

Thinking Critically about Neglect

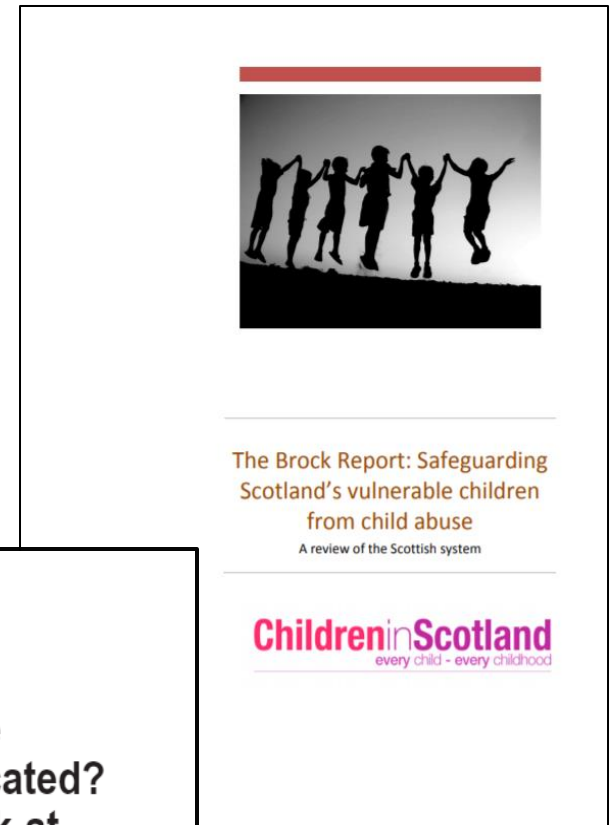
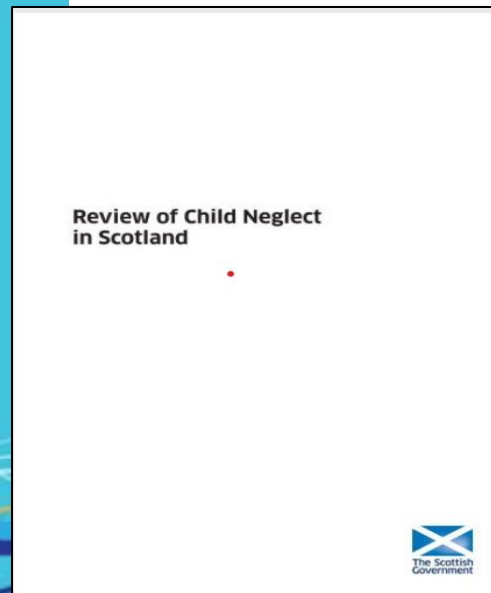
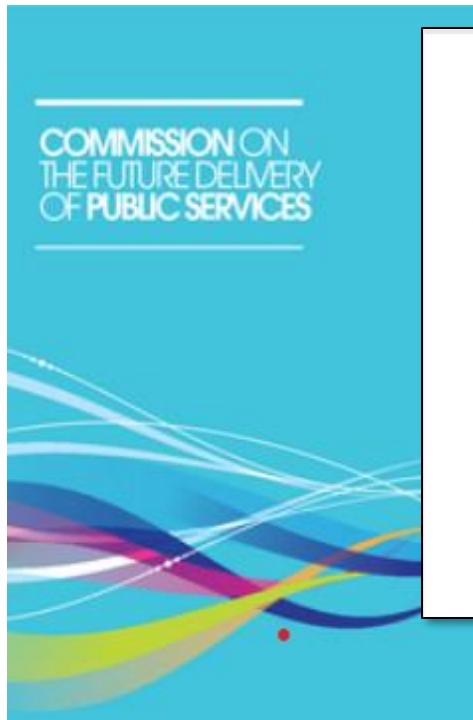
Defining GIRFEC practice and its role in Addressing Neglect and Enhancing Wellbeing

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Addressing Neglect and Enhancing Wellbeing



Child Abuse Review Vol. 24: 82–94 (2015)
Published online 21 November 2013 in Wiley Online Library
(wileyonlinelibrary.com) DOI: 10.1002/car.2296

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Why Have We Made Neglect So Complicated? Taking a Fresh Look at Noticing and Helping the Neglected Child

