

# Safeguarding and effective communication

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Louise Haughton and Jenny Rogers

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# What do you know...?

What are the dilemmas you have found when working to support adults and children who may be at risk?

# What do we know?



- Poor information sharing and communication between agencies are common features of both SCRs and SARs
- Crucial information not being shared and over reliance on email or paper exchange of information rather than professionals speaking to each other (ADASS report, 2017) are also key themes
- Ofsted and CQC report highlighted the fact that professionals – on both sides of the adult and children’s divide – too often saw assessing the impact on children as exclusively being the role of children’s services and the impact on adults as exclusively being the job of adult mental health services.
- In an analysis of SCRs, examples were found in which potentially useful information held by ASC was not shared with, or sought by, children’s social care (CSC) services. In one case of neglect, an ASC assessment concluded that the mother was too vulnerable to live independently but this did not inform CSC decision-making about where her children should be placed.

# Boundary Spanning

“Reaching across organisational structures to build relationships, interconnections and interdependencies. Challenge is to bring people together across traditional boundaries and convince those who are separated (by location, division, or function) to share knowledge and contribute to a lasting working relationship” (Ansett 2005; Stanton & Stam 2003)

# Boundary Spanning

Culture happens by design or default:

What are the challenges?

Who are the partners?

Making it happen:

- Structures/location
- Policies, processes and systems
- Relationships
- Understanding each others roles

Where there have been barriers to communication what solutions have you come up with?

# The 'Think Family' approach

- The Think Family approach promotes workers to work together to utilise their key skills to support families in crisis. This may include support for those experiencing the effects of mental health, substance misuse, domestic violence, and family breakdown all of which have a ripple effect on both children and the family as a whole
- This can lead to families coming to the attention of social care services, therefore it is imperative that agencies work together in order to identify and share resources and provide specialist guidance and advice



# Other issues with communication

- A common theme in SARs and SCRs where individuals have communication difficulties is that their “voice” is not heard
- Assumption that behaviours are linked to impairment – invisibility
- Fear and anxiety about communicating with individuals who cannot verbally communicate – not sure what to do / who to ask to help / what resources to use?
- Large number of professionals involved – lack of clarity about roles
- Not offering help in a language / format that the person or family will understand (**Child N – SCR Sept 2019**)
- Too busy – focussed on eligibility (not just social care) / whose responsibility is it?
- Are we asking the right questions to find out what is really going on? (**Jim – Learning Lesson Dec 2018**)

# Link between communication, disability and safeguarding

- Research shows that disabled children are at an increased risk of being abused compared with non-disabled peers (*Jones et al. 2012*)
- Also less likely to receive the protection and support they need when they have been abused (*Taylor et al. 2014*)
- Published SCRs highlight that professionals often struggle to identify safeguarding concerns when working with deaf and disabled children.
- Disabled people are more likely to:
  - Be threatened with violence
  - Be physically abused
  - Be sexually assaulted by intimate partners or strangers
  - Experience physical, sexual, emotional and financial domestic abuse than people without disabilities (*Public Health England, 2015*)

- Maisie, 7, has autism and a learning disability. Her teacher has noticed a change in her behaviour recently, particularly at the start and end of school. The teacher mentions this to Maisie's mom but she does not speak much English so brings her sister-in-law in. They say that they think her behaviour is because her routine has changed as her sister has gone abroad for a while. Mom says this has put a bit more pressure on her as she has 3 children, one with disabilities. Mom says she has had some help in the past for her mental health and has had suicidal thoughts, but everything is generally fine now. However a parent mentions that she smelt alcohol on her last week and she is looking very tired and withdrawn. Their home is in a state of disrepair and their neighbor is subject to an ASBO due to the noise late at nights (music, parties, fights, verbally assaulting neighbors)
  - Regardless of role / profession - what do you think needs to be explored? What could be happening?

# Scenarios - Maisie

Have we considered:

- If Maisie's behaviour is telling us something – have we just assumed it is to do with her autism / LD?
- How does Maisie communicate? What could we do to find out what she is feeling / her views?
- Who else is involved with Maisie (speech and language, nurse, other teachers (other siblings) etc) who can we speak to to find out more? Do others have concerns?
- Consider mom's communication needs and any cultural considerations – use an independent interpreter?
- Local groups? Connections that would help?
- What about Maisie's sister who has gone abroad for a while?
- Think family – have we considered the needs of everyone? Are siblings acting as young carers?
- What about mom and her Mental health needs?

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