


# BROADENING THE HORIZON: CHILD PROTECTION IN EUROPE MULTI-DISCIPLINARY ASSESSMENT AND PARTICIPATION IN CHILD PROTECTION - A TRANSNATIONAL TRAINING PROGRAM

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SUPPORTED BY THE RIGHTS, EQUALITY AND CITIZENSHIP (REC) PROGRAMME OF THE EUROPEAN UNION



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## COLOPHON

- ▶ The training material at hand was developed as part of the project **Multi-disciplinary Assessment and Participation in Child Protection Proceedings: training program with modules and toolbox, international network.**
- ▶ This collaborative project was **supported by the Rights, Equality and Citizenship (REC) Programme of the European Union** and conducted by the German Institute for Youth Human Services and Family Law (Germany), Family Child and Youth Association (Hungary), the Estonian Union for Child Welfare (Estonia), the Netherlands Youth Institute (Netherlands), and Child and Family Training C&FT (UK)
- ▶ **Module M07: Communicating with children, who have experienced significant adversity** - developed in main responsibility of project partner
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M07-COMMUNICATING WITH CHILDREN  
Introductory Presentation 2

Table 2.2: Specific training on child maltreatment

	Police officers/ investigators	Prosecutors	Judges	Child protection social workers	Child psychologists	Healthcare professionals	Nursery workers and school teachers
Mandatory across the country	BE, CY, DE, EE, ES, NL, SE, SI, UK (9)	ES, LV (2)	ES, LV (2)	AT, DE, ES, FR, HU, IE, MT, RO, UK (9)	DE, ES, MT (3)	ES (1)	MT (1)
Mandatory in some regions	LU, SI (2)	EE (1)	o	LU (1)	LU (1)	o	o
Discretionary	CZ, IT, LT, LV, MT, PL, PT, RO (8)	DE, IT, LT, PL, RO, SE, SI, UK (9)	AT, CZ, DE, IT, LT, RO, SI, UK (9)	BE, BG, CY, CZ, EL, FI, IT, LT, LV, NL, PL, PT, SE (13)	BE, CY, EL, FI, HU, IT, LT, LV, NL, PL, PT, SE, UK (13)	BE, CY, DE, EL, FI, IT, LT, LV, MT, NL, PT, RO, SE, UK (14)	CY, CZ, DE, ES, IT, LT, LV, PL, SE, SI, UK (11)
Not widely available	BG, EL, FI, FR, HU (5)	BE, BG, CY, CZ, EL, FI, FR, HU, MT, NL, PT (11)	BE, BG, CY, EL, FI, FR, HU, MT, NL, PT, SE (11)	o	BG, CZ, FR, RO (4)	BG, CZ, FR, HU (4)	BE, BG, EL, FR, HU, NL, PT, RO (8)

1 Child/Juvenile Vice Squad only.  
 2 Police academy.  
 3 Border officials.  
 4 None at all.

Source: European Commission 2010: Feasibility Study

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M01-FRAMEWORK  
Introductory Presentation 3

# 12 MODULES

The following modules have been developed:

- ▶ M01: Framework
- ▶ M02: Rights and best interests
- ▶ M03: Abuse, neglect and development
- ▶ M04: Information and documentation
- ▶ M05: Analysing and understanding
- ▶ M06: Intervention and planning
- ▶ M07: Communicating with children
- ▶ M08: Participation and decision-making
- ▶ M09: Child-friendly system
- ▶ M10: Multi-disciplinarity
- ▶ M11: Vulnerability and culture
- ▶ M12: Ethical issues


For further information see **toolbox** available at [www.mapchipp.com](http://www.mapchipp.com).