The experience of chronic neglect is extremely harmful to children's physical,

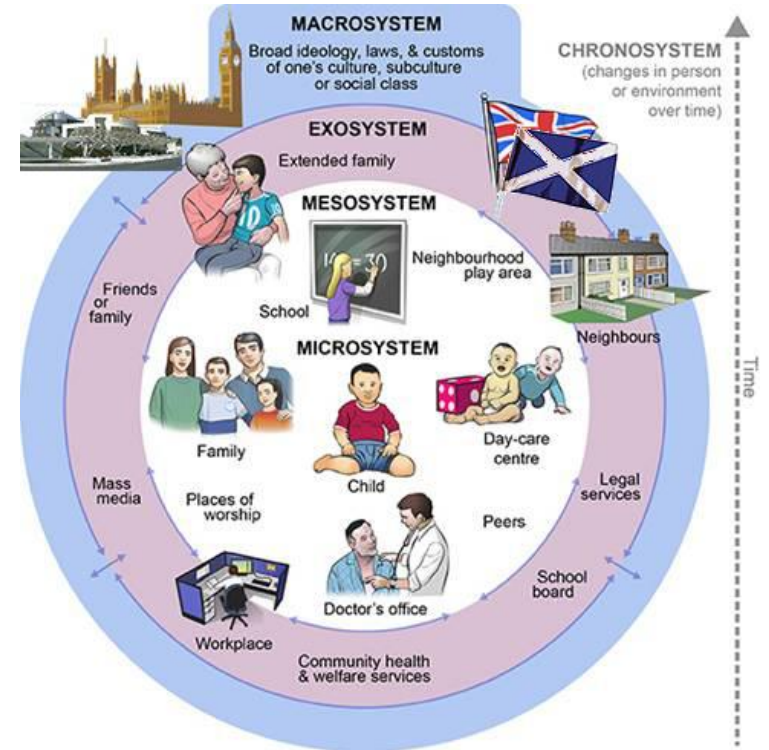


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Lenses for Addressing Neglect

- Bronfenbrenner ecological system
- Developmental lens
- Early intervention /prevention
- Trauma informed practice implications for long-term development
- Heckman's curve
- GIRFEC
- Active Implementation



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Themes from Exploration: *Gaps in the System* (June 2017)

- Named Persons/ GIRFEC Co-ordinators notice low level concerns but have nowhere to go if not reaching 'threshold'
- Referral culture leads to families ricocheting between services
- Pockets of good GIRFEC practice but not consistent delivery
- Practitioners work well together on an individual basis but agencies do not always communicate with each other
- Lack of availability to low level supports that could have a big impact in the long run



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Themes from Exploration – *Strengthening the System*

(June 2017)

- Collaborative working/relationships
- The role of relationship-based practice in identifying and responding to early concerns
- Empowering families in decision making processes
- Trauma-informed practice
- Community assets



- 1. High fidelity implementation of GIRFEC***
- 2. Strengthened supports (supervision/coaching) for GIRFEC practitioners***
- 3. Access to the right services at the right times, flexible service design***

Exploring the Implementation Gap



- We don't always **define** what good practice looks like
- We don't provide the necessary **supports to practitioners** to ensure that they deliver practice to a high quality
- We don't provide the **infrastructure** to support and **sustain** changes to practice
- We don't **scale** innovations to provide benefits to everyone who is in need of the innovation

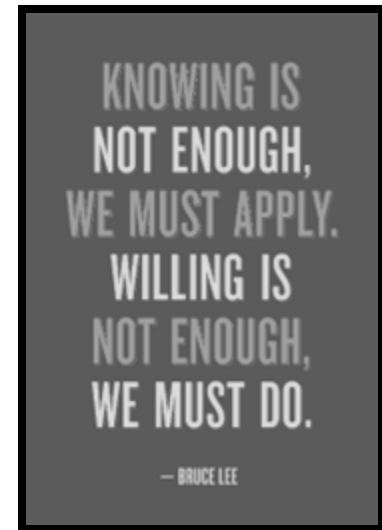
Letting it happen Vs Making it happen

Best Data Show These Methods, When Used Alone,

Do Not Result in Use of Innovations as Intended

- Diffusion/ Dissemination of information
- Typical Technical Assistance
- Training done well
- Passing laws/ mandates/ regulations
- Providing funding/ incentives
- Organization change/ reorganization

5 to 15% return on investment
NECESSARY BUT NOT SUFFICIENT



Fixsen, Naoom, Blase, Friedman, Wallace, 2005



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Making it Happen

	OUTCOMES (% of Participants who Demonstrate Knowledge, Demonstrate new Skills in a Training Setting, and Use new Skills in the Classroom)		
TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
+ Demonstration in Training	30%	20%	0%
+ Practice & Feed-back in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

