

8.0 Chronologies

Chronologies are imperative for a true picture of family history. A chronology seeks to provide a clear account of all significant events in a child's life to date. This brief and summarised account of events provides accumulative evidence of patterns of concern as well as emerging need and risks and can be used to inform decisions on support and safeguarding services required to promote a child's welfare. Chronologies are particularly important when working with neglect where there may be fewer critical incidents, but where children live in families where they are exposed to chronic and long term harm. Chronologies can help identify these patterns of harm.

Chronologies do not replace routine case recording, but offer a summary view of events and interventions in a child's life in date order and over time. These could be, for example, changes in the family composition, address, educational establishment, in the child or young person's legal status, any injuries, offences, periods of hospitalisation, changes to health, interventions by services. The changes that are noted could be positive or negative events in the child's life.

The chronology should be used by practitioners as an analytical tool to help them to understand the impact, both immediate and cumulative, of events and changes in the child or young person's developmental progress.

Chronologies are undertaken for these reasons:

- Done effectively it helps to place children at the centre of everything we do.
- An effective chronology can help identify risks, patterns and issues in a child's life. It can help in getting a better understanding of the immediate or cumulative impact of events.
- It helps to make links between the past and the present, helping to understand the importance of historic information upon what is happening in a child's life now.
- Good chronologies enable new workers to become familiar with the case.
- Importantly, a good case chronology can, at a later stage, help children, young people and families make sense of their past.
- A good chronology can draw attention to seemingly unrelated events or information.
- Using chronologies in practice can promote better engagement with children and families.
- Accurate chronologies can assist the process of assessment, care planning and review.
- When carried out consistently across agencies, good chronologies can improve the sharing, and understanding of the impact of information about a child's life.

Compiling a chronology:

The way that a chronology is compiled and how it is used and referred to will have a significant impact on the future outcomes for the child. When undertaking a new chronology:

- Commence chronologies at the start of your involvement in a case.
- Enter relevant information as it occurs, including the date of the event and the source of the information.
- Include only factual information – analysis and professional opinion on events should be recorded within the case records or assessment documentation.
- Enter information throughout your involvement in the case, an out of date chronology cannot provide full information for further analysis and planning.
- Be brief in chronologies, normally one line.

Make reference to where in the case records more detailed information can be found.

If chronologies are to help with ongoing analysis of the case, they must be reviewed and used as a 'live' document in the following ways:

- When adding information to case chronologies consider its relationship and relevance to previous information. (For example, numbers of missed appointments, A&E appointments, Police call outs to a home, numbers of injuries over time etc). Ask yourself after making a new entry "what is the impact of the known information on this child and what else do I need to do?"
- Build in regular reviews of the chronology to assist in the case planning and evaluation progress, for example, in preparation for reviews and discussion in supervision.
- Share the information being placed in chronologies with children, young people and families as appropriate. This can be to (a) check for accuracy of information (b) check children and family's views and perceptions of the information/events.

9.0 Working with Resistance

Resistance is used here as a catch all phrase to indicate a range of parental behaviours which serve to keep professionals at bay and from identifying, assessing and intervening in neglect. Working with resistant families is very challenging indeed, and good multi-agency working and effective supervision is essential to support practitioners and help maintain the focus on the needs of the child. The quality of supervision available is one of the most direct and significant determinants of the practitioner's ability to develop and maintain a critical mindset, and work in a reflective way. This is pivotal when practitioners are working with resistant families. Resisting behaviours by family members can seriously hamper professional practice and leave already vulnerable children subject to significant harm. In terms of prevalence, a 2005-2007 analysis of Serious Case Reviews found that 75% of families were characterised as uncooperative (Brandon 2008).

The existence of resistance may be identified when parents:

- Only consider low priority areas for discussion.
- Miss appointments.
- Are overly co-operative with professionals.
- Are aggressive or threatening.
- Minimise or deny events or responsibility or the effects on the child.

Parents and carers resist in numerous ways and their reasons for doing so vary. At one end of the continuum, parents may genuinely not understand the problem or the way it has been defined and feel they are unfairly caught up in a process which is not their responsibility. At the other end, some parents understand they are harming their children and wish to continue to behave in this way without interference. In the middle are parents who fear authorities, have previously had poor experiences of authority, lack confidence and feel anxious about change. They may struggle to work with individual practitioners. Research indicates that families want to be treated with respect and in a non-judgemental way, be kept fully involved in processes and receive services which meet their needs in a timely manner.

