Best Practice in Supporting vulnerable Children

Dr Wendy Sims-Schouten, Associate Professor in Childhood Studies, University of Portsmouth

Historical & Contemporary Practices

Type of slums from which our children are taken.

O *It is important to see current practices in light of historical developments.*

O *Social work in England started to develop in the late 1800s.*

O *The focus was on supporting 'destitute' children.*

O *Deserving/undeserving paradigm - 'Good' and 'Bad' children.*

Child Safeguarding & Wellbeing, England (late 1800s)

Institutions/services: Industrial Schools (caring for neglected children),1857-1933; Philanthropic institutions (from mid 1800); Asylums (no age limit); No specialist children's services.

Social policy/Social work: NSPCC (National Society for the Prevention of Cruelty to Children), 1884; The Prevention of Cruelty to and Protection of Children Act, or 'Children's Charter', 1889; Charity Organisation Society (1869).

Psychology/Psychiatry: Growing understanding of the multiple factors involved in the development of childhood psychiatric disorders, although the emphasis was on heredity (e.g. Maudsley, 1895).

Child Safeguarding & Wellbeing, England (current)

Institutions/services: Charities and local councils delivering services for children in care and young care leavers; 'Staying put arrangement', supporting young people to continue to live with their former foster carers once they turn 18 (Children and Families Act, 2014).
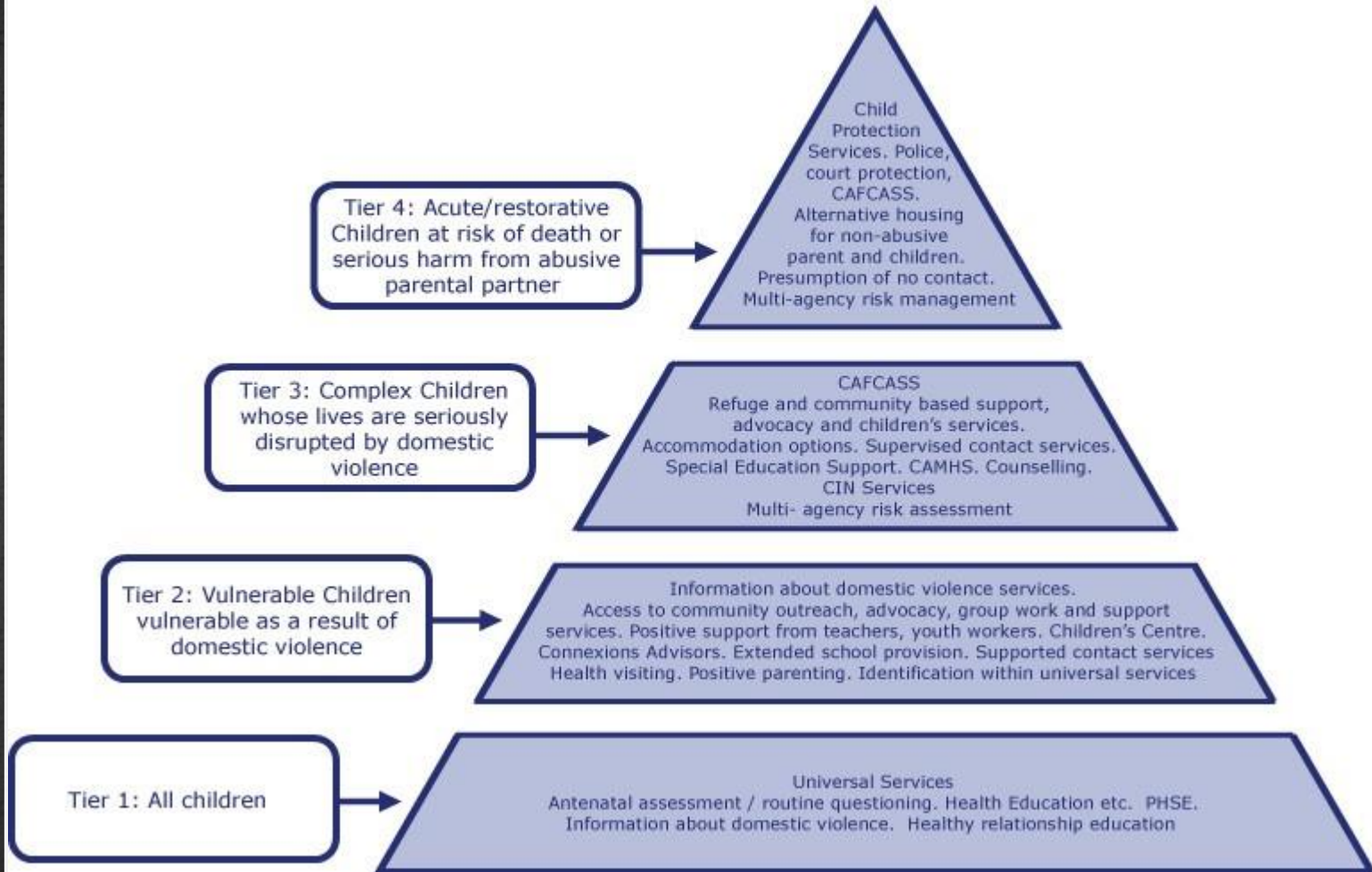
Social policy/social work: Working together to Safeguard Children legislation (2015); Children and Social Work Act 2017;

Psychology/psychiatry: Transition from CAMHS (Child and Adolescent Mental Health Services) to Adult Mental Health Services.

Similarities – Past & Present

O Reasons for taken into care: relation between child and family (MH, alcoholism);

O Focus on behaviour;

O Lack of joined up working;

O Stronger focus on practical abilities and learning. (e.g. education first before MH);

O Limited voice of the child;

O Acknowledgement of early experiences and behaviour – yet not always acceptance.