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M01-FRAMEWORK  
Introductory Presentation 4

## SEVEN STAGES IN ASSESSMENT, ANALYSIS AND PLANNING INTERVENTIONS

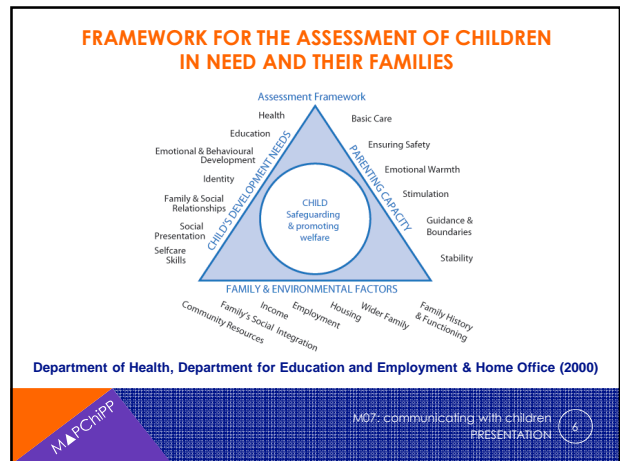
cf. Bentovim et al. (2014)



- ▶ Stage 1: initial recognition and referring
- ▶ **Stage 2: gathering information**
- ▶ Stage 3: organising the information available
- ▶ Stage 4: analysing patterns of harm and protection
- ▶ Stage 5: child protection decision-making
- ▶ Stage 6: developing a plan of intervention
- ▶ Stage 7: identifying outcomes and measures for intervention

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M07: communicating with children  
PRESENTATION 5



# CHILD PARTICIPATION IN SAFETY PLANNING

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## PROGRAM

- **Why?**  
What does scientific evidence say about child participation in decision-making?
- **What?**  
What are the steps to child participation in decision-making?
- **How?**  
What interviewing techniques and tools can you use to help children in safetyplanning?

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## WHY: EVIDENCE ON CHILD PARTICIPATION

- **Positive effects** of cooperation/participation
  - ▶ More actively involved during treatment
  - ▶ Less premature dropout
  - ▶ Positive treatment results
- **Negative effects** of pressure and coercion
  - ▶ Dropout
  - ▶ Resistance (actively or passively)
  - ▶ No results of the treatment

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## WHAT: STEPS OF PARTICIPATION IN DECISION-MAKING

- **Stage 1:** Ask all participants to share their concerns about immediate safety and the necessity of initial safeguarding
- **Stage 2:** Ask all participants to share the concerns and strengths of the child's developmental needs, parenting capacity and family and environmental factors
- **Stage 3:** Organize together the information using the three houses or the Assessment Framework

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- **Stage 4:** Analyse together the patterns of harm and protection
- **Stage 5:** Analyse together the (possible) harm and impairment of development, risks of re-abuse and future harm and the prospects of successful intervention
- **Stage 6:** Develop together a plan
- **Stage 7:** Identify together outcomes and measures for intervention

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## WHAT: CONDITIONS FOR CHILD PARTICIPATION

- If possible get permission of the parent
- Preparation before the meeting
- Clarification of goals and process of the meeting
- At a family conference; role of the chairman is
  - ▶ Structuring of the meeting
  - ▶ Summarizing

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### HOW: INTERVIEWING TECHNIQUES

- Motivational interviewing
- Solution-focused interviewing

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### HOW: SHARED DECISION-MAKING

**Ask questions**

- ▶ What are the children worrying about?
- ▶ What is going well?
- ▶ What is important to them?
- ▶ What do they want to change?

**Explain**

- ▶ Why are you as a professional worried?
- ▶ Why are you talking to the child?
- ▶ What are you going to do with the information?
- ▶ What are the consequences of specific parental behaviours to children?
- ▶ What are possible interventions and how can these improve the situation of parents and children?

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### HOW: SOLUTION-FOCUSED INTERVIEWING

- Looking for previous solutions
- Looking for exceptions
- Present and future focused questions
- Compliments
- Inviting the clients to do more of what is working
- Miracle question
- Scaling questions
- Coping questions

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### BUT IT IS MORE THAN SOME QUESTION TECHNIQUES!

