or exercises for them to choose from. Examples of these might be the 'ladders and tool bags' game or some of the exercises set out in this section of the toolkit.

Things to conside

Please bear in mind that it is the aim of problem free talk to help the child to discover positive things about themselves. However, if a child needs to unburden themselves, they may need some to spend some time talking about problems at the outset of a session, to get this off their chest. Your role as a practitioner will be to listen to them and acknowledge what they tell you, while listening out for ways that you can draw the conversation towards solutions. For example, you may say, "That sounds difficult, how did you cope with that situation?"

Other things to consider at the outset of the work include:

- What does the child or young person like?
- Are they particularly active, creative or imaginative?
- Do they enjoy role playing or drawing or listening to and telling stories?
- If the child is shy, would it be helpful to have some activities that do not require a lot of direct eye contact?
- If a child is struggling to identify their strengths, it may be useful to draw on third party reports, by saying, "What would a friend say about you?"

Tools to use with children and young people for problem-free talk:

- My likes and strengths: explanation
- My likes and strengths: tool
- Strengths cards: explanation
- Strengths cards: tool
- My strengths shield: explanation
- My strengths shield: tool
- Ladders and tool bags: explanation
- Ladders and tool bags: tool

Activities to use with children and young people for problem-free talk:

- Strengths exercises: explanation
- Outdoor activities: explanation

Some examples of problem-free talk from NSPCC's Face to Face service

She was a nine-year-old girl, living with extended family members because she'd experienced neglect from her mum and dad due to their substance misuse. She was having issues with angry behaviour, smashing things and throwing things, and both school and her carers were struggling with her behaviour. She also wanted to improve her behaviour.

During the problem-free talk, I found out that she really liked the film Frozen. So for the next session I did some little cut outs using the characters from the film and used the idea of them to help develop the sessions. In thinking about strengths she could use, if she was stuck I would say "I wonder which character could help?" So she'd pick one up from the group and hold the character to her mouth and she'd whisper to the figure. Then she'd tell me what the character had said to her. So she was finding solutions with the figures. That was really helpful.

One girl who was referred to the Face to Face service was described in the referral as lying and manipulative. She also had a negative view of herself. So the beginning of the work was about re-framing why she was there and why she wanted to do the work. I asked her what was good about her, so that I could get to know the positive, resourceful person I was going to be working with. We spent the first part of the work reframing a positive identity for her around her interests and what she was good at.

We used some 'getting to know you' cards, which is like making up a quiz about each other. So, you'd pick a card and ask a question. Some of the questions are quite fun, like, "What's your favourite pizza topping?", and some of them are a bit more serious, like, "In the future, I would like to..." and then there are more difficult questions. As a practitioner, you go through the cards beforehand and take out the ones that don't suit that particular piece of work, and it's a nice way of building a picture of them as a person..

I was working with a teenage boy who was very quiet and shy. He struggled to open up and talk during his first session. I spotted that he had the name of a band on his bag and when I asked him about it, he told me that he was into rap music. So I asked him to recommend a song I should listen to.
I went away and listened to it on YouTube and wrote out the song lyrics. Then I took the lyrics to our next session and we talked about them. I asked him why those lyrics were meaningful to him and it was a way into talking about his family. Through that conversation he was able to identify his best hopes.

Lola aged 15, was living in a children's home at the time we started work together. She had previously experienced some instability in care following the breakdown of a foster care placement. She had learning difficulties and was attending a school for children with special needs.
Lola's aim was to move into a foster care placement and have a calm, relaxed home life with her foster family. She loved shopping. So one of our sessions involved us walking around the shops and doing the solution-focused work verbally while we walked. There was a strong element of problem-free talk. While we were walking around the shops, I was able to say how well behaved she was, how calm, how well she spoke to the shop assistant, those kind of things. So we pointed out lots of examples of her strengths, which we could then build into the work.

Tool: My likes and strengths

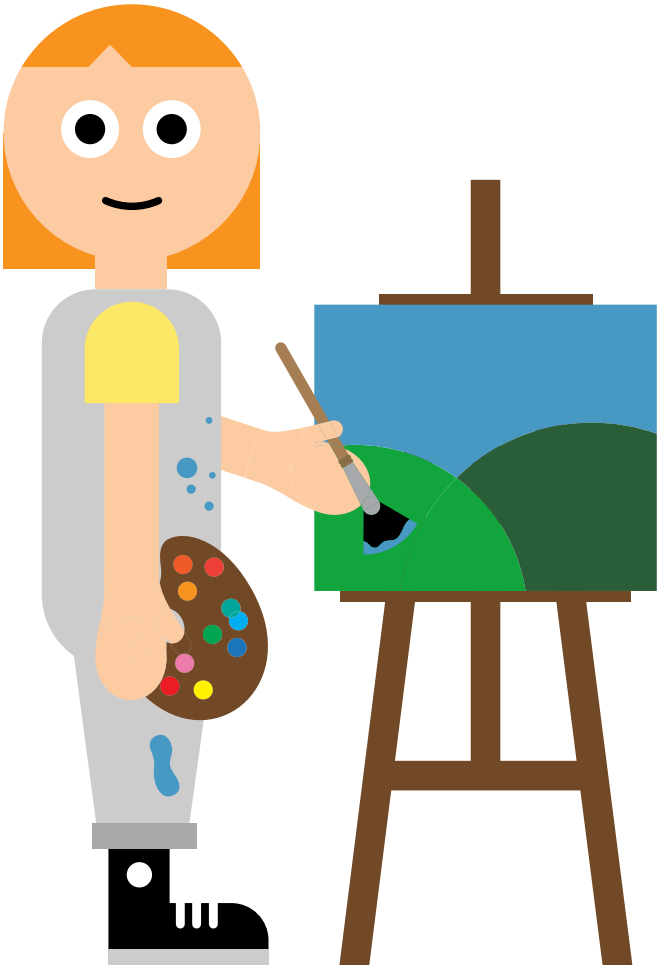
Ask the child to draw on and around the image to make it look like them.

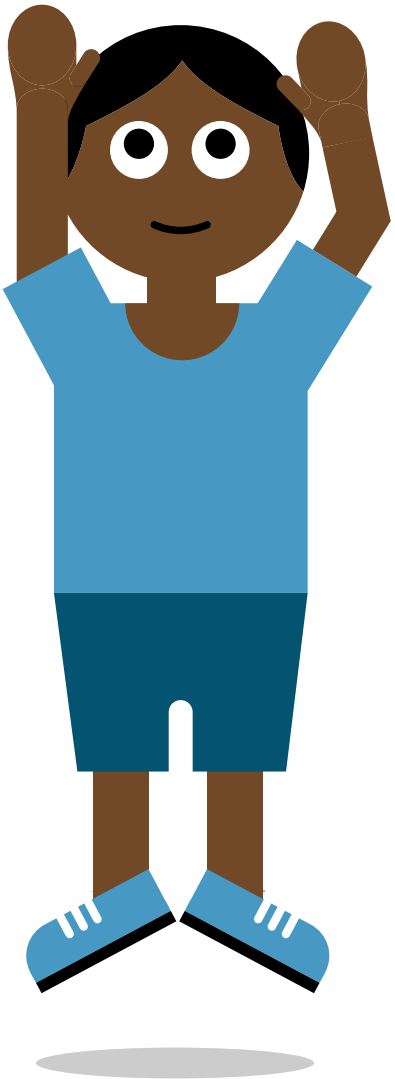
Then ask the child:

- What do you like?
- What are you good at?
- What does it take to be good at that?
- What are your strengths?
- What are you most proud of?

Encourage the child to add drawings and descriptions to their picture. Alternatively the child or young person could make a collage using magazine cuttings or other images.







Tool: Strength cards

Strengths cards can be a helpful way to engage children and young people to explore their own strengths. Please see the resources section for website links to sets of strengths cards that can be purchased.

You might ask the child to select from the strengths cards:

- Which of these words are most like you?
- Pick a card that describes you
- Which card would your friend choose for you?

If a child is struggling to identify strengths using the above questions, remind the child of the activity they like and connect the strength to that activity.

You could also create your own set of personalised strengths cards with the young person, using images and words that are relevant to them.

You could discuss relevant strengths and appropriate accompanying images together and create the child's own set of cards. Each time the child identifies a strength, ask them to give examples of how they have used it. Strengths could be represented by superheroes or any image or character that is meaningful to the child. You might ask the child "Which superhero are you most like?"

You could keep adding to the child's pack of strengths cards as you continue the work with them and they identify more strengths that they are using.

Strengths descriptors might include the following but this is not a definitive list: curious, funny, kind, thoughtful, caring, fun, strong, brave, protective, friendly, honest, helpful, independent, sociable, fair, patient, confident, creative, generous, tolerant.

Some examples of strengths cards, which you can customise, are included in the tool in the appendix.



Tool: My strengths shield

Support the child/young person to reflect on some of the actions/changes that they have implemented that they feel have been positive for them. Encourage them to link this with attributes and qualities they see in themselves:

- What did it take to do that?
- What was it that helped you to do that?

If this is difficult it can be useful to ask them to imagine a friend having accomplished what they have done and to try to describe what that says about the person, what skills do they have, what strengths etc.

Work together to create a 'Personal shield or crest' that will represent the positive attributes and strategies they have identified. Provide a range of craft materials to allow for decoration and visualising resources within the person and skills/ strategies that they have used to help themselves



Activity: Drawing and writing exercises

Drawing

Ask the child or young person to draw:

- **Himself/ herself doing something skilful:** Imagine you are looking in through a window at yourself doing something skilful. Draw what you can see!
- **Special camera:** Imagine there is a special camera that can take photos of all of the things you can do. Draw the pictures this camera would be able to take.

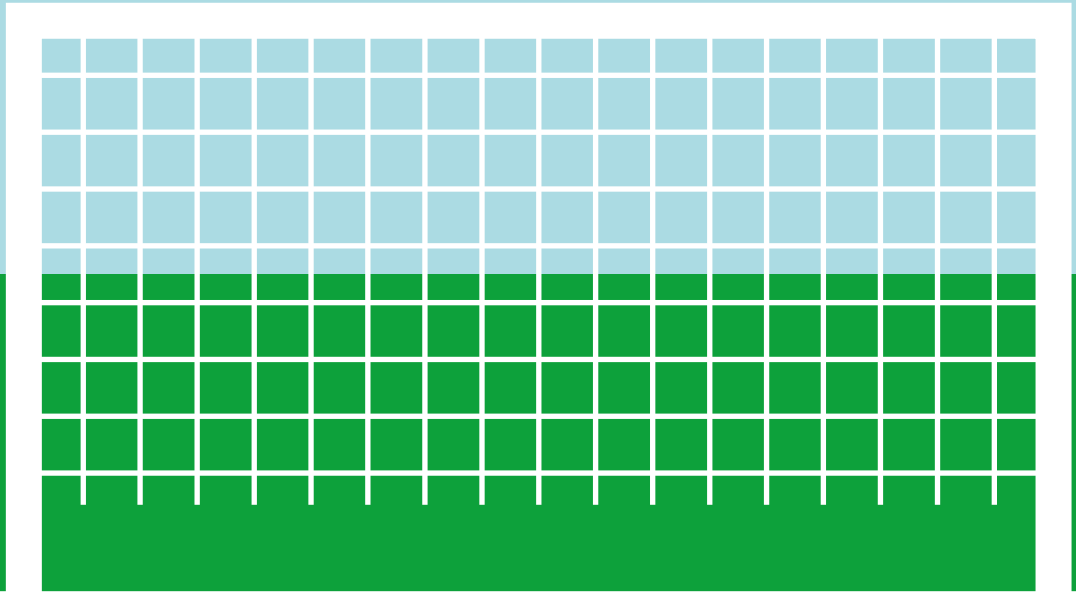
Writing games/ exercises

Ask the child to think of a strength they have and then play hangman with the child to guess the strength!

Suggest that the young person writes a mind map or spider diagram of things they like to do and things they like about themself.



Activity: Outdoor activities





This might be a good approach for children and young people who are very active, enjoy sports or find it easier to talk while they are moving or otherwise occupied.

Using sports and games to identify strengths
You will need access to a football and football goal or equivalent equipment for another sport, like basketball or tennis.

The child scores a goal/ hits a ball over the net:

- For each point they score, ask the child to name one of their strengths or another positive attribute
- Or (for follow-on sessions), after each point ask the child to explain what has been better since last week

There could be equivalents for dance or athletics, or whatever the child is interested in.

Other examples
Other activities that could be used to engage children in conversation about their strengths/ positive things about them might include:

- Hopscotch
- Acting out scenarios in a sand tray
- Using photographs or magazine images
- Walking outside

3

Establishing what is wanted: the destination of the work

Establishing what is wanted: the destination of the work

Introduction

The process of establishing what the child or young person wants from your work with them is also known as finding out their 'best hopes' or establishing a contract with them (Shennan, 2014). This is an essential part of the process as the child or young person's best hopes will become the focus for your subsequent work with them.

There may be times when other agencies, carers or family members will make suggestions in relation to the focus of the work. Although this can be considered, the contracting must be with the child or young person. Therefore, it is the child's best hope that should be the focus throughout.

When asking children about their best hopes, NSPCC practitioners have experienced a variety of answers, ranging from a shrug of the shoulders to "I dunno" to "Feel better about myself" to "Stop being so angry" to "Wanting to move back to mum", to name but a few. The challenge is to formulate a best hope that is achievable for the child, so that the work can progress toward this.

Harry Korman (2004), cited in Ratner et al (2012, p65), has given some clear guidance on criteria that the child or young person's 'best hopes' need to meet as part of the solution-focused process.

These are:

1. Something that the client wishes to achieve, which
2. Fits with the practitioner's legitimate remit, and which
3. The practitioner and client working well together could hope to achieve

Some children may readily be able to identify what they want from the work, but others may need some help to identify what is important to them, and what they would like to focus on during their time with you (the solution-focused practitioner).
To keep the work in a solution-focused mindset, it is important that the child's best hopes are phrased in positive terms, for example "I'd like to have more friends" rather than "I want to feel less lonely".

Things to consider

A variety of questions can be used, together with tools and resources, to ask the child or young person what they would like to achieve through your work together. These might include:

- What are your best hopes for our work together?
- Is there anything that you would like to change in your life?
- And if you changed that, what would be different about you?
- What would be different if the 'problem' was not here?
- How would you know that our time together has helped you?

For more examples of contracting questions, please refer to Milner and Bateman (2011) and Shennan (2014).

You may need to explain to the child what a possible hoped-for outcome for your work together could be (see the tool: 'Like scoring a goal!'). It is important that the child or young person identifies something that they can achieve, rather than something that is outside of their control. Therefore, it may take some discussion and negotiation to identify a hoped-for outcome that is meaningful to the child and also suitable for a solution-focused piece of work.

Establishing what is wanted: the destination of the work (continued)

If a child or young person identifies as their best hopes something that is not within the practitioner's remit, it is important to acknowledge their wish, but also to be honest that this is not something the solution-focused work can achieve. The best hopes activity continues until an achievable best hope has been agreed. Please see a fuller discussion of this scenario in Ratner et al (2012, p72–3).

Following the identification of the child's hopes, the next stage of work will be to help them to describe the achievement of their hopes in detail, and what achieving their hopes will mean to them and others around them (for more on this, please see the next section).

Tools to use with children and young people to establish what is wanted:

- Identifying the child's best hopes: explanation
- My best hopes: tool
- Crystal ball: explanation
- Crystal ball: tool
- Which one is me?: explanation
- Which one is me?: tool
- Traffic lights: explanation
- Traffic lights: tool
- My hopes (thought bubble): explanation
- My hopes (thought bubble): tool
- Changing the channel: explanation
- Changing the channel: tool

Activities to use with children and young people to establish what is wanted

- Talking through puppets: explanation
- Using spider diagrams

Some case examples from NSPCC's Face to Face service

Paul, aged 13, was in a temporary foster placement when he was referred to me by his social worker. He had been living with his extended family members and for the past year they had all been coping with a family bereavement. Paul was acting out more than his brothers and had become picked out in the family as struggling with his behaviour. He was seemingly being blamed for the problems that the family was having at the time.

When I met with him, one of the difficulties I had was that he was a very reserved, quiet young person, to the extent that after the first session, I thought, "He's not going to want to come back, he hated that". I felt like I was asking him a lot of questions and there would be long silences and pauses and not an awful lot coming back.

So when we were looking to identify his best hopes, I thought maybe we needed something that we could focus on during the sessions, as well as talking. So I brought along a canvas and some paint and thought maybe he could paint his best hopes as well as talk about it, and that worked quite well.

What Paul painted about a lot was a change in the family set up and that seemed to be a very hopeful thing for the whole family. So Paul had some hopes for the future, though they weren't clearly about what he wanted from our work together. But I kind of persisted with asking questions and we got to a point by about the third session after the miracle question, where Paul talked about having a better relationship with one of his relatives in particular. So that became his best hopes for the work.

What seemed to happen was that during the work he realised that he would probably never be able to live with this family member again, but that they could still have a better relationship, especially if he was able to do well in his foster placement and attend school and things, just through having regular contact.

Some case examples from NSPCC's Face to Face service

I've often found spider diagrams to be a really useful way of creating a visual list of feelings, thoughts and actions and I've used them with quite a few young people who have accessed the NSPCC's Face to Face service.

I would start by writing down the young person's best hopes in the middle of the page – this might be "To get on better with my mum" or "To be more confident". I always use the young person's own words when I'm writing things down, which is really helpful because I can refer back to what they said with accuracy and it makes it more meaningful for them.

We'll then explore what "Being more confident" would look like, so I might ask the young person to detail what their day would be like if they woke up feeling more confident. They might respond by saying "I'd speak up in class" or "I'd speak to a shop assistant", so we'd extend the spider diagram by writing all of this down. We'd then capture how others would respond to this change, things like "My friends would laugh and joke with me more", or "People would ask me questions".

Because we're putting down the young person's thoughts, actions and feelings, and then adding to this, we're recording all their responses, which allows the young person to see what they're saying (and thinking). It makes it much more real for them and it gives me more information so that I can explore things further and ask more questions.

Spider diagrams can be used within any stage of the Face to Face process, which is a real strength. Some young people have made quite rapid progress in the early sessions – I've had young people returning to education, establishing better relationships with their families, friends and carers, having less arguments, or feeling "...like my old self" again. So we've often returned to their early spider diagrams in later sessions so that we can capture what they've been doing differently and identify all the new skills they've been using. Then if they want to, when the work has come to an end, they can keep their spider diagrams as a reminder of their strengths and the positive steps they've taken.

Tool: Identifying the child's best hopes

Ask the young person:

- What would you be pleased to achieve?
- How would this change things for you in a good way?
- What difference would it make?



Tool: Crystal Ball

The crystal ball image can be used to help the child to identify and define their best hopes.

Ask the child: “How would you know that our time together has helped you? What would you like to see in the crystal ball?"

Crystal balls are neutral, so encourage the child to think about what they want in the future.Please note that a blank crystal ball work sheet can be found in the tools section at the back of this toolkit.



Tool: Which one do I want to be me?

Ask the child to identify one of the people to represent them when the work is ended, which can show that the work was useful. Once the child has picked one, ask what is going on for that person which is good for them; once you have heard more detail around this, re-word what has been said and ask the child if that is what they would like to work towards in their sessions.

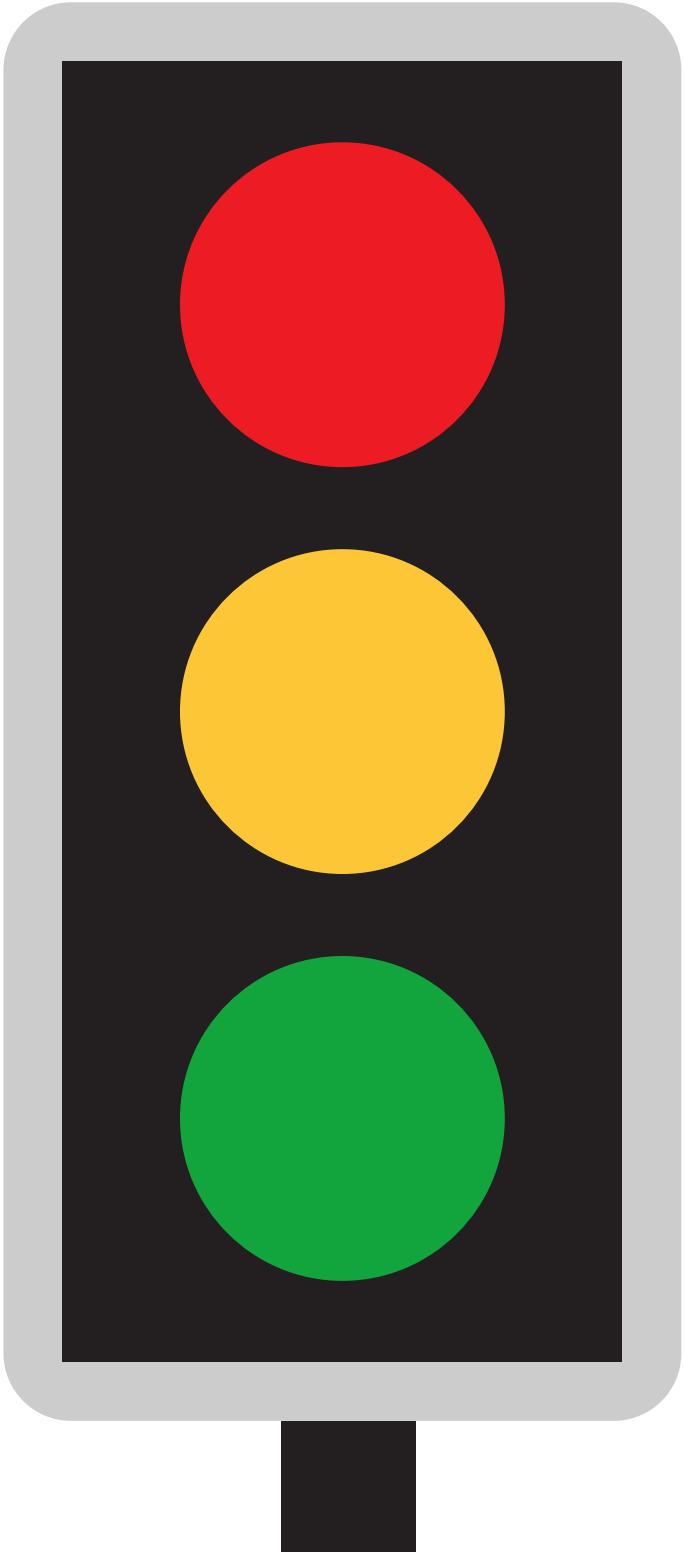
Please see the blank tool in the tools section at the back of this document.



Tool: Traffic lights

Instructions:
Suggest that the child draws on/ around the traffic lights

Explain to the child:
"If RED is the worst that things can be, which you want to STOP from happening, and AMBER is where you are now - ABOUT TO MOVE! – and GREEN is where you want to GO to,, what would tell you that the light is on GREEN?"



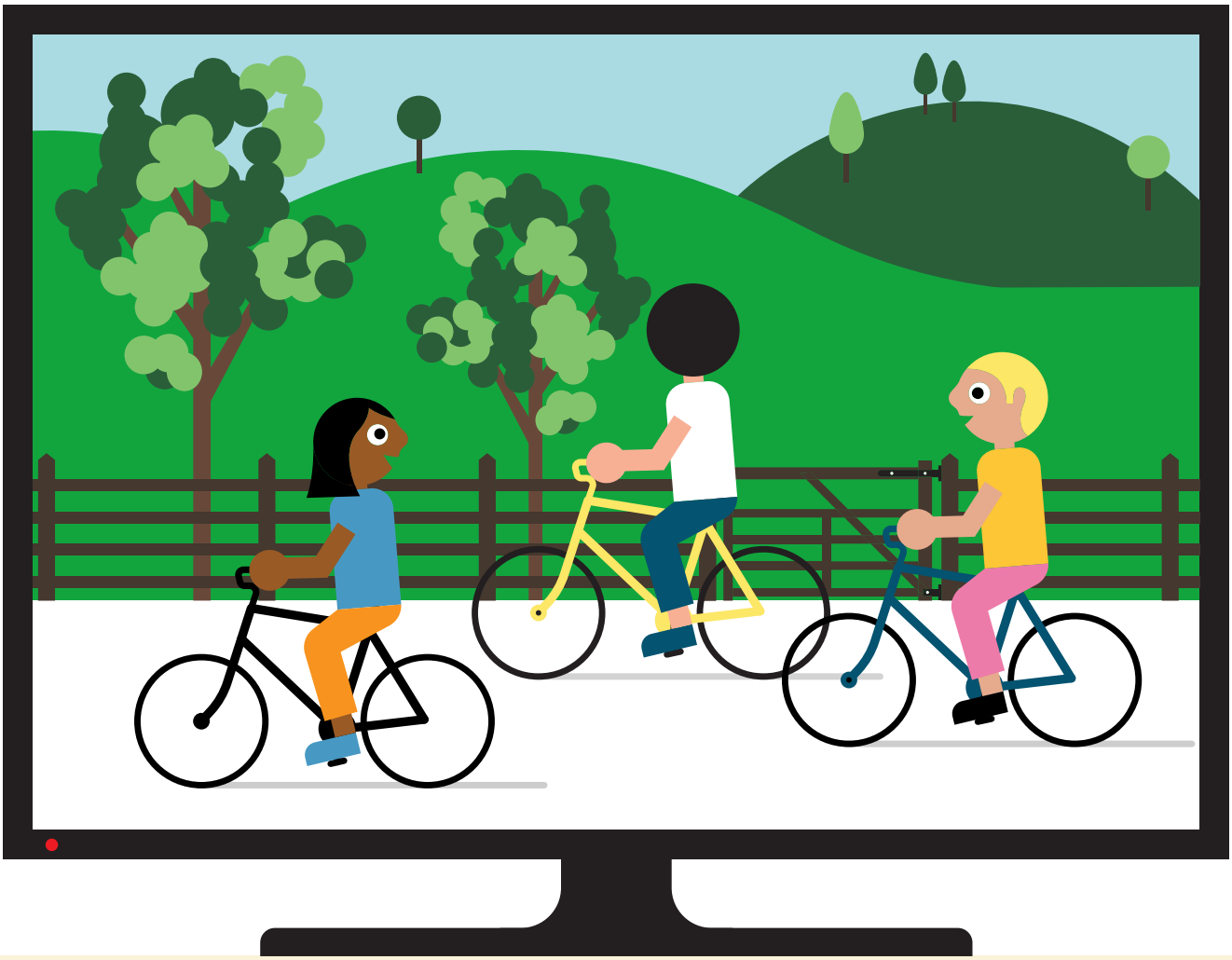
Tool: My hopes

Ask the child to draw himself/ herself and then put their hopes in the thought bubbles.

You can find a blank work sheet in the section at the end of this toolkit.



Tool: Changing the channel



Ask the child to draw on/ around the picture of the television.

If our work could change a channel in your life, so that things were better for you...

- What would be different about you?
- What might other people see happening in your new programme?
- If there was one small thing that would be different about you, what would that be?

You can find the blank worksheet in the tools section at the back of this toolkit.



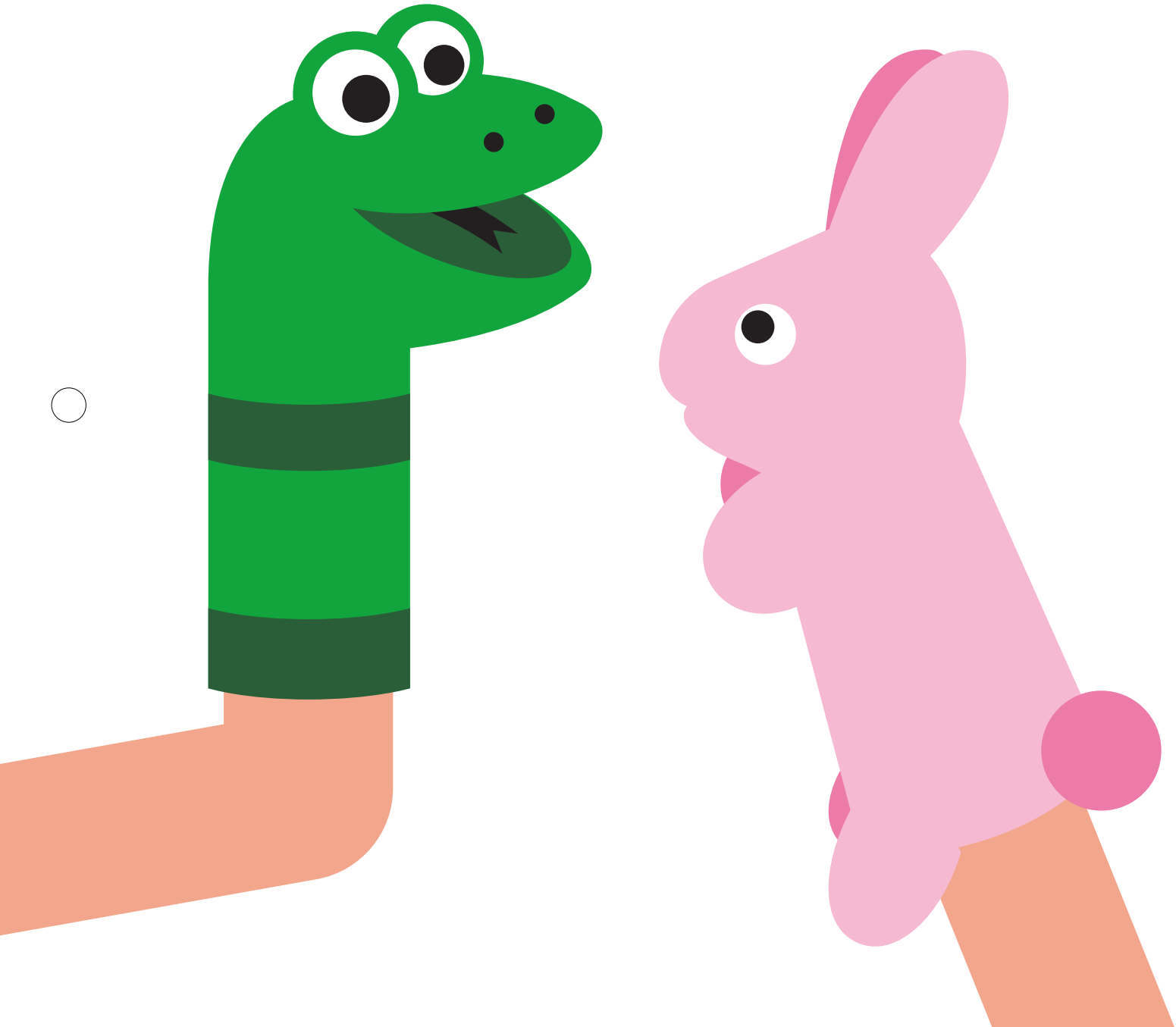
Activity: Talking through puppets

It can be useful to enable a child to speak in the third person if they are feeling shy or are struggling with answering questions directly.

Using puppets can be useful in any part of the process, and not only when helping a child to think about what they want from the work at this contracting stage. In their book 'Children's Solution Work', Berg and Steiner provide some further explanation and case examples describing how hand puppets can be used to help children talk about themselves during solution-focused work (2003, p78 – 81).

Suggested approach:
Provide hand puppets and ask the child to choose a puppet. Ask the puppet questions about the child (potentially using a hand puppet to ask the questions). The child replies through the hand puppet.

Alternative options might include action figures, Lego people, stuffed toys etc.



Activity: Using spider diagrams



Spider diagrams can be helpful to slow down the discussion about the young person's best hopes and could be revisited later in the process to explore the child's preferred future and get more detail from the young person about why this is meaningful for them

If used for the best hopes, the child or young person may identify a number of best hopes. Mapping them out in this way can help the child visualise their best hopes and decide which one they want to prioritise.

If the young person or practitioner draws a spider diagram or mind map while the young person is talking, this can then provide a record to refer back to later in the conversation or at later stages in the work.

If a mind map is used in a discussion about the young person's preferred future, it can help the young person to imagine what the future could look like. You can encourage the young person to add lots of detail, so that the whole page is filled.

4

Describing what is wanted in detail: the preferred future

Describing what is wanted in detail: the preferred future

Introduction

This part of the work enables the child or young person to start describing a future in which they have moved towards achieving their best hopes. This is often referred to as the child's 'preferred future'. One of the means of helping people to describe their preferred future is through the use of the 'miracle question'. The origins of the miracle question, first developed by Insoo Kim Berg, are discussed by Guy Shennan in his book Solution-Focused Practice (2014, p49–52). A few variations on the miracle question are framed on the worksheets included in this section of the toolkit (for example, 'waving a magic wand' and 'the miracle day'). Blank versions of these worksheets are included in the appendix.

Once the child has identified their best hopes for the work, you can move onto this part of the process – that is, helping the child to describe their preferred future. However, if you move onto this part of the work before a clear contract (the child's best hopes) has been identified and agreed, this could become confusing for you and the child, and could get in the way of a focused piece of work.

This step of the process is important because it helps the child or young person to envisage the future, with their best hopes achieved, and to bring this to life as a possibility. The process asks the child to describe 'how they would know/what they see/what do they do/who notices?' when their best hopes are happening and then to build detail around their description. In the details they describe, the child will find the building blocks of their solutions, which are already taking place and which they may be able to do more of. It is important to gain detail and build ideas of what else is possible.

This activity is also valuable because it will give the young person clues about the future they are seeking to move towards, how they might get there and how this may affect them and other people around them in a positive way.

Describing what is wanted in detail: the preferred future (continued)

The purpose of children describing their preferred future is to release their imagination of what is possible and what can be. Some children and young people will be able to describe their preferred future if they are simply invited to. You could initiate the conversation in this way:

"Suppose, when you wake up tomorrow, you find that [insert whatever their best hopes are here] is happening – what's the first thing you'd notice about yourself? "

It works well to start with the first thing the child would notice as you can then encourage them to describe their whole day from start to finish, with lots of detail; what they would be doing, how they would feel, what they would do; what they would notice; what other people would notice. Please see the tools in this section, which pose a variety of questions you may wish to ask the child or young person.

The worksheets and activities set out below are intended to support this process for children who might respond better to drawing or written exercises, or who could benefit from a slower pace as they mull over the question of how they will experience and recognise their preferred future.

Encourage the child or young person to add as much detail as possible to their description of their preferred future. Be mindful of not moving on too quickly from this stage of the process.

Things to consider

- Make sure that the way you discuss this with the child or young person is appropriate to their age, interests and cultural background
- Note that scenarios involving miracles or magic may not be appropriate for all children
- Might the child wish to share their best hopes and their preferred future with a member of their 'solution team'? (Please see chapter seven for a fuller discussion of the role of the solution team.)

Tools to use with children and young people to describe their preferred future

- Waving a magic wand: explanation
- Waving a magic wand: tool
- My miracle day: explanation
- My miracle day: tool
- The miracle day: explanation
- The miracle day: tool
- Cartoon strip: tool

Activities to use with children and young people to explore their preferred future

- Drawing a time machine: explanation
- Play-acting the child's preferred future or using props: explanation
- Using the sand tray: explanation
- Writing a letter from the future: explanation
- Using spider diagrams: explanation (see previous section)

Case examples from NSPCC's Face to Face service

This was a 16-year-old male who was at risk of entering care when his relationship with his family broke down. He now lives with a family member and is in education.

He was able to identify his best hope, which focused around self-esteem/confidence in socialising; however, once we got into the main part of the solution-focused work where we were trying to explore his preferred future, he withdrew and became upset. We explored his upset and it became apparent that his self-esteem was inhibiting the work method we were using. What I mean by that is that if he couldn't think of an answer to a question straight away, he would start beating himself up in his head; the more questions I asked, the more it reinforced his beliefs in relation to his problem.

As he became so upset, I ended the solution-focused work and provided support and reassurance. I reflected on some of the principles of the solution-focused work and used this to remove the responsibility away from him. In particular I explained that it was OK if he didn't know how to answer a question; that it was no reflection on him, just that I myself needed to find another way to help him think about things. This seemed to help; he became noticeably calmer and agreed to come back for another session.
At the next session he turned up and admitted to feeling nervous about not having answers again. I began by showing him a room that is often used with younger children. It has lots of creative things in it like Play-Doh, markers, pens, paper, sand tray and figures. I had also set up a 'casual' seating area on the floor with beanbags, in addition to the table and chairs already in the room. I spent some time explaining various ways in which the materials could be used to help him visualise his preferred future and, following this, he chose to work in this room. He started to play around with the sand while I encouraged him to focus on his feelings and after a while he remarked "Oh, this is really soothing, isn't it?"

At this point I reintroduced the concept of the preferred future. He began by using the figures to act it out and his nerves visibly reduced significantly as he progressed with this task. It was also noted that he became more chatty and animated. He then stated that he felt OK to just talk now and decided to sit down on the bean bags. Pens and paper and Play-Doh were available and it had been explained earlier that if he got stuck it could be helpful to doodle or draw, mould the Play-Doh or just start writing. A few times during the session when I asked him a question, he would doodle and draw, but mostly he used the clay to make various figures while talking. In contrast to the first session, this appeared to help him remain relaxed, which subsequently enabled him to answer questions. By the end of the session he'd described his preferred future in detail and had been able to articulate a very clear idea of what differences achieving his best hopes would make to his life.

I was working with a 10-year-old girl who wanted to improve her relationship with her dad. We were thinking about how she could paint a picture of her preferred future, and she was really into computer games, so she wanted to create a computer game of her ideal life.
She drew it all out on big pieces of paper. We talked about if she was playing this computer game from start to finish, what would happen and how she would know that she'd reached her preferred future.

This became the way that we did scaling. She was really imaginative and she created a game that had seven different levels. The seventh level of the game was her preferred future.

She also identified her strengths and tools within the game. For example, "Talk more" was her zapper tool for overcoming challenges in the game.

This became a great tool for overcoming setbacks. One week she came in and said that she'd had a really bad week. So we looked at some of her previous drawings and talked about how she'd got from level two of the game to level three last time. She went away feeling reassured that she would be able to move forward in the game.

By the end of our work, she had reached level five in her game.

Tool: Waving a magic wand

If a wizard waved a magic wand and cast a spell, so that suddenly your best hopes all happened in a way that was exactly how you wanted it, but you did not know that the wizard had done this...

- What would be the first thing you noticed that told you that the wizard had used his magic wand to make your best hopes happen?
- What would you be doing?
- What would other people notice?



Tool: The miracle day part 1

Ask the child

"Suppose a miracle happens when you are asleep tonight so that [insert their best hopes] has happened, but you do not know that this miracle has happened because you are asleep. When you wake up tomorrow morning..."

- How would you know that the miracle has happened?
- What would you notice?
- What would other people notice?

Encourage the child to add as much detail as possible to their description and to write or draw these details on their worksheet (please find a blank copy in the appendix).

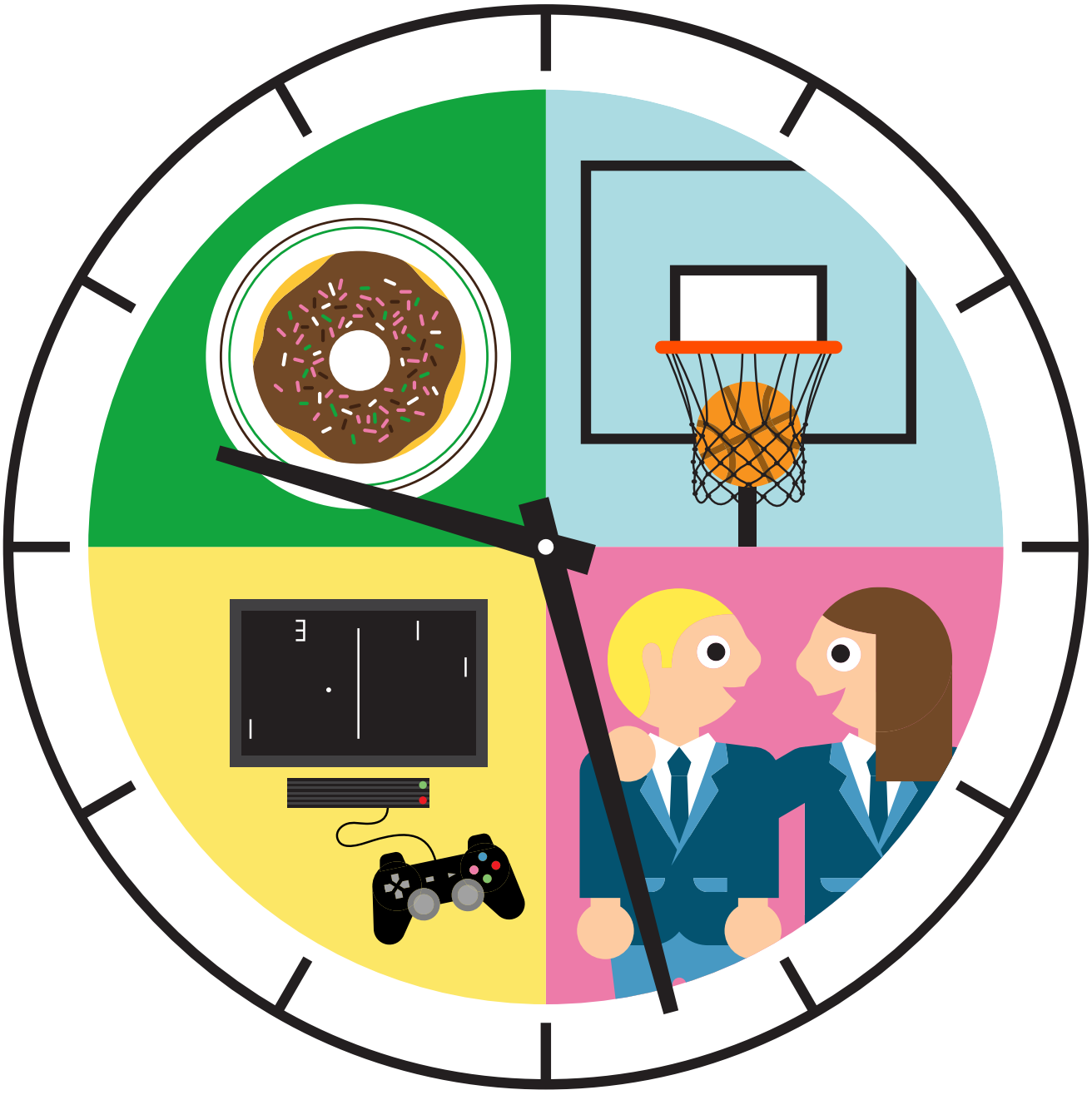


Tool: The miracle day part 2

Ask the young person:
"If you woke up tomorrow and found that a miracle had occurred, so that your hopes were already a reality, what would tomorrow be like?"