FIG 2: Tiers of Need and Intervention

Tier 4: Acute/restorative Children at risk of death or serious harm from abusive parental partner

Child Protection Services. Police, court protection, CAFCASS. Alternative housing for non-abusive parent and children. Presumption of no contact. Multi-agency risk management

Tier 3: Complex Children whose lives are seriously disrupted by domestic violence

CAFCASS
Refuge and community based support, advocacy and children's services. Accommodation options. Supervised contact services. Special Education Support. CAMHS. Counselling. CIN Services
Multi- agency risk assessment

Tier 2: Vulnerable Children vulnerable as a result of domestic violence

Information about domestic violence services. Access to community outreach, advocacy, group work and support services. Positive support from teachers, youth workers. Children's Centre. Connexions Advisors. Extended school provision. Supported contact services Health visiting. Positive parenting. Identification within universal services

Tier 1: All children

Universal Services
Antenatal assessment / routine questioning. Health Education etc. PHSE. Information about domestic violence. Healthy relationship education

Children in Care

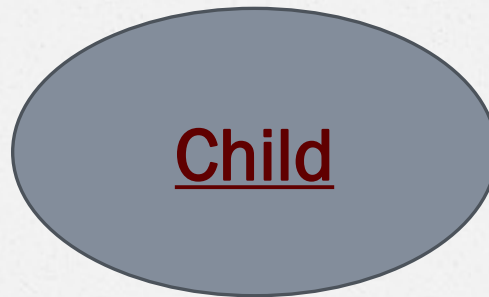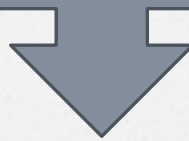O Growing body of research focussing on children and young people in state care.

Yet two areas remain under-developed;

1) Research that draws attention to the <u>lived experiences</u> of young people,

2) The development of conceptual frameworks that centralises their perspectives to support the <u>development of practice.</u>

Abuse & Neglect

O 62% of looked-after-children in England were taken into care due to abuse or neglect.

O Care-leavers still live with the effects of abuse (Sims-Schouten & Hayden, 2017); yet adverse experiences and consequences of abuse and neglect are largely over-looked (Sims-Schouten & Riley, 2019).

O Yet –most interventions for this age group (16-25 years old) take a functional approach (employment, education, housing); *MH and wellbeing ignored.*

Challenges in Children's Homes

O Supporting children with their behaviour.

O Child sexual exploitation.

O Children who go missing.

O Supporting children with autism and disabilities.

Dealing with risky behaviour of children

O Recognise why children are doing what they are doing.

O Respond with empathy.

O Support children to regulate their own behaviour, so physical interventions are rare.

Important:

➢ Ongoing staff training, feedback and monitoring of practice.
➢ Team work& Leadership(!)
➢ Voice of the Child.

Providing Stability

O *Use clear and simple risk assessments and regularly review care and behaviour management plans.*

O *Tolerance – Respect - Consistency for everyone.*

O *Stick with children when they try to push away.*

O *Staff in good or better homes are specifically trained in understanding cycles of behaviour.*

O *Involve children in their own care planning. This helps children to feel invested in the home, and encourages: positive behaviour - confidence - self-esteem.*

Children at risk of sexual exploitation

O Holistic approach to protecting children.

O Multi-agency working is pivotal. Leaders and staff work proactively with local police and safeguarding agencies, as well as other homes in the area, so they are fully aware of potential risks to young people in the community.

O This approach means there is a cohesive and uniform response to local risks.

Team around the Worker

The 'Team Around the worker' model is built on supporting (social) workers to feel secure, so that relationships with children can become the main practice tool.

Examples of Good Homes in the UK

In one home, the journey to reach and maintain 'outstanding' status depended on <u>achieving a shared vision</u>. First, it had to nurture a culture of excellence and bring along the staff. The manager improved the systems for <u>monitoring staff performance</u> and constantly reviewed all the tasks they carried out. The manager acknowledged it had been a tough road with staff who were challenged about their work. The home as a whole also challenged other professionals to come up to its standards. Staff now accept they are learning a new challenge every day and the key to their success has been that everyone is aligned to the vision.

Good Home:

In one home which specialises in working with young people who have exhibited particularly complex and challenging behaviour, a strong emphasis is placed on the <u>use of cognitive behavioural therapy as a means of effecting positive changes in the young people's behaviour.</u> This clear therapeutic model underpins practice in this specialist home. <u>All care staff are trained in cognitive behavioural therapy</u> and the organisation employs the services of a dedicated therapist who conducts one-to-one work with young people and works with staff. The <u>home holds frequent workshops </u>directed by the therapeutic lead that underpin the home's work and there is frequent communication with the therapist, on a weekly basis, to support the ongoing progress of young people in the home.

Publications

Sims-Schouten, W. and Riley, S. (2019). Presenting critical realist discourse analysis as a tool for making sense of service users' accounts of their mental health problems., *Qualitative Health Research.*

Sims-Schouten, W. (2018). Critical Realist Discourse Analysis, Motherhood and Gender: A Systematic Method of Analysis. In: M. Van Ingen and S. Grohmann (Eds.), *Critical Realism, Gender & Feminism. A Reader.* London: Routledge.

Sims-Schouten, W. and Hayden, C., (2017). Mental Health and Wellbeing of Care Leavers: Making Sense of their Perspectives, *Child & Family Social Work, 24(4),* 1480-1487.

Sims-Schouten, W. and Horton, S (Eds.) (2016). *Rethinking Social Issues in Education for the 21st Century,* Newcastle upon Tyne: Cambridge Scholars.