

# Gloucestershire Safeguarding Children Board

## Safeguarding Practice Reflection Areas



Safeguarding Practice Reflection sessions should cover four areas. The purpose of structuring SPR in this way is to ensure that there is an appropriate balance of attention to each. Set out below are the four areas and some of the key lines of reflection that could be covered under them. It is not suggested that every single line should be explored for every case in every session. These are just examples, taken from research and SCR messages about what matters – and what can be missed.

### 1. Quantity

There will be some basic factual matters that will need to be considered – recent developments, especially those indicative of risk e.g. missed appointments, child not being seen by practitioner; task completion.

### 2. Quality

‘Safeguarding’ is all about the management of risk in a complex system of human and organisational histories, behaviours and relationships. Because they are complex and evolving, because they can impact on each other in unforeseen ways, and because the practitioner is part of that system and can become caught up in it, SPR needs to enable a ‘standing back’ and looking at what’s happening from a range of perspectives. There are four quality areas based on the human and organisational systemic nature of safeguarding:

#### **A: The Child**

Examples of issues to be explored:

- How visible is the child? Is the focus of the work still on the child’s safety and wellbeing, or someone/something else?
- What must the world look like through the eyes of the child?
- What is the child communicating?
- How much time is the practitioner spending with the child?
- What’s the quality of the relationship between the practitioner and the child?
- What’s the child’s experience of the practitioner and the service being received?

#### **B: The parent/carer**

Examples of issues to be explored:

- What’s the quality of our engagement with the parent? If poor, do we need to come at it a different way?

- What's the quality of the practitioner's relationship with the parent?
- What's the nature of the co-operation, non-cooperation?
- How does the parent experience this relationship and the services provided?
- Is the parent's history and its meaning for what's happening now, understood?
- Have we thoroughly understood the impact of domestic violence, adult mental health, substance misuse, learning disability?
- Who and where are the men in the child's life; what impact do they have; are they involved in our plan?

### **C: The Practitioner**

Examples of issues to be explored:

- Are our views fixed or have they been adjusted based on new information?
- Has the practitioner become desensitised to the reality of the poor standards of parenting?
- Is the practitioner practising in an authoritative and confident way in relation to standards of care and co-operation?
- What impact is this case having on the practitioner e.g. fear?
- If this was our son/daughter/nephew/grandson, would we approach things differently?
- Is the practitioner just collecting pieces of information – or are they building up a picture of the total system that makes up the child's world which they are then analysing to understand and respond appropriately to?
- What theoretical framework is the practitioner using in their work on this case?
- What learning and development needs for the practitioner are emerging from this case?

### **D: Partnership Working**

Examples of issues to be explored:

- Who needs to be involved in this case, and are they?
- Are we/partners working together or in silos?
- Are we/partners adopting a "Think and Act Family" approach?
- Is information sharing taking place – and are we communicating meaning?
- Who is the lead professional?
- Are things stuck; is escalation necessary?

## **3. Outcomes**

This area explores what difference is being made to the lives of the child and family, the impact. Obviously, the impact achieved will be contributed to by a range of influences, so this exploration will tell us things about the impact of more than just the practitioner.

Nonetheless, there is need to explore the particular contribution of the practitioner.

- What would 'good' look like for this child/family? If our interventions and plans are successful, what would the child's/family's life look like (i.e. the desired outcomes)
- How would we know (measure) if the good is being achieved?
- What's the evidence that progress is being made towards achieving the good?
- If no progress is being made, do we need to do things differently – or have we got the wrong plan?
- Why are we doing what we are doing? What's the research evidence base for our actions and plan?

## 4. Actions

Based on the exploration of quantity, quality and outcome, what are the decisions we need to make and the actions to take?