- What would you notice
- How would you feel?
- What differences would you notice?
- What would you do when you woke up?
- How would your day be different from a normal day?
- What would happen at each stage of that day?
- What would other people notice?

Encourage the child to add as much detail as possible to their description and to write or draw these details on their worksheet (please find a blank copy in the appendix).

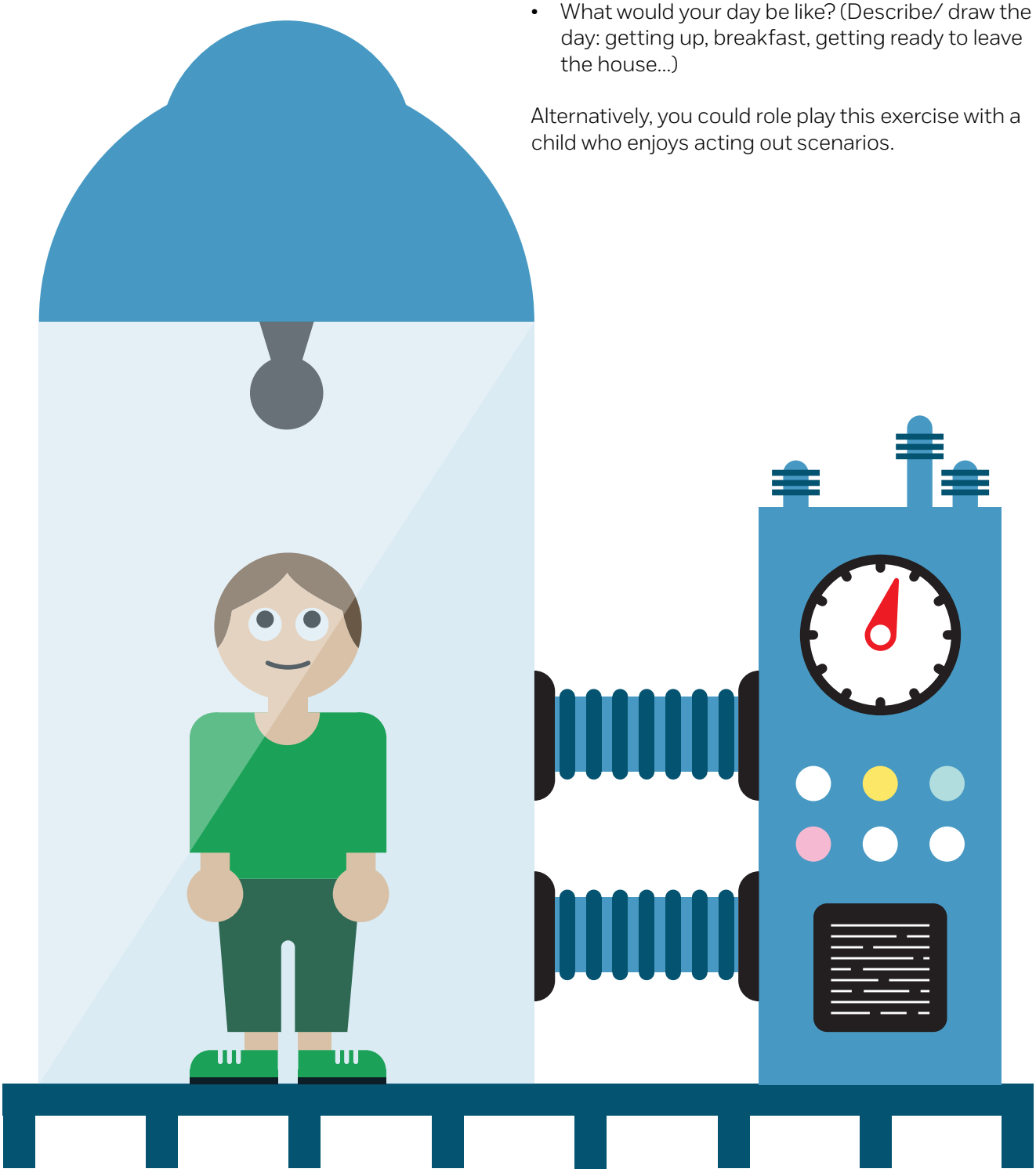


Activity: Drawing a time machine

Ask the child to draw a picture of a time machine (this is a machine that can magically take you forward into the future).

- Now, draw yourself getting out of the time machine
- The time machine has taken you to a point in the future when things are how you would like them to be
- What is it like when you leave the time machine?
- What would your day be like? (Describe/ draw the day: getting up, breakfast, getting ready to leave the house...)

Alternatively, you could role play this exercise with a child who enjoys acting out scenarios.



Activity: Play-acting the child's preferred future or using props

Some children may prefer acting out their preferred future to drawing or writing. Based on your knowledge of the child, their interests and their solution team, consider what approach might engage them best.

Play acting

Some children might enjoy play-acting their 'miracle day'; waking up in their bed, discovering that the miracle has occurred and then acting how they might behave on that day and what they might do. You could play-act the response of people around the child and ask the child how they would expect relevant people (for example, their carer, teacher or friend) to respond.

What would your cat notice?

If the child has a pet or likes animals, you could ask them what they would notice about the child (once the child's best hopes are happening). The child could play-act or provide the voice of the animal.

An NSPCC practitioner recalls a child she worked with who was living with her foster carer and talked a lot about her foster carer's cat called Bruce. She found it to be very successful when she asked: **'What would Bruce notice about you once you have what you hope for?'** The child enjoyed describing this scene from Bruce's point of view.

Using puppets or other props

The child may enjoy talking about, or acting out, their preferred future through puppets, figurines or other props.

Activity: Using the sand tray

Using a sand tray and a selection of toy figures, ask the child to create a scene, showing what their preferred future would look like:

- Who would be there?
- What would you be doing?
- What would other people notice?

This activity might work well alongside or following an exercise to identify the child's solutions team, as the child may wish to include members of their solutions team in the scene they create.



Activity: Writing a letter from the future

This exercise may be appropriate for an older child or young person.

Ask the child or young person to write to himself/herself from a future time, when their life is going well for them (for example, when they are closer to their best hopes or when their best hopes are happening).

- What does this future self want to tell the person who is you now?
- In what ways is this future a good place to be?
- What has changed?
- What advice might you, from this future place, want to give the younger you now?

Please refer to Yvonne Dolan's book One Small Step for a more detailed discussion of this technique (Dolan, 2000). Dolan has also suggested that this 'miracle letter' could be addressed to a friend or somebody else the person is close to. The important thing is to describe in detail what is good about their life in this preferred future.



5

Working toward the preferred future: instances, exceptions and scaling questions

Working toward the preferred future: instances, exceptions and scaling questions

Introduction

A great deal of solution-focused work will be about working with the child or young person to identify behaviours and activities that are already helping them move towards their preferred future, and that can help them move closer still.

For example, a child may want to get on better with their foster carer. In one session, the child may identify that they get on better with their foster carer when they help out a bit more. Then between sessions they may practice times of doing this. At the next session they may report back on how this helped, who noticed and how this left them feeling, and can consider what else they are doing that is making a difference, and what other small differences might look like.

Instances, exceptions and scaling questions are important aspects of the process for solution-focused work.

Instances

An instance refers to an aspect of the preferred future that has already happened or is happening. Discussion of instances will help the child to stay close to the positive vision of their preferred future, and to consider how they are already moving towards their hopes. It is preferable to discuss the preferred future in relation to instances rather than exceptions, as exceptions are framed in relation to the problem, whereas instances are framed in relation to the solution.

If a young person's best hope was to get on better with her mum, an example of an instance might be "This week I was able to stay downstairs and watch TV with my mum and we got on OK".

This activity might work well alongside or following an exercise to identify the child's solutions team, as the child may wish to include members of their solutions team in the scene they create.

Exceptions

It can be useful to discuss exceptions in situations where a child or young person is very stuck in talking about their problems and is struggling to describe their preferred future. It might also be useful in a follow-up session if the child is finding it hard to discuss "what is better" and is talking about problems that have occurred since the last meeting. In these circumstances, it might be helpful for them to think about exceptions to these situations, when the problem was not a problem.

This process can help the child to recognise that the problem is not a problem all the time, and to think of ways that they can build on their existing strengths and coping skills.

Following on from the previous example, an example of an exception might be "This week I was able to stay downstairs and watch TV with my mum and we didn't have an argument that day".

Scaling questions

Scaling questions are a means of eliciting examples of instances and exceptions. During this stage you are looking for "news of difference" when parts of the preferred future are already happening. In doing this it is useful to introduce a scaling activity; making the top of the scale the child or young person's preferred future and the bottom of the scale as remote from the preferred future as possible. When the child or young person chooses a value on the scale to represent where they feel they are now in relation to their preferred future, the number itself is not important to the worker, although of course it is to the child. The worker is not assessing the child here, and is not evaluating the meaning of the number. The number only becomes meaningful when the detail is shared by the child or young person of what the number means for them and what it says about what is already taking place.

Working toward the preferred future: instances, exceptions and scaling questions (continued)

The key function of the scaling is that the child or young person is supported to express the finer details of where they are now and what they are already doing in relation to their preferred future. This description will undoubtedly start to introduce instances and exceptions that can be explored further and built upon.

Scaling questions are used to break down the preferred future into small actions/steps, thus asking the child or young person to describe what one step on the scale looks like and what a step up the scale would look like.

It is important not to move up the scale too quickly, and to draw out a lot of detail about what the child is doing to be at the point they have reached on the scale (this is one of the hardest aspects of practising the approach). By focusing on what the child is already doing that is working, the child will be better able to do more of this, to find other strategies and try new ideas, and sometimes even to realise that they are already further up the scale than they thought.

For example, if the child or young person is currently at number three on the scale, you might ask them "What are you doing to be at number three rather than two or one?"

Things to consider

Listening for instances and exceptions

- When the child or young person is talking, listen out for moments when they give aspects of their preferred future that have already happened.
- Make sure to reflect these examples back to the child or young person.
- Also ask the young person to try and notice, between sessions, their own examples of moments when they did something or managed in a way that was helpful to them (see also the activities and tools in the 'problem-free talk' section).
- Where there are setbacks (for example, the child is at a lower number than last week), you may want to focus on what the child did to stop them falling even further down.
- It may be necessary to discuss the difference between things that are within the child's control (for example, their own behaviour and actions) and things that are not.

Working toward the preferred future: instances, exceptions and scaling questions (continued)

Scaling exercises

- Some children and young people have communicated a sense of realistic expectation and suggested that they do not think that they will be able to reach the top of the scale. With all scaling it is important to ask what they would be happy with, what would that look like and so on.
- Some children may work well with numbers, others may want visual representations of scales that do not involve numbers (for example, the 'climbing a mountain' tool).
- Visual tools can be used to start a conversation.
- Coping skills, strengths, instances or exceptions can be drawn directly onto a paper worksheet.
- The same tool could be used each week, with a different figure added to represent the child on that day.

Tools to use with children and young people in working toward the preferred future

- Instances of my preferred future: explanation
- Instances of my preferred future: tool
- Climbing a mountain: explanation
- Climbing a mountain : tool
- Climbing the ladder: explanation
- Climbing the ladder: tool
- Taking off: explanation
- Taking off: tool
- Cartoon strip: explanation
- Cartoon strip: tool

Activities to use with children and young people in working toward the preferred future

- Scaling with physical objects: explanation
- Active scaling: explanation

Some examples from NSPCC's Face to Face service

Patrick was 16. When scaling, he was unable to identify with picking a number up to 10; he couldn't get his head around it at all.

I suggested various other options including drawing a line in the sand tray and placing figures along that line or making a path to his preferred future out of paper and walking along to where he felt he was.

The option he chose to use, however, was to draw a line on a piece of paper, one end of which is his preferred future and each session using a different coloured marker he would mark the line according to how close he felt to his preferred future. This appeared to minimise any pressure as he didn't have to name it, or give it a number and anything else like that; however, it was beneficial as it offered a visual representation of his changing perceptions.

One session that this scaling activity particularly helped was at a point when he had experienced a difficult week. He presented as nervous and annoyed that things weren't as good as they had been the week before and was criticising himself. Following scaling, he was able to see the marks he'd made over the sessions and I invited him to share what he noticed.

First of all, he said "I've gone down". So I said, "OK, so you've gone down today, but what else can you see from looking at that?" Eventually it seemed to just click with him that the mark, although lower than last session, remained considerably higher than it was at the start of the work. Then by asking how, despite having had a difficult week, he had managed to keep going, the conversation shifted. He was able to focus on positives, his nerves disappeared and during check out he reported feeling very positive about things.

Some examples from NSPCC's Face to Face service (continued)

We had a young Asian girl called Leila who was 10 years old. Her level of understanding was probably a bit younger than her age. She was referred to the service after an incident of domestic violence. The referrers were concerned because she was very nervous around other children. Sometimes she would act out if she was feeling threatened.

What she wanted from the work was to feel more confident around other children and she wanted to get on better with her sister. We did a crystal ball colouring sheet about what's inside the crystal ball in her preferred future.

When we were looking at how she was working towards her preferred future we did a lot of identifying strengths. We got the strengths cards out and she would pick these pictures, colourful animals. I'd say "What strengths do you think you've got and can you tell me how you've used that strength?" It keeps it really positive. I also asked her if she could pick out some of her sister's strengths, so that she could see that not everything was negative with her sister.

We also did a lot of scaling. She really enjoyed scaling. Sometimes we would do it by drawing stairs from 1 to 10 and asking her where she felt she was at the moment. Or sometimes we'd do it by running across the room – so this end of the room is really rubbish and this end is really brilliant, whereabouts do you feel that you are? She'd physically place herself where she felt she was. I've done this with quite a few young people and you can say, "So what number do you think that is?" – we did quite a lot of that. And I'm saying, "OK, so where do you want to be on the scale? If you were to move one up, what do you think that would be like? How might that be and what might change?"

When I first met her she was really shy and she wasn't even looking at me. But I started to see improvements as we were doing the work. She started to make eye contact, she was laughing, and she was asking questions like "What are we doing this for?"

She started to say that she was feeling less anxious and she was getting on better with her sister, apart from the odd flare up. Her family were really pleased and the school reported that she was less likely to freak out if the other kids were getting noisy. So there were definitely improvements there. I think she really enjoyed the structure of the solution-focused approach; it was really helpful for her.

Some examples from NSPCC's Face to Face service (continued)

Damien wasn't really into doing worksheets or anything like that. He was sensitive to being singled out from other children or being told what to do, so what we did do at one point was make leaflets for other young people. When we were talking about what were the things that help to have a calm, relaxed atmosphere at home, we'd talk about how he stays calm: "How do you do that? How do you express your feelings without starting on someone, how do you relax with them?" Then I'd say "What do you think other young people should know about staying calm and expressing their feelings safely?"

Then Damien turned this into an information leaflet for other young people. That worked really well, he liked that because it didn't make him feel like he was different.

Also, some concerns around sexualised behaviour in Damien's peer group cropped up during this piece of work, which needed to be addressed. So we worked through these issues in a similar way, by making an information leaflet about how young people could keep themselves safe.

With the eight-year-old girl who loved One Direction, we used the ladder image from this toolkit to determine where she was and how she could get to her preferred future (she wanted to be really well behaved so that everybody was pleased with her).

For the first few sessions, she was at the top of the ladder, so I was thinking "Where do you go from here if you're already at the top?" So with the use of One Direction, we talked about what could be beyond the top of the ladder, and she said "Well there'd be someone from One Direction beyond there" and that's where she wanted to go, where it was even better than the top of the ladder or number 10 on the scale. So we managed to develop a way of things being better than 10 so that she had something to aim for.

One little boy, he liked football so we drew a football pitch. Then he made the football characters and numbered them so we had ten players on there. I said, "You put them on the pitch", so he felt that it was his scale. It wasn't my scale, he owned it.

He wanted to get from 0 to 8 with his relationship with his brother. So we used the same sheet throughout so he could see when he'd got to an 8 for him.

When we ended the last session he asked me, "Can I have that?" and so I laminated it for him and sent it off to him in the post. I think he wanted to remember how he'd got from one end of the pitch to the other end of the pitch really.

We created a scale that looked like a garden with flowers and butterflies in it. She would move a counter to show where she was in the garden that day.

Tool: Instances of my preferred future

Ask the child to think of recent examples of when aspects of their preferred future were already happening, and to write these inside the stars.







Tool: Climbing a mountain

If reaching the top of this mountain means that you have achieved what you want from our work together, where are you on the mountain now?

You could give the child pens, stickers, counters or other markers to place on the drawing.

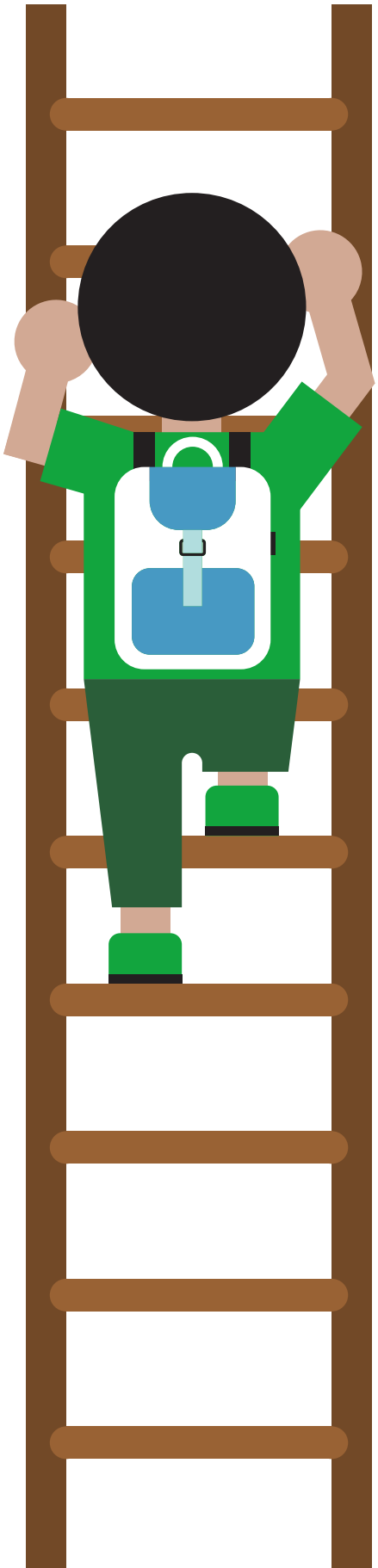


Tool: Climbing the ladder

Where are you on this ladder?
The top rung means you have got to where you want to be.

The bottom rung means you are far away from reaching what you want.

Zero out of 10 is below the first rung on the ladder.

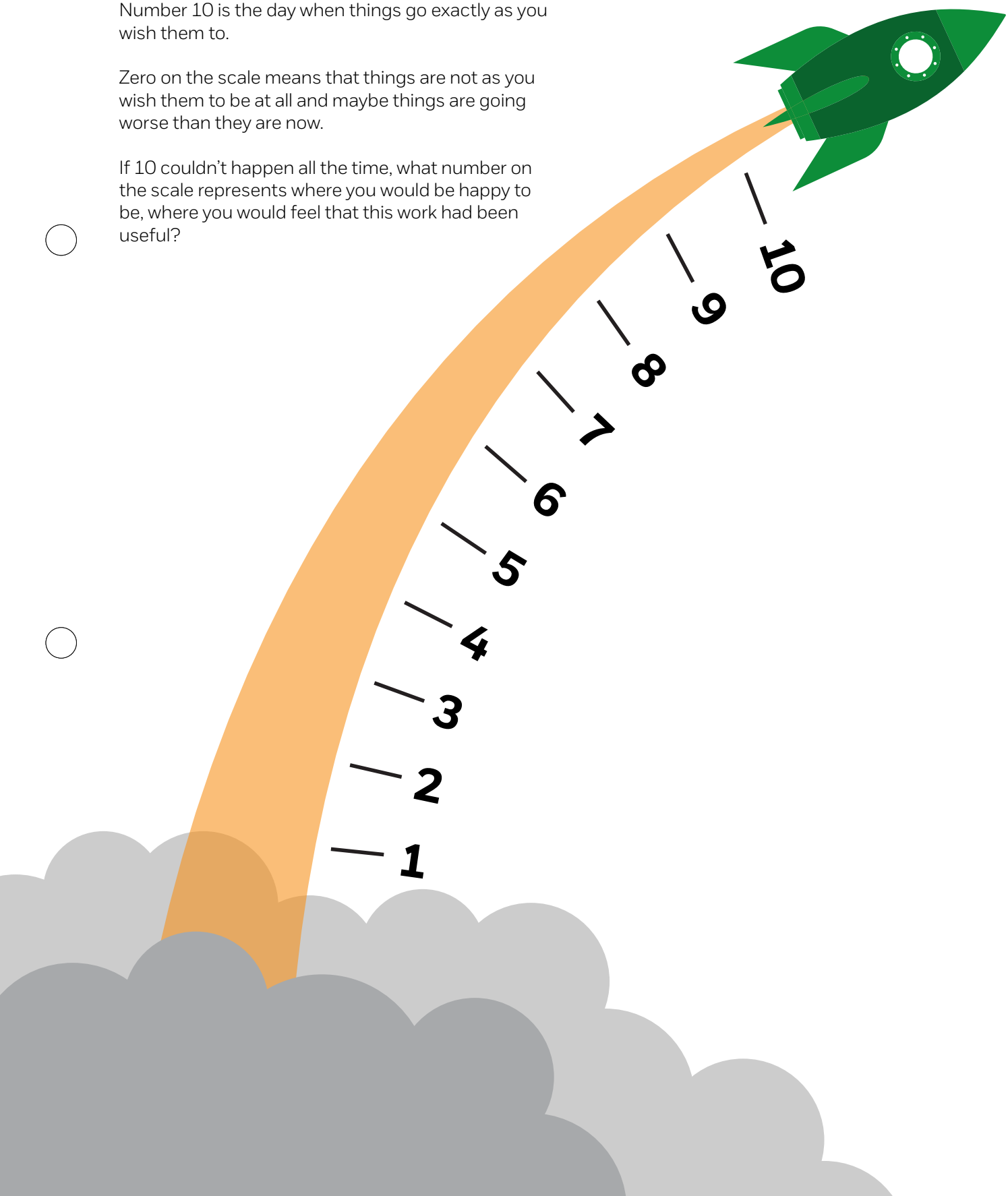


Tool: Taking off...

Where are you on this scale?
Number 10 is the day when things go exactly as you wish them to.

Zero on the scale means that things are not as you wish them to be at all and maybe things are going worse than they are now.

If 10 couldn't happen all the time, what number on the scale represents where you would be happy to be, where you would feel that this work had been useful?

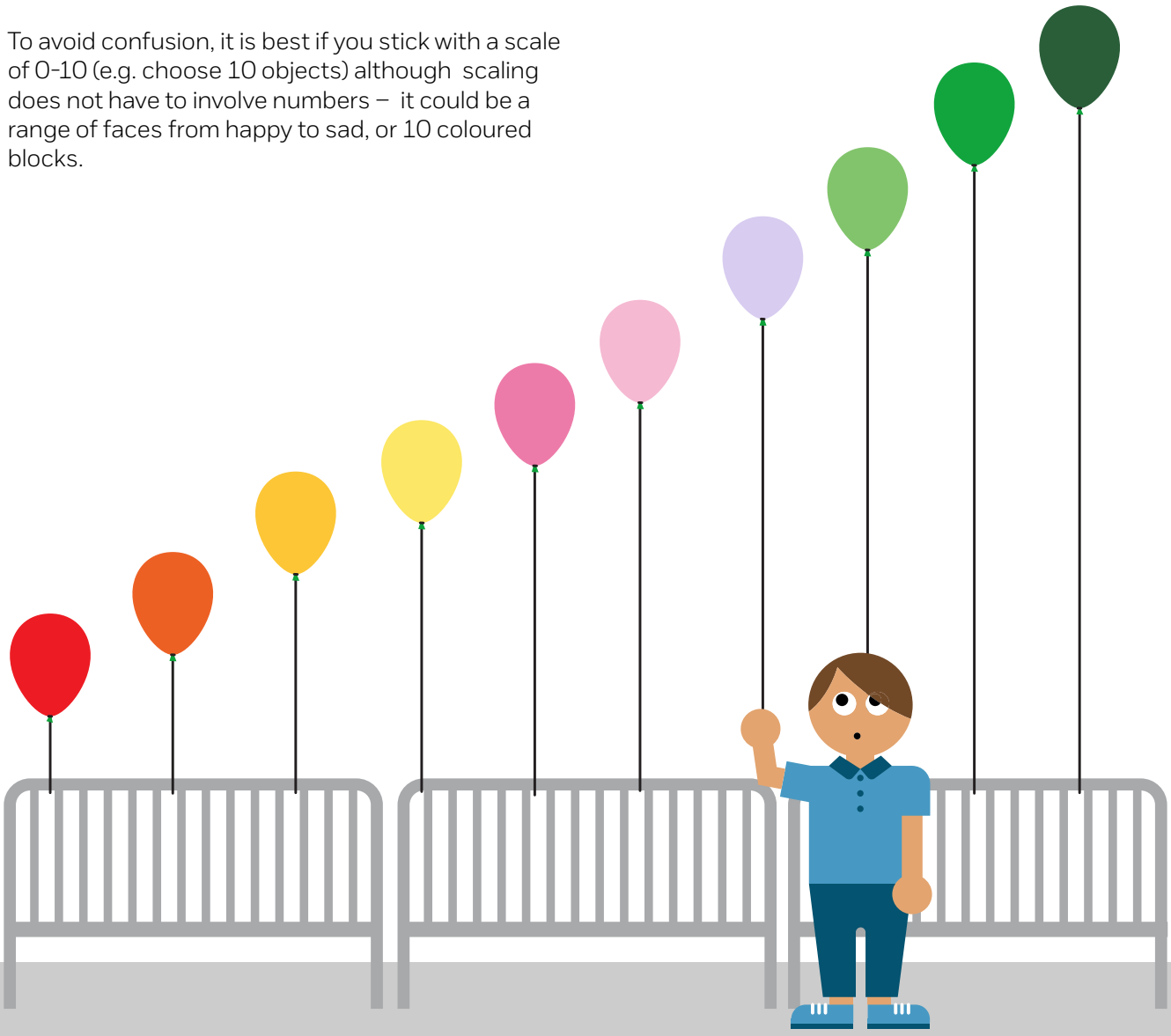


Activity: Scaling with physical objects

To bring the scale to life for a younger child, you could use physical objects that appeal to them, such as:

- Ten balloons
- Wooden blocks or lego (stacking or building stairs; you could use a toy or figure to represent the child)
- A row of toy cars
- A jar or bottle, marked with a scale; the child fills the bottle with water or sand up to the correct mark
- A row of 10 buttons (these could be ordered according to size or attractiveness)

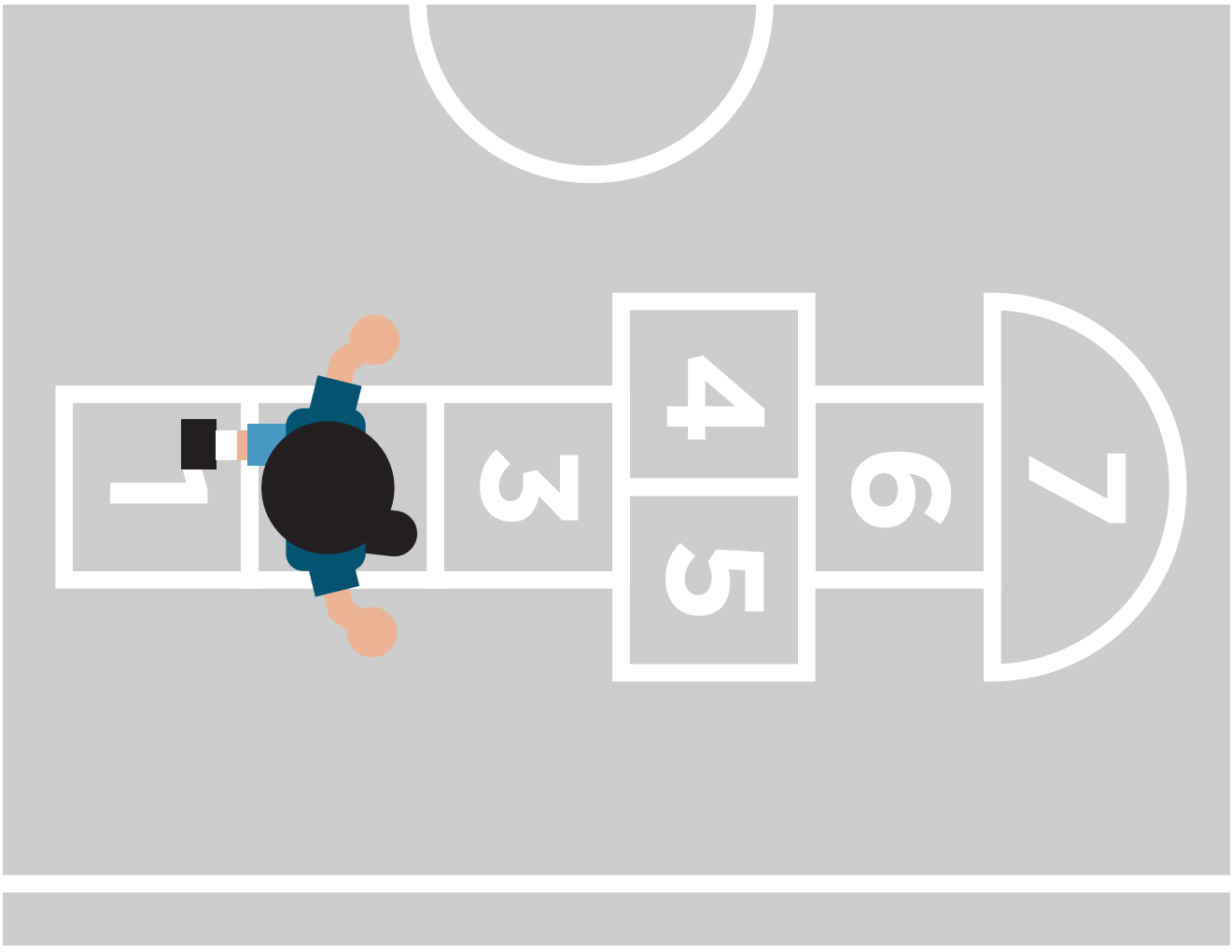
To avoid confusion, it is best if you stick with a scale of 0-10 (e.g. choose 10 objects) although scaling does not have to involve numbers – it could be a range of faces from happy to sad, or 10 coloured blocks.



Activity: Active scaling

A more active child may prefer a scale that requires them to move around rather than talking or drawing. You could use:

- A staircase: the top step represents their best hopes. Where are they now?
- A room: this end of the room is their preferred future, the other end is as bad as things could be.
- Laminated pictures of pool balls – place them in a row and the child steps onto the right numbered picture.
- Outside: this tree is zero, the other tree is 10. Run to the place between the two trees that represents where you are now!
- Sports grounds: a basketball court or football pitch.
- Hopscotch or skipping.



6

The solution team

The solution team

Introduction

The 'solution team' is a term for describing people in the child or young person's life who support them and will be able to help them work towards achieving their best hopes. Members of the solution team may include parents or carers, siblings and teachers at school.

Following discussion of the child's best hopes and preferred future, it may be a helpful exercise to ask who they would choose to put in their solution team. You can then discuss how the child can draw on these sources of support to help them move in the right direction.

It may be appropriate, particularly with younger children, to ask if they want to involve a parent or carer in the work. Ways that a parent/carer or other member of the child's network may be able to help include:

- Being aware of the child's best hopes and encouraging the child to stick to the strategies they have identified
- Noticing when the child makes progress between sessions and providing positive feedback
- In some cases, attending the first session and/or subsequent sessions to help put the child at ease and facilitate communication between the child and the worker (this may be particularly relevant with younger children or children with learning difficulties).

Things to consider

To help identify members of the solution team, questions to ask the child or young person might include:

- Who do you like being with?
- Who helps you already?
- Who can help you to move towards your best hopes?
- Who might notice positive changes that you are making?
- Is there anybody you would like me to talk to, to explain our work together?

You will need to discuss with the child how they would like to tell people that they are part of their solution team. This may be something the child wants to do, or they may find it helpful if you have this conversation for them, explaining to the person that the child has identified how they can be of help. With the child's permission, you could then keep members of the solution team informed throughout the work and explain how they can help to reinforce the progress the child is making, in between sessions.

It may also be useful toward the end of the work to identify with the child or young person who else they can look to for support and encouragement once the work has ended. The child may find it helpful to bring a member of their solution team into their last session, to share their celebration of the progress they have made and to reassure them that they will continue to be supported after the work has ended.

Tools to help the child or young person identify their solution team

- The helping hand: explanation
- The helping hand: tool
- My solution team: explanation
- My solution team: tool
- Who is important to me: explanation
- Who is important to me: tool

Activities to help the child or young person identify their solution team

- Drawing your solution team: explanation
- Using buttons to describe the solution team: explanation

Case example

Jenny was eight and she was a bright, bright girl – numbers were her key. But her school hadn't seen that, all they could see was this girl that would kick off and all the kids were scared of her really.

The key element for her was that she saw herself as the naughty girl and we needed to break that down so she could see herself as something other than naughty. And I remember doing a session where I drew around her and she started to put really negative stuff on it and I was like "Come on, I don't see that..."

Looking at what her hopes might be, she said that she wanted the school and her teachers and people to see her in a positive light. So I said "OK, so how do we achieve that?" So we did some work looking at how Jenny would like teachers at her school to respond to her and what she was doing when teachers were pleased with her.

Then, with Jenny's permission, I did some work with the school to help them change how they perceived her. We explored ideas for how she could have a more positive role at school and they gave her a role in a buddy system where she would go in the playground and wear a tabard, which she thought was fantastic – her idea! – and she'd help with the younger children. It was fantastic to see her self-esteem grow, the fact that the smaller children were coming to her and now she wasn't seen as the naughty girl. She was absolutely skipping in, you wouldn't think it was the same child.

One boy I worked with in the Face to Face service was getting bullied at school. His hopes from the work were to stop being bullied and have friends. When our work started, the boy's foster carer had already told the school about the bullying but the school had said he wasn't getting bullied. So nothing had really changed for him.

Through this work I did a 'helping hand' exercise with the boy and asked him who helps him. He said that his foster carer was on his helping hand, so we talked about how his foster carer could help him. I asked for his permission to discuss the bullying with his foster carer. With the foster carer I went back to the school and we asked them to address the bullying. This time they took it on board.

So I think the solution team exercises are about showing the child that they can ask for help. It is important as part of this work that the members of the child's solution team understand their role and how they can help. I think after we had talked, the foster carer was more aware of what they needed to do, to make sure that the school were taking their concerns on board.

Tool: The helping hand

Ask the child:
Who could help you to move closer to your preferred future? The child can then draw or paint on the hand to describe members of their 'solution team'.

They might paint a different face on each finger and label the fingers to say who they are. Each finger represents somebody who helps them.

They could draw their preferred future in the palm of the hand, or draw a face to represent himself/herself.

Please find the blank 'helping hand' worksheet in the appendix.



Tool: My solution team

Who can help you to move closer to your hopes?

Think about who can help you do more of what works and move you closer to how you want to be.

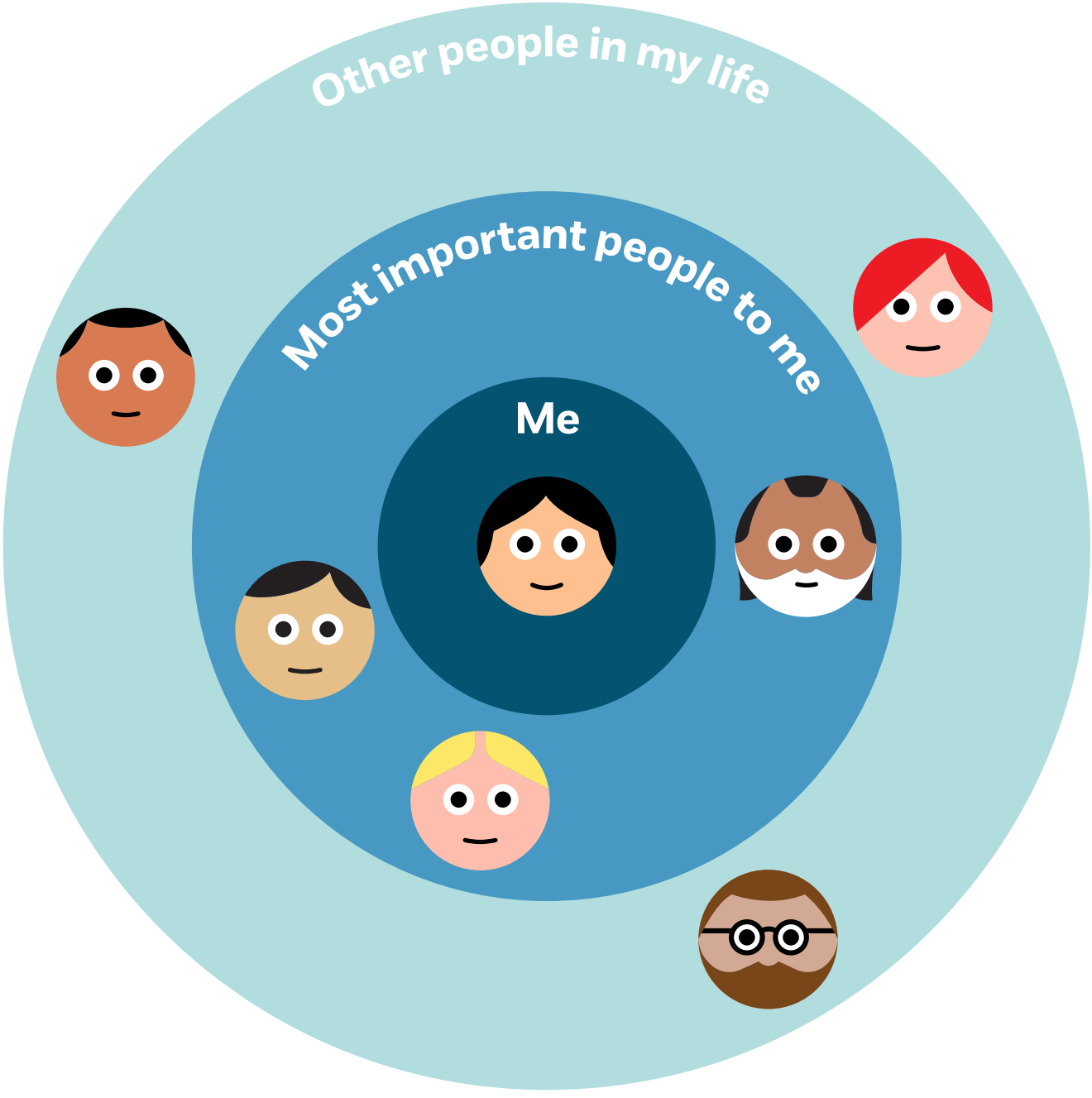
How can these people help you?

Tool: Who is important to me

Ask the child to draw himself/herself at the centre of the circles, and then map out:

- The people who are closest to them (drawn nearer the centre of the circle, the more important they are to the child or young person)
- Other people in their life – placed further away from the centre if they are less important to the child

Use this as a tool to discuss the people in the child's life who can help them to achieve their best hopes, and how they can be of help.



Activity: Drawing your solution team

Questions:

- Who can help you to move toward your hopes?
- Who notices positive things that you are doing?

Instructions:

- Ask the child to draw a picture of members of their solution team
- Ask the child to draw a picture of someone helping them
- How is this person helping?



Activity: Using buttons to describe the solution team

Provide a mixed selection of buttons of different shapes and sizes. Ask the child to select buttons to represent different family members, carers or friends who can help them move towards their best hopes.

The child could also potentially decorate the buttons using paint, pens or glitter.

How does the button represent a quality of that person?

Which people (represented by buttons) will help the child to achieve their best hopes? How do they help?

You could also use stones, marbles or toy cars – any object that appeals to the child.



7

Building on success

Building on success

Introduction

It is important to note that a lot of the key work that the child or young person is doing will be taking place in between sessions. Berg and Steiner (2003) refer to 'homework' and 'experiments' as ways that the child or young person can build on their achievements and strategies in between sessions.

Ending sessions

The endings of sessions are opportunities to help a child or young person sum up what they have learned during the meeting and to consider how they might put these insights into practice during the time before your next meeting. The 'checklist' activity may be one way to help the child get involved with this summing up process, and to give them a reminder of what they can focus on in the coming days.

It is also valuable to offer the child appreciation for the efforts they have made during the session and the ideas and strategies they have identified.

At the end of the session, it may be helpful to discuss what the child will try to practice or 'notice' before the next session. You may want to discuss a way that they can record times when this happens as 'moments of success' in between sessions. This may be something that a member of their solution team could be involved with (for example, noticing when the child is exhibiting positive behaviours that they are working on and making a note of this).

Follow-up sessions

Follow-up sessions should start with asking the child or young person to reflect on what has changed for the better since the last meeting. What strategies that they have used worked well?
To help personalise the experience for the child and make this feel like a cohesive piece of work, it can be helpful to use the child's own language and 'in-jokes' to show them that you have remembered what they told you last time. It is often useful to bring the child's work from previous sessions with you, so that you can refer back to it and build on previous conversations.

Things to consider

- Resources can be taken from the 'problem-free talk' or 'working toward the preferred future' sections of this toolkit (for example, using strengths cards).
- Using scaling, the young person could identify a place on the scale nearer towards their preferred future and could detail what happens at this place on the scale. Ask the young person if any of the details described are likely to happen between this and the next session, how will they do that, what they know of themselves that will help them and how confident they feel.
- You could set a 'noticing' activity in between sessions, for example, "Please try to notice times when you managed to do something different, such as 'walked away' when feeling frustrated/ felt more confident/was friendly to someone" (depending on the child's preferred future). Ask the child or young person to try to remember some examples to share at the next session.
- You could use the 'My journey' tool to chart the child's progress as they go. Alternatively, you and the child could draw a path on wallpaper, so that the child can physically walk along it.

Tools for building on success

- Checklist: explanation
- Solutions checklist: tool
- Paint the hand: explanation
- A helping hand: tool
- My journey: tool

Activities to help the child or young person build on success

- Making an origami fortune teller: explanation
- Making an achievement wall: explanation
- Making a 'moments of success' scrap book: explanation
- Salt jar strategies: explanation

Case example

I was working with a 10-year-old boy called Michael. He'd been in foster care for about 18 months and he'd had previous experiences of some quite severe neglect. He was able to identify his best hopes: what would make him happy was to be more confident.