Making it happen – Implementation Teams

No Implementation Team



From “Letting it Happen”

14%
17
Years



Improvement in
Intervention Outcomes

Implementation Team



To “Making it Happen”

80%
3 Years

Sources:

Fixsen, Blase, Timbers, & Wolf, 2001
Balas & Boren, 2000
Green & Seifert, 2005

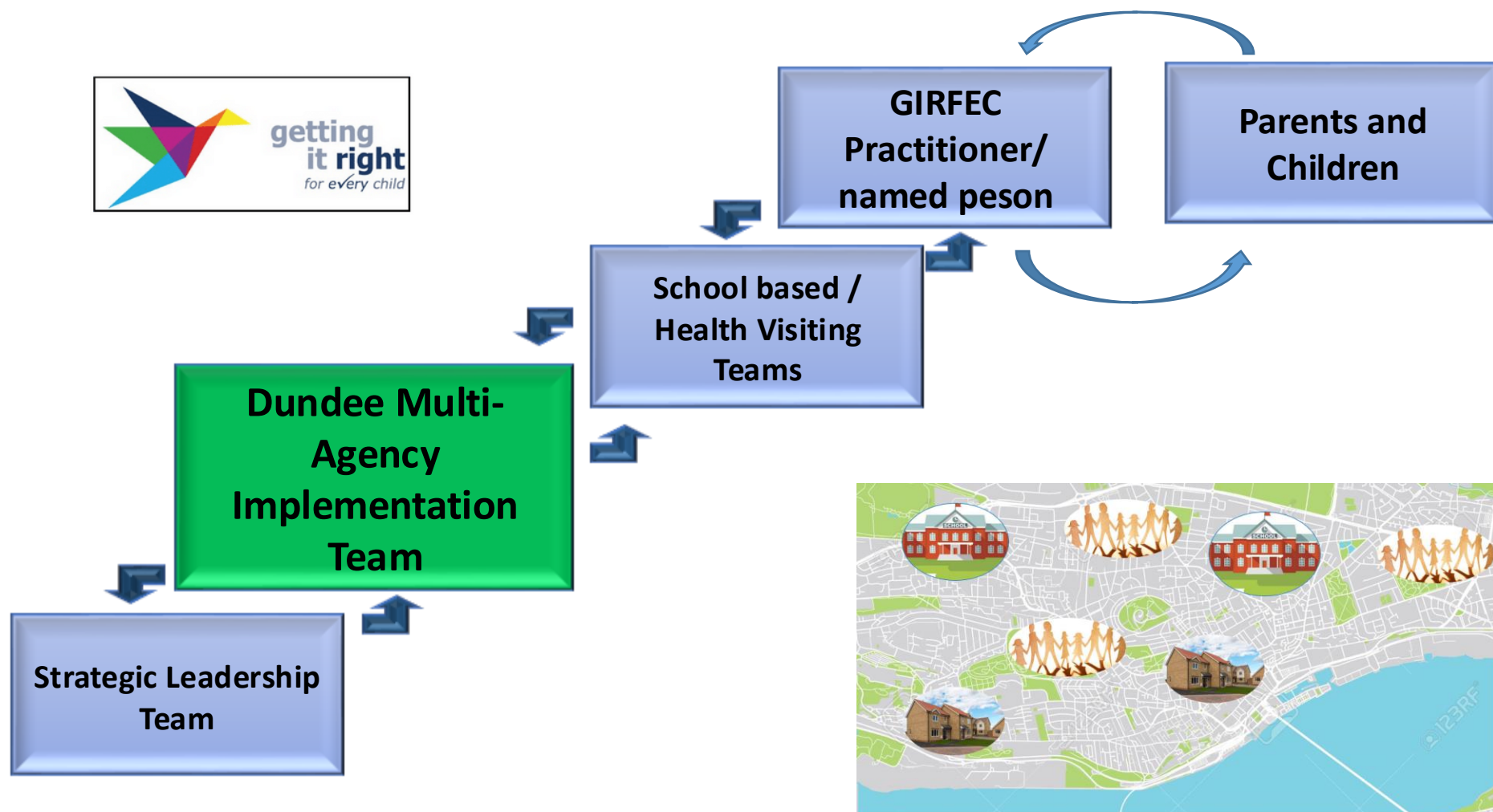
Dundee's Design



1. Meaningful Family Engagement in Co-ordinated Child's Planning
2. Strengthening named person/GIRFEC Practice (Health Visiting/Education)
3. Access to Right Support at Right Time

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Making it happen!