*There is always a way.*

**IT'S ABOUT GIVING HOPE!**

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### TOOLS

For use with parents

- Assessment framework (triangle)
- Framework: worries, strengths, what needs to happen (Signs of Safety)

For use with children

- Three houses (Nicky Weld and Maggie Greening / Signs of Safety)
- Safety house (Sonja Parker)

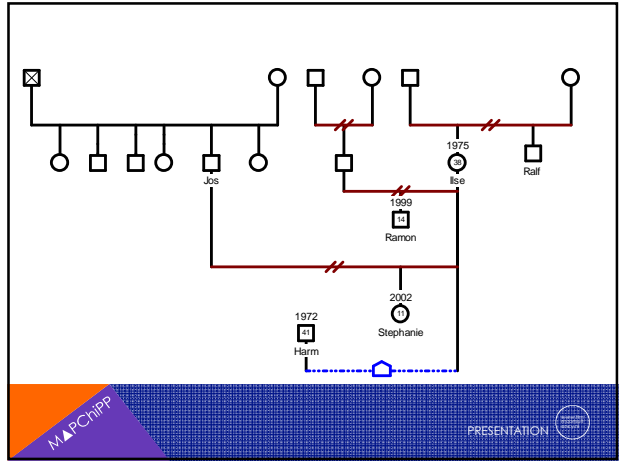
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THE THREE HOUSES



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PRESENTATION



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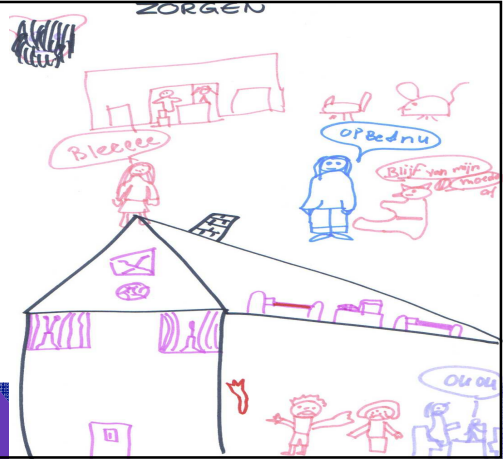
PRESENTATION

THE HOUSE OF THE GOOD THINGS



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HOUSE OF WORRIES



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HOUSE OF WISHES FROM RAMON



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PRESENTATION

HOUSE OF WISHES FROM STEPHANIE



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**SAFETY HOUSE**

My Safety House

Rules of my Safety House

People who live in my Safety House

People who come to visit my Safety House

People I don't live with

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**SAFETY HOUSE FROM JERRY**

No hitting or kicking

No shouting or screaming

No running or rough play

No pushing or shoving

No name calling

No teasing or bullying

No hitting or kicking

No shouting or screaming

No running or rough play

No pushing or shoving

No name calling

No teasing or bullying

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**SAFETY HOUSE FROM LARS**

NO HITTING

NO PINCHING

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**WHAT IS SAFETY PLANNING ALL ABOUT?**

Safety First

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**Using evidence-based approaches to communicate with children**  
(PIZZEY ET AL 2009)

**The goals are to:**

- Develop an understanding of the nature and level of a child's functioning
- Gain an understanding of factors affecting the child and their needs
- Develop partnerships
- Prepare for intervention if necessary

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**COMMUNICATING WITH CHILDREN**

What kind of situations have you met when you need to communicate with children subject to adversity—abuse and neglect?

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# COMMUNICATING WITH CHILDREN


What are the goals and challenges for practitioners communicating with children who have suffered extensive adversity?



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## CHALLENGES TO ESTABLISHING A CHILD CENTRED APPROACH

- Given the high levels of anxiety, fear and anger which is associated with meeting a 'stranger' for the first time, how would you ensure that you can establish successful communication?
- Think of a child you have worked with and the goals of the interview, brainstorm some of the ways you could create a child friendly environment.
- What about children with special needs? How would you adapt your approach?
- Where you meet, think of the room, materials, your attitude and the atmosphere you need to create
- How would you go about communicating with children of different ages – pre-school, school age and teen-agers?



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## ESTABLISHING A CHILD CENTRED APPROACH

(WEERAMANTHRI 2016)

- getting to know the child building a relationship with the child
- conveying that you are interested in the child and their point of view
- conveying hope not to judge or 'tell off' the child
- understanding how the child thinks about their lives
- that you know that the child has strengths and difficulties!!
- establishing the child's goals.

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## CHILD DEVELOPMENT AND COMMUNICATION NEEDS AND SKILLS

- Infants: birth to 12 months
- Toddlers: 12-36 months
- Preschoolers: 3-6 years
- School-age: 6-12 years
- Adolescents: 12-18 years

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## SCHOOL-AGE: 6-12 YEARS

School-age children talk in full sentences, ask more questions and seek more information and justification for the way things are.