To explore his preferred future, we broke it down to look at what feeling more confident would look like and what is a confident person? At the next session I asked him to draw a picture of somebody who might be confident and to list all the confident traits of this ideal person. I think he might have listed out maybe eight or nine.

Then we went through each one of these qualities and said which ones of these does he actually already have? I think going through that list he surprised himself that maybe out of the eight or nine he already had six of them. This almost immediately started him thinking that "Actually, maybe I'm more confident than I initially thought".

A lot of the sessions were then about looking at strengths that he had and how to build on those strengths, so looking at times where he displayed certain characteristics. We were really looking at building his self-esteem and each week we always referred back to that ideal confident person that he created in the initial session.

When we finished the work, I did an activity with him using strengths cards and looking at all of the strengths he had. I finished by giving him a poster of all of these positive attributes, which he could take away with him. It was an affirmation for him of "Look at all these things that I have identified within the sessions" and something to remind him of the work we did together.

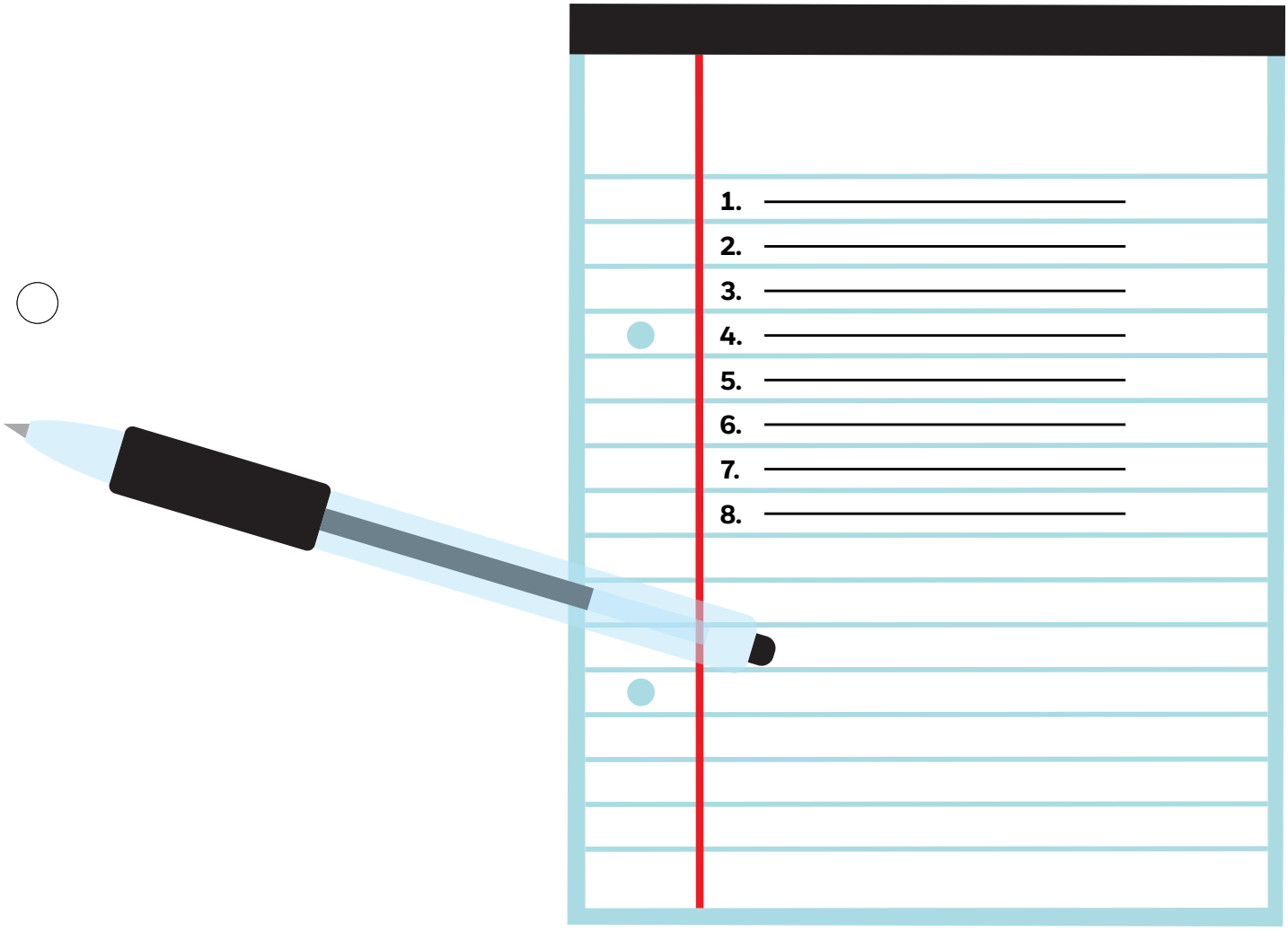
His carer commented that he had actually become a bit more outspoken within his placement! That obviously comes hand-in-hand with approaching adolescence anyway, but his foster carer welcomed it because she could see him coming out of himself and having more of a voice.

Tool: Check list

During the session, the child could write or draw a checklist of things they want to do each day to stay on track. Keep this realistic and limit the number of items at the beginning of the work. Include scaling of how confident they feel to implement their own suggestions and use solution-focused questions to explore feeling more confident.

They can then take the checklist with them and hang it in a prominent place at home, to provide a reminder.

The checklist can be discussed at the next session, to explore how they did it, what helped them to do that, what difference it made, and to add or amend the checklist to make it more helpful for the child. Include the child's solution team to help them notice actions from the checklist and feedback to the child/young person.



Tool: Paint the hand

Ask the child to draw around their hand, or provide them with the outline of a hand (see the 'a helping hand' worksheet provided in the appendix).

Ask the child to paint each finger a different colour to represent the different strategies they have used to move towards their preferred future. They may want to describe or draw these strategies around the outside of the hand.

In the middle (the palm of their hand) they could paint a face.



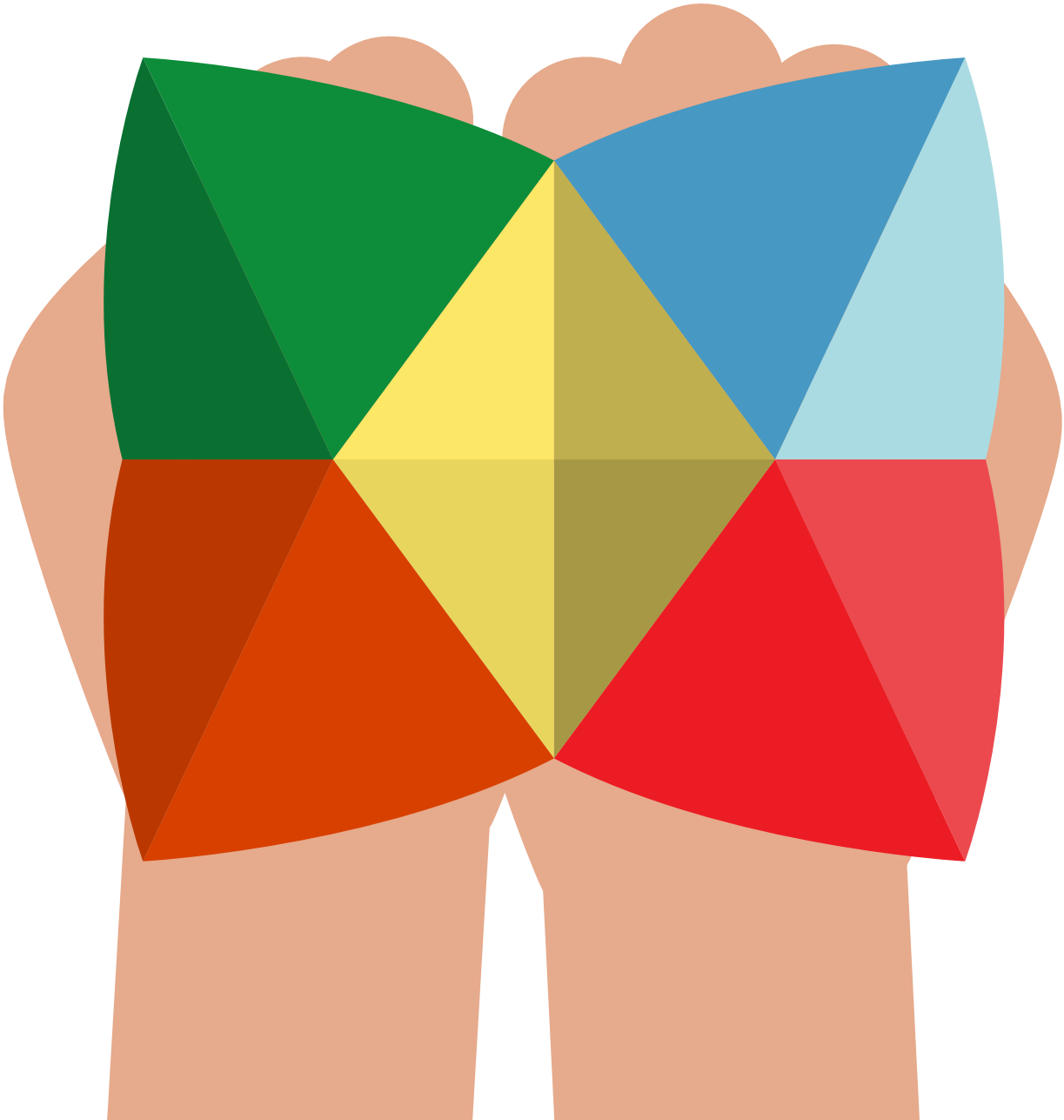
Activity: Making an origami fortune teller

Make a fortune teller and paint it or decorate it with coloured paper (the resources section of this toolkit provides a link for instructions on how to make it).

Under each leaf of the fortune teller, the young person writes or draws steps that they have taken that will enable them to move towards their preferred future.

This can provide a reminder of changes that they have already made, and instructions for how they can build on these new strategies between sessions.

It could also provide a reminder of what they have learned once the work has come to an end.

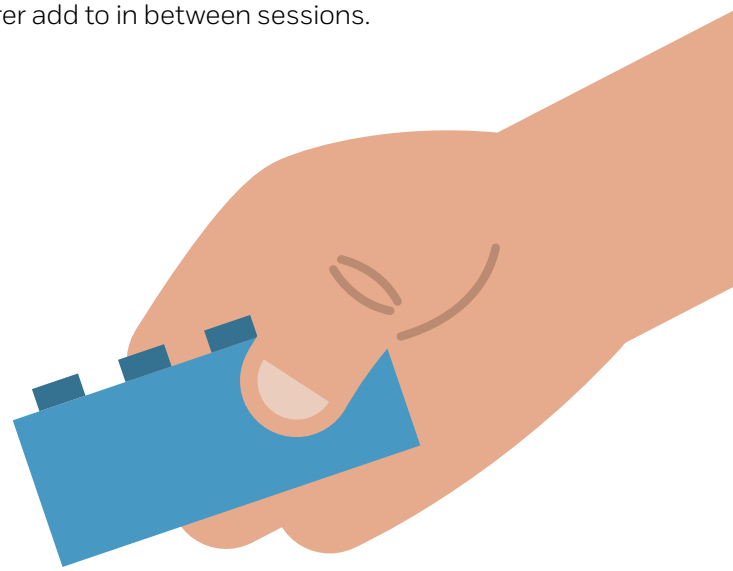


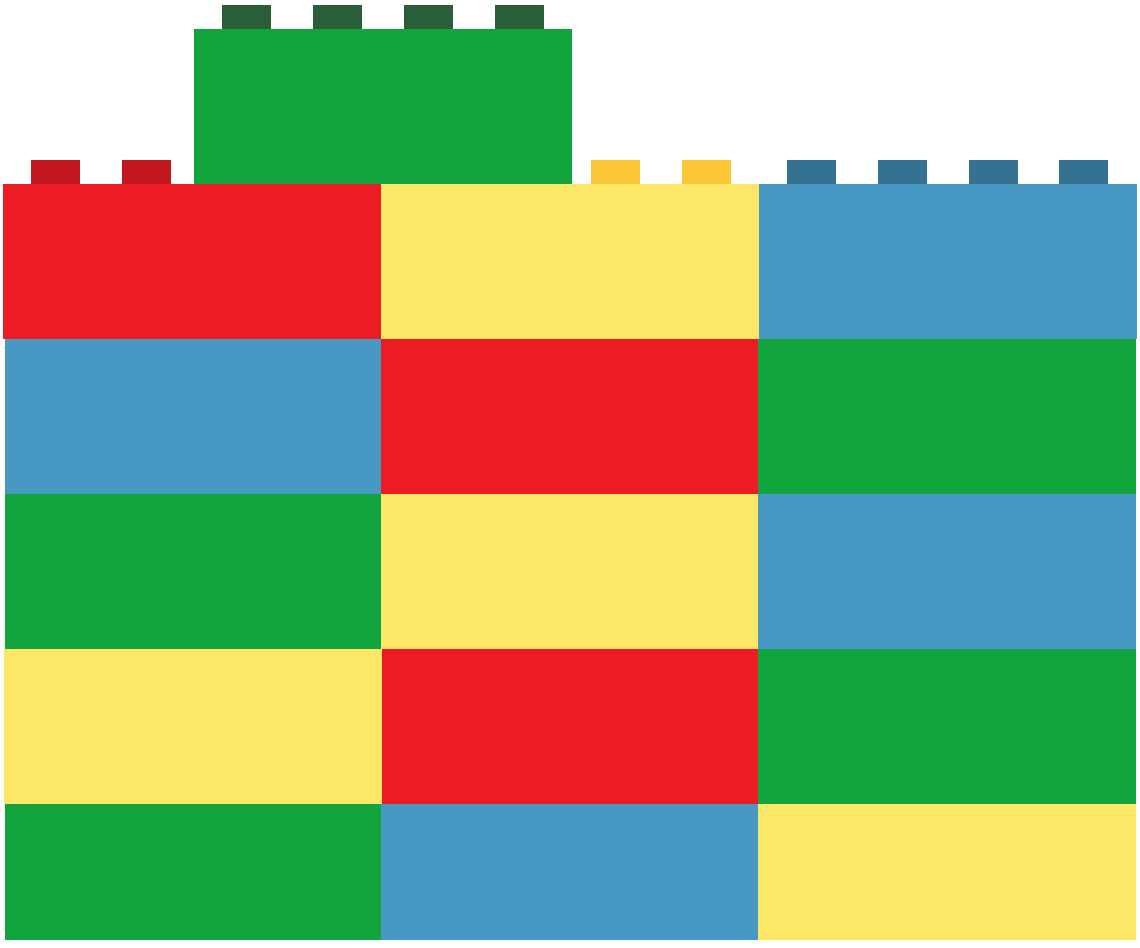
Activity: Making an achievement wall

The child builds or draws an achievement wall, starting from the bottom and working their way up.

Each brick represents an action, strategy or skill that has been noted in relation to their best hopes or something the child has done that was helpful. The wall could be built during sessions, or it could also be something that the child and their carer add to in between sessions.

At the end of the work, this could provide the child with a reminder of the achievements they have made in moving towards their preferred future, and a reminder of positive skills and strategies to continue with.





Activity: Making a 'moments of success' scrap book

Provide the child with a scrap book, which they can decorate to make their own.
The child or young person brings this scrap book with them to each session.

The child writes or draws in the scrap book something they did, no matter how short the situation was, that they feel was a 'good thing', both in the sessions and outside of them.

If the child/young person has difficulty with this it may help to suggest imagining the past week from an observer's (third party) point of view. For example, ask the child to imagine being a time travelling detective that goes back in time to the last week and follows the child around to look out for or notice clues of when something went well, no matter how small.

If relevant, ask what a member of the child's solution team may have noticed and ask the child to note this down



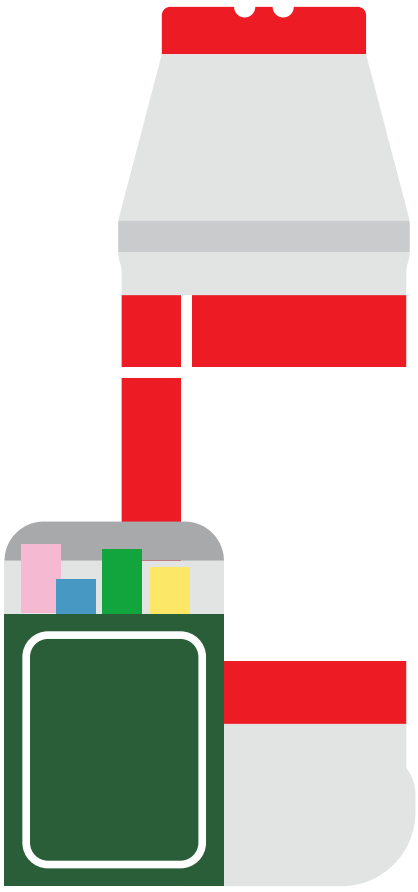
Activity: Salt jar strategies

Give the child an empty jar and some jars of coloured salt or sand. Coloured salt can be created by using different coloured chalk to rub over plain salt, which changes the salt into different colours.
The child is asked to identify one of their 'strategies' – something they do to help them move towards their preferred future. For each strategy, they pour a layer of coloured sand into the jar.

Once the jar is full of layers of salt, you pad the top with tissue and superglue the lid shut. Ask the child to write a label explaining what each colour represents.

This could be an activity that takes place each session, reflecting on their achievements since the last session, or an activity that takes place at the end of the work.

You can decorate the jar and lid with ribbons, paints and glitter, and the child can keep it as a reminder of their skill set and aspects of what they do that works.





8

Planning and working toward endings

Planning and working toward endings

Introduction

Solution-focused practice is designed to support short-term interventions that empower children and young people. When offering a stand-alone intervention, the solution-focused practitioner is there to help the child or young person in the context of their existing support network (for example, parents, foster carers, teachers or other professionals), but not to replace these important adults.

Within this intervention it remains important for the practitioner to develop a good working relationship with the child or young person within the context of solution-focused practice. Therefore, the practitioner will need to be clear about their particular role in the child's life and the number of sessions available to the child, so that the child is aware that they can choose to end the work when they wish, and is prepared for when the allocated sessions will come to an end.

Practitioners working on the NSPCC's Face to Face service have developed a variety of ideas for introducing this concept into sessions and providing children and young people with reminders of their achievements during the solution-focused work, which they can take away with them.

This section on planning endings may be less relevant to you if you are providing solution-focused support to a child or young person whom you will have an ongoing relationship with (for example, if you are a foster carer or social worker). However, with any solution-focused work it could be useful for the child or young person to have a record of their strengths, coping skills and achievements they have made, which they can keep after the work has ended.

Things to consider

Solution-focused practice should be child-led, so it should be the child or young person who decides when things are good enough and when the work is complete (although it may be necessary to limit the total number of sessions that can take place).

Part of the process will be the child or young person reviewing at each meeting where they feel they are in relation to their preferred future and to their need for future sessions. This may include gaining confidence to implement and maintain skills and strategies they have used in moving towards their preferred future. Within a possible restriction of the number of sessions (according to the service model), the decision to have another session always lies with the child or young person. However, the process should support their reflection on how they would know that having had another session had been useful.

It may be a good idea to discuss with the child at an early stage how they would like to keep a record of their work with you. Would they prefer something visual they can display, like a poster or canvas? Or would they prefer something tactile, such as a fortune-teller (see the 'building on success' section) or a box they can close and keep in a safe place.

Before the last session

- The child or young person will be aware and prepared for the work coming to an end
- They will be able to anticipate which is to be their last session.

Planning and working toward endings (continued)

At the last session : consolidation

- Help the child or young person to recap what they have learned.
- Celebrate their achievements and create a record that they can keep (you could give the child a folder of their work to take away at the end, but you may wish to photograph this first to keep a record).
- Discuss 'what's next' and how they will keep building on their progress.
- Discuss the child or young person's solution team – who will help them to keep up their progress? Is there anybody the young person would like to share their work with?
- Remind the child of the resources they have identified, to help them keep moving toward their preferred future.
- Be aware that each session may turn out to be the child's last!

Tools for planning and working towards endings

- Cartoon strip: explanation
- Cartoon strip: tool

Activities for planning and working towards endings

- Making a vision board: explanation
- Making a keepsake box: explanation
- Creating affirmation cards: explanation
- Designing a certificate: explanation
- Salt jar strategies: explanation

Other ideas

- Ask the child to write a letter to himself/herself, describing the journey they have been on and what he/she has learnt about himself/herself. Agree with the child that you will send the letter to them at an unexpected time once the work is complete.
- Compose a rap or song with the young person: what they want to remember about the work.

Case examples from NSPCC's Face to Face service

I was working with a teenage boy and he had been excluded from school so he was applying to start at college. Towards the end of our work together he made a collage of inspirational images that would help him to achieve in college. I gave him a lot of magazines to cut out pictures from – like Sunday magazines from the newspapers and car magazines. He seemed to really enjoy doing that.

The salt jar is a really nice ending to work. Every colour is a strategy they have used to move towards their preferred future.

One boy, who was in residential care at the time, was really surprised by how many layers there were. It was a visual of everything he had achieved.

One girl, who was aged 12, wanted this to be a 'jar of happiness'. She labelled the layers 'love', 'friendship', 'family' etc.

Another girl who liked baking did a 'recipe for success'. For example, 'a cup of love', 'a pinch of listening', 'you mix it all together'. She drew a picture of the recipe and took it with her as a reminder of our work together.

I've used 'make your own jigsaw puzzles' in sessions with children. Each piece of the jigsaw puzzle can represent something the young person has learnt about himself/herself or positive strengths and strategies they have discovered. They might draw or paint on each puzzle piece.

This is something they have designed themselves, which they can be proud of; it's a way of celebrating their achievement. They can then keep it as a reminder of all the helpful things they've learnt.

Tool: Cartoon strip

Cartoon strips could be used for a variety of purposes:

Describing the child's preferred future:

- The cartoon strip could present a scenario in which the child's preferred future is happening. What would the child be doing at different points in the day? What would other people notice?

Working towards endings:

- The child draws a cartoon strip to represent the work you have done together, or positive things they have learnt about themselves. This provides a visual reminder of the journey they have been on.
- The last box could represent where the child is now, or their hopes for the future.



Activity: Making a vision board

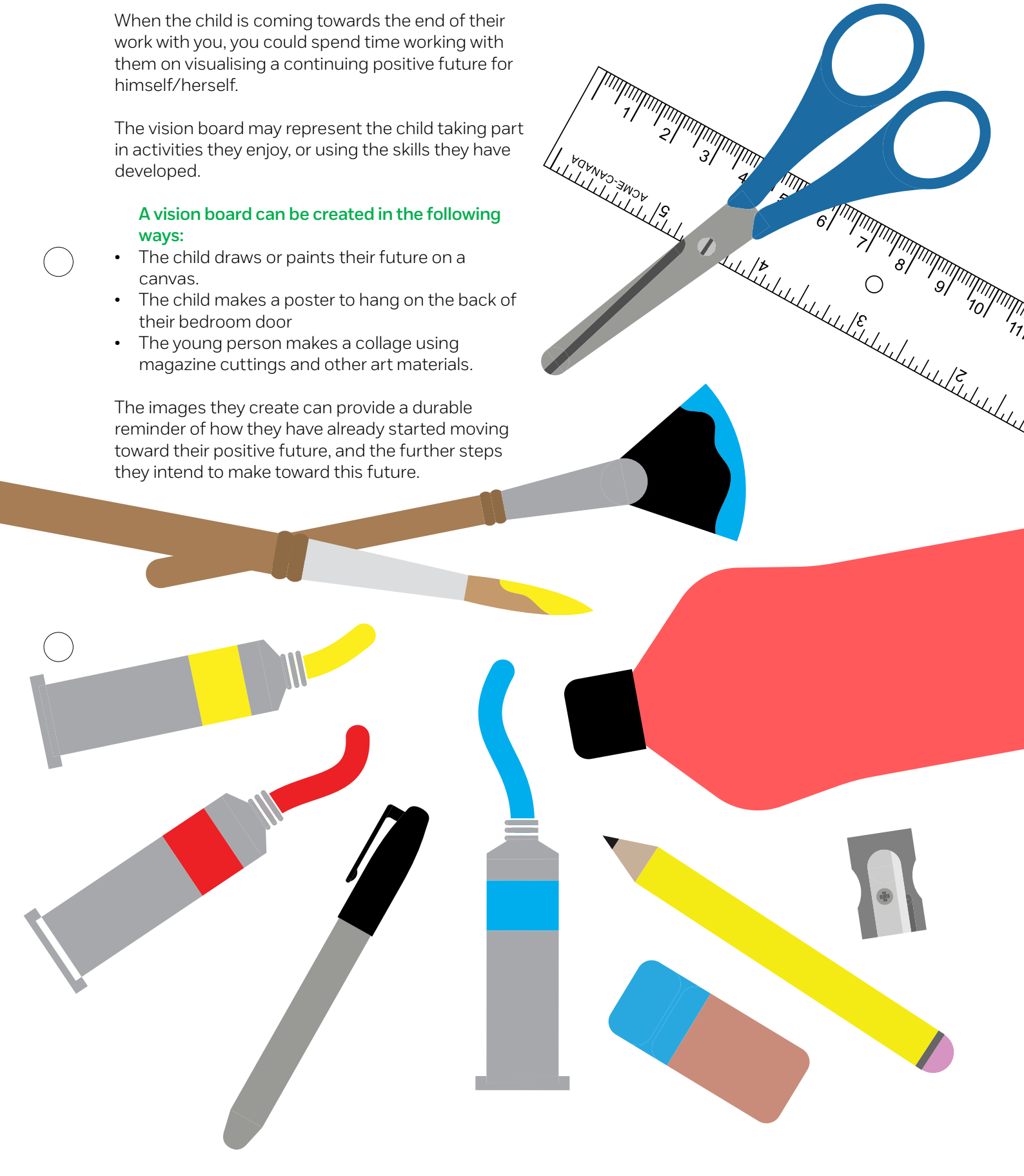
When the child is coming towards the end of their work with you, you could spend time working with them on visualising a continuing positive future for himself/herself.

The vision board may represent the child taking part in activities they enjoy, or using the skills they have developed.

A vision board can be created in the following ways:

- The child draws or paints their future on a canvas.
- The child makes a poster to hang on the back of their bedroom door
- The young person makes a collage using magazine cuttings and other art materials.

The images they create can provide a durable reminder of how they have already started moving toward their positive future, and the further steps they intend to make toward this future.



Activity: Making a keepsake box

You could bring a simple box for the child or young person to decorate with paint, glitter, stickers, collage materials or lolly sticks. If you use lolly sticks, the child could draw something positive about himself/herself on each lolly stick and then use them to decorate the box.

Depending on the child's interests, this could be presented as a jewellery box, treasure chest or toolbox. The box can be filled with mementoes; cut outs, images of your work together and reminders of the things the child has learned about themselves in relation to working towards their preferred future.

This may include:

- Drawings
- 'A letter to myself'
- Notes describing the child's strengths
- Strengths cards
- Affirmations e.g. 'I can stay calm' (see the Affirmations Cards activity below)

Once the work has ended, if the child wants a reminder of what they have learned they can return to their box, and they can also be encouraged to add to the box as they discover new ideas, skills and strategies.



Activity: Creating affirmation cards

An 'affirmation' is a form of emotional support or encouragement. Affirmations might include phrases such as **'I am a good friend'**, **'I am a confident person'** and **'I can stay calm'**.

Affirmations should come from the child or young person. Therefore, within this process the practitioner can explore:

- Linking the child's achievements to their identity, for example what kind of person can do this/ what does this say about you?
- The practitioner can then work with the young person to agree affirmative statements about himself/herself.
- The practitioner can then print and laminate these statements so that the child or young person can subsequently remind themselves about their own discovered positive view of themselves.

Affirmation statements may also have been used as a tool within the process (often described as 'self talk'). In challenging situations, the child may have been able to do something differently because of these positive 'self talk' statements.

In agreement with the child or young person, these 'self talk' statements can be written or printed and laminated as a reminder.

Once your work with the young person has ended, affirmation cards can serve as a reminder of their personal strengths and how they can keep focused on moving toward their preferred future.



Activity: Designing a certificate

When the work is drawing to a close, you could work with the child to design a certificate and present it to them at their last session. The child could decide:

- The achievements they like to see noted on the certificate
- How they would like to decorate the certificate
- Who they would like to have there when the certificate is presented to them

You could then laminate the certificate so that it is ready to be presented to them at their final session.



9

Further resources

Further resources

Books and articles about solution-focused practice
Berg, I. K. & Steiner, S. (2003). Children's Solution Work. W.W. Norton Company Inc. USA

Berg, I.K. and de Shazer, S. (1993) Making numbers talk: language in therapy, in Friedman, S. (ed), The New Language of Change: Constructive Collaboration in Psychotherapy. New York: Guilford Press.

Dolan, Y.M. (2000) 'One Small Step: Moving Beyond Trauma and Therapy to a Life of Joy', Lincoln, NE: Authors Choice Press.

Ratner, H., George, E. and Iveson, C. (2012) Solution Focused Brief Therapy, 100 Key Points and Techniques. Hove, East Sussex: Routledge)

Milner, J. & Bateman, J. (2011). Working with Children and Teenagers Using Solution Focused Approaches. Jessica Kingsley Publishers. UK.

Shennan, G. (2014) Solution-Focused Practice: Effective Communication to Facilitate Change. Basingstoke, Hampshire: Palgrave Macmillan.

Information about NSPCC's Face to Face service

Fernandes, P. (2014) Face to Face Service: Impact and Evidence Briefing. Interim Findings. London: NSPCC. http://www.nspcc.org.uk/globalassets/documents/evaluation--of-services/face-to-face-interim-report.pdf

Practice resources
Strengths cards:
http://www.baaf.org.uk/bookshop/strength-cards

http://www.incentiveplus.co.uk/strength-cards

http://www.incentiveplus.co.uk/bear-cards

Instructions for making an origami fortune teller:
http://www.enchantedlearning.com/crafts/origami/fortuneteller/

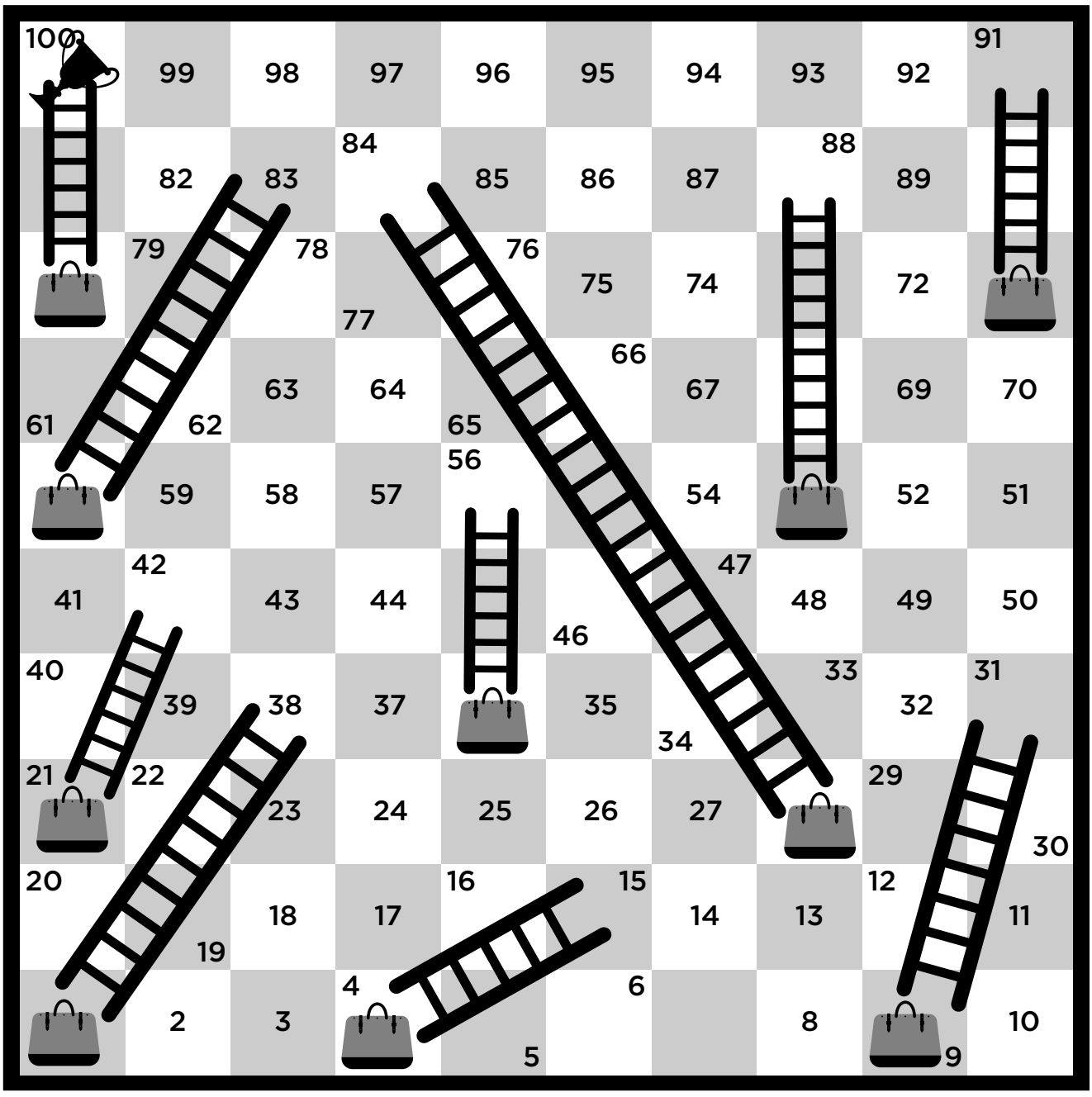
10

Appendix: Tools to use with children and young people

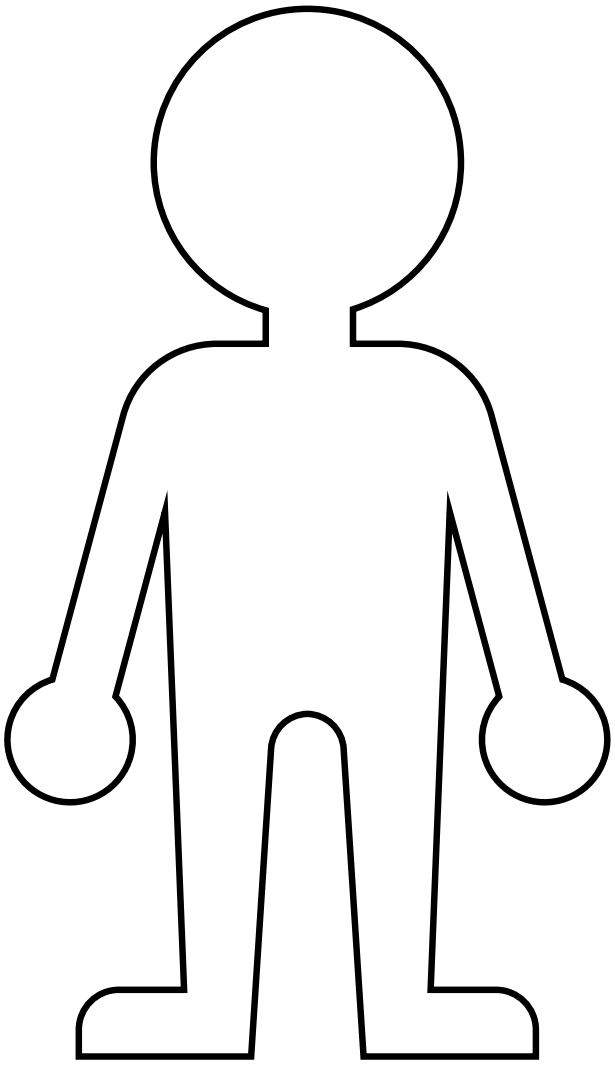
My journey



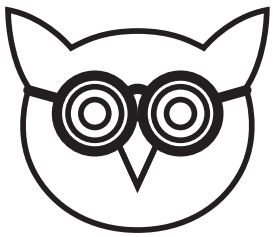
Ladders and tool bags



My strengths

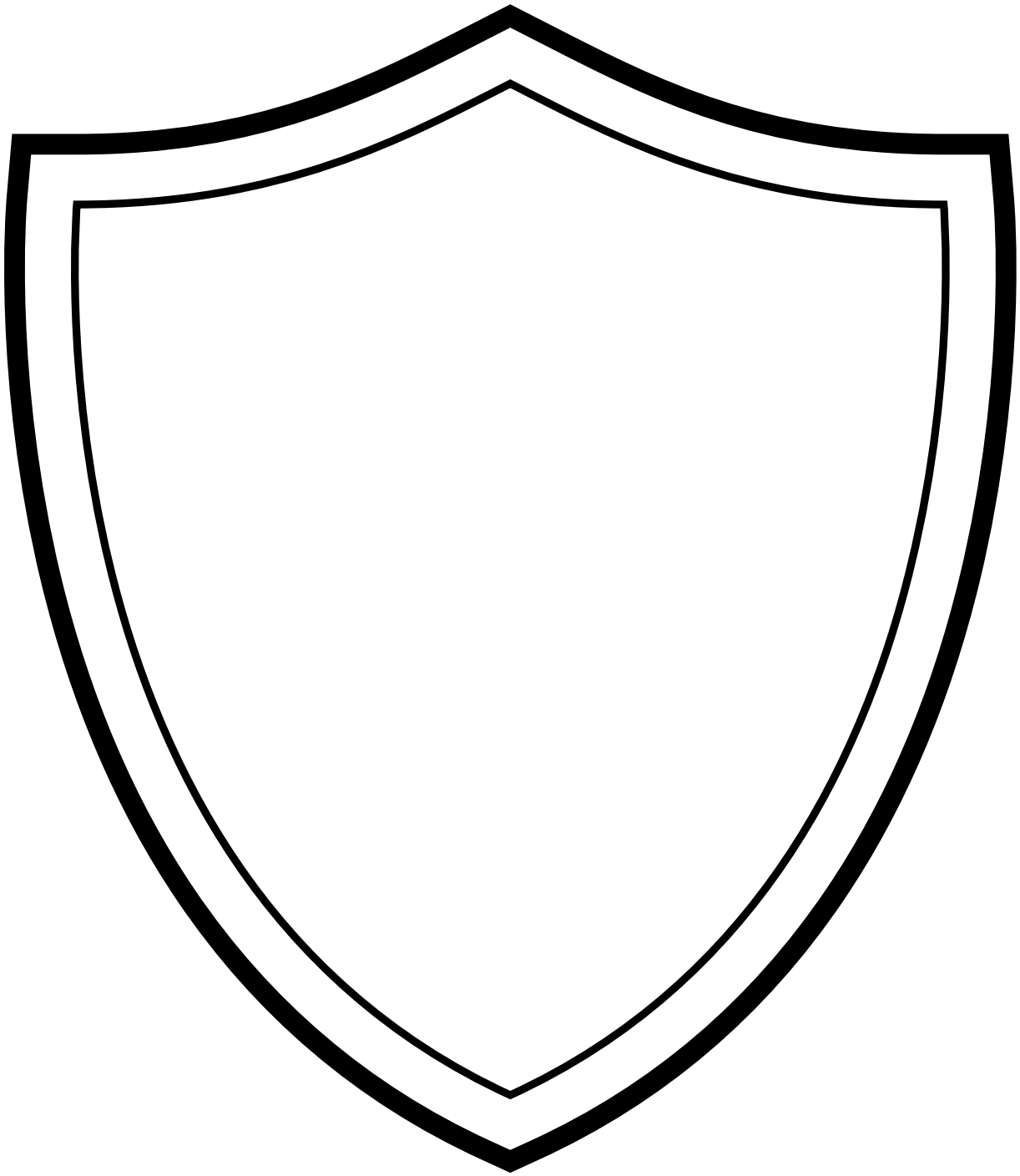


Strengths cards

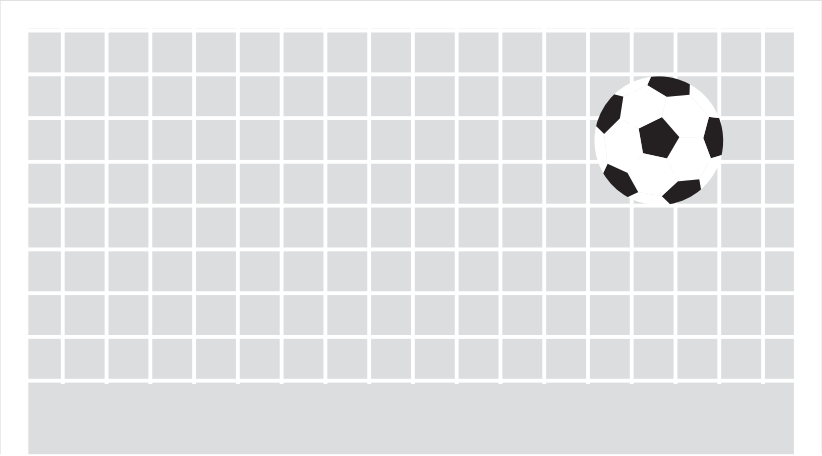


WISE

My strengths shield



Like scoring a goal!