How did it feel to join the ANEW programme?

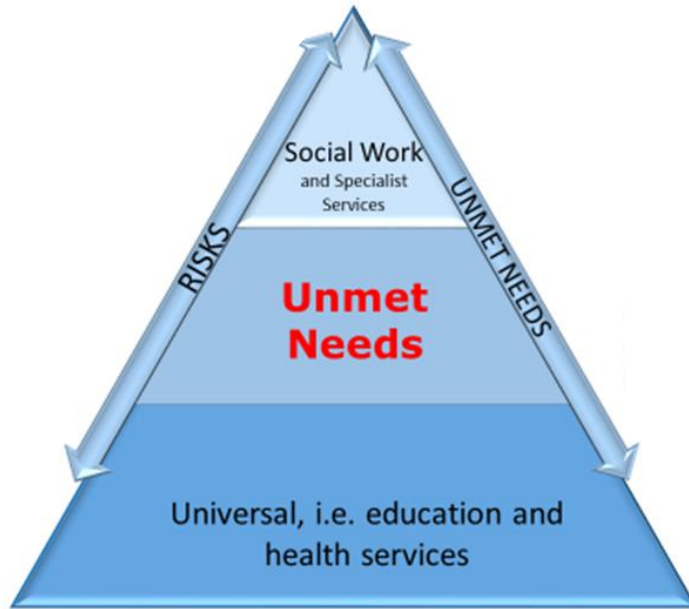
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Meaningful participation – the role of the TAtC Buddy

- Built on CP buddy model (Children 1st)
- Rights-based approach to children and young people's participation in TATC process
- Children & young people are experts in their own lives
- Empathy /containment/trauma-informed
- Disrupt hierarchical structure/
empowerment/ advocacy
- Strengths-based
- Solution-focused



What difference did the TAtC Buddy make to the children and families you support?

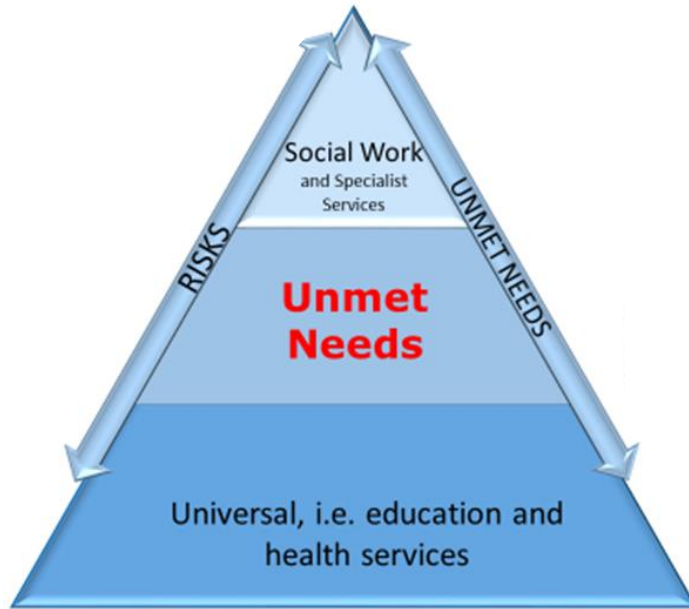
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Defining High Quality GIRFEC Practice

Why does this matter?

The lack of adequately defined innovations/practices/programs is an impediment to their use with good outcomes (e.g., Vernez and colleagues, 2006).

“People copy the most visible, obvious, and frequently least important practices.”