When considering whether resistance is a dynamic in the family, it is helpful to clarify the identifying behaviour and possible alternative reasons for it. This is because sometimes what appears to be resistance is rather a family's frustration regarding the type and quality of service they are receiving, which is not meeting their needs; rather than an attempt to divert attention from the safeguarding concerns in their family.

Resistance can be grouped into four types:

- Ambivalent
- Denial/avoidance
- Violent/aggressive/intimidating
- Unresponsive to intervention/disguised compliance

Ambivalent:

Parents may have mixed, conflicting feelings towards the agency, the individual worker or the safeguarding issue. Most parents who are involved in safeguarding interventions will experience mixed feelings but some, in extreme situations may remain stuck in their ambivalence. Behaviours related to ambivalence include avoidance of people, meetings or of certain topics; procrastination, lateness for appointments or superficially undertaking the tasks required. Ambivalence occurs when families are not sure of the need to change or are stuck at a certain point.

Denial/Avoidance:

This could manifest as a result of feelings of passive hopelessness and involve tearfulness and despair about change. It may also be about parents wishing to hide something relevant or being resentful of outside interference. Indicators include an unwillingness to acknowledge the neglect; purposely avoiding practitioners; avoiding appointments or cutting visits short due to other apparently important activities.

Violence, Aggression and Intimidation:

Parents who actively display violence or anger or make threats which could either be obvious, covert or implied e.g. discussion of harming someone else; use threatening behaviour e.g. deliberate use of silence, bombarding professionals with e-mails and phone calls or entering personal space; use intimidating or derogatory language or swearing, shouting and throwing.

Unresponsive to intervention/disguised compliance:

Disguised compliance is identified by Fauth et al (2010) as *"families where interventions are not providing timely, improved outcomes for children"*. Reder et al (1993) state that it is where a parent gives the appearance of co-operation to avoid raising suspicions, to allay professional concerns and diffuse professional intervention. Indicators of disguised compliance include:

- No significant change at reviews despite significant input.
- Parents agreeing about the change is needed but making little effort.
- Change occurring, but only as a result of external agencies' efforts.
- Change in one area of function not matching change in other areas.
- Parents engaging with certain, preferred, aspects of a plan, and aligning themselves with certain professionals.
- A child's report of matters conflicting with that of the parents.

This can be classified as passive-aggressive resistance because co-operation is noticeable but is superficial and the compliance covers up hostility, antagonism and anger. Disguised compliance occurs when parents want to draw the professional's attention away from allegations of harm and by giving the appearance of co-operating to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.

It is a significant concern because the apparent compliance can affect the professional's engagement with families and children and can prevent or delay understanding of the severity of harm to the child. Examples of disguised compliance include a sudden increase in school attendance, attending a run of appointments, engaging with professionals such as Health Workers for a limited period of time, or cleaning the house before a visit from a professional. Disguised compliance has been reported to be a dynamic in many Serious Case Reviews and the learning from these indicates that the following practice is helpful:

- Focus on the child, see and speak to the child, listen and take account of what they say.
- Cross check what parents say, question the accounts they give, get additional opinions and remain curious. Above all, don't take at face value explanations that parents give for significant events or incidents.
- Address the safeguarding aspects for children who are living in chronic neglect.
- Don't be overly optimistic without sufficient evidence. Be curious about what is happening to the child.
- In supervision and within the multi-agency network consider which strategies to employ when families are hostile and keep professionals at arm's length.
- Share information with other professionals and other agencies, check your assumptions with your colleagues, and explore with each other the parent's accounts of events.