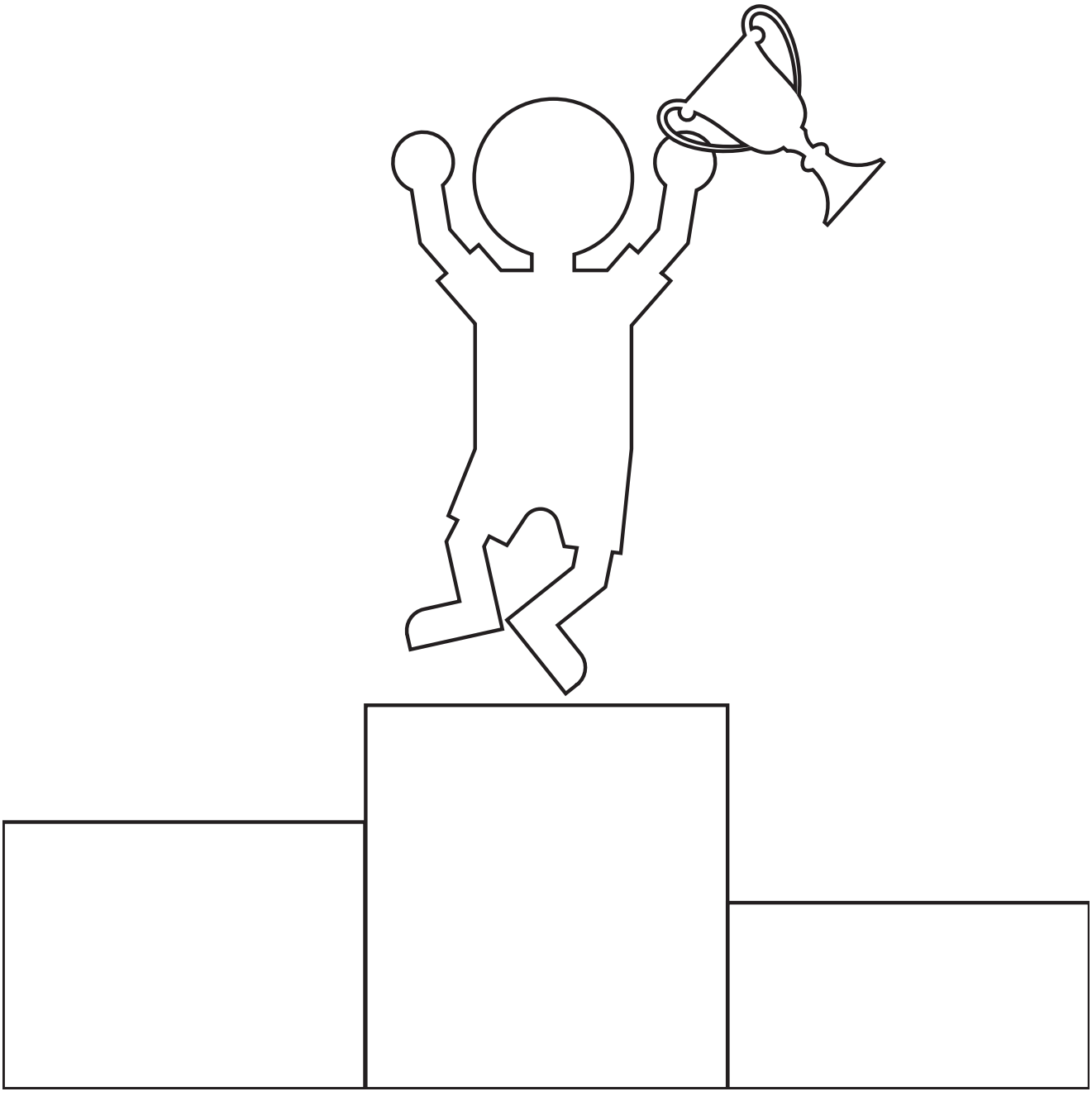
Achieving something you want from our work together is like scoring a goal. People don't just talk about goals in football matches, but they have goals in life too.

A goal is...

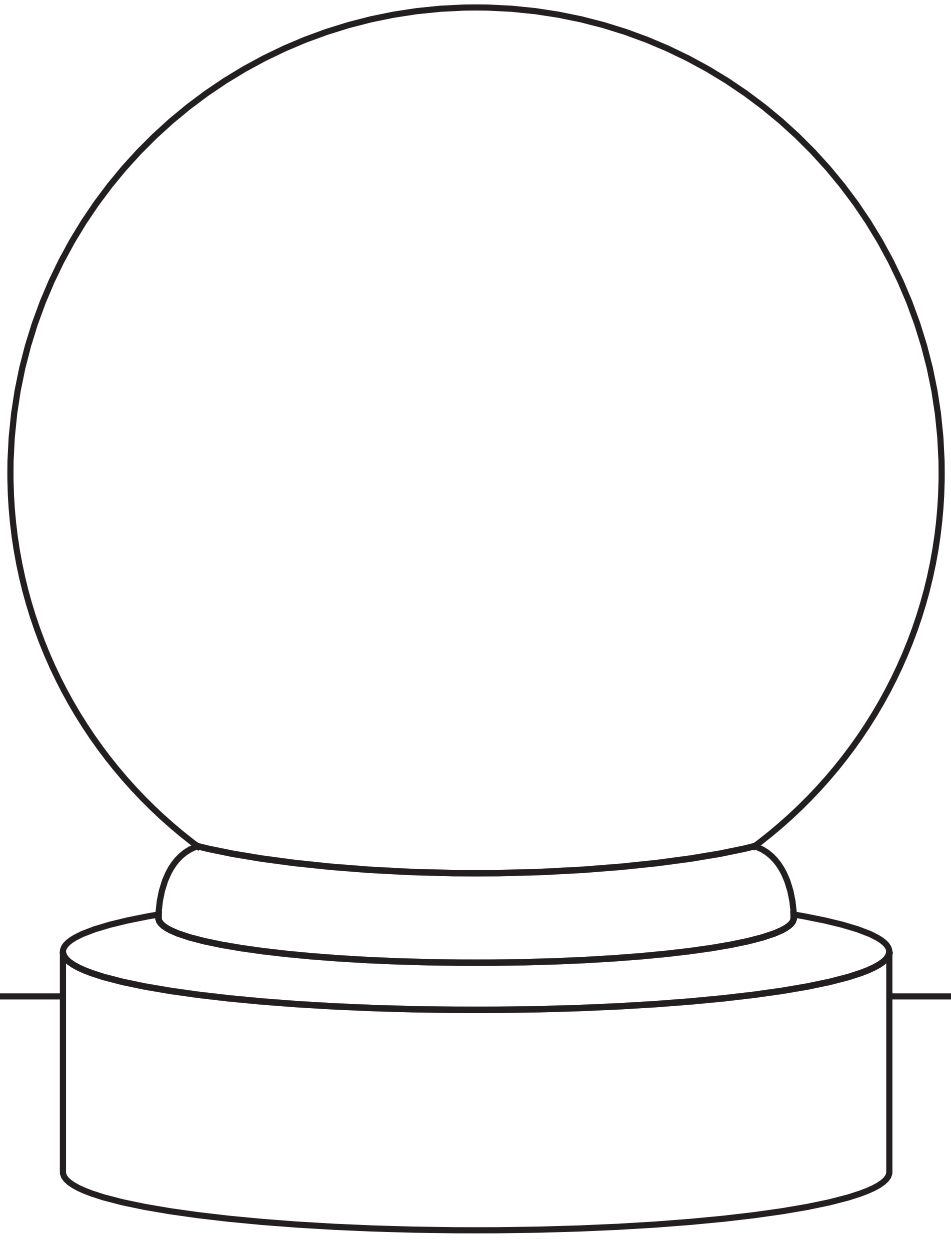
- Something positive
- Something about me
- Something I want for myself
- Something I can achieve

What is the goal you would like to work towards?

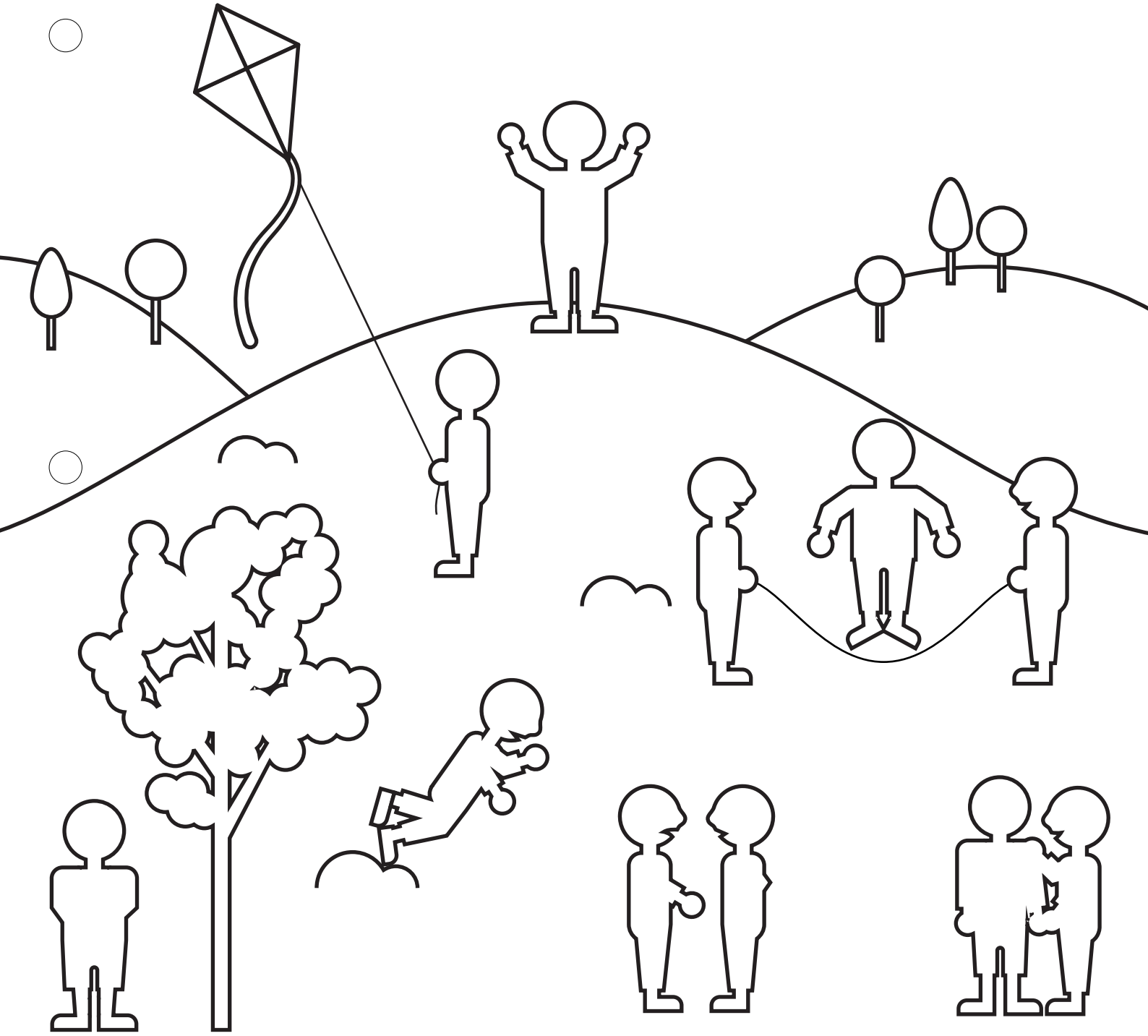
My best hopes



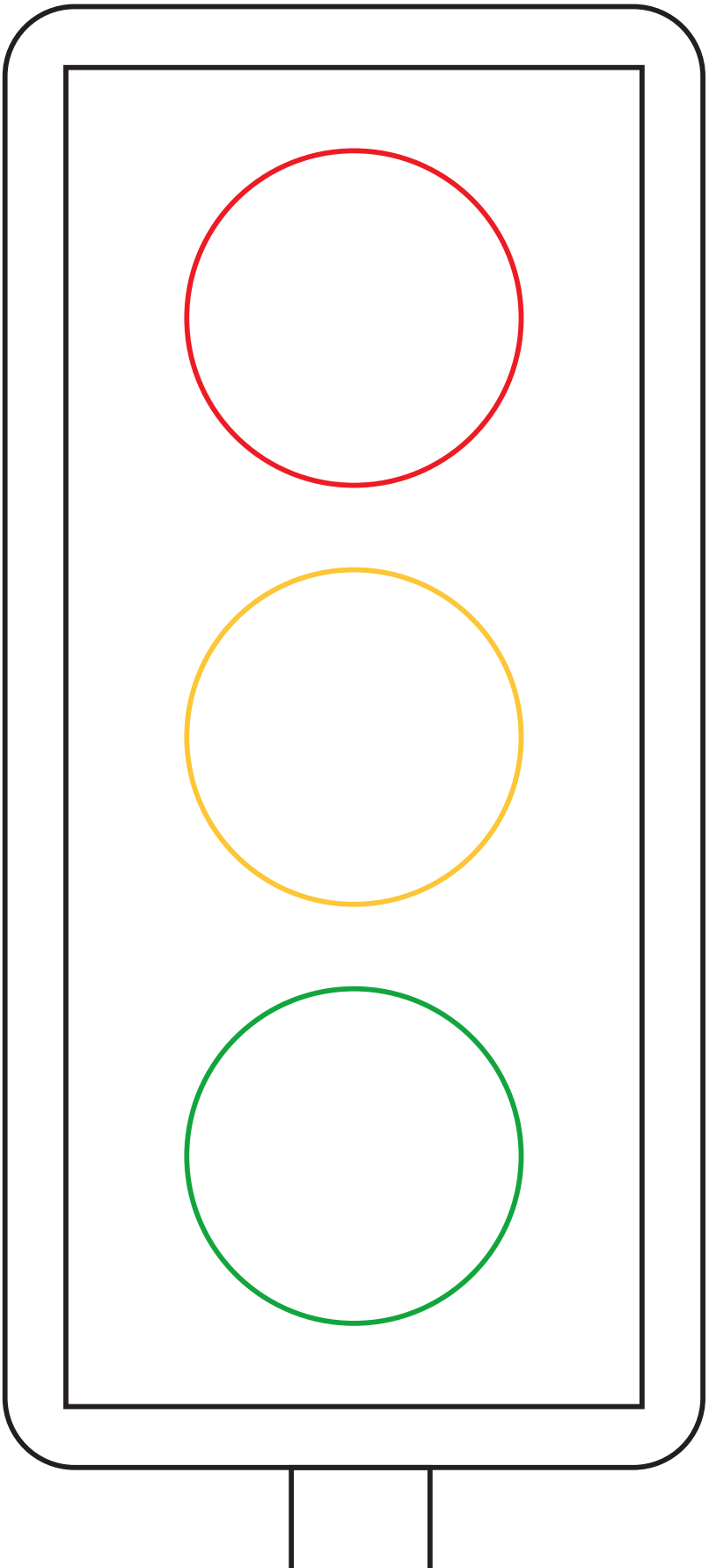
My hopes



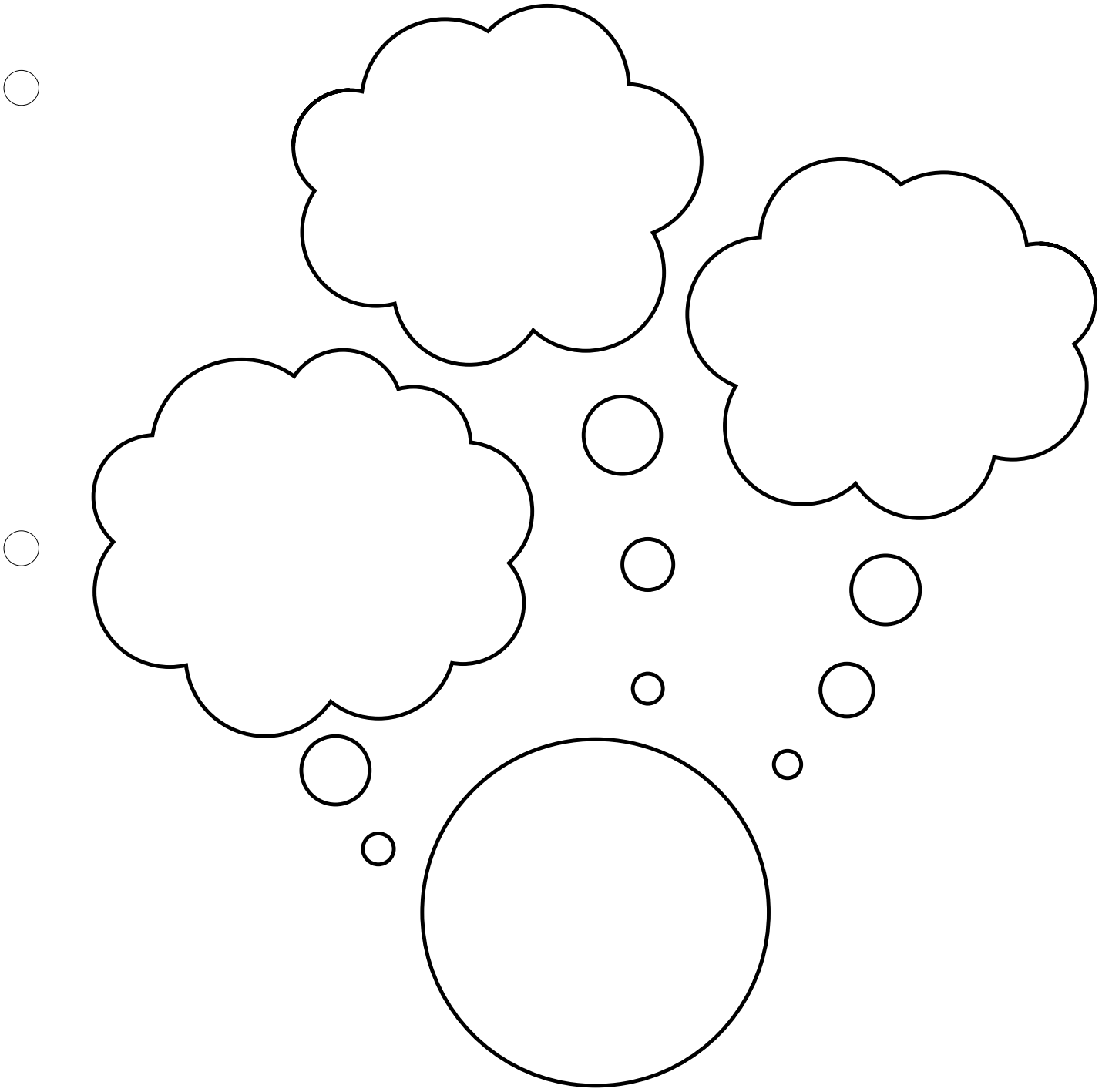
Which one do I want to be me?