- Jeffrey Pfeffer & Robert Sutton, *Hard Facts, Dangerous Half-Truths, and Total Nonsense* (2006)

“Teachable, Learnable, Doable, Assessable”



**Usable
Innovations**

GIRFEC Practice Profile: Values and Principles

<ul style="list-style-type: none"> • Supportive of child development 	<ul style="list-style-type: none"> • Strengths-based 	<ul style="list-style-type: none"> • Unconditional positive regard
<ul style="list-style-type: none"> • Person-centred response 	<ul style="list-style-type: none"> • Outcomes-focused 	<ul style="list-style-type: none"> • Prevention and early intervention
<ul style="list-style-type: none"> • Best interests of the child 	<ul style="list-style-type: none"> • Trauma-informed 	<ul style="list-style-type: none"> • Relationship-based practice
<ul style="list-style-type: none"> • Full participation of children and parents 	<ul style="list-style-type: none"> • Supportive of emotional containment (Solihull Approach) 	<ul style="list-style-type: none"> • Self-evaluation and continuous improvement

Core Components of GIRFEC Practice

ALL CHILDREN:			
A) BUILD A WARM, WORKING PARTNERSHIP WITH THE CHILD AND FAMILY	B) OFFER EMOTIONAL SUPPORT BY LISTENING TO UNDERSTAND	C) MAINTAIN OVERVIEW OF CHILD’S WELLBEING	G) ENABLE CHILDREN AND FAMILIES TO MAKE CHANGES AND SUPPORT TRANSITIONS TO OTHER SERVICES
CHILDREN WITH IDENTIFIED WELLBEING CONCERNS:			
D) USING THE GIRFEC WELLBEING QUESTIONS, RESPOND TO IDENTIFIED CONCERNS	E) COORDINATE TARGETED ASSESSMENT OF NEED	F) PLAN TOGETHER	



What GIRFEC Practitioners should be saying and doing...

A) Build a Warm, Working Partnership with the Child and Family

Ideal practice	Developmental practice	Unacceptable practice
<p>Consistently communicate with the child and family in a warm, kind, compassionate and accessible manner.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"><i>Demonstrate welcoming body language (such as smiling, leaning forward, getting down to the child's level, and nodding to indicate interest and understanding of what is being communicated)</i>	<p>Practitioners in this category are able to consistently and confidently apply the required skills and abilities in a wide range of settings and contexts.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"><i>Use professional and technical language, including abbreviations and acronyms, with infrequent or limited explanation of their meaning</i>	<p>Practitioners in this category are able to consistently and confidently apply the required skills and abilities in a wide range of settings and contexts.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"><i>Do not ask and use the child's or family member's preferred name or title</i><i>Use professional and technical language (including abbreviations and acronyms) without</i>

Reflections from Nick and Aaron

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Extract of TATC Meeting Observation Tool

THE FAMILY	CHILD				PARENT(S)/CARER(S)				Other observation notes
	In Full	In Part	Not in Place	N/A	In Full	In Part	Not in Place	N/A	
Meeting Buddy support was in place during the meeting									
Where appropriate, support was in place to meet child / parent(s) or carer(s) communication and accessibility needs, to help ensure their participation in the meeting									
Throughout the meeting, the chair checked with the child and parent(s)/carer(s) if they wanted to take a break									
The family's views were expressed in an uninterrupted fashion, first those of the child followed by those of parent(s)/carer(s)									
Meeting participants set out what the child and parent(s)/carer(s) were doing well									
The child and parent(s)/carer(s) were able to ask questions about anything that had been discussed or they were unclear of									
The child and parent(s)/carer(s) actively contributed to the development of the plan, being supported to express choice and preferences									
A copy of the agreed actions was made available for the child and parent(s)/carer(s) to take away									

Extract of Parent TATC Experience Questionnaire

AT the meeting

Next, think about what happened at the 'team around the child' meeting and answer the following questions:

4. On arriving, were you made to feel comfortable and welcome?

Great extent

☐

Good extent

☐

So-so

☐

Small extent

☐

Not at all

☐

Not sure

☐

5. At the very start of the meeting, was it clearly explained...

Yes

☐

Partially

☐

Not at all

☐

Not sure

☐

a) Why the meeting was being held?

b) Who each person in the room was?

☐☐☐☐

6. During the meeting....

Yes

☐

Partially

☐

Not at all

☐

Not sure

☐

a) Were you encouraged to relax and to speak up?

b) Did you have the opportunity to say what you wanted to say?

☐☐☐☐

Reflections on GIRFEC as a response to neglect and wellbeing concerns?

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Progress to date

- Created space within local authorities for change of pace and whole-system analysis
- Capacity building within Dundee to support complex change
- Multi-agency leadership team from across health and children's services
- In depth understanding of what it takes to deliver confident and competent GIRFEC/named person practice





Progress Continued



- Clearly defined GIRFEC practice with tools to ensure high quality practice
- Aligned to current policy landscape – e.g. the prevention agenda
- Shared learning with other Scottish Government colleagues – GIRFEC Refresh Team and Child Protection National Guidance



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