- They can understand and talk about other person's perspective and are beginning to recognize the influence their behavior can have on others.
- They can handle more information at once and can effectively engage in goal setting and problem-solving with assistance from adults.
- Peer relationships are becoming more important
- Help children learn how to manage conflicts effectively
- Act out pretend peer interactions with children to show how conflicts can be resolved

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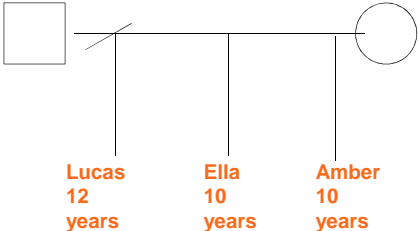
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## The Nieland Family Structure – Case study

(PIZZEY ET AL 2011)

Lewis Nieland 43 years

Grace Nieland 55 years



Lucas 12 years

Ella 10 years

Amber 10 years

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### CASE STUDY TO DEMONSTRATE USE OF SCALE IN PRACTICE – THE NIELAND FAMILY

(PIZZEY ET AL 2011)

**Referrals from Ella and Amber’s School and GP:**

- **Ella who has Down’s Syndrome** is becoming distressed, aggressive and oppositional in lessons
- **Grace** has to be called into school more often to help calm Ella down,
- **Amber gets involved to look after her sister and is showing significant signs of distress**
- **Grace** showing signs of depression and complaining of having no help

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### A DAY IN THE LIFE OF THE CHILD AND FAMILY

The UK interview approach (Cox, Pizzey & Walker 2009)

**Aim to obtain Child’s experiences, actions and responses of others by**


- getting detailed descriptions of events and behaviours “yesterday” not a “typical” day
- using requests for detailed descriptions
- focusing on what actually happened not what usually happens e.g. “what did he do?” not “what does he do?”

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### OBSERVE VIDEO CLIPS

(PIZZEY ET AL 2011)

- **The Family meeting** –observe the communications with Ella and Amber in the family meeting – including a child with special needs,
- **The interview with Amber** aged 10 using the Adolescent well-being Scale – validated on children aged between 7-16 years
- **Make observations** of Ambers response to the family meeting
- **Make observations** of the way the interviewer engages Amber, and how he builds on the responses
- **Share observations**



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### USING QUESTIONNAIRES AND SCALES

(COX AND BENTOVIM 2000)

**Strengths and Difficulties Questionnaires**

**Adolescent Wellbeing Scale**

- Questionnaires and Scales have fixed wording and scoring thus:
  - Scores provide guidance
  - Can only be relied on if the interviewer finds out the meaning of the responses

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### ADOLESCENT WELL-BEING SCALE

#### SELF-RATING FOR DEPRESSION IN YOUNG PEOPLE

(BIRLESON 1998)

- It involves 18 questions each relating to different aspects of a child or adolescent’s life, and how they feel about these

Please tick as appropriate

	Most of the time	sometimes	never
1. I look forward to things as much as I used to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I sleep very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I like going out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel like leaving home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get stomach-aches/cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A total score of 13 or more indicates the likelihood of a depressive disorder

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### UTILISING QUESTIONNAIRES AND SCALES

(PIZZEY ET AL 2009)

- Explain procedure completing the Questionnaire
- Leave respondent to complete without interruption.
- If need clarification provide guidance.
- Detailed descriptions of “actual” and not “typical” events and behaviours i.e. “could you tell me the last time this happened?”
  - ▶ **Use requests for detailed descriptions** i.e. “what did that involve?” or “could you tell me a bit more about that please?”
  - ▶ **Focus on what actually happened** not what usually happened e.g. “what did he do?” not “what does he do?”
  - ▶ The **follow up** how the respondent thinks and feels about such incidents

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**THE IMPORTANCE OF PRAISE** (WEERAMANTHRI 2016)

It is very important to acknowledge, to notice, and to **praise the child's efforts** and individual strengths and skills- the more we look for them the more we will see them.

Show you value the child's contribution - thank them for their participation.

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Title of the module PRESENTATION 45

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Title of the module PRESENTATION 46

THANK YOU FOR PARTICIPATING!

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