Traffic lights



My best hopes

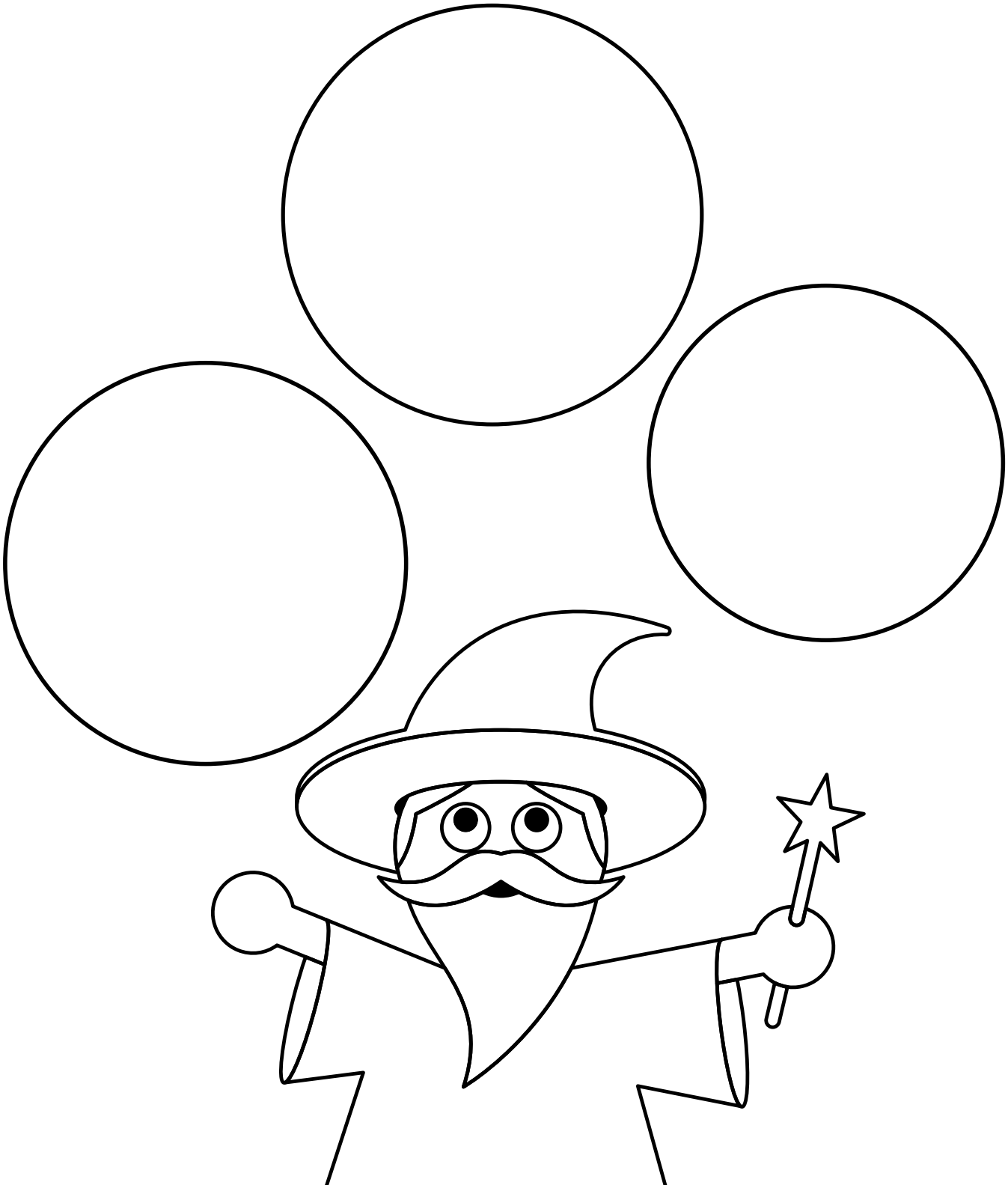


Changing the channel

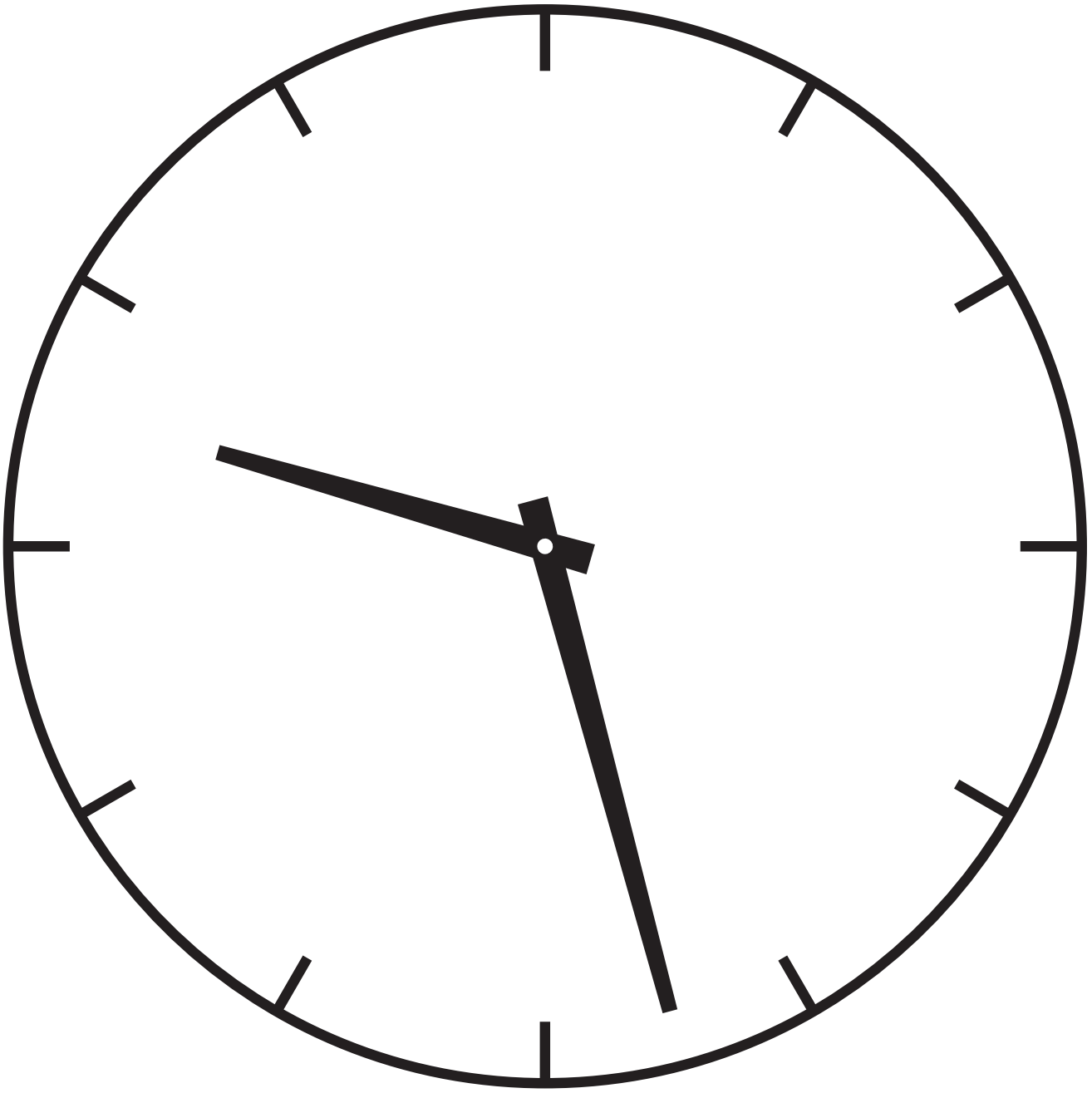




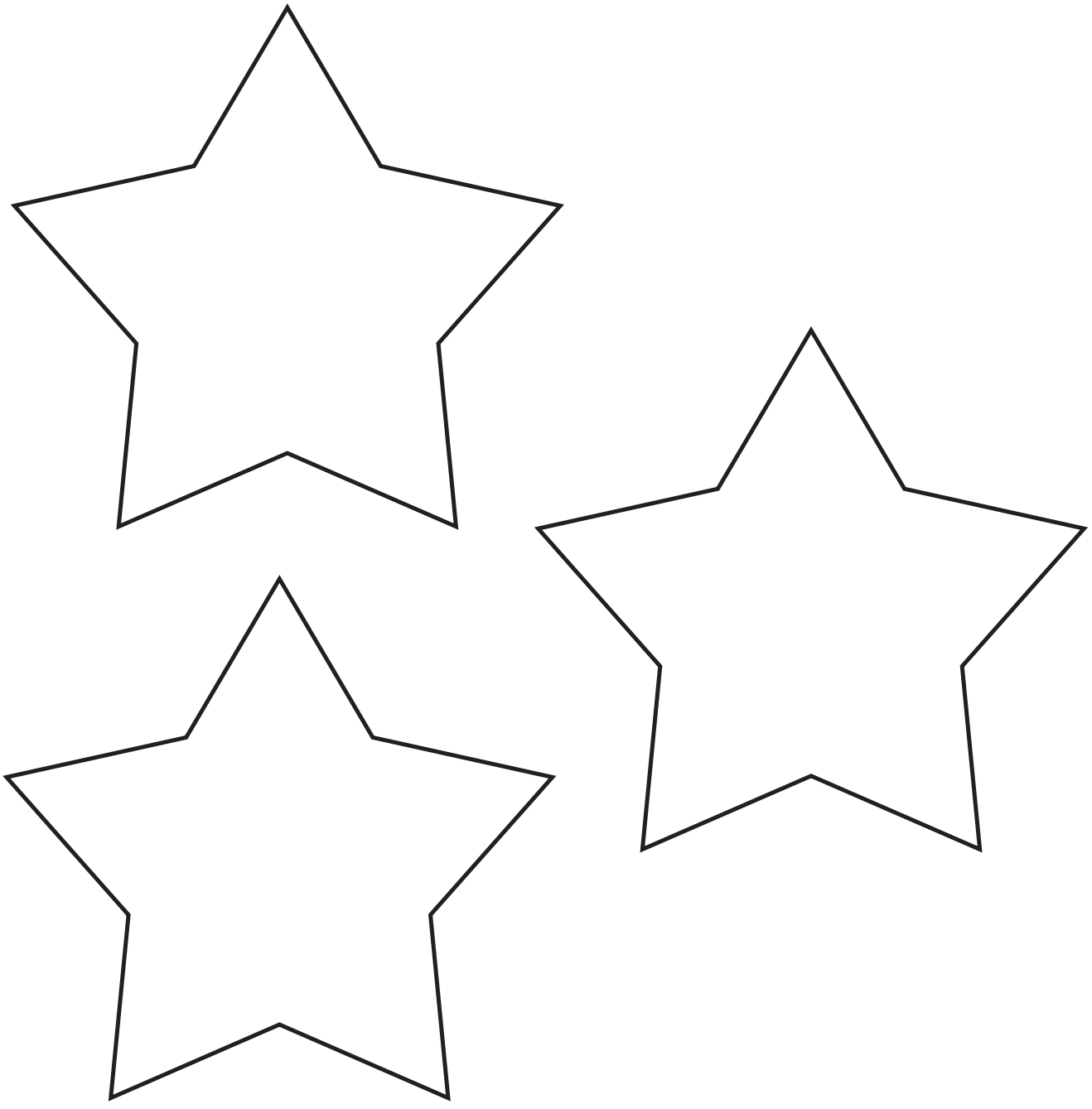
Waving a magic wand



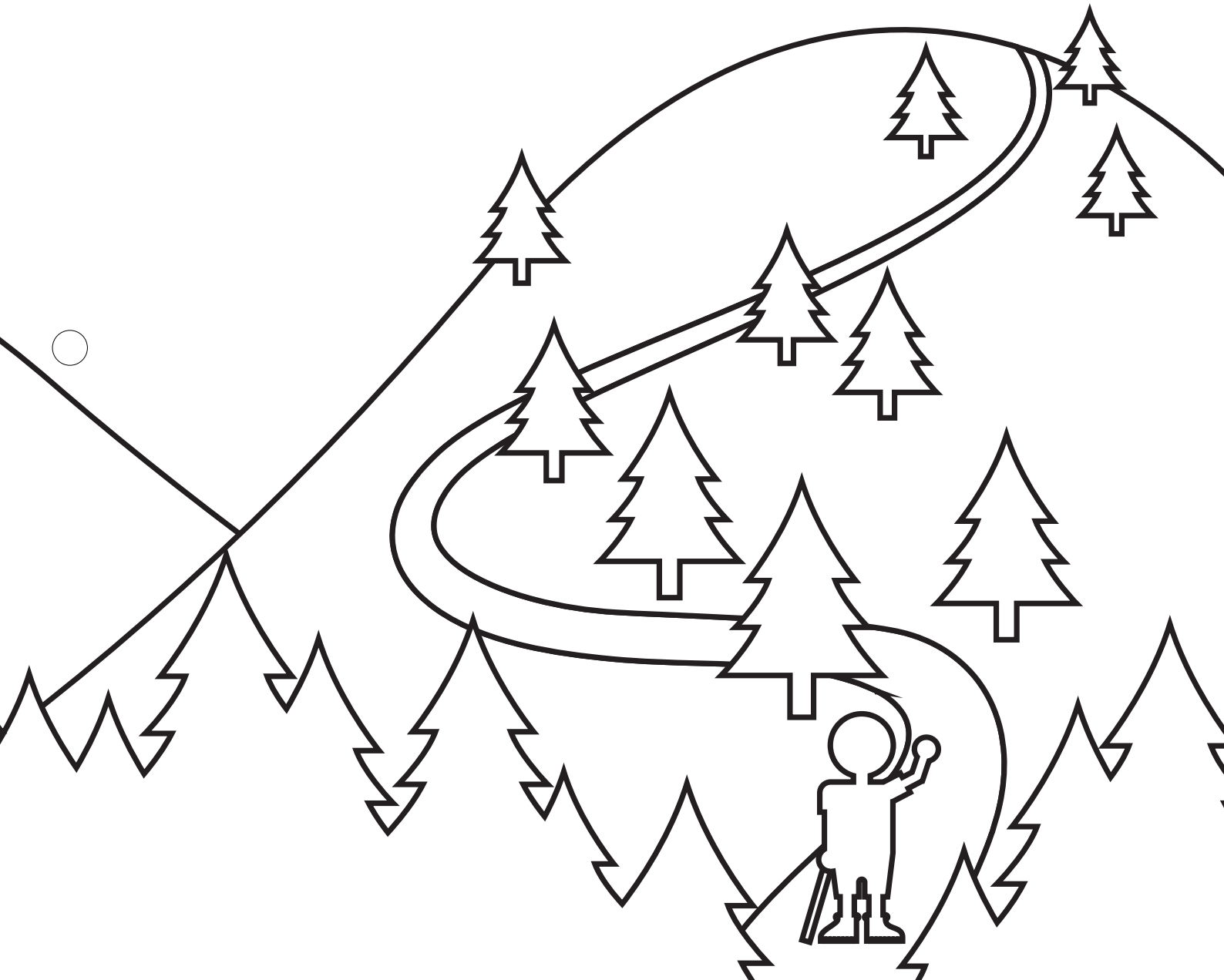
The miracle day



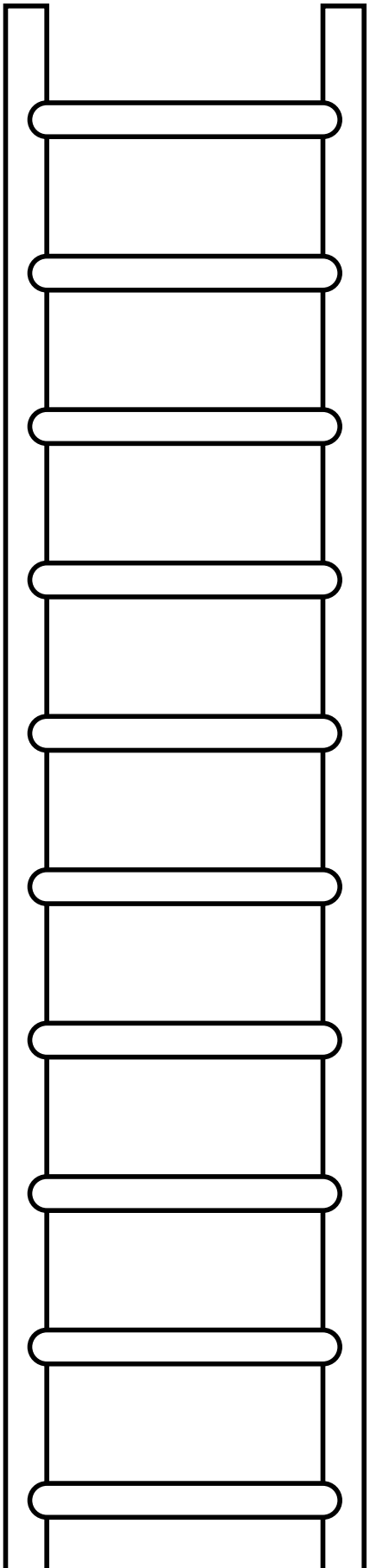
Instances of my preferred future



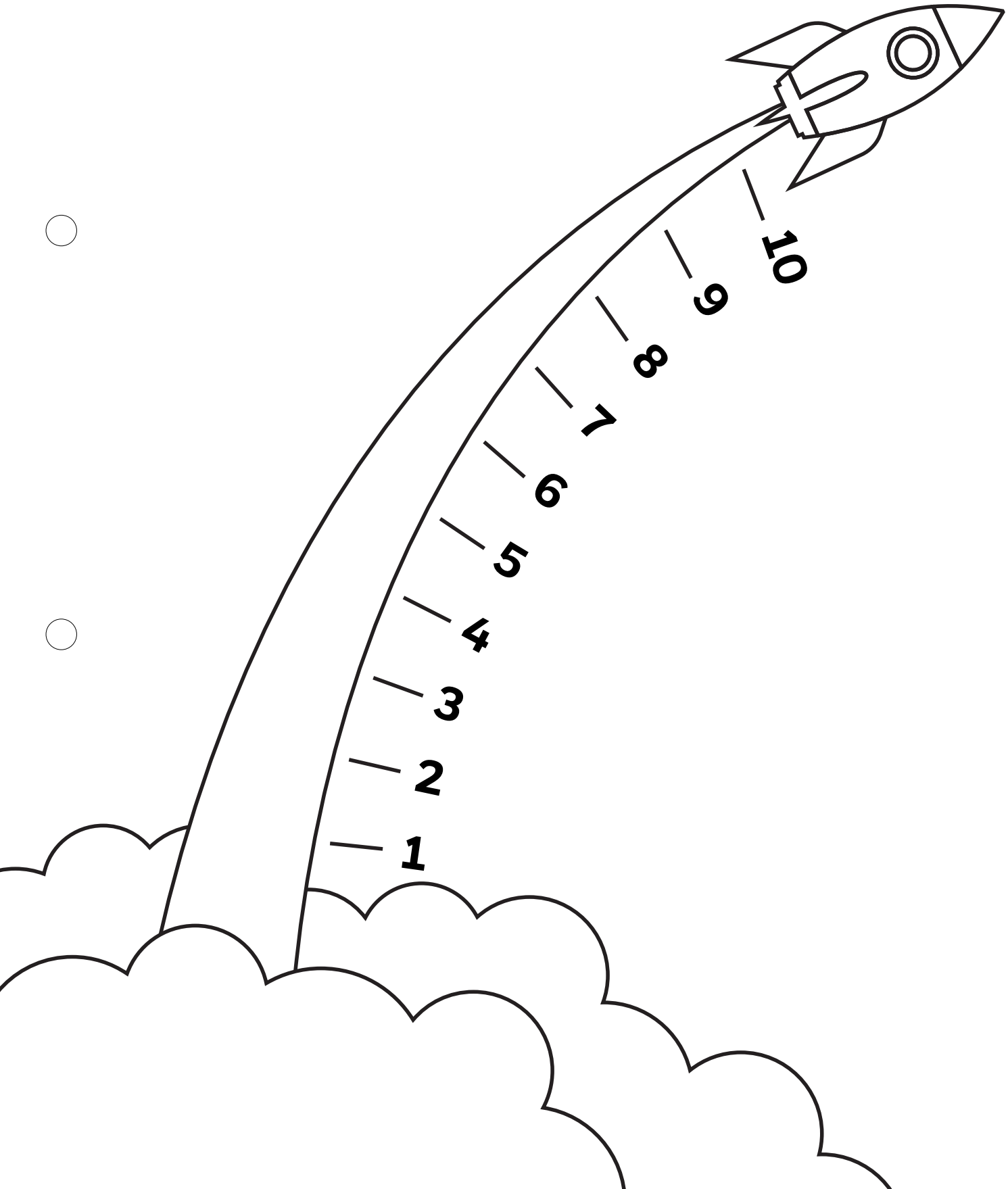
Climbing a mountain



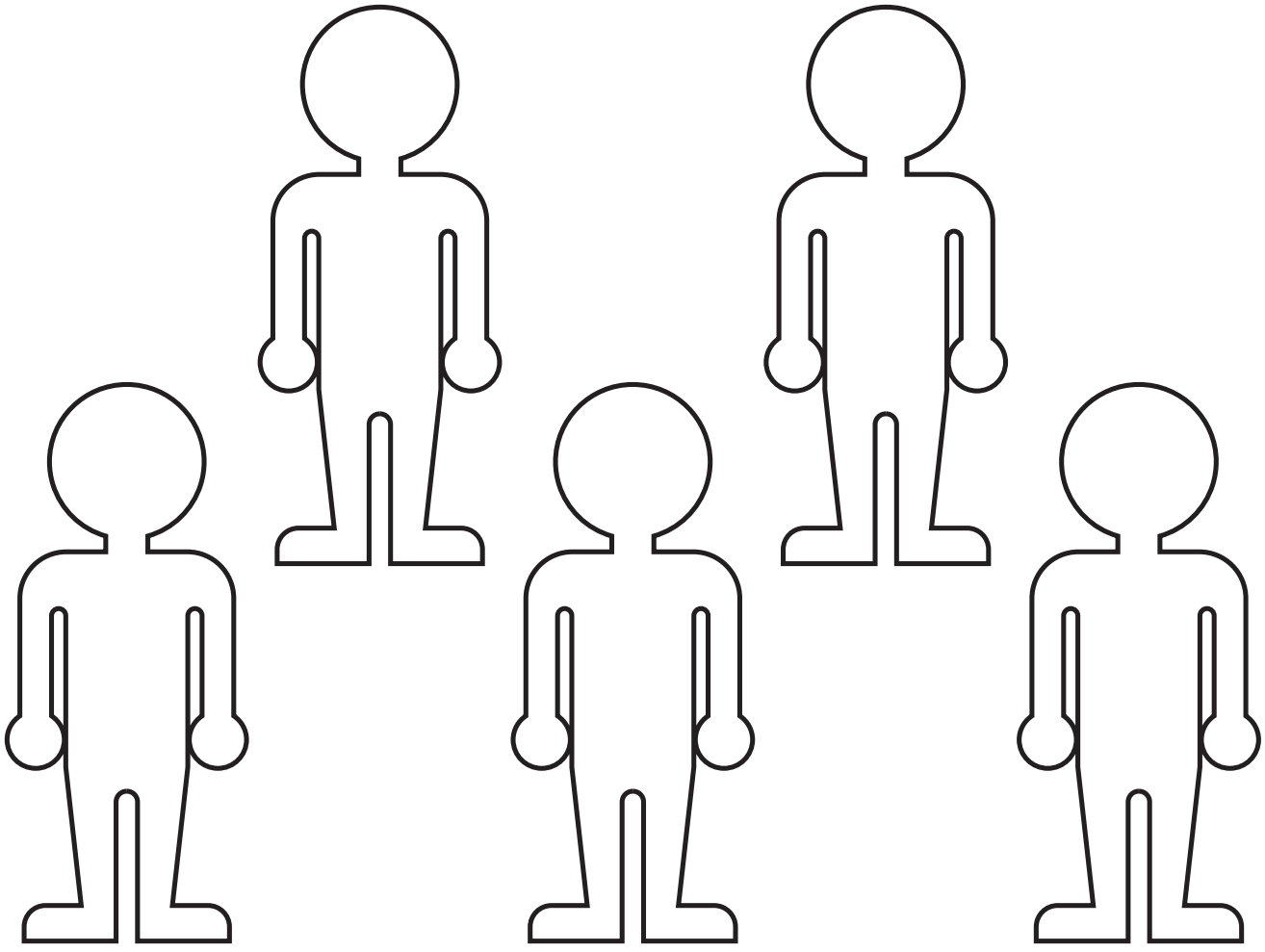
Climbing a ladder



Taking off



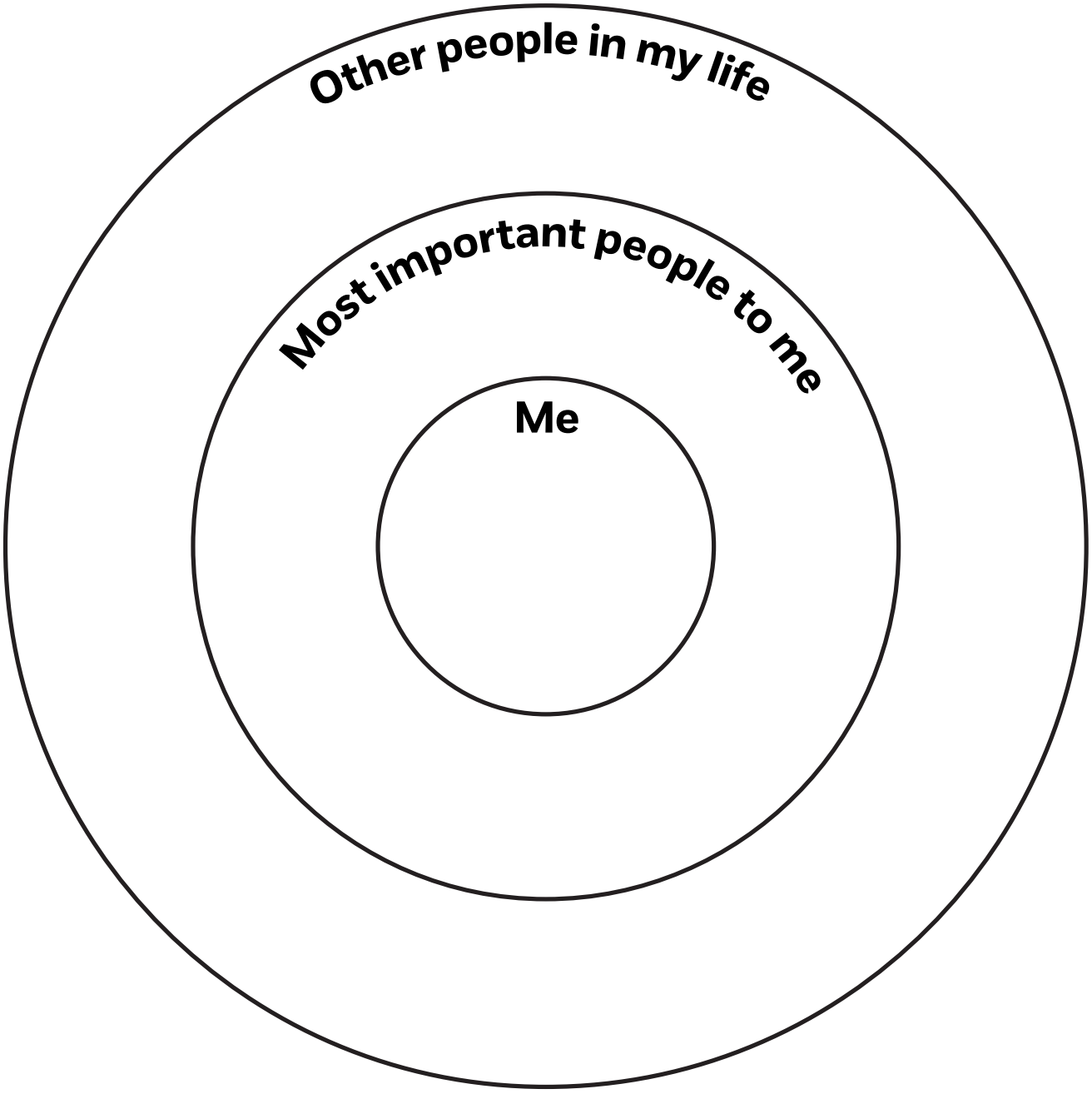
My solution team



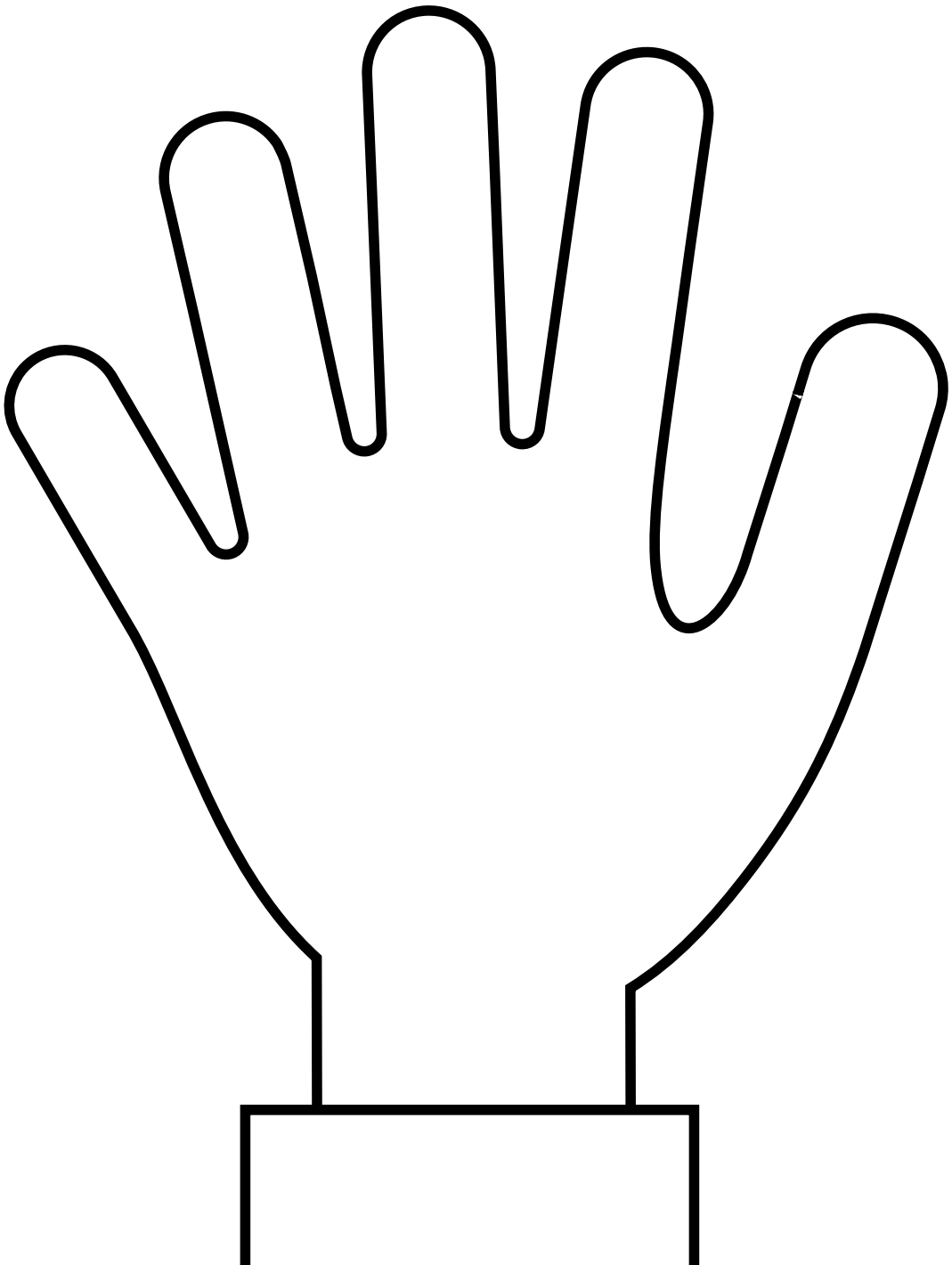
Solutions check list

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

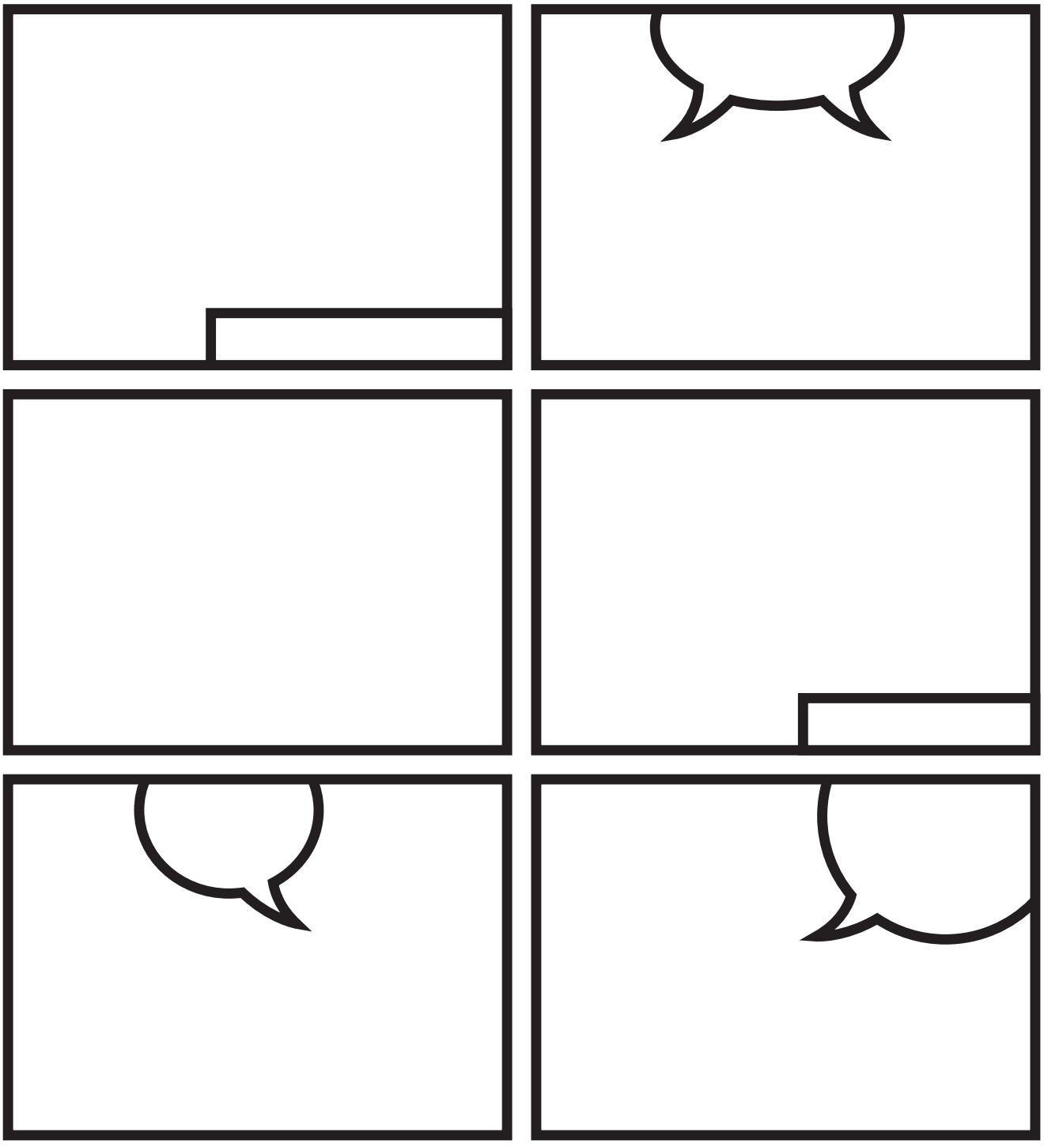
Who is important to me



A helping hand



Cartoon strip



Names and potentially identifying details cited in the case studies within this toolkit have been changed to protect identities.

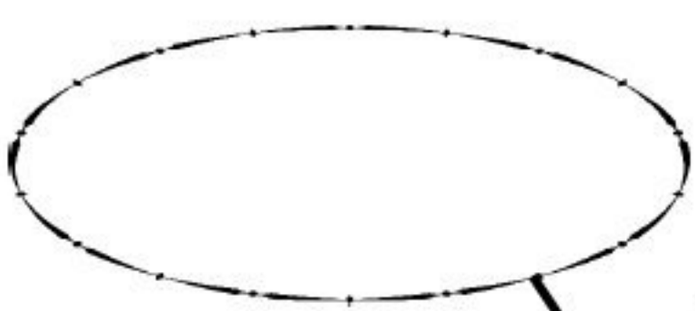
You may make use of the toolkit in order to protect children and young people and for the avoidance of doubt you have no rights to modify any of the toolkit in whole or in part and should you wish to do so then you must seek prior written approval from the NSPCC.

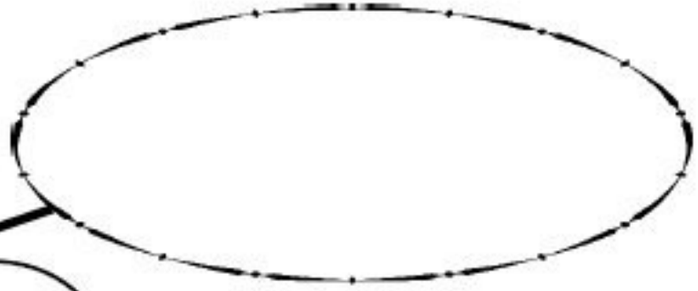
This toolkit has been designed to protect children and young people for that reason any person who makes use of the toolkit in whole or in part does not have any rights to commercially exploit it. Design by ST remains the owner of the layout design, creative direction and illustrations. The NSPCC are owners of the remainder of the toolkit.

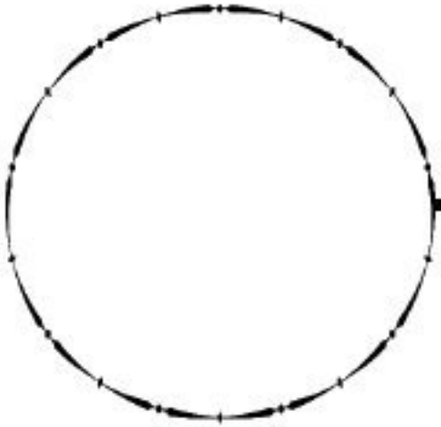
My Worry Cloud

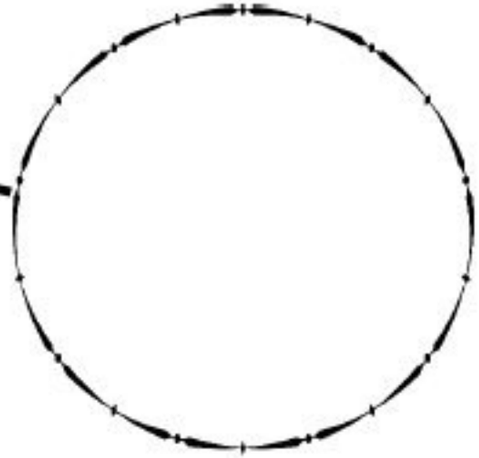
Write down what's in your Worry Cloud. Then, write down things that you can do to help your cloud get smaller!

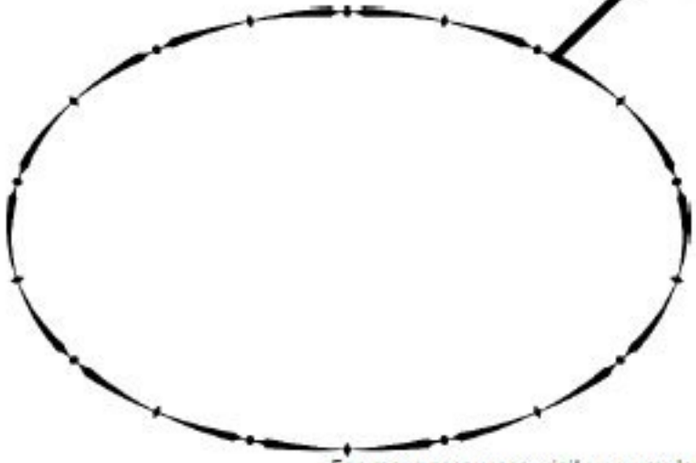
What am I worried about?

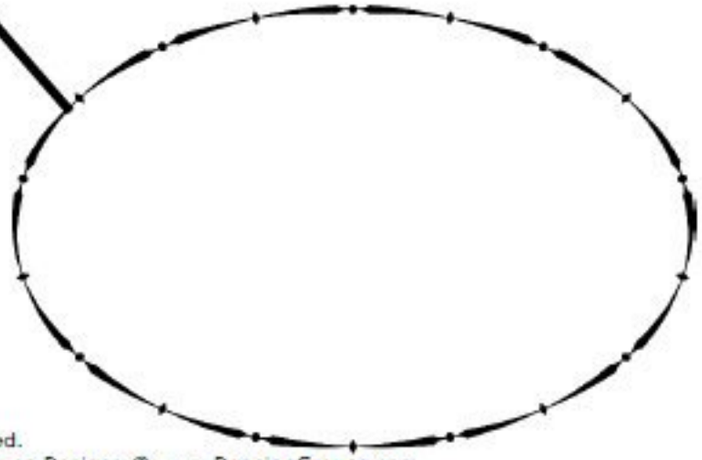












© 2018 Mylemarks LLC. All Rights Reserved.
For more resources, visit www.mylemarks.com! Images licensed by Dancing Crayon Designs. © www.DancingCrayon.com

Adolescent wellbeing scale

Note: this document was first issued by the Department of Health but its format has been adapted by Cafcass.

Name of young person:
Date:

Adolescent wellbeing questionnaire

This form has been designed so that you can show how you have been feeling in the past few days.

Please read each item and circle the response which shows best how you are feeling or have been feeling in the last few days.

1	**I look forward to things as much as I used to**	Most of the time	Sometimes	Never
2	**I sleep very well**	Most of the time	Sometimes	Never
3	**I feel like crying**	Most of the time	Sometimes	Never
4	**I like going out**	Most of the time	Sometimes	Never

5	**I feel like leaving home**	Most of the time	Sometimes	Never
6	**I get stomach-aches/cramps**	Most of the time	Sometimes	Never
7	**I have lots of energy**	Most of the time	Sometimes	Never
8	**I enjoy my food**	Most of the time	Sometimes	Never
9	**I can stick up for myself**	Most of the time	Sometimes	Never
10	**I think life isn't worth living**	Most of the time	Sometimes	Never
11	**I am good at things I do**	Most of the time	Sometimes	Never
12	**I enjoy the things I do as much as I used to**	Most of the time	Sometimes	Never
13	**I like talking to my friends and family**	Most of the time	Sometimes	Never
14	**I have horrible dreams**	Most of the time	Sometimes	Never
15	**I feel very lonely**	Most of the time	Sometimes	Never

Adolescent wellbeing scale

ECMS number:

16	**I am easily cheered up**	Most of the time	Sometimes	Never
17	**I feel so sad I can hardly bear it**	Most of the time	Sometimes	Never
18	**I feel very bored**	Most of the time	Sometimes	Never

Scoring

- The responses to each question are scored 0, 1 or 2. How the responses are scored depends on the nature of the statement that is being responded to as well as the response. 0 means that the response indicates no concern, 1 possible concern and 2 that the young person is indicating unhappiness or low self-esteem with regard to that item.
- A score of 13 or more has been found to indicate the likelihood of a depressive disorder. Discussion with the young person and information from other sources will be necessary to make a definite diagnosis. There will be some who score high, but who on careful consideration are not judged to have a depressive disorder, and others who score low who do have one. **Consider signposting to GP and/or CAMHS. If child expresses suicide ideation or plans to harm themselves emergency action needs to be taken in line with Cafcass Child Protection Policy**
- In most instances the way a young person responds to the different questions will be as important and as valuable as any score, because they can give an insight into that particular young person's needs. The reply to only one question may give the opportunity to understand their point of view. **Use this tool to prompt discussion**

	Each question	0	1	2

Reference

Birleson P (1980) The validity of Depressive Disorder in Childhood and the Development of a Self-Rating Scale; a Research Report. *Journal of Child Psychology and Psychiatry*. 22: 73–88.

Adolescent wellbeing: guidance on using the scale

Background

1. How young people feel in themselves is a vital part of any assessment.
2. It is important to understand their worries and concerns, and whether they are depressed or even suicidal.
3. There is good evidence that the way a young person is feeling is often not recognised by their parents or caregivers. This makes it particularly important to have a way of helping them to express directly how they are feeling.
4. With very young children their reporting can fluctuate from day to day, or even hour to hour – they do not necessarily give a stable view of their situation. Evaluation of their perspective requires particular care, so questionnaires are not usually a good starting point
5. Older children and adolescents can give a more reliable report, which means that a questionnaire may be more helpful. As with some adults they often find it easier to respond to a questionnaire about feelings than face-to-face interviewing.

The scale

6. The Adolescent Wellbeing Scale was devised by Birleson to pick up possible depression in older children and adolescents. It has been shown to be effective for this purpose.
7. The scale has 18 questions – each relating to different aspects of an adolescent's life, and how they feel about them. They are asked to indicate whether the statement applies to them most of the time, sometimes or never.
8. The scale can be used by children as young a 7 or 8, but as indicated above, responses are more reliable for those aged 11 or more

Reference

Birleson P (1980) The validity of Depressive Disorder in Childhood and the Development of a Self-Rating Scale; a Research Report. *Journal of Child Psychology and Psychiatry*. 22: 73–88.

Use

9. In piloting social workers found young people were pleased to have the opportunity to contribute to the assessment.
10. The questionnaire often helped them express their feelings. It gave 'an overall insight in a short time'. It presented a 'truer picture of the adolescent's state of mind'. 'It gave me insight into how sad and overwhelmed the young person felt'.
11. On occasions use of the scale pointed to particular issues that could be a focus for further work. It gave an opportunity for 'the young person to look at themselves'.
12. The scale has proved useful with adolescents at initial assessment, but also to monitor progress. For example it

helped ‘clarify a young person’s feeling about placement with their mother’.

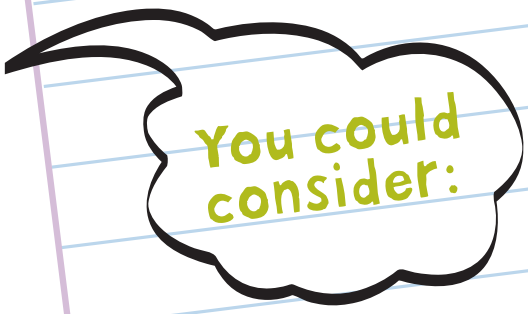
13. During piloting over half the young people who filled out the questionnaire were above the cut-off score of 13 indicating a probable depressive disorder.

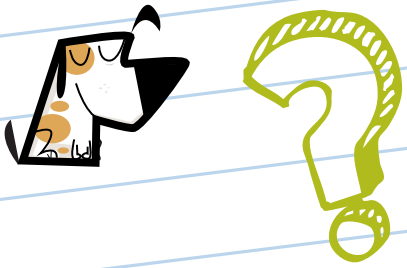
Administration

14. The young person needs to understand the aim of the questionnaire, and how it fits into any wider assessment.
15. Ideally it is completed by the adolescent themselves, but, if necessary, it can be administered verbally.
16. Discussion is usually best at the end, but there may be important areas that need to be picked up as the result of comments made while the questionnaire is being filled out. A number of adolescents talk as they are completing the scale, and this may provide a good opportunity to promote conversation, or establish rapport.
17. During piloting the scale took about 15 minutes to complete, ensuing discussion took longer.

My plan

Here is what a good plan for me would look like





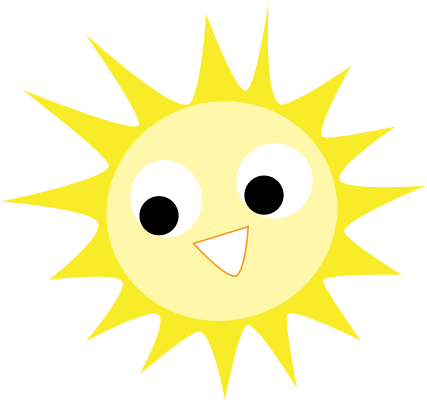


Option 1

Feelings about my future

We all have feelings, but sometimes we don't let them out. Circle the feelings you sometimes keep hidden. You can write down other feelings you have too.





Option 2

Feelings about my future

Please tick ✓ what makes you feel like this?

Happy .....

Angry .....

Pressured .....

confused .....

OK .....

Lonely .....

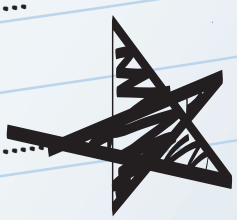
Excited .....

Surprised .....

Scared .....

Fed up .....

other ..... please state



Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 4

PLO, Court – public and private including contact and parental separation

Children's beliefs about parental divorce scale

The following are some statements about children and their separated parents.

- Some of the statements are *true* about how you think and feel, so you will want to check **Yes**.
- Some are *not true* about how you think or feel, so you will want to check **No**.

There are no right or wrong answers. Your answers will just tell us some of the things that you are thinking now about your parents' separations.

		Yes	No
1.	It would upset me if other kids asked a lot of questions about my parents.		
2.	It was usually my father's fault when my parents had a fight		
3.	I sometimes worry that both my parents will want to live without me		
4.	When my family was unhappy it was usually because of my mother		
5.	My parents will always live apart		
6.	My parents often argue with each other after I misbehave		
7.	I like talking to my friends as much now as I used to		
8.	My father is usually a nice person		
9.	It's possible that both my parents will never want to see me again		
10.	My mother is usually a nice person		
11.	If I behave better I might be able to bring my family back together		
12.	I like playing with my friends as much now as I used to		
13.	When my family was unhappy it was usually because of something my father said or did		
14.	I sometimes worry that I'll be left all alone		
15.	Often I have a bad time when I'm with my mother		
16.	My family will probably do things together just like before		
17.	My parents probably argue more when I'm with them than when I'm gone		
18.	I'd rather be alone than play with other kids		

ECMS number:

19.	My father caused most of the trouble in my family		
20.	I feel that my parents still love me		
21.	My mother caused most of the trouble		
22.	My parents will probably see that they have made a mistake and get back together again		
23.	My parents are happier when I'm with them than when I'm not		
24.	My friends and I do many things together		
25.	There are a lot of things about my father I like		
26.	I sometimes think that one day I may have to go live with a friend or relative		
27.	My mother is more good than bad		
28.	I sometimes think that my parents will one day live together again		
29.	I can make my parents unhappy with each other by what I say or do		
30.	My friends understand how I feel about my parents		
31.	My father is more good than bad		
32.	I feel my parents still like me		
33.	There are a lot of things about my mother I like		
34.	I sometimes think that once my parents realize how much I want them to they'll live together again		
35.	My parents would probably still be living together if it weren't for me		

Scoring

The CBAPS identifies problematic responding. A "yes" response on items 1, 2, 3, 4, 6, 9, 11, 13-19, 21, 22, 26, 28, 29, 34, 35 and a "no" response on items 5, 7, 8, 10, 12, 20, 23-25, 27, 30-33 indicate a problematic reaction to one's parents divorcing. A total score is derived by summing the number of problematic beliefs across all items, with a total score of 35. The higher the score, the more problematic the beliefs about parental divorce.

		Yes	No
1	It would upset me if other kids asked a lot of questions about my parents.	1	
2.	It was usually my father's fault when my parents had a fight	1	
3.	I sometimes worry that both my parents will want to live without me	1	
4.	When my family was unhappy it was usually because of my mother	1	
5.	My parents will always live apart		1
6.	My parents often argue with each other after I misbehave	1	
7.	I like talking to my friends as much now as I used to		1
8.	My father is usually a nice person		1
9.	It's possible that both my parents will never want to see me again	1	
10.	My mother is usually a nice person		1
11.	If I behave better I might be able to bring my family back together	1	
12.	I like playing with my friends as much now as I used to		1
13.	When my family was unhappy it was usually because of something my father said or did	1	
14.	I sometimes worry that I'll be left all alone	1	
15.	Often I have a bad time when I'm with my mother	1	
16.	My family will probably do things together just like before	1	
17.	My parents probably argue more when I'm with them than when I'm gone	1	
18.	I'd rather be alone than play with other kids	1	
19.	My father caused most of the trouble in my family	1	
20.	I feel that my parents still love me		1
21.	My mother caused most of the trouble	1	
22.	My parents will probably see that they have made a mistake and	1	

	get back together again		
23.	My parents are happier when I'm with them than when I'm not		1
24.	My friends and I do many things together		1
25.	There are a lot of things about my father I like		1
26.	I sometimes think that one day I may have to go live with a friend or relative	1	
27.	My mother is more good than bad		1
28.	I sometimes think that my parents will one day live together again	1	
29.	I can make my parents unhappy with each other by what I say or do	1	
30.	My friends understand how I feel about my parents		1
31.	My father is more good than bad		1
32.	I feel my parents still like me		1
33.	There are a lot of things about my mother I like		1
34.	I sometimes think that once my parents realize how much I want them to they'll live together again	1	
35.	My parents would probably still be living together if it weren't for me	1	

Total score	

References:

If you would like to see any of the items listed, send the 5 or 6-digit item numbers (in ***bold****) to library@cafcass.gov.uk (for internal use only)*

188886. *Kurdek, L, & Berg, B. (1987). Children's beliefs about parental divorce scale: Psychometric characteristics and concurrent validity. Journal of Consulting and Clinical Psychology 55(5), 712-18.*

Used by permission of Dr. Kurdek.

Important*: This tool has been developed from existing evidence base and research, however is not a validated tool. The tool should be used to inform the assessment and analysis and is not a replacement for the professional judgement of the practitioner.*

Safe Contact Indicator

Derived from Sturge and Glaser (2000)

Indicator of safe contact	+	-	Indicator of unsafe contact
Child's wishes & feelings			
Child freely wants contact			Child freely does not want contact
Child has positive memories			Child has negative memories
Pre-separation harm and its impact			
Child has not witnessed violence			Child has witnessed violence
Child is not imitating violent behaviour			Child is imitating violent behaviour
Child is not afraid			Child is afraid
Resident parent is not afraid			Resident parent is afraid
Prior harm to child is accepted			Prior harm to child is denied
Perpetrator accepts impact on victim			Perpetrator denies impact on victim
Regret is expressed			No expression of regret
Experiences during contact			
No abuse or neglect of child			Abuse or neglect of child
Contact not used to pursue conflict			Contact used to pursue conflict
Resident parent is not undermined			Resident parent is undermined
Contact is high-quality / reliable			Contact is low quality / unreliable
Safe arrangements are in place			Arrangements are not safe
Clear purpose of contact			
Will maintain a beneficial relationship			No realistic prospect of a beneficial relationship
Will repair a 'broken' relationship			No realistic prospect of repairing a 'broken' relationship
Will contribute to child's identity			No realistic prospect of contributing to child's identity

Your analysis of benefits and risks for this child, derived from the above:

Answer here

The analysis can be incorporated into your report; the form itself should not be attached to the report.

Safe Contact Indicator

ECMs number:

Tool for parental concerns

1. What are the specific factors which you consider present a risk to the children?
Answer here

2. How do you feel the children may be harmed?
Answer here

3. Do you think your child/ren have suffered in any way?
Answer here

4. What have you done to try to address these issues?
Answer here

5. What do you feel needs to be done to address these concerns?
Answer here

How it looks to me



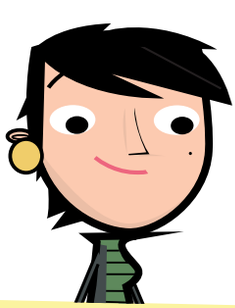
Cafcass
Children and Family Court Advisory and Support Service

To keep you and others safe, we **may** have to tell other adults what you say. What you think is important and we hope that you will be able to share with us the important things that have happened in your life.

About me

Where I live and who lives with me

Who does NOT live with me but means a lot to me







Helping my family



Is there anyone who helps you or your family? Maybe they take you to school or look after you at home?

You can circle the ones that are right for you or add your own in the space.

Grandparents

Aunt

Friends

Uncle

How do these people help?

Is there any other help we need to find for you?



My life

What I like about me

What I like about my life at the moment

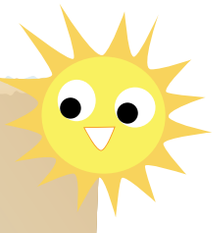
What upsets me about my life at the moment



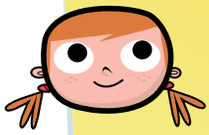
Things that make me...

You can write or draw in the spaces below to tell us more.

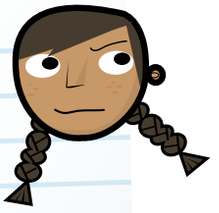
Feel good



Happy



Angry



Sad



Feel bad

Worried





My strengths

You could also mention friends who have helped you or hobbies and activities that you enjoy.

What are your strengths?

How have your strengths helped you in your life?



We all need a bit of magic in our lives.
If you had three wishes, what would they be?

1 _____

2 _____

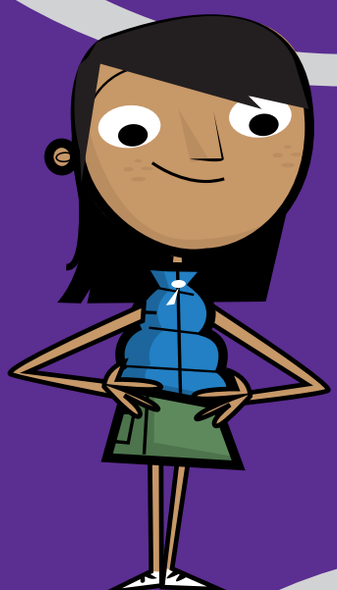
3 _____



My journey

Life is like a journey. What are the important things that have happened to you on your journey?

Are there things that have made you scared, worried or unhappy?



My worries

Do you have any worries about what's happening now or about what will happen in the future?

Where you live?

Home situation?

Contact with family and friends ... (say who)?

Outside your home, your school, or neighbourhood?

Anything else?

Pets – what might happen to them?



Is there anyone you can talk to about how you feel?

YES NO

If YES, who?

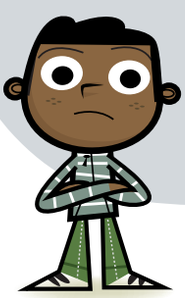


Feeling safe

What makes you feel safe?

When don't you feel safe?







About my family

What happens when your family feels sad, worried or angry?

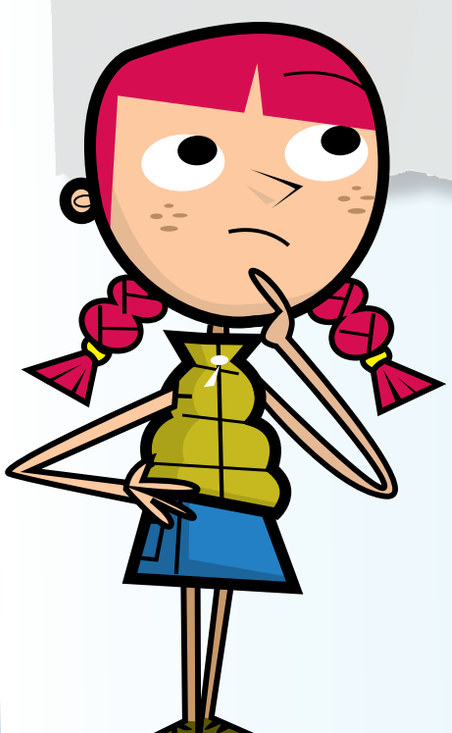


Can your family sort it out?

YES NO Don't know

If YES, how?

If NO, how does that make you feel when your family can't sort it out?



Does that make you worry about what will happen?

YES NO Sometimes Don't know

Do you worry about this when you are not at home, for example when you are at school?

YES NO Sometimes Don't know

My hopes for the future

Sometimes we don't know what is going to happen in the future, but we can help you think about it.

School?

Friends?

Family?





Sorting things out



Is there a big decision you'd like the Family Court to make for you?

Do your parents know about your worries?

Would you like the Cafcass worker to help you tell your parents what you want?

Is there anything else you want to tell us?



My space

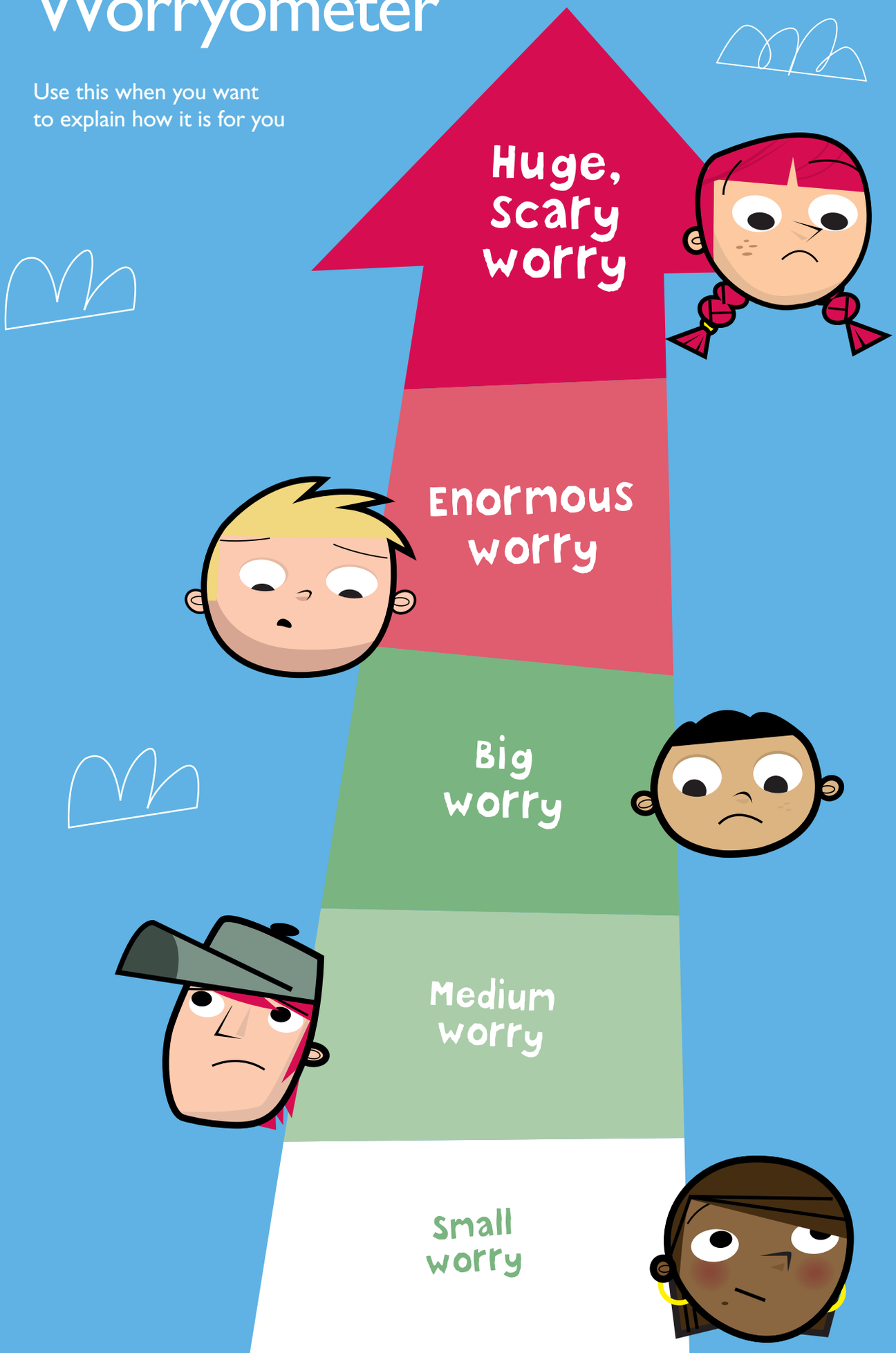
You can use this space to write or draw about your feelings or anything that is important to you.

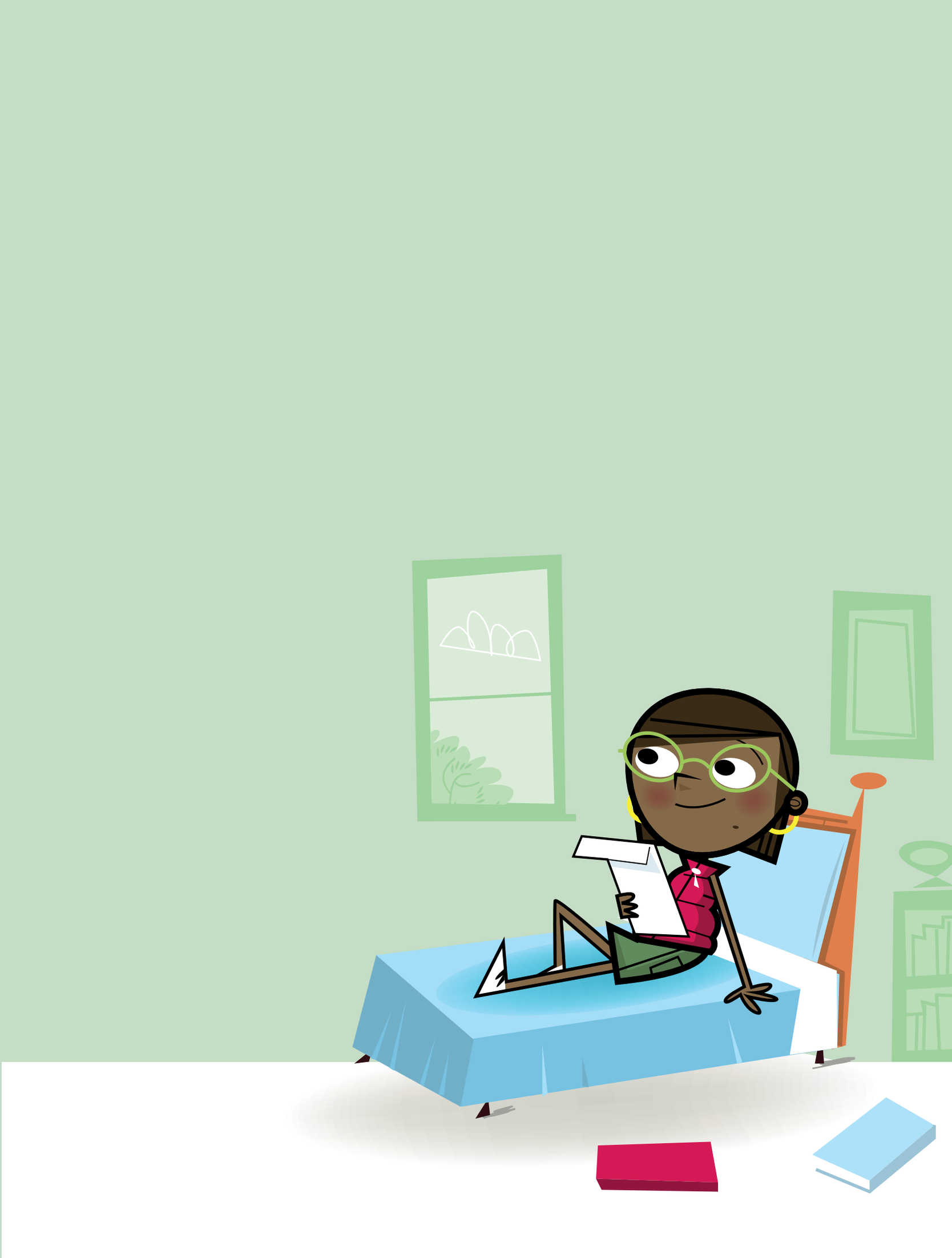




Worryometer

Use this when you want
to explain how it is for you





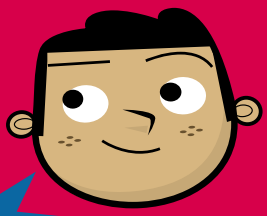
www.cafcass.gov.uk

ISBN 9780117038608
© Printed and published by Cafcass
in April 2013

recycle

read my story inside

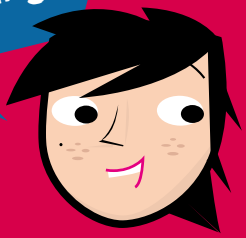




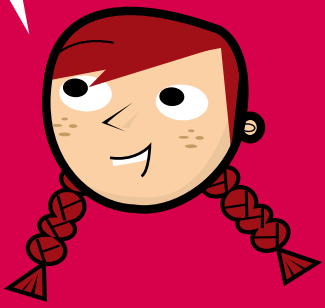
what will happen next?

