'Cultural competence' in assessments

In one case reviewed, it was felt that the assessment of the child did not explore the specific beliefs of the family around particular issues, for example an understanding of the mother's own history of abuse; the parents' own beliefs held about medical intervention and feeding babies, and the apparent disagreements between them. In another case in the Joint Operational Group, there was a discussion about the very different perceptions that professionals might have about the identified risk versus what the family discussed might think about it. This will be influenced by culture and belief with that risk on a daily basis. A stance of 'cultural competence' means that the practitioner would develop a level of curiosity about what it is like to be a child in a family in that community and would approach assessment and intervention with that in mind?
What do you need to support you in practicing in a culturally competent way?

The Application of thresholds.

The application of thresholds is a challenge for professionals to apply in a completely objective way – we are all affected by our own experiences and a range of heuristics influence our reasoning and how we make and revisit our judgements. We have professional values and personal beliefs; professional anxiety can arise due to working in challenging contexts – this too can affect the applications of thresholds. Families are complex and consideration should be given to all of the possible factors that may affect the wellbeing of the child or present a risk which may result in harm. This can be made easier for professionals can be achieved through effective information sharing and communication.
What might prevent you from applying the agreed thresholds in practice? What might you need to support you in working with thresholds?

Participation in the multi-agency child protection system: Strategy meetings

In Child T, the appeared to have been a lack of understanding regarding the purpose of a strategy meeting in understanding risk and planning the child protection inquiry. This echoes a concern which arose from child R. Understanding the purpose of these meetings and the need to ensure that key agencies attend – CYPS; health including paediatrians; and police is vital. Better practice in this area would also support that those working in the system to understand the legal basis for ensuring children get medical assessment and treatment. Another case discussed in the JOG led to a discussion about the difficulties in making professional challenge in child protection conferences
How do you make a professional challenge? What supports you in being able to do so?

Multi-agency communication.

This is a very wide- ranging practice theme, but it is central to effective safeguarding. Knowing how and when to communicate; understanding the style and method of communication we use and the impact of this; being curious in our communications; taking the initiative to inform and support other professionals understanding of roles and responsibilities will all enhance the safety of the child. An example of this from a case review is the finding that different parts of the safeguarding system had different understandings the role of the police in performing evidence of life checks (NB they are no longer called welfare checks!)

What prevents us from effective communication with our colleagues in partner agencies? What helps us communicate in practice?

Escalation in safeguarding practice.

Where we are concerned about the actions or inaction of another agency impacting upon the safety of a child, we should use the LSCB escalation procedure to support challenging this. In one review, the health Serious Incident report identified a lack of leadership in escalation and management of the case when all agencies agreed the child needed to be seen for health assessment but a lack of drive meant a delay in this happening. The report identifies 'frustration about what they could do' suggesting a sense of powerlessness in the system. Used effectively, within the context of a network of professionals that communicate well and challenge each other, the escalation process is the key to making sure the child's welfare is paramount.

What stops effective utilisation of the escalation process – what could we do differently in the next case to ensure we escalate cases effectively?

Disguised compliance/non-compliance of parents and carers: working with resistance, hostility and non-engagement?

Child T highlights the difficulty agencies have in challenging parents overtly not complying with medical or other advice in the best interests of their child or giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention. Emerging from Chid W (the current case) is learning about the challenges of working with the most challenged and challenging behaviours and how as professionals we need to recognise this, understand how to reflect on a case and challenge the behaviour. Some cases will require workers to protect themselves, others will require different methods or professionals involved in our offer of help to families, and other might require that we reflect and challenge ourselves as to how we offer services to families and act to protect.

What might you require in practice and in the support you receive to help you with this very difficult area of work?