My family's changing

why is this happening?



look inside for advice from other young people



Cafcass

If you want more help, see the contact details on the back page

Why is this happening?

There are lots of reasons why some parents split up. Usually it's because one or both of them is unhappy. They might think they need to be apart to make things better.

Your parents may argue and shout, but you must remember it's not your fault that this is happening.

This booklet can help you work out how you are feeling. You might want to show it to your mum or dad, or other adults.





It can be very confusing when parents split up. You could talk to an adult, like a parent or teacher, about any questions you have.



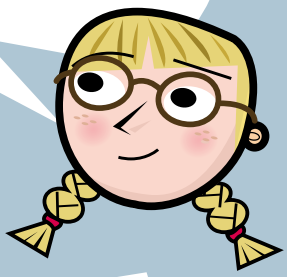
What do you want for the future?

Use this page to write down what you want to happen. If you want, you could show it to your parents. You might not get what you want, but it might help to write it all down.

Where would you like to live?
Who would you like to see?
Where would you like to go to school?
What activities would you like to do?



When mum and dad split up I moved to a new place with my mum. I was worried that I wouldn't get to see my friends any more, but when I visit my dad I get to see my friends too. Plus I have new friends where I'm living now.





When my family changed I thought my life was ruined. But I found lots of different ways to help me cope - try to look for the positives!

Me and my sister are still together with mum. I still live in the same house and go to the same school. I wasn't sure how often I would see my dad, but it turned out ok and I see him at weekends.





I thought that when it was just dad and me living together I wouldn't get to see my nana and her cat Betty and this upset me. I still get to see them at weekends and holidays though.

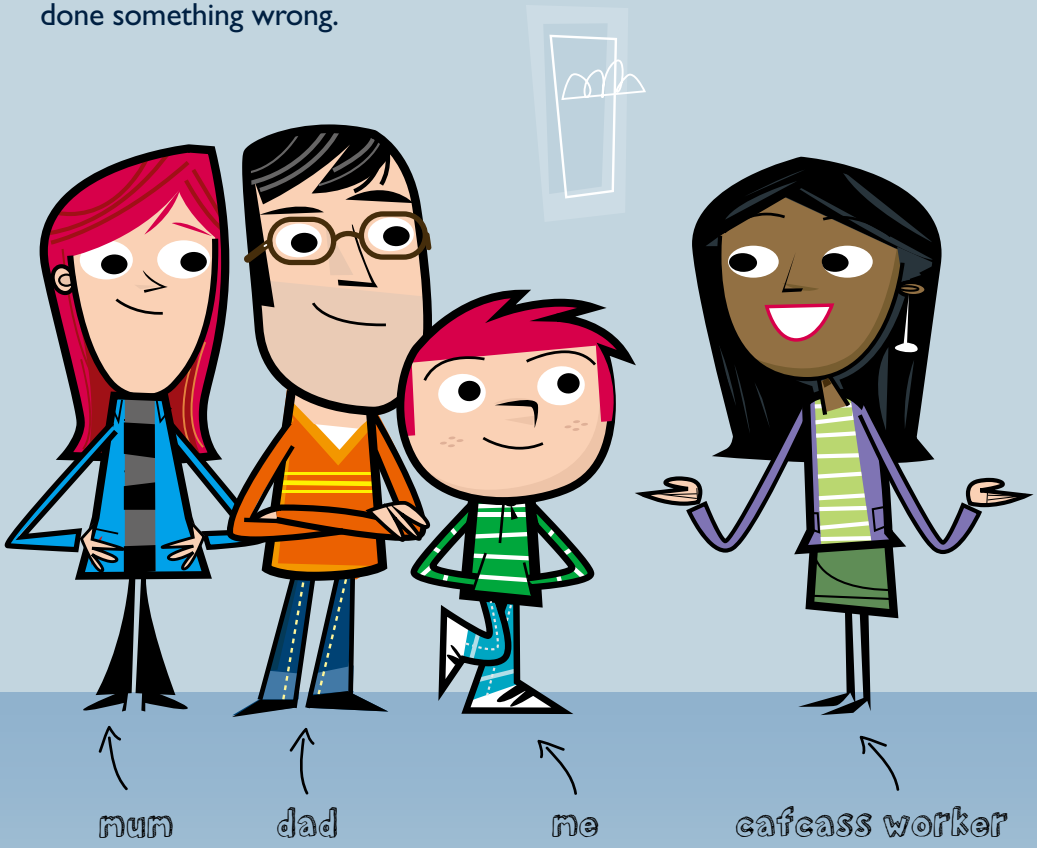


What happens next?

When parents split up, they have to think about lots of different things, like where you will live and when you will see the parent that you don't live with.

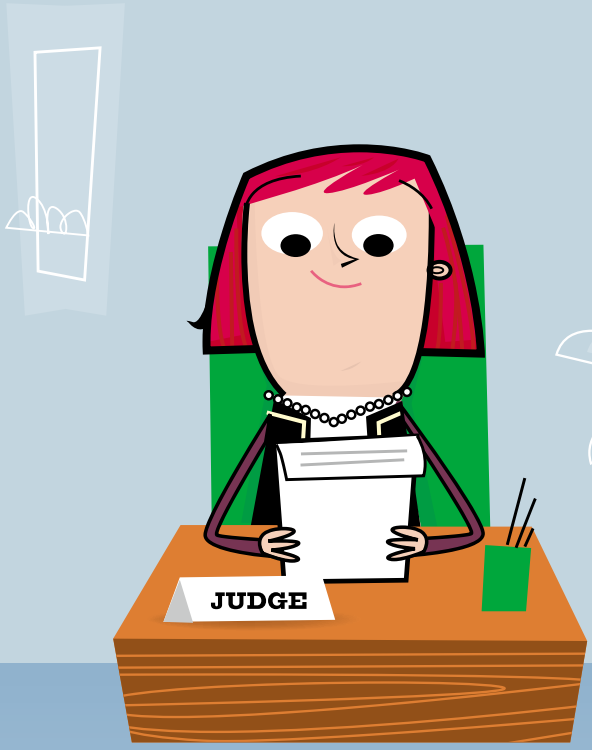
Sometimes parents find it difficult to agree on plans for their children. They may talk to mediators (people who are trained in helping parents agree) or get advice from lawyers.

If parents can't agree, a judge or magistrate from a family court might be asked to help. A family court is very different to a criminal court where people go when they might have done something wrong.



The judge may ask a Cafcass worker to talk to you and your parents. The Cafcass worker will tell the court what they think will be best for you.

The judge will listen carefully to what everyone has to say, and then try to help everyone agree. If this still isn't possible, the judge will make a decision on what's best for you.



How do you feel?

You might feel sad, lonely, angry or confused. It's normal to feel all these things. Sometimes you might feel lots of different things all at once. It's ok to have mixed feelings, like feeling happy and sad at the same time.

How do you feel? You can write down other feelings here too.



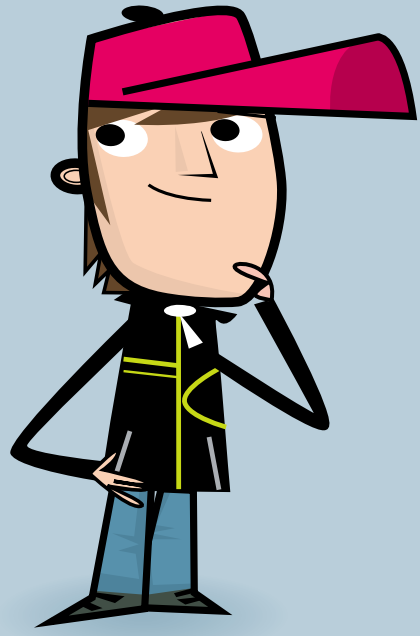
Sometimes we talk about feelings and sometimes we keep them hidden.

There are lots of feelings to find in this word search. Which of these feelings are you keeping hidden?

There are ten more feelings in this word search – can you find them?

c	w	s	r	e	t	y	h	i	o	p
a	c	d	c	g	h	s	a	d	z	x
j	v	o	a	a	q	w	p	r	h	y
e	h	i	n	l	r	j	p	g	o	k
a	f	z	g	f	v	e	y	m	p	s
l	w	e	r	e	u	y	d	i	e	p
o	s	d	y	g	h	s	k	l	f	x
u	v	w	o	r	r	i	e	d	u	y
s	y	i	a	f	r	a	i	d	l	d
l	o	n	e	l	y	b	n	m	a	s
c	v	b	n	m	q	w	e	r	t	y

afraid
angry
confused
happy
hopeful
jealous
lonely
ok
sad
scared
worried 4



Feelings: let them out!

If you're angry, sad or worried, you might want to keep your feelings hidden.
But sometimes it helps to talk to someone.

Talk to people who are close to you:

- your family
- friends and their families. Some of them might have been through the same thing
- teachers and youth workers.

If you don't want to talk to someone you know, you could call one of the numbers on the back page.



Let your parents know how you feel

Talk to your parents about how you feel and what you want to happen. Be honest about how you feel, and don't be afraid to ask questions. Just say what you think is right and what you want, not what other people want.

If you want, you can write down what you want to talk to your parents about here.



Quick tips

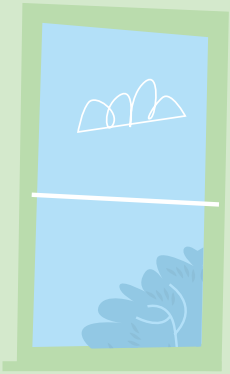
Buy a pad to scribble on when you get angry.

Do something that makes you happy – watch one of your favourite films or read a favourite book.

Do some sport – football, swimming or dancing can make you feel better.

If you feel really angry, hit a big, soft cushion.

These things won't make things go back to the way they were, but they might make you feel better.






play music!
See your friends!
email your friends

Dealing with change

Change is not always easy. It might take some time for everyone to get used to new ways. But most children find that things get better over time.

Some children live with their mum or dad most of the time, and visit the other parent at weekends or over the holidays.

Some children spend the same amount of time with each of their parents.

Some children spend time with other people, like grandparents.

Some children have stepfamilies. A stepfamily is when one or both of your parents live with someone who isn't your mum or dad. They may have children too.

Remember, families come in all shapes and sizes!



When my dad got remarried I was really upset but now I realise it's great because I have two families and I get to spend time with them all.





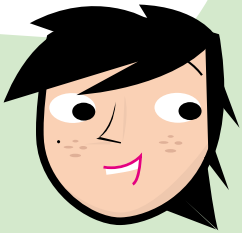
My mum and dad have split up and I'm sorry to say it's for the better. They couldn't get on together and just argued.

My friend's parents are getting a divorce. He tries to be ok with it but he just ends up being spiteful to cover up his feelings.





My mum and dad are divorced but I got lots of help from my school and the rest of my family.



Help!

Childline
A special help line
for children
0800 1111
www.childline.org.uk

Voice
You can call this number
if you are unhappy with
decisions that have been
made about your care
0808 800 5792
help@voiceyp.org
www.voiceyp.org

National Youth Advocacy Service
Information and advice
0808 808 1001
help@nyas.net
www.nyas.net

Cafcass
21 Bloomsbury Street
London
WC1B 3HF

www.cafcass.gov.uk

ISBN 9780117038462
© 2008 Cafcass

read other children's stories inside

look inside for games and activities

My family's changing

things will get better

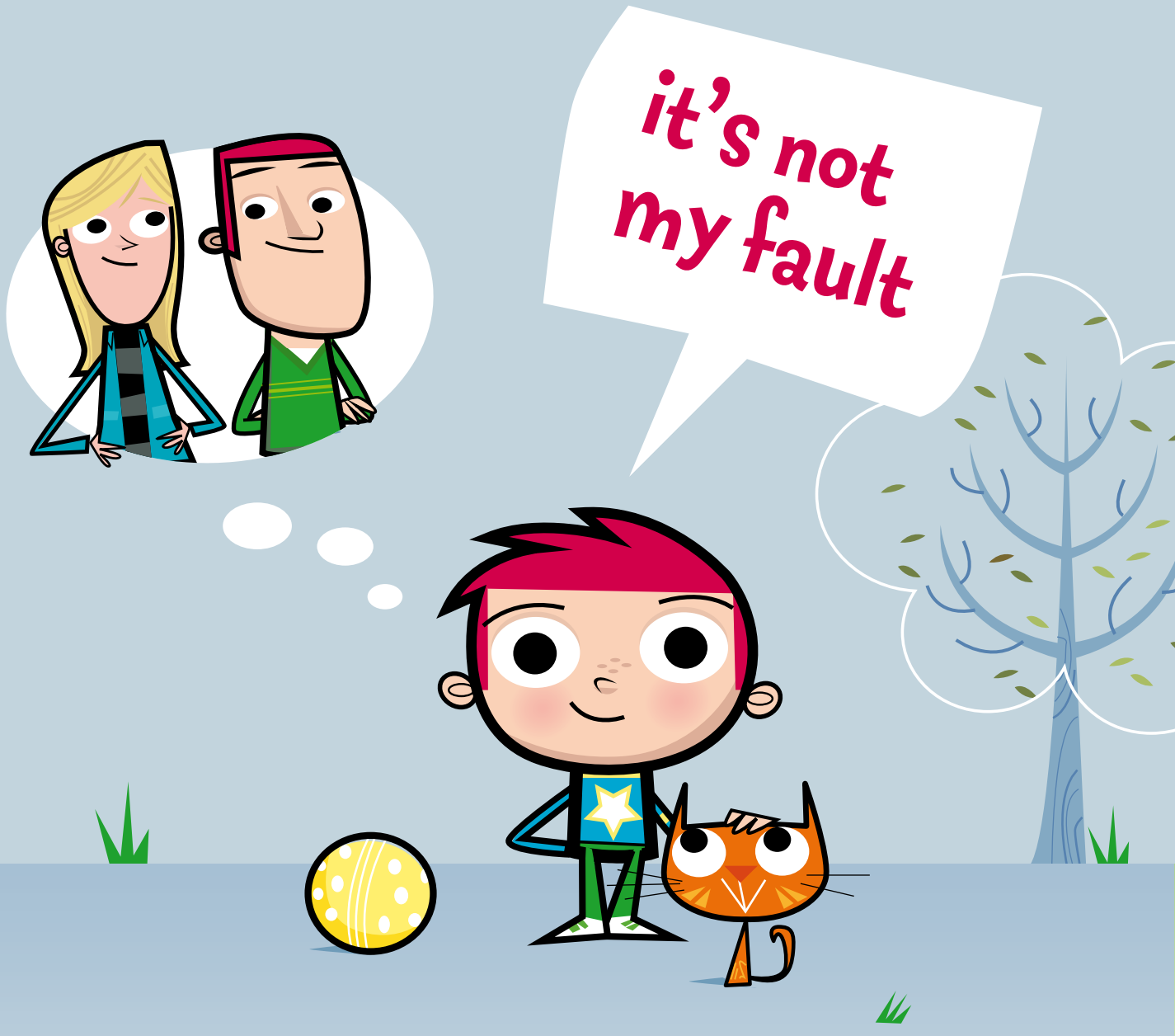
who can I talk to?

Cafcass
Children and Family Court Advisory and Support Service

If you want more help, see the contact details on the back page

There are lots of reasons why some parents split up. Often it's because one or both of them is unhappy.

It's not your fault that this is happening.

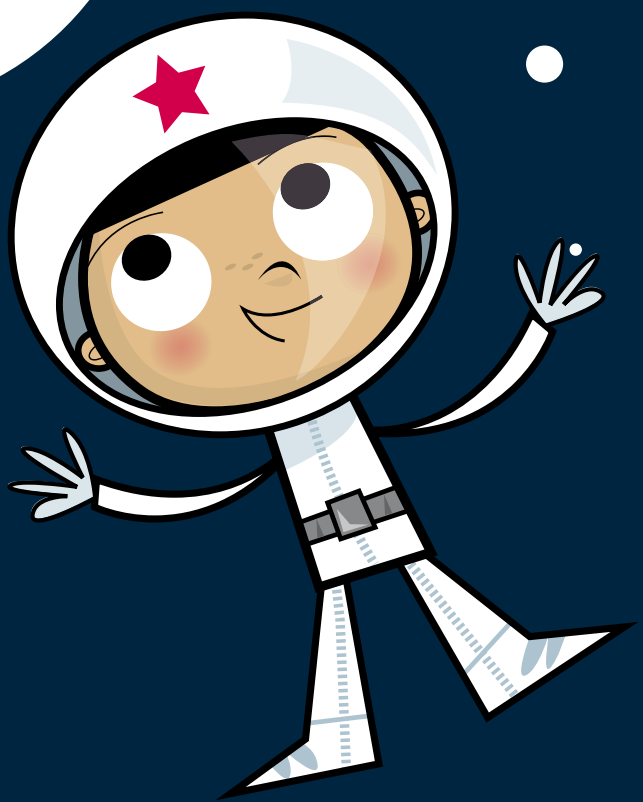


It can be very confusing when parents split up. You could talk to an adult, like a parent or teacher, about any questions you have.



My family and friends

If you went to space, who would you take with you? You can draw your family and friends here...



When parents split up they have to think about lots of things, like where you will live.

Change is not always easy. But most children find that things get better over time.



What are your three wishes for you and your family?

You might want to show this to your mum or dad, or another adult.

3

2

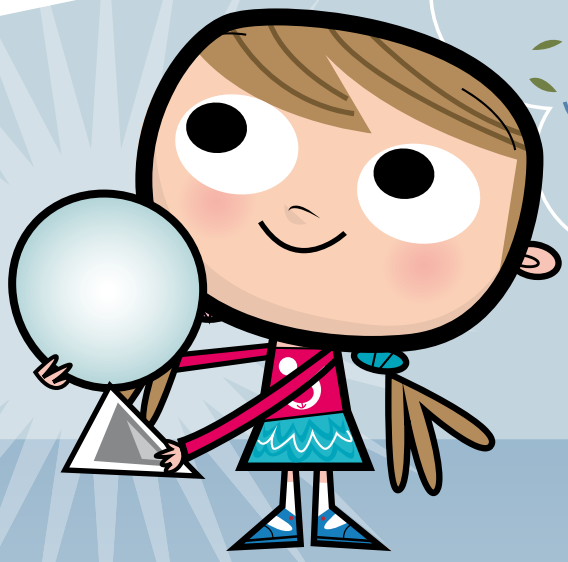
1



What do you want for the future?

If you want, you can use this page to write down what you want to happen. You could show it to your parents. You might not get what you want, but it might help to write it down.





You might feel sad, lonely, angry or confused. That's ok.

Talk to people like your friends and family about how you feel.

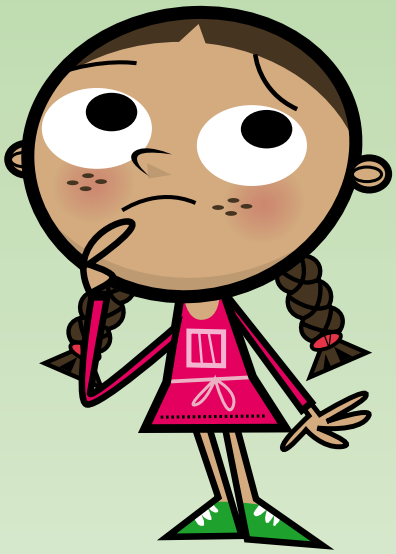
Or do something that makes you happy. You could read a book or draw a picture.



Sometimes we talk about feelings and sometimes we keep them hidden.

There are lots of feelings to find in this word search. Which of these feelings are you keeping hidden?

there are five more feelings in this word search – can you find them?



c	w	e	r	e	t	y	h	i	o	c
a	q	d	f	g	h	s	a	d	z	o
c	v	p	a	m	q	w	p	r	t	n
p	h	i	n	l	k	j	p	g	f	f
u	f	z	g	z	v	b	y	m	a	u
a	w	e	r	e	l	y	u	i	o	s
k	s	d	y	g	h	s	k	l	z	e
c	v	w	o	r	r	i	e	d	t	d
p	y	i	u	l	k	j	h	a	f	s
l	o	n	e	l	y	b	n	m	a	s
c	v	b	n	m	q	w	e	r	t	y

angry

confused

happy

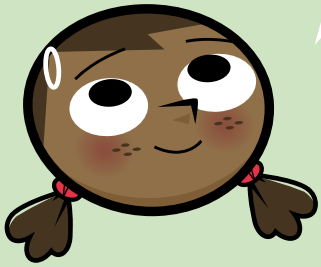
lonely

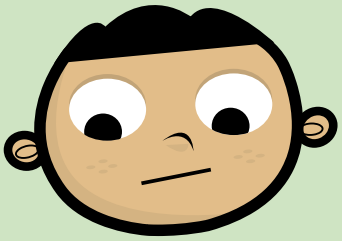
sad

worried ✓

Other child

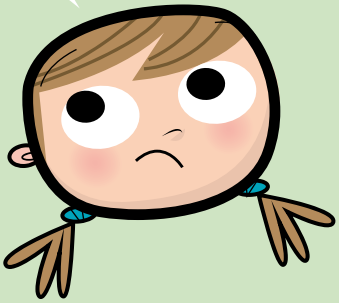
When mum and dad split up I moved to a new place with my mum. I was worried that I wouldn't get to see my friends any more, but when I visit my dad I get to see my friends too. Plus I have new friends where I'm living now.

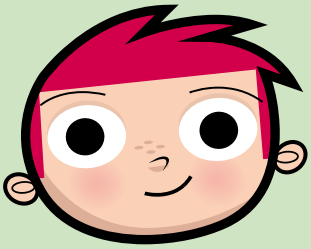




My mum and dad have split up and I'm sorry to say it's for the better. They couldn't get on together and just argued.

My friend's parents are getting a divorce. She tries to be ok with it but she just ends up being mean to cover up her feelings.

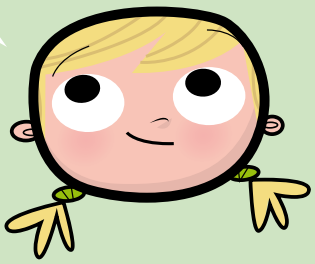


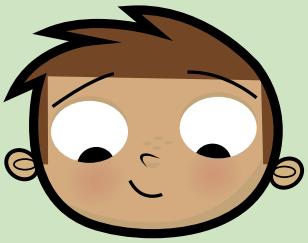




When my family changed I thought my life was ruined. But I found lots of different ways to help me cope – try to look for the positives!

My mum and dad are divorced but I got lots of help from my school and the rest of my family.





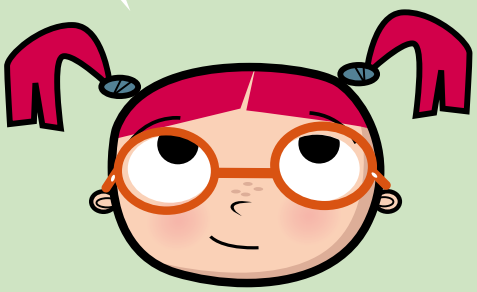
When my dad got remarried I was really upset but now I realise it's great because I have two families and I get to spend time with them all.

ren's stories...

Me and my sister are still together with mum. I still live in the same house and go to the same school. I wasn't sure how often I would see my dad, but it turned out ok and I see him at weekends.



I thought that when it was just dad and me living together I wouldn't get to see my nana and her cat Betty and this upset me. I still get to see them at weekends and holidays though.



Help!

Childline
A special help line
for children
0800 1111
www.childline.org.uk

Voice
You can call this number
if you are unhappy with
decisions that have been
made about your care
0808 800 5792
help@voiceyp.org
www.voiceyp.org

National Youth Advocacy Service
Information and advice
0808 808 1001
help@nyas.net
www.nyas.net

Cafcass
21 Bloomsbury Street
London
WC1B 3HF

www.cafcass.gov.uk

ISBN 9780117038479
© 2008 Cafcass

Children and young person's guide: Family court after separation

Sometimes after parents separate they find it hard to agree on important things and will ask the court for help. Cafcass knows that this can be a really hard time for you and that you may feel unsure about what is going to happen next. Here is some information for you about what might happen when your family goes to court and who can help you.



What is Cafcass?

Cafcass stands for Children and Family Court Advisory and Support Service. Sometimes families have problems that they can't sort out on their own. Cafcass workers, called Family Court Advisers, help adults work out things like who looks after you and who you should spend time with. The Cafcass worker is here to make sure that the best things happen for you. Cafcass and the courts will help you and your family in the safest way possible and as quickly as they can.

A court is where a judge or magistrate will make the key decision about you, so…

What is a judge or magistrate?

* **A judge** works in the family court. They listen to information about you and will make the decision about what is right for you.
* **Magistrates** are trained members of the community who also work in the family court. There are normally three magistrates who will make a decision about you.

The most important thing to **remember** is that whatever is happening to you and your family right now is **NOT your fault** and that people will listen to you and try to help.

You can find out more about Cafcass by checking out www.cafcass.gov.uk.

You will be able to read stories and watch clips from other children and young people. You can also take a look at a Glossary that will explain what certain words mean that you may hear or read that you don't understand, plus lots more useful information.

Here is a step by step guide that explains what happens when families go to court



Your parent or carer has asked the court to help with making the right decision about you by filling in an application. This decision might be about who you should live with or how much time you can spend with each parent.



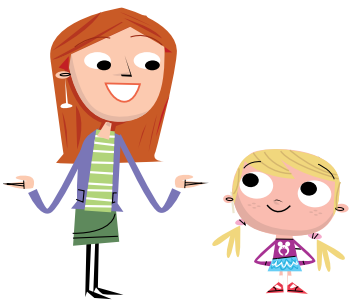
The court looks at the application and decides whether a judge or magistrate is best to help. The court will decide a date for a meeting at court, called a hearing.



The court will then ask Cafcass to help. A Cafcass worker will contact your parents to talk about the issues they are having. They will also talk to the police and local authority to see whether they have any relevant information about your family. They then write a report called a Safeguarding Letter to the court to tell them about your situation.

Your parents and a Cafcass worker will attend court and they will tell the judge or magistrate what they think will be best for you. The judge or magistrate will read the Safeguarding Letter and hear from your parents. They will decide whether they have enough information to make a decision, which is written down - this is called a court order.





If the court need more information they will ask Cafcass to complete a Section 7 report. This report will be completed by another Cafcass worker and will include more information from your parents and maybe from other people, like your school. In most cases the Cafcass worker will talk to you about your wishes and feelings. You can also ask them questions.

The Cafcass worker will ask you if you would like to write a letter or draw a picture to the judge. You can also ask the Cafcass worker if you would like to meet with the judge. The judge will decide if this is ok.

At the court hearing the judge will make a decision about what is best for you. They will know your wishes and feelings, but will also think about all the other information from your parents and the Cafcass worker.



My plan

Here is what a good plan for me would look like



My Family Court Record

My name is: .....

cafcass worker: .....

Solicitor: .....

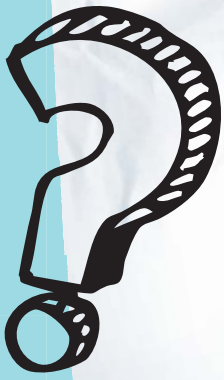
Social worker: .....

Age when court proceedings...

Began:

Ended:

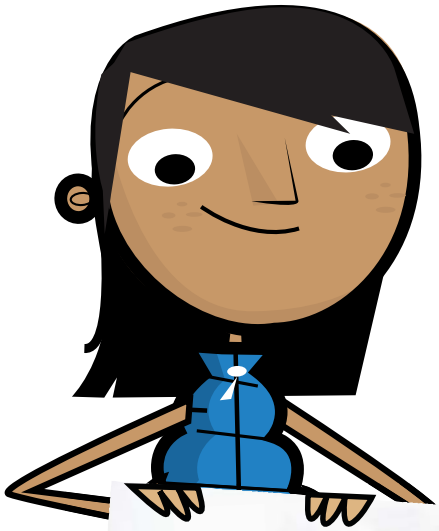
Why is my case in court?





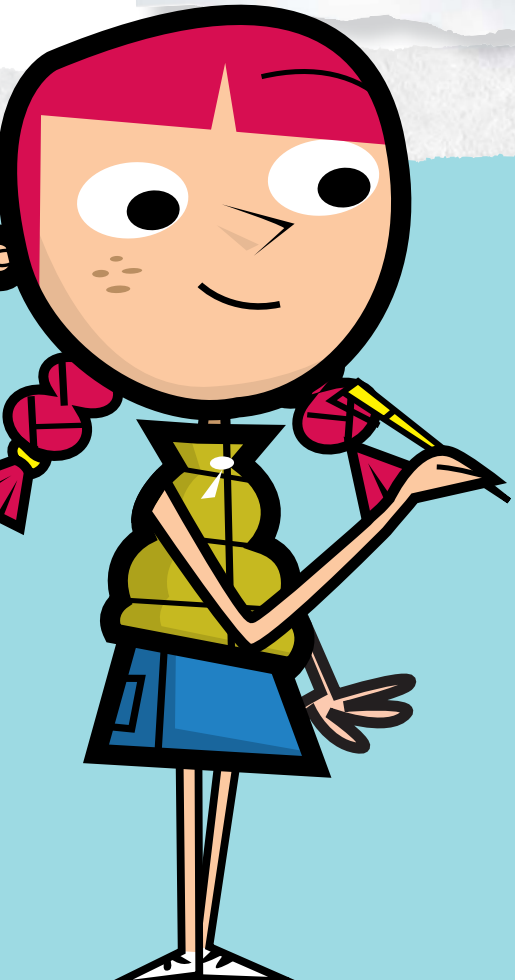
cafcass

Putting children first in family courts

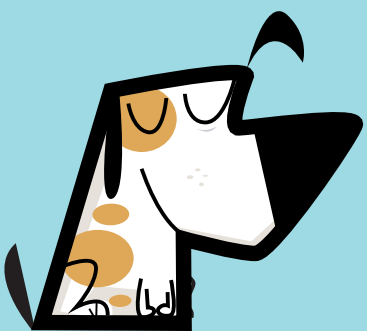


my fam

Dates of my meetings with my cafcass worker



What support has been arranged for me?



nily court re

what I wish to happen...

My needs...

My wishes...

My feelings...

what I told my cafcass worker



ecord

what do you think?

How will they be helping me?

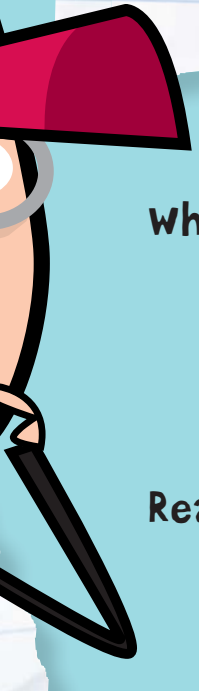
cafcass worker:

Solicitor:

Social worker:

Please tick which one applies to you...

- ☐ I saw the report that went to court
- ☐ I saw the bits that were about me
- ☐ I did not see the report that went to court



What the cafcass worker recommended to court...

Reason why they decided this...



I agree with the cafcass worker's recommendation because...

I disagree with the cafcass worker's recommendation because...

who

told me about the court decision

what the court decided:

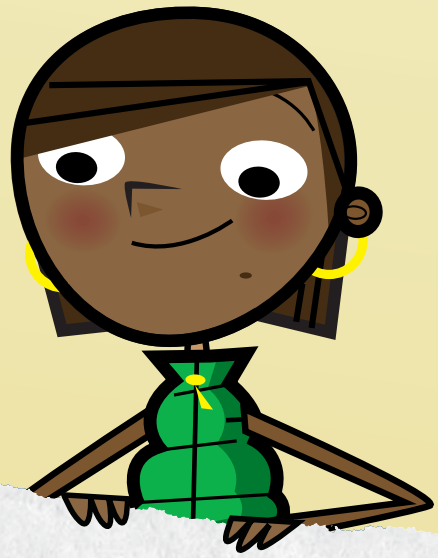
what is the plan for me?



I agree with the court's decision because...

I disagree with the court's decision because...





I can find out more about what happened in court and get help and support here...

write your thoughts here...

www.cafcass.gov.uk

ISBN 9780117038585
© 2008 Cafcass

recycle

My Family Court Record

My name:

.....

Names of my:

cafcass worker: .....

Social worker: .....



cafcass

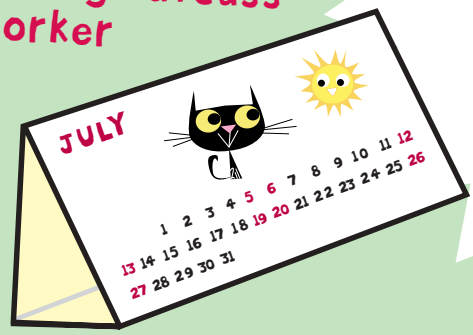
Putting children first
in family courts

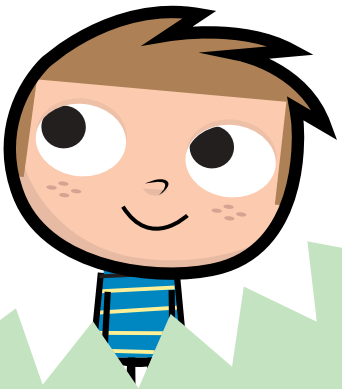
Monday?

Wednesday?

Friday?

Days when I will see my cafcass worker

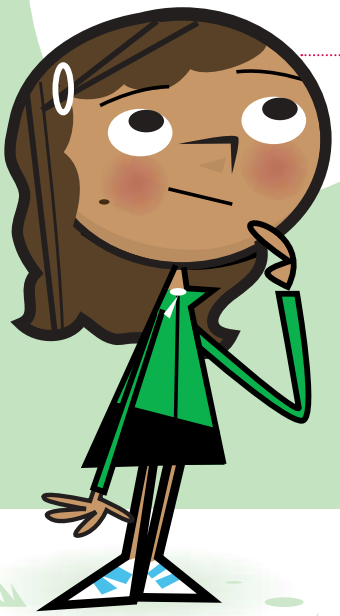


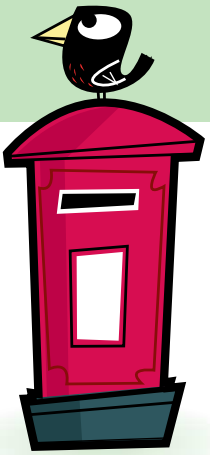


How will they be helping me?

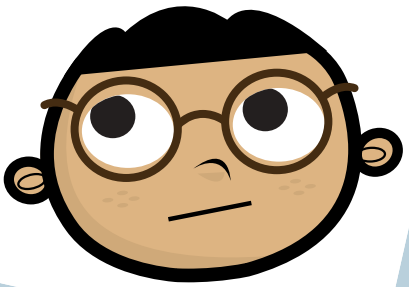
cafcass worker:

Social worker:





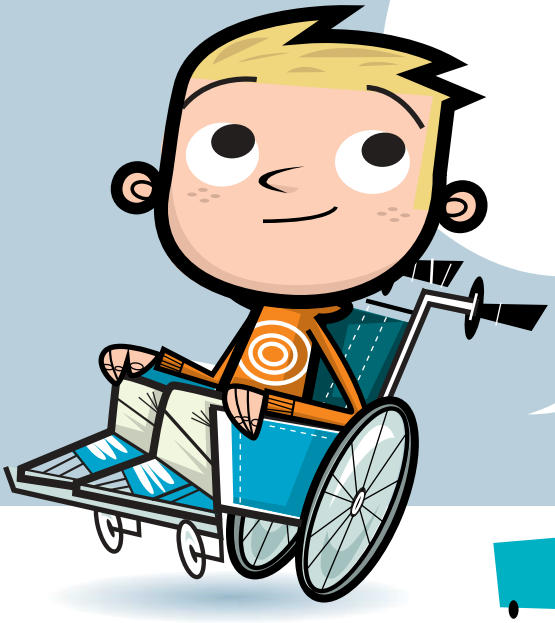
What I wish to happen...



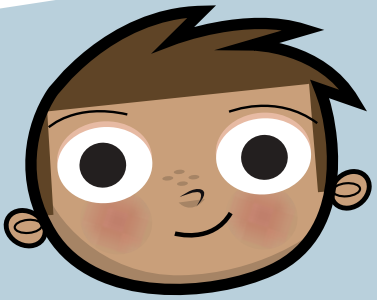
My needs...

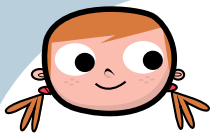


My feelings...



The court decided that...





happy

The court decision makes me feel...

Sad

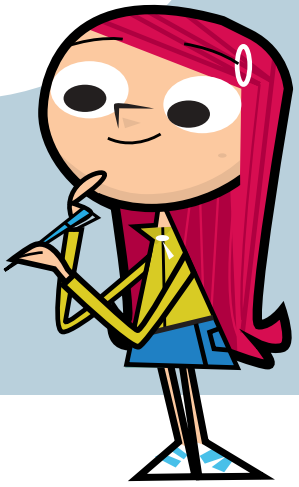


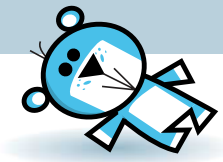
I can find out more about what happened here:

ok

not sure





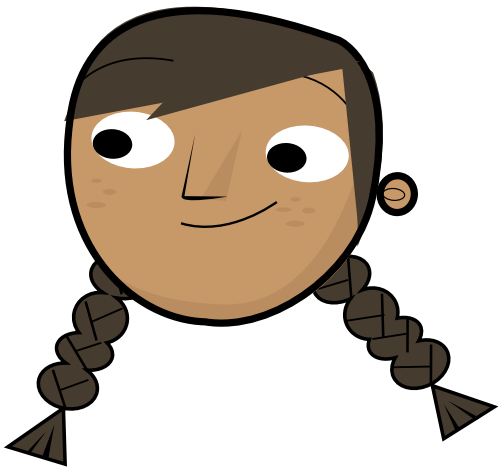


www.cafcass.gov.uk

ISBN 9780117038578
© 2008 Cafcass

recycle

What I want to say



My letter to the judge



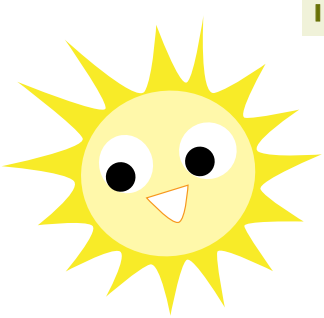
What I want to say



My letter to the judge



Express yourself



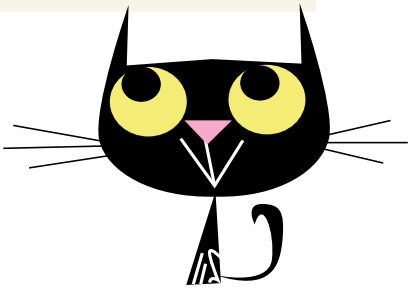
How do you feel about the court process?

How do you feel about the way plans are being made for you?

Do your carers know your views? Yes / No

Do they understand your views? Yes / No If no, please explain why

Do you need help sharing your views with them? Yes / No

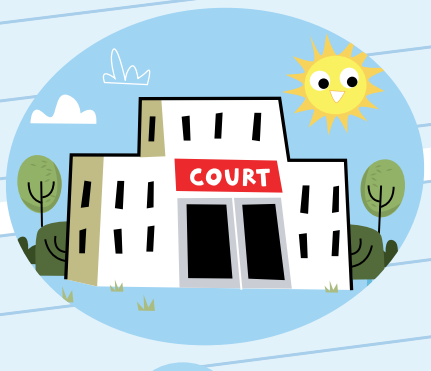


Express yourself



1. How do you feel about the court process?

2. How do you feel about the way plans are being made for you?

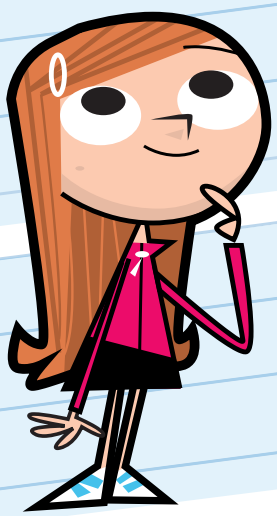


3. Do your carers know your views?

Yes No

4. Do they understand your views?

Yes No if no, please explain why



5. Do you need help sharing your views with them?

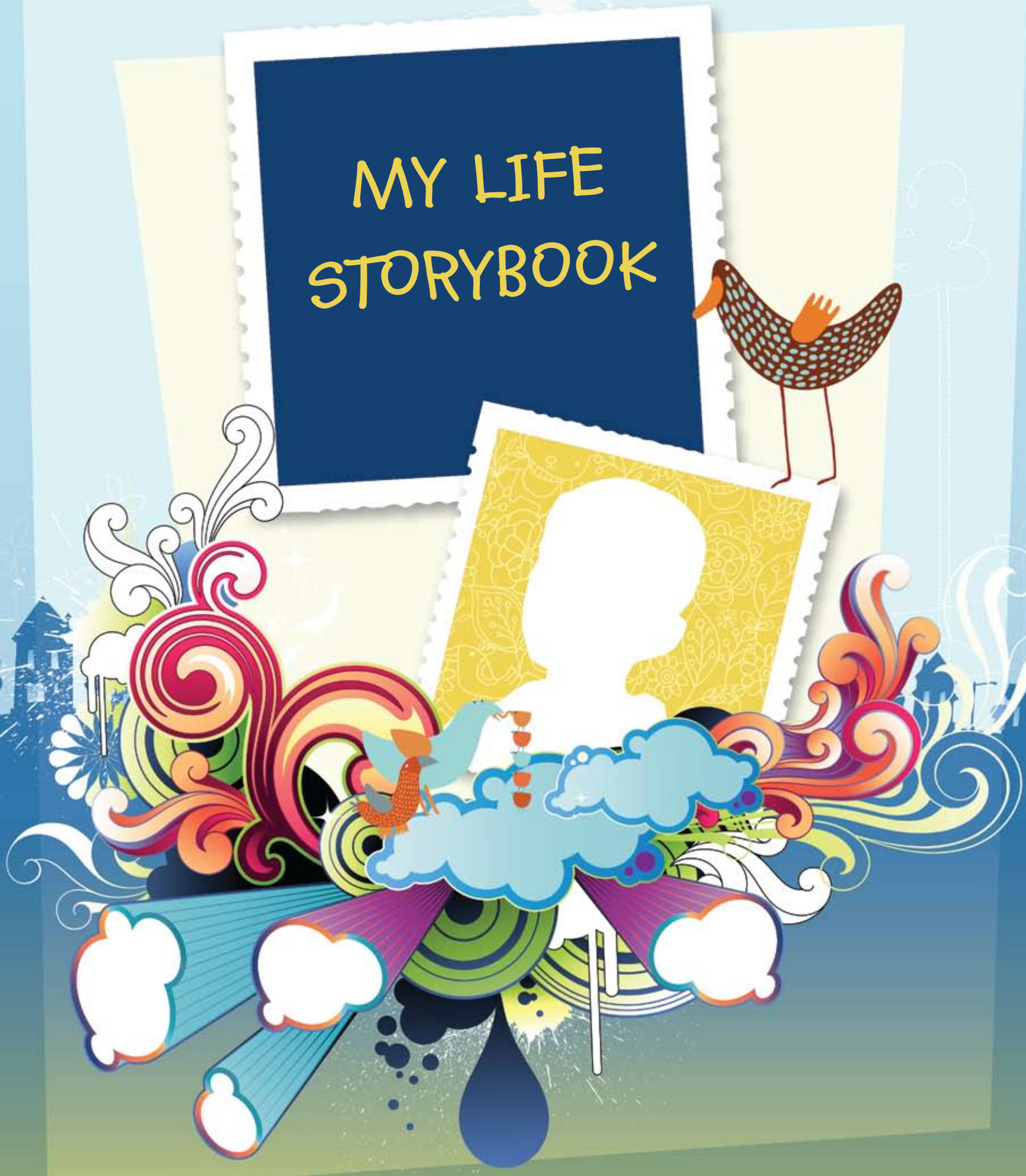
Yes No

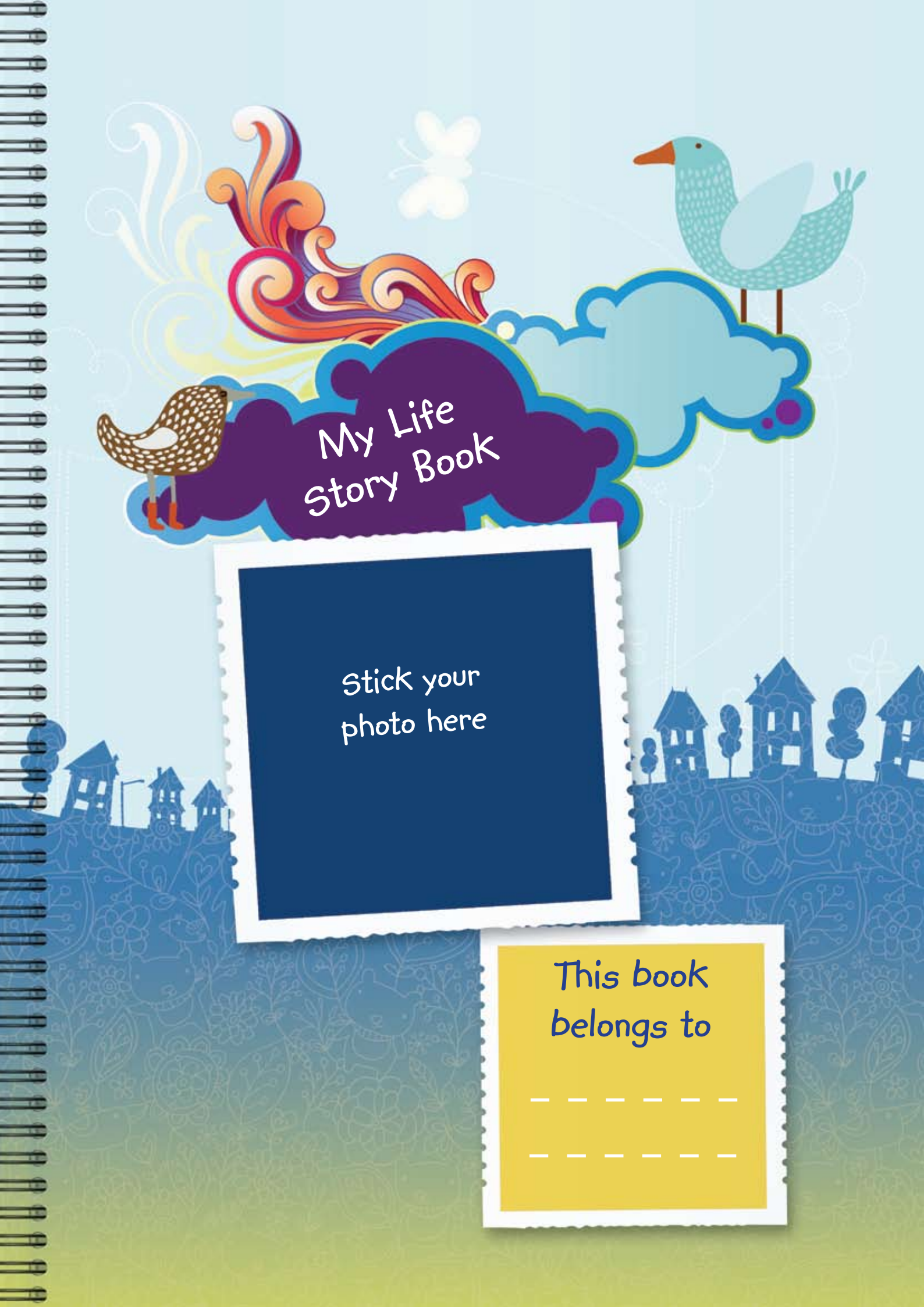
Tower Hamlets Social Work Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 5
Children Looked After and Adoption

MY LIFE STORYBOOK




My Life
Story Book
Stick your
photo here
This book
belongs to
_ _ _ _ _ _
_ _ _ _ _ _

Questions and Answers about My Life Story Book

Q. What do I do with My Life Story Book?

A. This book has been given to you to help you collect lots of different information about your life. You can use it like a diary to help you remember things about growing up, your family, your school days, the places you have lived and other things about yourself. This book belongs to you, and you don't have to show it to anyone if you don't want to. You can choose someone to help you with the book if you like, or you can just put things in it by yourself – it's up to you.

Q. Why do I have to use this book?

A. You don't have to use this book if you don't want to. The reason why it has been given to you is to help you collect lots of information about your life so that you can remember what it was like growing up. Sometimes grown-ups want to remember things about when they were kids, but they can't because it was so long ago. This book will help you remember important things and you can look back on it as you get older.

If you don't want to use *My Life Story Book*, your carer or caseworker might still keep some information about you growing up so that you might be able to add it into the book later on if you like. If you want to keep some memories, but don't want to use this book, you could also use a treasure box, an exercise book, a photo album or a video. The important thing is to keep some memories of your time growing up.

Q. Where do I keep my book?

A. The best place to keep your book is where you think it will be safe. It's important to look after your book so that you can look back over it when you are older and be able to remember your time growing up. If you think the book would be safest with you, then keep it with you where you live. If you think that the book will not be safe or get wrecked where you live, then you could ask your carer or caseworker to look after it for you.

Q. When do I write in my book or add stuff to my book?

A. The book is there for you to use whenever you want to add some information about yourself in it. So, you can write a little bit every day, or leave it for a while and write only sometimes when you feel like it. The important thing is to keep adding bits to it all the time so that it has lots of information in it about you growing up.

If you have decided that your book is not safe with you where you live, then you need to make sure that you can see the book from time to time to add things to it. Your caseworker might sometimes ask you how you *My Life Story Book* is going, and may sometimes even have things for you to put in your *My Life Story Book.*

Questions and Answers about My Life Story Book

Q. What if I need extra pages to write things on?

A. Your caseworker will be able to give you extra pages for *My Life Story Book.*

The pages you can re-order are called, 'Health Record', 'Visits with My Family', 'Awards and Certificates', 'Places I Have Lived', 'What Makes Me Happy', 'What Makes Me Sad', 'Things I Like to Do', and 'In the Future'. If the page you want is not on this list, the book has lots of blank pages in it that you can use to write extra things on, draw on or paste pictures on. You can also ask for more of these blank pages. Let your carer and/or caseworker know which extra pages you need and they will order them for you.

Q. Can I add other things to *My Life Story Book*?

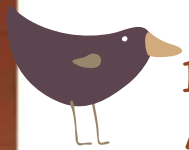
A. Yes you can. You might like to add photos, a copy of your birth certificate, drawings, school report cards, awards and certificates, postcards or pictures of the place you were born, a drawing of your family tree, and information about the holidays and special trips you have been on. These are just some of the things you might like to add to your *My Life Story Book*, but you can add anything you want.

Q. Who can help me with *My Life Story Book*?

A. Your carer and/or caseworker are there to help you with your book. Your carer can help you collect things like photos, awards and certificates or reports from school to put in your book. Your caseworker will want to make sure that information about you growing up is kept, so he or she might sometimes ask you how your *My Life Story Book* is going, or want to meet with you to help you do some things in it. You can also ask other people like your mum or dad, grandparents or other family members to help you with your *My Life Story Book.*

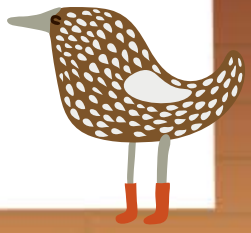
Q. What will happen to My Life Story Book if I move?

A. Your My Life Story Book should always go with you when you move. It is yours to keep and add to as you grow up. If you have given it to your carer or caseworker to look after, make sure you ask them for it back when you move. You can also ask your caseworker to send it on for you.



If you have any other questions about how to use *My Life Story Book* and you can't find the answers here, your carer or caseworker might be able to help.







According to My Birth Records

My full name .....

I was born at.....(place)

On..... (date)

At .....(time)

I was ..... cm long and weighed ..... kg



My family

Mother's name.....

Father's name .....

Other members of my family .....

.....

.....

.....

.....

.....

.....



My Birth Story

What happened the day I was born...



Milestones

The first time I...

(Fill in your age or the date when you achieved each milestone)

smiled .....

held my head up .....

laughed .....

reached for a toy .....

crawled .....

sat up .....

stood up .....

drank from a cup .....

walked .....

gave kisses .....

waved goodbye .....

ate my myself .....

ran .....

My first word was .....

My first sentence was .....

.....

.....



Health Record

Date .....

Event.....

.....

.....

Date .....

Event.....

.....

.....

Date .....

Event.....

.....

.....

Date .....

Event.....

.....

.....

Date .....

Event.....

.....

.....



My Family

These are the members of my family



Why I'm not Living with My Birth Family





Visits with My Family

Things I like to do when I see my family.....

.....

.....

.....

Places I like to visit when I see my family.....

.....

.....

.....

Members of my family who I see.....

.....

.....

.....

When I see my family I feel .....

.....

.....

.....

Things I would like to happen when I see my family.....

.....

.....

.....



Kindergarten

Name of my school(s) .....

I was in Kindergarten ..... (eg. 1991)

My teachers name .....

Memories of Kindergarten .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Awards Certificates



Year 1

Name of my school(s) .....

I was in Year 1 in ..... (eg. 1992)

My teachers name .....

Memories of Year 1 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



ABCDEFG

Year 2

HijkLMNoP

Name of my school(s) .....

I was in Year 2 in ..... (eg. 1993)

My teachers name .....

Memories of Year 2 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Year 3

Name of my school(s) .....

I was in Year 3 in ..... (eg. 1994)

My teachers name .....

Memories of Year 3 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Year 4

Name of my school(s) .....

I was in Year 4 in ..... (eg. 1995)

My teachers name .....

Memories of Year 4 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Year 5

Name of my school(s) .....

I was in Year 5 in ..... (eg. 1996)

My teachers name .....

Memories of Year 5 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Year 6

Name of my school(s) .....

I was in Year 6 in ..... (eg. 1997)

My teachers name .....

Memories of Year 6 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Name of my school(s) .....

I was in Year 7 in ..... (eg. 1998)

My teachers name .....

Memories of Year 7 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Year 8

Name of my school(s) .....

I was in Year 8 in ..... (eg. 1999)

My teachers name .....

Memories of Year 8 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Year 9

Name of my school(s) .....

I was in Year 9 in ..... (eg. 2000)

My teachers name .....

Memories of Year 9 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Year 10



Name of my school(s) .....

I was in Year 10 in ..... (eg. 2001)

My teachers name .....

Memories of Year 10 .....

.....

.....

.....

.....

Things I like to do .....

.....

.....

.....

.....

My friends' names .....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Year 11

Name of my school(s).....

I was in Year 11 in..... (eg. 2002)

My teachers name.....

Memories of Year 11.....

.....

.....

.....

.....

Things I like to do.....

.....

.....

.....

.....

My friends' names.....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....

FiNaL GRaDUaTiON!



Year 12

Name of my school(s).....

I was in Year 12 in..... (eg. 2003)

My teachers name.....

Memories of Year 12.....

.....

.....

.....

.....

Things I like to do.....

.....

.....

.....

.....

My friends' names.....

.....

.....

.....

.....



This is ME!!

My favourite colour .....

My favourite food .....

I am good at .....

My favourite music or song .....

My favourite band or singer .....

Things I like to do .....

.....

Things I like to wear .....

.....

My favourite toy or game .....

.....

Sports I like to play .....

.....

People I like to spend time with .....

.....

Things I like about myself .....

.....

On the weekend I like to .....

.....

.....

.....



Places I Have Lived

Date/year .....

My age at the time .....

Where I lived .....

Who I lived with .....

.....

Memories from this time .....

.....

.....

.....

.....

Things I liked about living here .....

.....

.....

.....

.....

Things I did not like about living here .....

.....

.....

.....



What Makes Me Happy!



What Makes Me Sad...



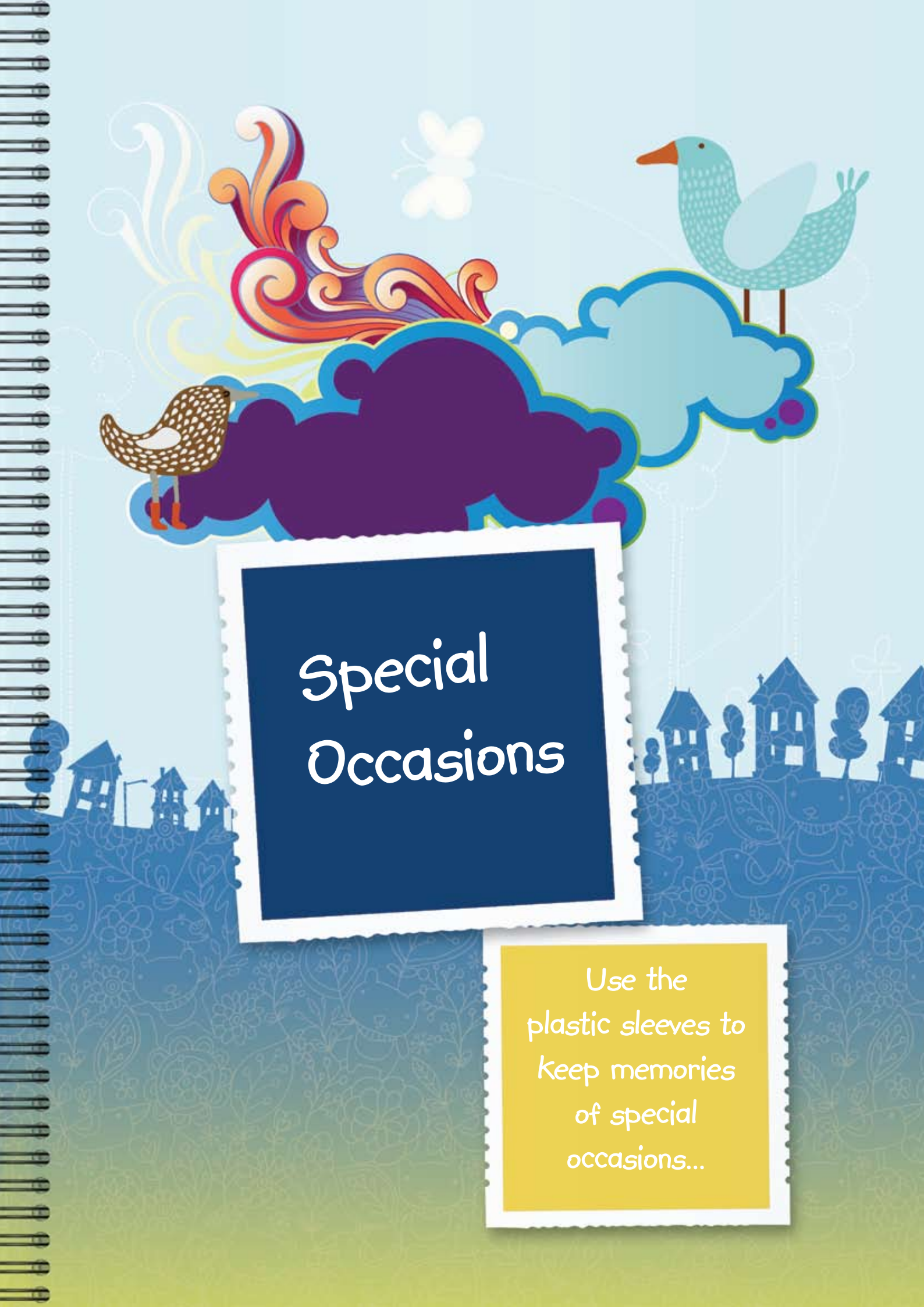
Things I Like to Do...

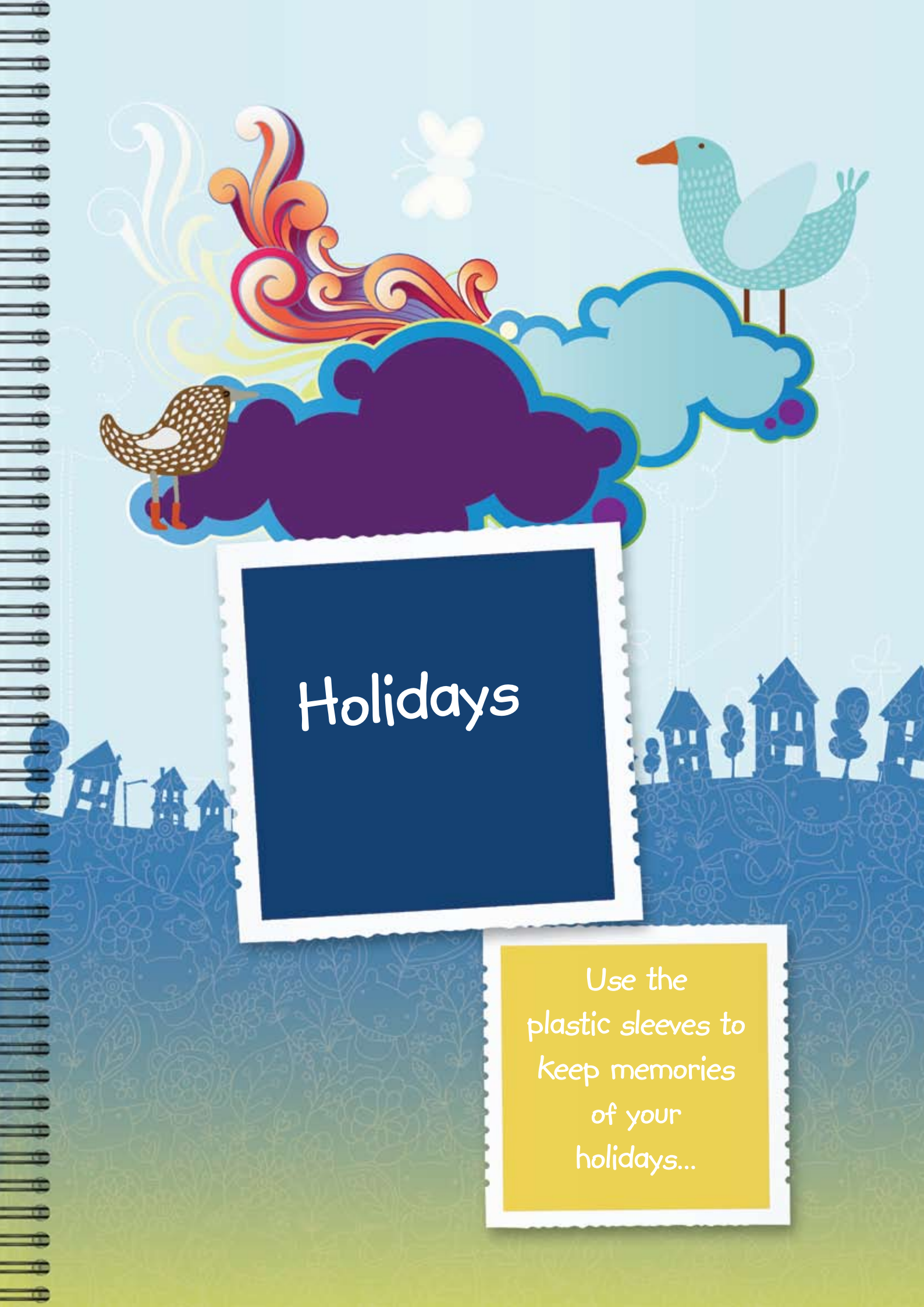
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....



Things I Like to Do...

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....


Special Occasions
Use the plastic sleeves to keep memories of special occasions...


Holidays
Use the plastic sleeves to keep memories of your holidays...



In the Future

Date ..... Age .....

In 5 years time .....

.....

.....

In the future, I would like to work as a .....

.....

.....

Things I wish for my future .....

.....

.....

In 10 years time .....

.....

.....

If I could have 3 wishes for the future they would be .....

.....

.....

.....

.....



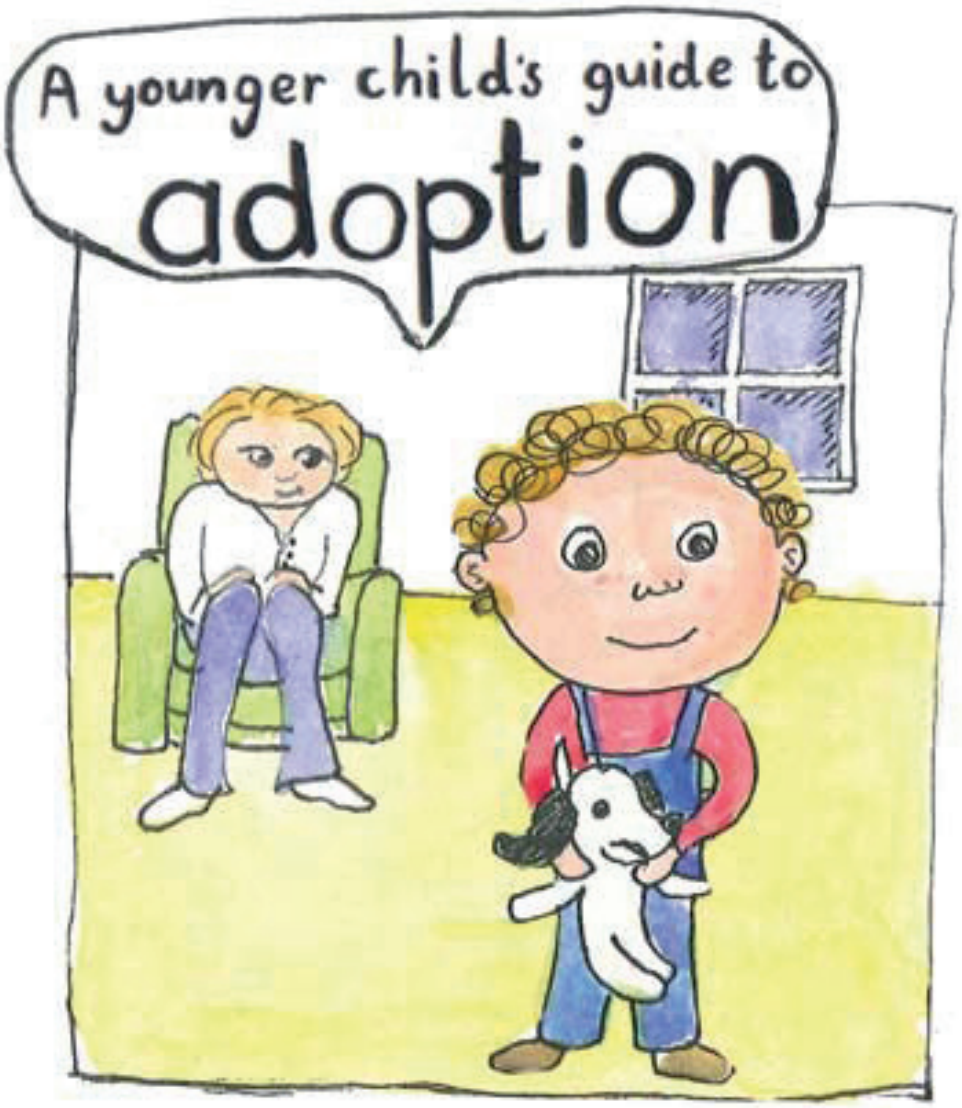
In the Future

Government of **Western Australia**
Department for **Child Protection**

Foster Care Association
of Western Australia (Inc.)
Mc Call Centre
2 Curtin Avenue
COTTESLOE WA 6011

Telephone: (08) 9384 5577
Email: admin@fcawa.com.au
Web: www.fcawa.com.au

Foster Care Association of Western Australia (Inc.)



Hello, my name is Harry. I'm adopted.

What's your name?

Like you I was told that I am going to be adopted. I thought it might be helpful if I told my story to help you learn what adoption means.

You could read this with your social worker or foster carers and ask them about anything you don't understand.

west sussex county council

Draw a picture of yourself in the frame
so people know this is your book.



My social worker told me that every baby has parents that they are born to. We call them our “birth family” and this might include a mummy, daddy, brothers and sisters, grandparents, aunties, uncles and cousins.

She said, sometimes the families that children are born into cannot look after them. Some parents find it difficult to manage to look after children properly. Some parents hurt their children in different ways and it is important that children do not get hurt. Some birth families might understand that they can’t look after their child properly and agree that it would be better for their child not to live with them. Some birth families don’t want their children to stop living with them even though they can’t look after them properly or keep them safe.

Like you, I couldn’t live with my birth family anymore. My birth mum and dad had problems they couldn’t sort out which meant they couldn’t look after me and keep me safe and this made me sad.



My social worker says that all children need to be loved, cuddled, and kept warm and safe. When birth parents can't do this children will sometimes live with adoptive families who can.

Living with an adoptive family means we will grow up in a new family. Our new family will provide us with the things that all children need to grow up and be strong, healthy and safe.

You and I are not the only children that are adopted, there are thousands of babies, young and older children adopted every year. Some are adopted with their brothers and sister and some are adopted from different countries around the world.

Before you are adopted, children live with a foster family who will look after you and care for you while plans are being made and an adoptive family is being looked for. This is me with my foster mummy and foster sister. They had a cat called Tommy too.



Whilst we live with our foster families we might still see our birth family. Sometimes our social workers will plan for us to see our birth families at a family centre, or park.

My social worker also made sure that my important belongings were with me when I moved.

Why don't you write down the things you like and don't like and give the list to your social worker?

Why don't you make a list of the important things you would like to take with you?

Your social worker will work with a group of people who belong to The Best Interests Panel. They will then decide the best way for you to grow up safe and happy. Once they have decided that everything has been done to support your birth family to look after you, they will ask your social worker to speak to a judge. She will ask the judge if it would be OK to look for a new adoptive family for you.



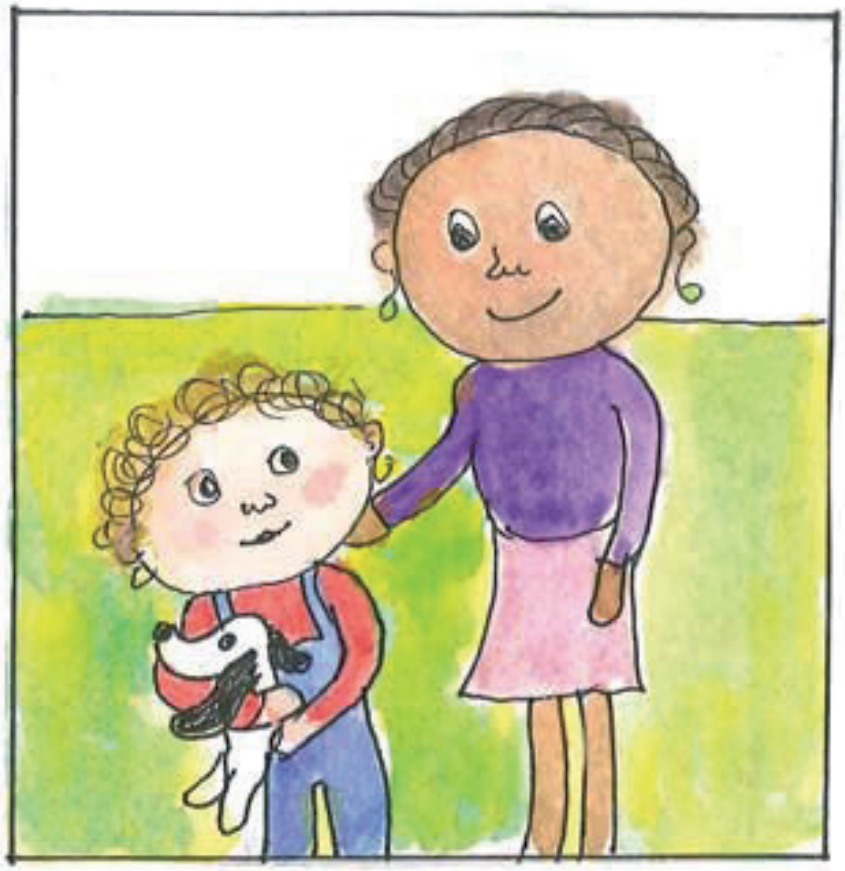
Like with me, social workers and a judge will learn all about you and your birth family, and the judge will listen to everyone before making that decision.

A judge is a person who is very wise and clever and will make sure that being adopted is the right decision for you in your best interests.

What would you like the judge to know about you?

.....

.....



When the judge made the decision that I should be adopted I asked my social worker “Who will find me a new adoptive family?” She told me that social workers do this. They will speak to us, our birth families, foster carers and other people who are important in our lives.

The social worker will ask about things we like and don’t like, and what we will need as we get bigger.

Our social worker will find out about different adoptive families. They will get help to find the right family before they make a decision. It might take a long time and lots of searching to make sure they find the right family for us.

My social worker told me that she'd found an adoptive family for me. Before I met them she gave me lots of information. I joined them last month. This is a picture of me with my new adoptive family.



My adoptive family listen to me and keep me safe. When I get muddled, confused and all jumbled up inside they help me to understand why I feel like that. They tell me it's OK to feel the way I do and give me lots of reassurance, love and cuddles. They sometimes help me to look at my life storybook so I can understand about my birth family.

Just because children are adopted does not mean they forget their birth family. Some adopted children see their birth family from time to time and some swop letters and photos with their birth families.

I really enjoyed telling you my story, I hope you learnt lots about adoption. Adoption can be confusing and we might have lots of questions about being adopted. Make sure you ask the important people in your life… and don't forget to tell your social worker what kind of adoptive family you want. I did and now I'm happy and cared for.

Bye Bye, from Harry

What the Adoption Service wants to offer children in West Sussex?

- We believe you should grow up as part of a loving family that can care for you as you grow up.
- We want to help you to understand about adoption.
- We will listen to what you tell us, about what you want and how you feel.
- Finding a family can take a while, but we will do our best to make sure you do not wait too long.
- If it is decided that it would be good for you to have contact with your birth family, your social worker will do their best to help. This might mean helping with visits or it might mean passing on letters.
- We will do our best to make sure you can live with your brothers and sisters.
- We will remember that family backgrounds and religion are important to you.
- We will help you to settle into your new family.
- Adoptive families will be given help and support to care for you. Your birth families will also be offered help and support.

Tell us what you think

If you are not happy about what we are doing, ask a grown up to talk to Jacquie Currie or Ian Forbes. Their job is to listen to children in West Sussex and try to help. You can reach them on 01403 229553 or write to us at:

West Sussex Adoption Service
West Sussex County Council
Adults and Children Services
County Hall North
4th Floor
Chart Way, Horsham
West Sussex RH12 1HA

Email: **adoption.team@westsussex.gov.uk**
Website: **www.westsussex.gov.uk/adoption**

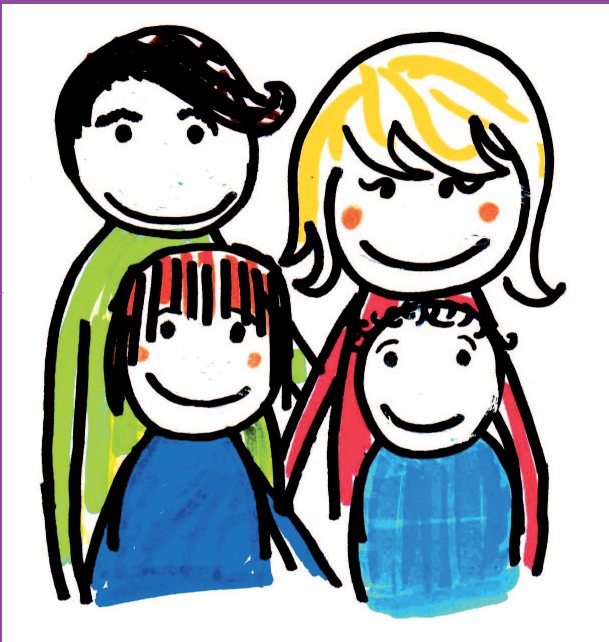
You can also ask someone to contact your Independent Reviewing Officer on 01243 753886.

You could ask someone to contact Roger Morgan on 0800 528 0731 or email him at roger.morgan.rights4me@csci.gsi.gov.uk
His job is to make sure children are looked after as well.

You could also ask someone to contact Ofsted on 0300 123 4666 or Commission for Social Care Inspection on 0161 879 2400
Floor 11, West Point, 501 Chester Road,
Old Trafford, Manchester M16 9HU

www.westsussex.gov.uk
WS963 November 2011

A Guide for Children being Adopted



VALE of GLAMORGAN
BRO MORGANNWG

www.valeofglamorgan.gov.uk

A Guide for Children being Adopted

1 What is adoption?

If you can't live at home with your own family, you may be adopted. Adoption means you grow up in a new family where you are safe, loved and cared for.

2 Why are children adopted?

There are lots of reasons why children sometimes can't live at home. Maybe your parents find it hard to look after you properly - or to keep you safe.



3 What is it like being adopted?

You live in a new place with your new family. You may have new brothers and sisters. You might also get new grandparents, cousins, aunts and uncles.

4 What are adopters like?

Families come in all shapes and sizes. There may be just one parent or there may be two. Sometimes it will be two women, sometimes two men. Some have other children of their own. They may go out to work or they may not work. Some live in the town, others live in the country.



5 You're not alone - lots of famous people have been adopted!

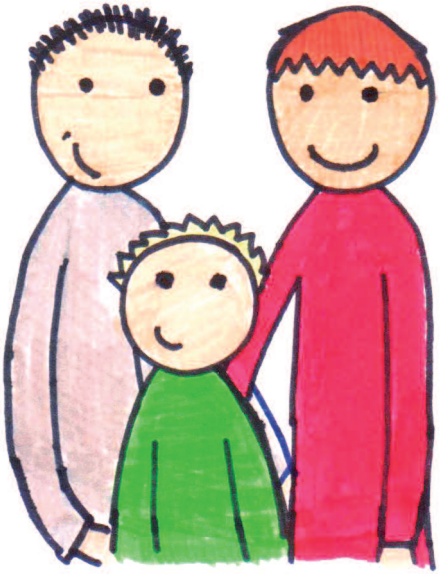
Shaun Wright-Phillips - a professional footballer
Rhona Cameron - a comedian and TV presenter
Nelson Mandela - South Africa's first black President.
Moses - a leader in the Bible
David Dickinson - from TV's 'Bargain Hunt'

And Superman was adopted too!

6 Who will help me become adopted?

A social worker is someone who helps children and their families when they have problems. They are there to help you, to make sure you are safe and happy, and to help find new families for children who need them.

A Children's Guardian is someone who listens to your feelings about what is going on and makes sure that you are listened to.



7 Who can I talk to about adoption?

It is the job of your social worker or the Children's Guardian to make sure that:

- You know what is going on all of the time
- You have someone to talk to about what is happening
- You have contact with your mum and dad if you want and if it is safe to do so
- You have contact with anyone else who is important to you.

8 Who decides I am going to be adopted?

The judge sits in Court and decides whether or not you should be adopted. The judge listens to your parents, your social worker and your Children's Guardian.



Use this space to write down any worries you have or any questions you want to discuss with your social worker or Children's Guardian.

9 Who chooses my new family?

Social workers are always looking for people who want to adopt children. Your social worker will talk to you about the type of family you want and they will take great care choosing a family that is right for you.

Do you want to make a list of things to talk about with your social worker?

10 Will I be able to meet my new family before moving in with them?

Yes! You will meet your new family and have the chance to get to know them, and if you like them, you may go and live with them in their home.

11 But what about my foster family?

They will help to prepare you for your new family by talking to you about them, showing you photographs and helping you think about what your life will be like when you live with them.

Foster families often stay in touch with the children they have looked after.



12 Will I still be able to stay in touch with people who are special to me?

Your social worker will talk with you very carefully about this.

When you are adopted it does not mean you forget your birth family. You may have memories of your birth mum/dad/sisters/brother/grandparents or foster carers who looked after you.

Your social worker will talk to you about what is important to you. Perhaps your adoptive parents can write a letter every so often to let people from your past know how you are, and they may get a letter in return. This is known as the Letterbox Service.

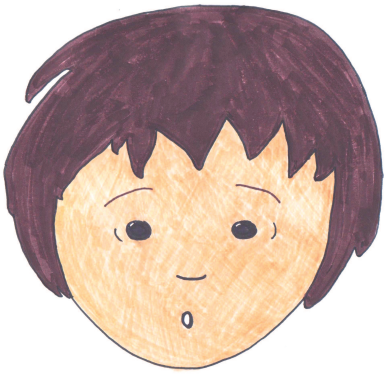


13 How do I get adopted by my new family?

When you and your new family are ready, all the information is sent to the Court. The judge makes the final decision for you to be adopted by your new family. They will want to make sure that this is the best decision for you.

What do judges look like? Have you seen one on TV?
Could you draw one here?

14 What if I've got some worries about being adopted.
You should talk to your social worker. They will listen to your reasons and explain the way you feel to the judge.



15 Maybe you might like to read one of these stories with your foster carer or social worker?

- 'Finding a family for Tommy' by Rebecca Daniels
- 'Dennis Duckling' by Barbara Orritt
- 'Chester and Daisy' move on by Angela Lidster
- 'Nutmeg gets Adopted' by Judith Foxan
- 'Nutmeg gets a Letter' by Judith Foxan
- 'Belonging doesn't mean Forgetting' by BAAF
- 'Katie Kitten gets Adopted' by Catherine Adair

16 Who will help if I am not happy?

If you are unhappy then it is important to talk to someone who can help sort things out. If you want to complain about something ask your social worker for a copy of the Vale of Glamorgan Council's Complaint's leaflet for Children.

- or call Amanda Green, Complaint's Officer on 01446 704 800.
- or email agreen@valeofglamorgan.gov.uk

NYAS is an advocacy service for children and young people, they can help you if you want to complain.

- call 0800 616 101
- or visit www.nyas.net

You can also write to the Children's Commissioner for Wales. His name is Keith Towler. His job is to listen to children and young people and speak up for them. He works to make sure that children are kept safe.

- The Children's Commissioner for Wales -
  Oystermouth House
  Phoenix Way
  Llansamlet
  Swansea
  SA7 9FS
- or call 01792 765 600
- or email post@childcomwales.org.uk

16 Who will help if I am not happy? More

You could also speak to someone from the National Assembly.

- Care and Social Services Inspectorate Wales (CSSIW)
  National Office
  Welsh Government
  Rhydycar Business Park
  Merthyr Tydfil
  CF48 1UZ

- or call 0300 062 8800

- or email cssiw@wales.gsi.gov.uk

These people will listen to your complaint and help you decide whether your complaint has been treated fairly by social services and that the care you receive is up to standard.

17 Later on...

After you have been adopted.

There may be times when you have questions or worries. You or your adoptive family can contact Children's Services to ask for help. This is called adoption support.

- Call the Intake and Family Support Team on 01446 725 202

or write to

- Intake and Family Support Team
  Haydock House
  Holton Road
  Barry
  CF63 4HA

The adoption service also has a person called the Adoption Support Services Adviser. They will arrange to come and see you and find out what the problem is. They will try and sort it out.

- Call 01446 729 601

or write to

- Adoption Support Services Adviser
  Haydock House
  Holton Road
  Barry
  CF63 4HA



Illustrations by Madz Amos

17 Summary of Statement of Purpose

Your social worker works for the Vale of Glamorgan Council. This is the Adoption Agency that arranged your adoption. Every Agency has to have a 'Statement of Purpose', which lets people know how it carries out its adoption work. Here are some of the important things in the Vale of Glamorgan Adoption Agency's Statement of Purpose:

- Where children cannot live with their birth family adoption may be the best alternative.
- We must find a family that is best for you.
- We must listen to your wishes and feelings.
- We must listen to you and your new family now and when you are growing up, and if any of you have any questions or worries we must try to find ways to help you.

If you would like to know more about how the Vale of Glamorgan does adoption work please ask your social worker and he or she will find out more information for you.

Adoption: I'm getting a new family

If you or someone close to you is being adopted, you may be feeling all sorts of things – sad, happy, angry, relieved or just confused. No matter how you're feeling though, you probably have lots of questions that need answers. Here are some questions that children and young people have asked about adoption.

What is adoption? +

Are there different types of adoption? +

How will Cafcass help? +

I live with my stepmother or stepfather who wants to adopt me, what happens now? +

What if my mother or father does not agree to my stepfamily adopting me? What will be in the Children's Guardian's report? +

What will be in the Children's Guardian's report? +

What if I do not want to be adopted? Will the judge do what I want? +

Will I still be able to see my real mother or father? +

What happens after the report has been written? +

Will I be able to go to court? +

How long will it take before the adoption is complete? +

Everything seems different now, how will I cope with all the changes? +

I enjoy living with my stepfamily but sometimes I'm worried that my real mother or father will be upset now that I am living with my stepfamily. Is there anything I can do? +

Tower Hamlets
Social Work
Academy
investing in social work, inspiring excellence

TOWER HAMLETS

SECTION 6
Websites

Resources for professionals

On this page you will find information and resources on a range of different topics.

The tools below are derived from a range of sources and many are not Cafcass original documents. Each tool has been identified for use by Cafcass staff. Information on the source of each document is referenced in the further information section below.

Table last updated: 11/10/2018

Child Impact Assessment Framework

- Child resistance and refusal +
- Harmful conflict +
- Domestic abuse +
- Other forms of harmful parenting +

Direct work with children resources

- Tools +
- My Needs, Wishes and Feelings pack +
- Child impact tool +
- My family court record +

General assessment tools and guidance

- Tools +
- Public law tools +
- Cafcass equivalents in other countries +
- Government sites +
- Professional associations +
- Research +
- Policies +

Cafcass is not responsible for the contents or reliability of the linked websites and does not necessarily endorse the views expressed within them. Listing shall not be taken as endorsement of any kind. Cafcass cannot guarantee that these links will work all of the time and has no control over the availability of linked pages.

Confident direct work with children: top tips

Direct work can include exploring children's memories of events or helping children move into another family

by **Ruth Hardy** on July 25, 2018 in **Children**



Photo: Strekalova/Fotolia

This article comprises of excerpts taken from a recently-updated guide on Community Care Inform Children about confident direct work. The guide was written by Yvonne Shemmings, a training provider, social researcher and honorary lecturer at the University of Kent. Subscribers can find the full guide as well as a directory of direct work tools on the direct work hub on Inform Children. Yvonne Shemmings is also leading a session at a new Community Care skills workshop on direct work in practice.

What is direct work?

Direct work always has a specific purpose, and can be used in a number of situations.

Generally, direct work can include:

- Exploring children's memories of events.
- Helping children to process traumatic experiences.
- Helping children move into another family.

Job of the week

Havering LONDON BOROUGH

Adult Social Work – Recruitment Open Evening

Featured jobs

Deputy Director, Children's Social Care
Bexleyheath, London (Greater) | Up to £116,544
We are seeking a new Deputy Director for Children's Social Care to lead our senior team

Experienced Social Worker – Safeguarding Service
Broadside, Leviathan Way, Chatham, Kent, ME4 4LL | £35,542 - £38,909
This is a fantastic time to be joining Medway as an Experienced Social Worker in our Safeguarding Service

Practice Manager – Safeguarding Service
Broadside, Leviathan Way, Chatham, Kent, ME4 4LL | £43,522 - £47,417pa
This is a fantastic time to be joining Medway as a Practice Manager in our Safeguarding Service

Social Worker – Children with Disabilities
One post is based in Taunton & Bridgwater and the other in Yeovil & Shepton Mallet | £29,636 to £33,799 per annum
We are looking for qualified social workers who would relish the opportunity to work in this rewarding area of social work.

Children's Social Worker
Various locations available | £32,109 - £36,139 per annum + market supplement up to £1,400 per annum
What's not to like about being a Hampshire Children's social worker? As a Children's Social Worker you would be working for one of the top five per...

- Helping children move into another family.
- Undertaking lifestory work.
- Helping with social aspects of the child's life.

Although a relationship with the child is established during direct work, it is not the primary function, and as such cannot take place meaningfully in coffee shops or burger restaurants. However, that is not to say these venues are not useful for informal discussions or building relationships.

Building a trusting relationship

It is only through the relationships we forge with the child that can give you anything of their internal world. Without it the social worker will receive minimal information, which offers little understanding or causes greater confusion about the child's wishes and feelings.

Spending time with a child who says nothing and is plainly discomforted by the social worker being there is hard for any practitioner to endure. How we begin our relationships matters: the greeting and courtesy you extend, your presence and what you offer as pleasurable activities goes a long way to settle even the most diffident child or one who is experiencing conflict about talking to you.

Recognising the hard emotional work that a child will do in direct work sessions and taking steps to create a nurturing environment can be invaluable. It is always worth asking those who are caring for the child what drinks and snacks he or she can have whilst in the room with you.

Small treats spaced at intervals can make a child feel comforted. We only need to think of our own physical needs to have a cup of tea or coffee to understand how important food and drink can be for a child. It is not something that is often done in direct work sessions because it can be fiddly and time consuming, but for many children it can be one of the keys to helping them unlock the door to their world. Try it and see, even a shared satsuma can be just the thing for a child in anguish to feel contained and understood.

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.

Equally important is that when adults tell the child that something will happen, it does. So, be mindful of the use of language and anything that sounds like a promise is just that to the child. If you say that next time you will play snap again together, remember this and have those cards and the time to do so ready. Reliable, confident, kindly, attentive adults who appear genuinely interested are singled out as special people.

Setting the tone

A general principle of direct work is that it should create the conditions for the child to speak.

It requires the social worker to be an active *listener*, not a busy *doer.*

Direct work means being *still in oneself* in order to respond to the chaos which the child may be experiencing in their mind.

The purpose of direct work is to provide secure conditions for the child, so that the child can feel safe to express their feelings. It consists of quiet, sensitive observation with the aim of occasionally lubricating the process.

Employer Zone



Why developing social workers is the key to success at this 'outstanding' council



How this council is creating a safe, supportive environment for children's social workers



'It feels like we're doing worthwhile work here – real, grassroots social work'



I've had the same manager for 12 years, so I've never seen a need to leave



Why this social worker is thriving on the challenge, pace and rewards of hospital social work

Employer zone – showcasing a selection of the sector's top recruiters

Community Care Inform



How personal health budgets in England work: key information

Latest stories



University halts social work master's programme to focus on new degree apprenticeships



Looked-after children and self-harm: new podcast

Reactions to the child should be congruent with what they are saying and doing, including your tone of voice. Sometimes it is appropriate to be bright and cheerful, but do not give the impression that sessions will always be fun: this can be serious business, and sensitivity and good observation skills are important.

The aim is not to just plough through a number of activities with the child but rather to seek meaning in what the child is expressing – both verbally and non-verbally. To do this requires self-awareness so that the social worker can distinguish their own feelings from those of the child.

> Learn more about how to conduct effective direct work with children, that can be applied directly to your practice, at the Community Care **skill-based workshop**.

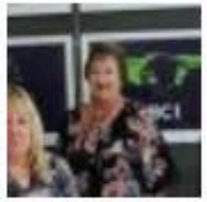
More from Community Care

Related articles:

Comments are closed.



The Ofsted Interview: 'Data is nothing about numbers and everything about individual children'



'This is real life social work, you should film this' – practitioners on letting Panorama's cameras in

DON'T GET LEFT BEHIND

Sign up for our social work news and practice emails

You might have missed



Find out how to develop your emotional resilience with our free downloadable guide



Develop your social work career with Community Care's Careers and Training Guide



I FEEL...

I WISH...

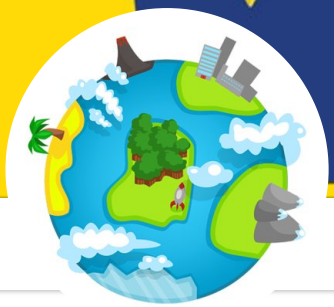
I THINK...

I NEED...

I HOPE...

I WANT...





Tweets 932 | Following 75 | Followers 6,755 | Likes 853

Follow

Social Work Toolkit

@socialworktools

Social Work Community, tools and direct work activities for students, practitioners, managers and specialists. Share your resources with us. #ChildsVoice

England, United Kingdom

facebook.com/socialworktool…

Joined April 2016

Tweet to Social Work Toolkit

479 Photos and videos



Tweets | Tweets & replies | Media

Social Work Toolkit @socialworktools · May 25

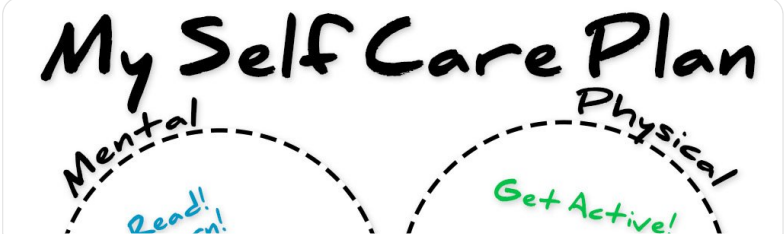
#Social #skills are used to #communicate and interact with each other, both verbally and #non-#verbally, through #gestures, #body #language, and our personal appearance. #Human beings are #sociable #creatures and we have developed many ways to communicate our #messages.

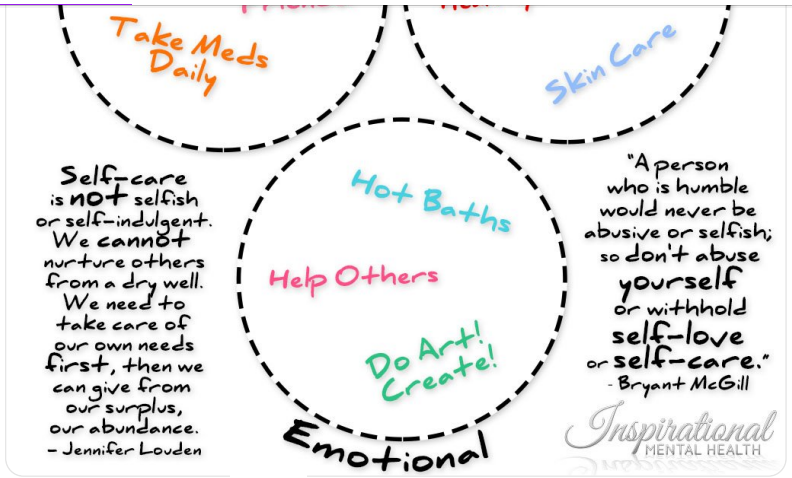


4 9

Social Work Toolkit @socialworktools · May 11

#Self-#care is not #selfish or self indulgent . We cannot nurture others from a dry well. We need to take care of our own needs first, then we can give from our surplus, our abundance. #socialwork #mentalhealth





1 19 23

Social Work Toolkit @socialworktools · May 6

Happy #bank #holiday #monday. We forget far too often to undertake self-care due to the #day to day #grind of the #working week. Here are some nifty ideas & tips to self-care. #socialwork



1 9 9

Social Work Toolkit @socialworktools · Apr 19

Wishing #wizards and #fairies! These characters are great ascertain the #thoughts, #wishes and #feelings of #children and families in #direct #work sessions. #socialwork #strengthbased

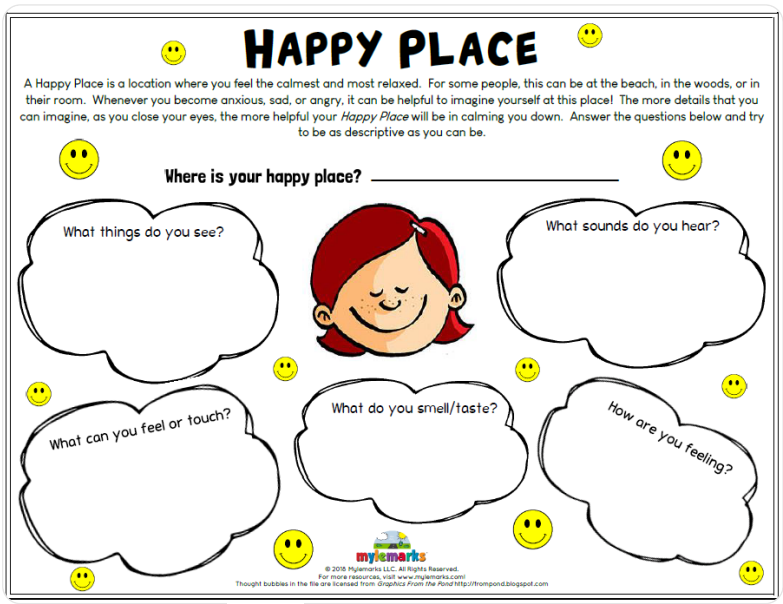


The Signs of Safety - A Comprehensive Briefing Paper
Dr Andrew Turnell, December 2010

9 13

Social Work Toolkit @socialworktools · Apr 5

A #Happy #Place is a location where you feel the #calmest and most #relaxed. Whenever you become #anxious, #sad, or #angry, it can be helpful to #imagine yourself at this place! #socialwork #directwork #children #families

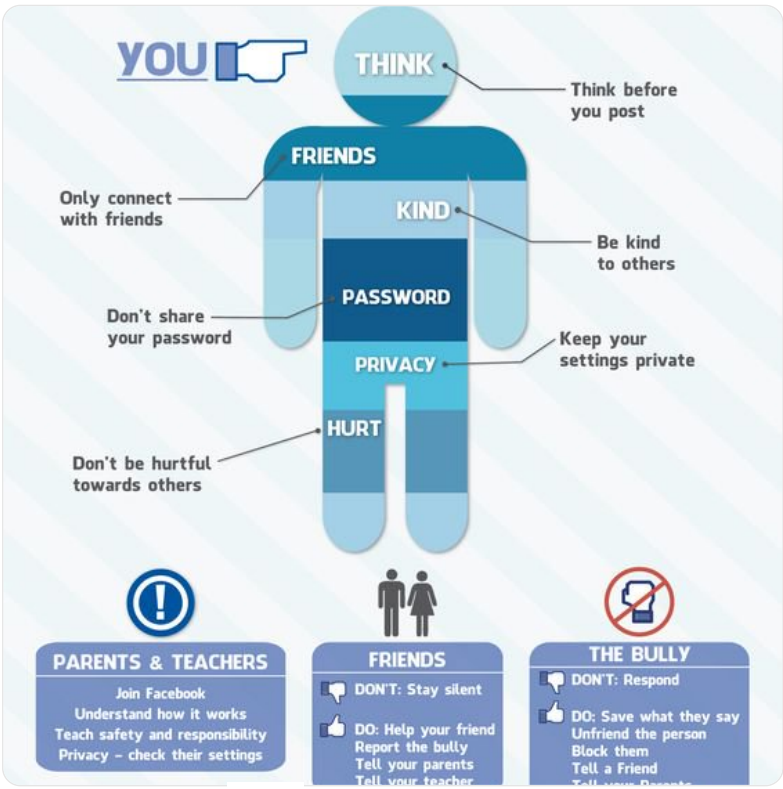


11 29

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 8 Oct 2017

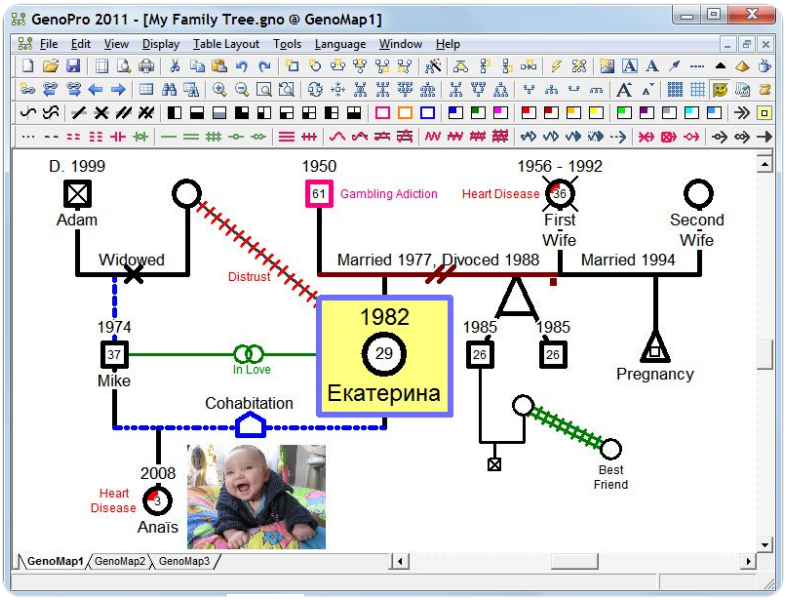
Useful to keep #children and #youngpeople safe #online - Tell. Unfriend. Block. Report. IMPORTANT NEWS Have your say surveymonkey.co.uk/r/PWN2PCZ



1 35 29

Social Work Toolkit @socialworktools · 8 Jan 2018

Struggling with Genograms? Give Genopro: genopro.com a shot- Software for drawing #family #trees and #genograms it has some great new features. #socialwork #children #families



19 20

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 23 Jan 2018

This Toolbox features (more than) 10 engaging developmentally appropriate #tools that can used with #children and #young #people to help them #recognise their #strengths, #resiliencies, #hopes, & #possibilities in the face of whatever #challenges they are #experiencing.



2 32 60

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 4 Aug 2018

#Balloon #CBT. #fun way to change a #mindset. #Identify the #unhelpful #distortion, blow the balloon to the size of the problem, and then pop. Writing more helpful words on each balloon, such as trying, sometimes, or yet. Stretch the unused balloon to teach #flexible #thinking

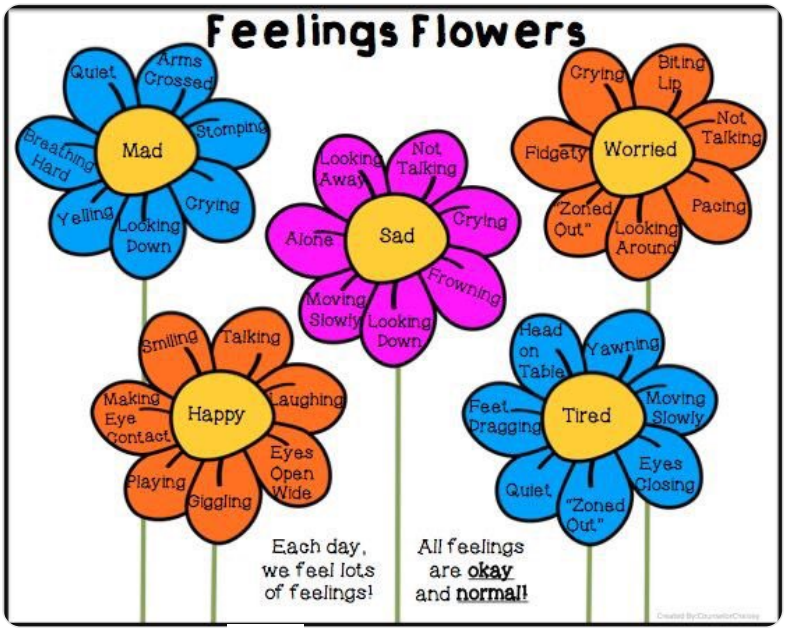


4 19 35

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 22 Apr 2018

This is an ace tool to start thinking #feelings and what it looks like to #children and they manage with them. It could also be used to #explore how often they have each feeling. A fun, spring-y way to build children's' #emotional vocabularies! #socialwork #emotional #wellness

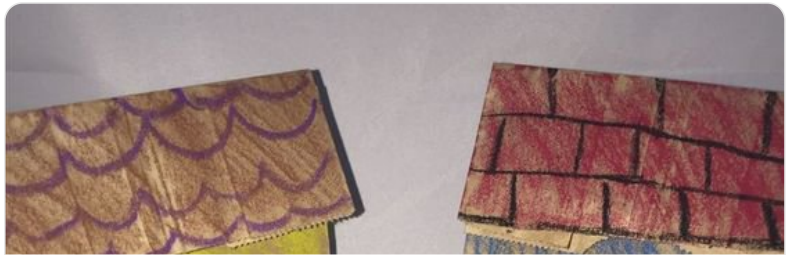


61 80

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 1 May 2018

The Separated Homes (Divorce). Creative strategy to encourage and explore #thoughts #wishes #feelings and #expression with use of #imagination. Fun crafting projects with both children and young people.





4 16 36

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · Jan 13

#Routines are how #families #organise themselves to get things done, spend #time #together and have #fun. Maintaining a #daily routine can make it easier for #children to deal with #stressful events. Routines have any #advantages to #child #development #socialwork #directwork

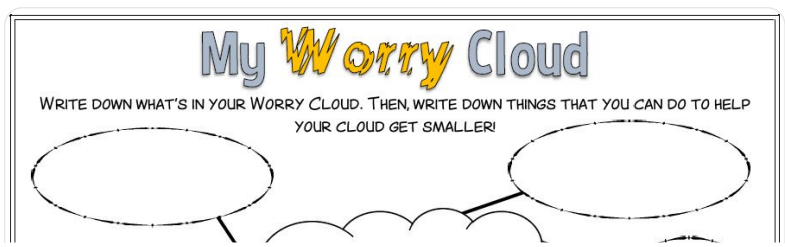


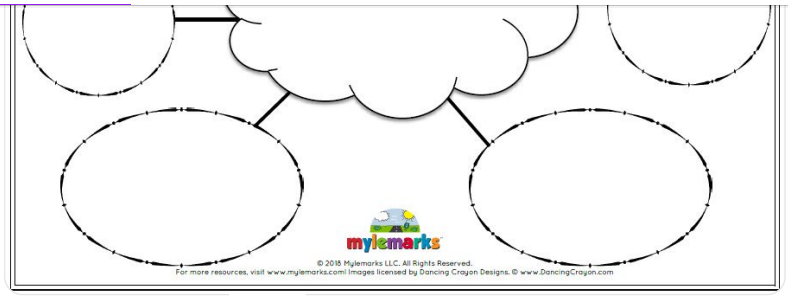
12 14

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · Jan 20

Write down what's in your #Worry #Cloud. Then, write down things that you can do to help your cloud get smaller. A great little tool for #exploring #thoughts, #wishes. #feelings and solutions with #children and #adults. #socialwork #sundaymorning #weekend





18 30

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · Jan 23

In #SocialWork everything/anything is "#urgent". We bant this term around far too often so much so it loses meaning. But what are some things you need to get done? What's urgent, what's important, and what can wait? This #worksheet is to help you prioritise what you need to do!



13 24

Social Work Toolkit Retweeted

Creative Croydon @CreativeCroydn · Feb 26

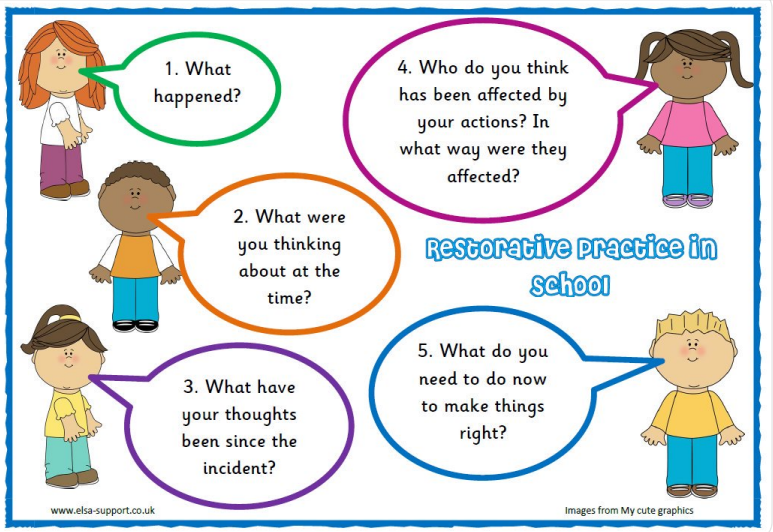
A #ChildrensBooks by a #wonderful #youngpeople 's worker in #Croydon please share/RT to help his #crowdfunding campaign! @socialworktools @socialworktutor @OneStopSocial @FedDetachedYW @CroydonMusicArt @CroydonLitFest @CroydonArtsShow @CroydonArtsNet @croydonarts @CLFederation

> **Maximilian Hawker** @MaxHawker
> @CreativeCroydn Hi fellow Croydonians. I am trying to get my first children's novel published through crowdfunding publishers @unbounders. The book is set in #Croydon and tackles issues of #OCD and #socialwork. I need your support to make it a reality! unbound.com/books/rory-hob…

6 2

Social Work Toolkit @socialworktools · Jan 17

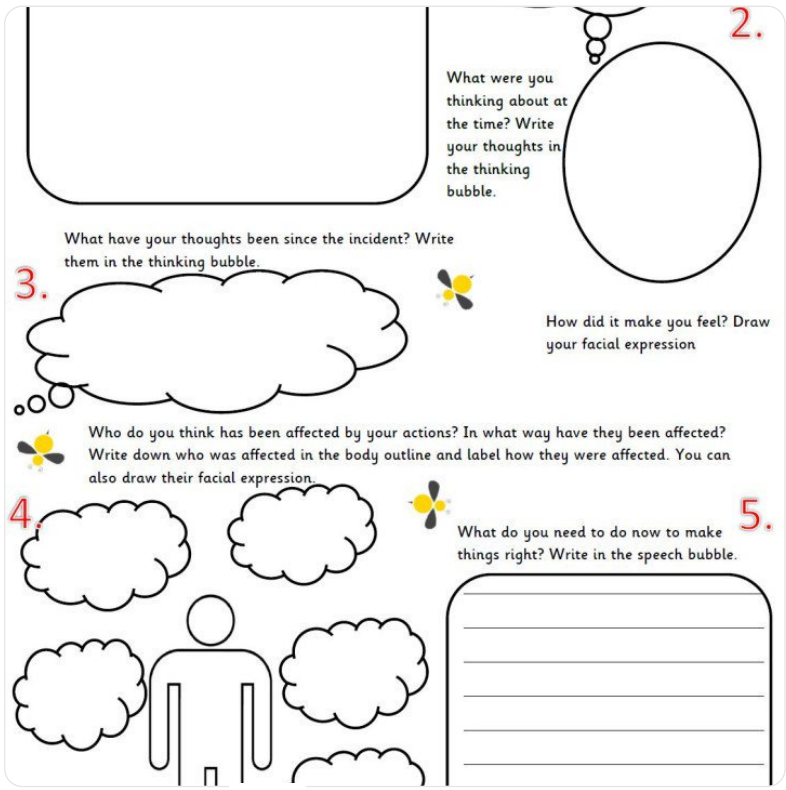
Here at @socialworktools we promote #restorative & #strength-#based practice. All aboard! Here is another handy tool to explore difficult situations, and promote solutions with #children, #adults, and #families. This tool can be used in many



10 18

Social Work Toolkit @socialworktools · Jan 16

#Restorative #Practice with #children and #families. Restorative practice is a way of working with #conflict that puts the focus on #repairing #harm and building #positive relationships. #socialwork #childrenandfamilies



4 17 35

Social Work Toolkit @socialworktools · Jan 15

The #Internet is a wonderful #resource for #kids for researching #school reports, #communicating with #peers, #family, and #entertainment. But with that access comes #risks, even if you're careful.#socialwork #internetsafety





7 9

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 6 Jul 2018

#Saturday #Morning #Tweet: How to #nurture and #support a #child's #Mental #Health. Here are a few #ideas. They may not suit everyone. #Socialwork #KeepOnSocialWorking #Weekend



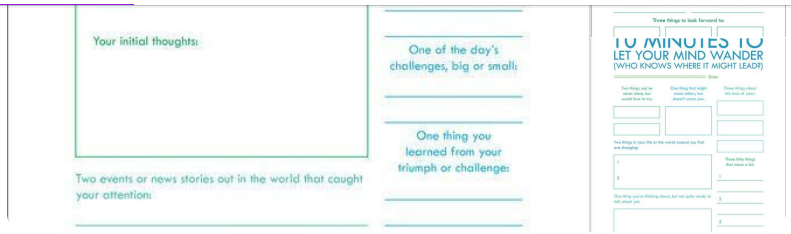
1 59 79

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 7 Sep 2018

We are still here! Just building up our bank of new tools to share with you! How about this - #10 #Minutes to Recognise the #good #stuff - Lets #focus on #children and #families strengths as well as the #weaknesses and #risks, and build upon what we are good at.





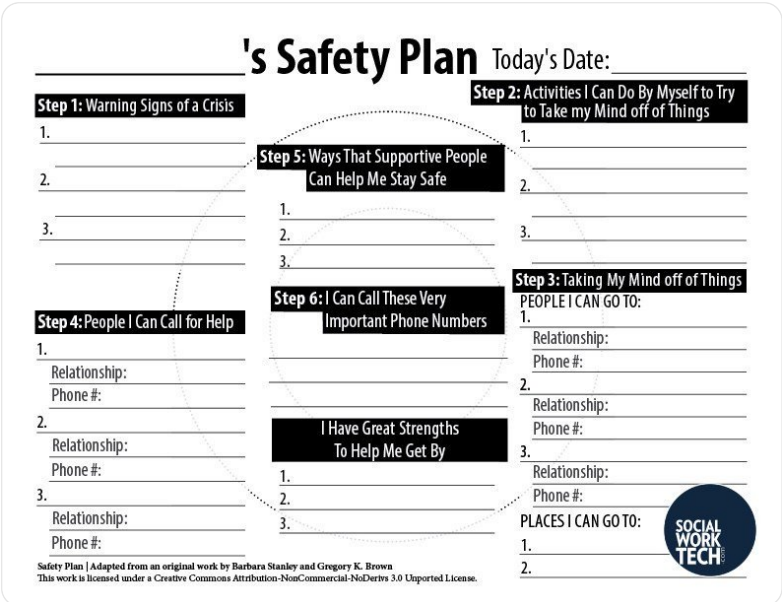
2 40 86

Social Work Toolkit @socialworktools · 7 Nov 2018
It is a brilliant tool @SocialWorkTech

1 2 4

Show this thread

Social Work Toolkit @socialworktools · 7 Nov 2018
A #safety #plan can play a vital role in keeping #children and #families safe when they are feeling distressed and in need of support. This worksheet will guide them to a list #coping #strategies and sources of #support they can use if they need more support at a given time.



1 21 48

Show this thread

Social Work Toolkit @socialworktools · 4 Nov 2018
Life can get really tough. So it's important to help #young #people and ourselves too to #cultivate #tools and tricks that can support us to get through the hard stuff of living, to relate to uncomfortable #feelings with #self #compassion and to practice #skills that can help us.





2 18 39

Social Work Toolkit Retweeted

sophie louise @s28oph · 26 Oct 2018

Direct Work 'Communi-crates' ready to go for social work teams in Dudley! 😁😍👌

#voiceofthechild #lovemyjob

@CPPDudley @dazshaw1975 @SiobhanMaclean @sue_butcher10 @socialworktools

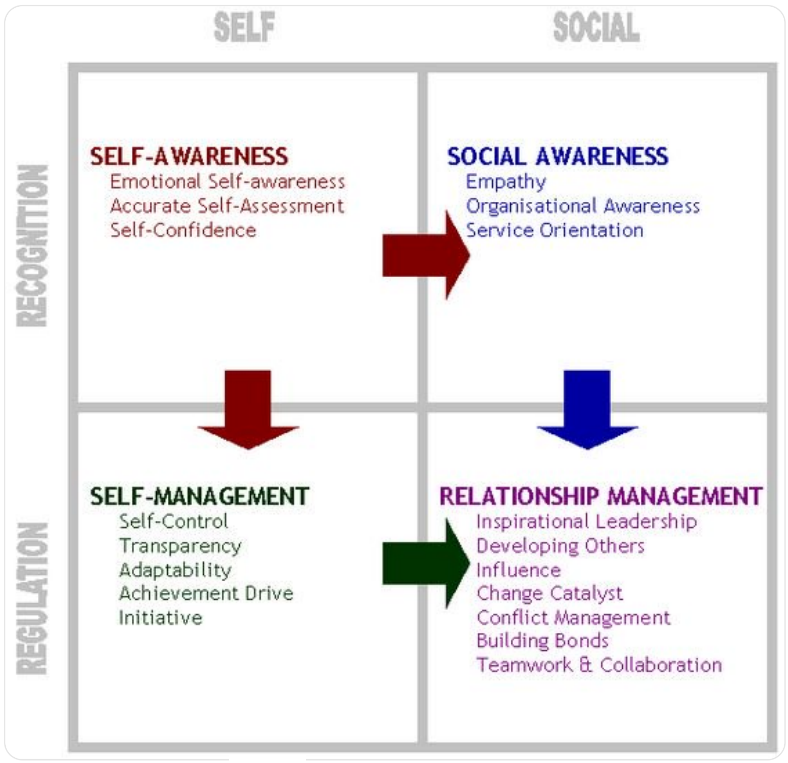


2 10 33

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 31 Jan 2018

Daniel Goleman. "#Emotional #intelligence is the ability to perceive #emotions, to access and generate emotions so as to assist thought, to #understand emotions and emotional #knowledge, and to reflectively regulate emotions so as to promote emotional and #intellectual growth."



Social Work Awards @socialworkaward · 8 Oct 2018
View the full 2018 shortlist on our website 👉bit.ly/2EeUQ0i
#SWA18



2 26 43

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 20 Feb 2018
Take the #five #finger #friendship challenge ! What makes a #good #friend. How do you help put #healthy friendships in their #hands? #socialwork #children #peersupport #pastoral

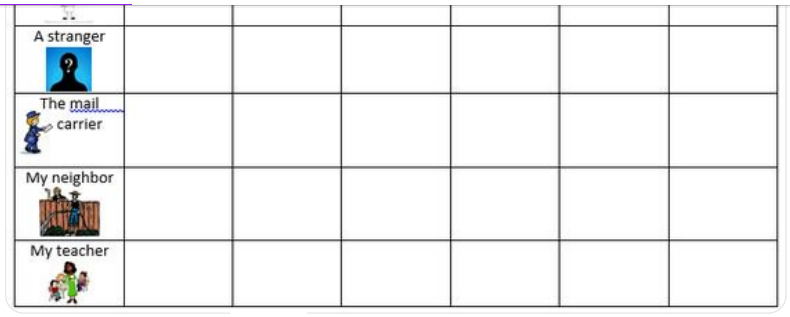


19 24

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 4 Mar 2018
Who needs to know? - #Safety #Unit and this activity is all about #personal #information and who to #share it with. #Children #youngpeople #families - Download here: i.pinimg.com/originals/cb/c…



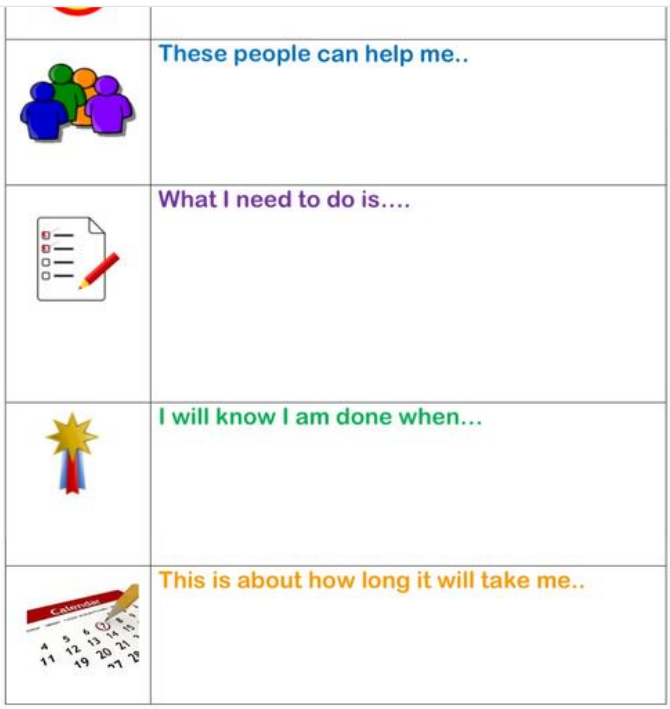


7 12

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 14 Mar 2018

Resource for #setting #targets with #children and #young #people - #Solution #focused #therapy - #socialwork



23 40

Social Work Toolkit Retweeted

Social Work Awards @socialworkaward · 28 Sep 2018

The 2018 judging is complete! What an inspirational day & a huge THANK YOU to our wonderful panel of judges ✨ We can't wait to share the shortlist with you on Monday 8th October... good luck! 🤞 #SWA18



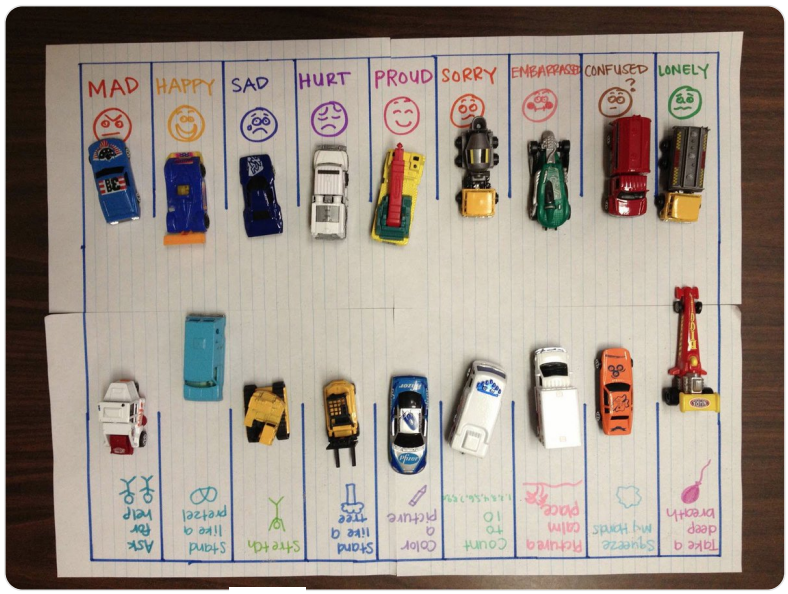


1 19 56

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 9 May 2018

"#Feelings parking lot". This would be a great way to show #children and #young #people that they can leave their feelings "parked" in order for them to be explored further, or they can do X,Y,Z to support them with their feelings to get to another feeling #socialwork

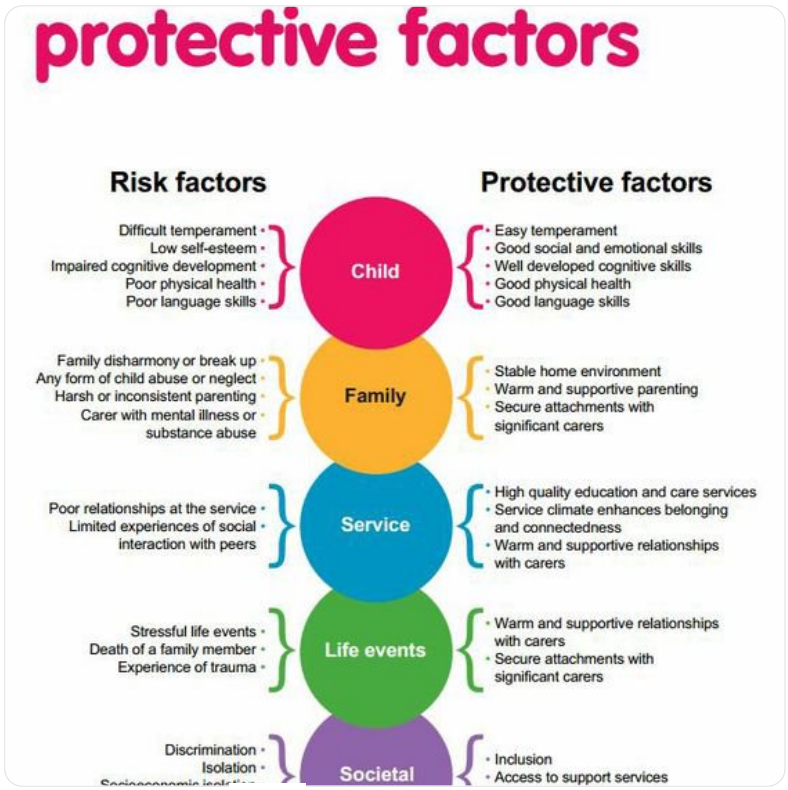


5 80 132

Social Work Toolkit Retweeted

Social Work Toolkit @socialworktools · 14 May 2018

What is considered as a #Risk or #Protective factor? Here are some useful points to consider when completing #children and #family #assessments or #direct #work #activities. #socialwork



33 56

Social Work Toolkit @socialworktools · 11 Sep 2018

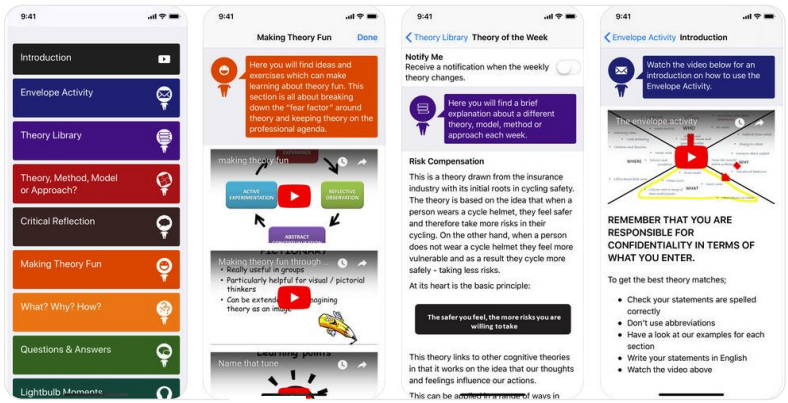
#Socialwork #directwork



1 22 37

Social Work Toolkit @socialworktools · 8 Sep 2018

Have you heard? @SiobhanMaclean #Social #Work #Theory: Your #Critical #Friend #App is now on #iPhones. Get down to the #App #Store now - itunes.apple.com/gb/app/social-…



1 11 13

Social Work Toolkit Retweeted

Social Work Awards @socialworkaward · 3 Sep 2018

This month our fantastic panel of judges meet to select the shortlist for the 2018 Social Worker of the Year Awards! Good luck to all nominees ✌ #SWA18

5 24 67

Who to follow

Refresh · View all

Social Wo… Follow

Guardian … Follow

BASW @… Follow

Find people you know
Import your contacts from Outlook

Trends for you

Change

Stansted
8,063 Tweets

#TrumpUKVisit
Donald Trump arrives in the UK for his three-day state visit

Lewis Chessman

#StateVisit
2,979 Tweets

#MondayMotivation
47.3K Tweets

Sadiq Khan
96.9K Tweets

Donald Trump
Donald Trump arrives in the UK for his three-day state visit

#victorialive

#VolunteersWeek
7,339 Tweets

© 2019 Twitter About
Help Center Terms
Privacy policy Cookies
Ads info