Appendix 1 discusses further assessment of parental motivation to change and shows a model to help with the identification of compliance and whether it is genuine commitment, tokenism, avoidance or externally motivated compliance which seeks approval from others. Practitioners are referred to **Appendix 1** for further details - the model (with additional detail) is as follows:

<p style="text-align: center;">GENUINE COMMITMENT Talk the talk & walk the walk</p> <p>Parent recognises the need to change and makes a real effort to bring about these changes.</p>	<p style="text-align: center;">TOKENISM Talk the talk</p> <p>Parent will agree with the professionals regarding the required changes but will put little effort into making change work. While some changes may occur they will not have required any effort from the parent. Changes occur in spite of, not because of, parental actions.</p>
<p style="text-align: center;">COMPLAINE / APPROVAL SEEKING Walk the walk: disguised compliance</p> <p>Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to the need for change</p>	<p style="text-align: center;">DISSENT / AVOIDANCE Walk away</p> <p>Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process.</p> <p>The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process (i.e. perpetrators of sexual abuse or fictitious illness).</p>

Howarth and Morrison (1999)

10.0 Planning, Reviewing and use of Supervision

Multi-agency plans should be in place for children who are considered to be in need or vulnerable as a result of neglect. A plan should be in place whatever level of service or intervention is being offered, and whether it is a single or a multi-agency intervention. The plan should be drawn up with the family, including the child wherever possible, together with any other agencies involved.

The plan should detail the outcomes sought, the services that will be offered to the family and the clear timescales for effective changes to be demonstrated. The plan should be SMART:

- **Specific**
- **Measurable**
- **Achievable**
- **Realistic**
- **Timely**

Children who are neglected are often isolated within the community, by their peers and sometimes within their own families. Plans for children should consider ways in which children could become involved in activities to reduce the experience of isolation. In order to reduce risks, plans for children who have been neglected need to address the process of building resilience. Building resilience might include:

- Linking a child with leisure or community services.
- Linking a child with school based activities.
- Linking the child with a safe adult or friend who might be willing to spend time doing activities with the child.

The plan should be reviewed on a regular basis. A review can be held if there is a change of circumstances or an event that suggests the plan needs to be changed in any way. Parents and the child (where appropriate), should always be encouraged to attend and take part in the review.

Where children are subject to a Child Protection Plan as a result of concerns about neglect, the plan will be reviewed in accordance with the timeframe set out in the NSCB Child Protection Procedures.

Other considerations that may be important in planning and reviewing services include:

- Think creatively from a needs-led perspective that draws on informal as well as formal avenues of support and assistance.
- Whenever possible try to express outcomes in terms of behaviours and include how the anticipated changes will help the children thrive, develop and reach their potential within the plan.
- Think about the learning needs/styles of the parents and ensure that what is being offered to them is suitable.
- Consider whether the service you are proposing/providing is empowering a family, or whether it is contributing to feelings of dependency.
- Think specifically about how each child is included in the plan – does the child need help and support to improve their self-esteem, build resilience or cope with some aspect of their lives?
- Consider any parental needs that remain un-met and whether this will undermine their capacity for change. There may be a need to involve adult orientated services if this is the case.
- Try to ensure that the plans are co-ordinated and agreed across services so that the family experiences clarity and consistency about the required changes.

In complex cases where practitioners have been involved for 6 months and no progress appears to have been made, it might be helpful for the review to be chaired by someone independent of the line management of the case.

It may be that further assessments will be needed if there are new or ongoing concerns about a child.

The Purpose of Supervision:

Good supervision is central to the management and oversight of work with families where there are concerns about child neglect. The supervision process should ensure:

- The worker is clear about their roles and responsibilities.
- The workers meet their agency's objectives.
- A quality service is provided to children and parents.
- A suitable climate for practice is developed.
- The worker is supported in accessing appropriate pathways for professional development.
- The worker is supported in managing stress.

Professionals will always need to refer to their employing agency's policy in relation to staff supervision.

In working with neglectful families, there are further specific considerations:

- Serious neglect poses worrying problems for practice. It raises anxiety but also can create a kind of numbed despair. Working with chaotic families can equally be reflected in a sense of hopelessness. Part of the supervisory process should identify these feelings and work on ways of minimizing the effects.
- A lack of direction and drift have been characteristics in a number of cases where neglect has resulted in tragic deaths. Therefore, a key component of effective supervision should be to give focus and purpose to the work.
- Supervision must always review the state of the children at that time and consider risk in a holistic sense, for example the implications of missed medical appointments etc.
- It is unhelpful to assume that case closure in cases of serious neglect is realistic within ordinary time scales. Supervision should involve a dialogue about outcomes sought for the child.
- Since inter-agency and inter-professional working is essential for these cases, supervision in the conventional sense can usefully be widened, and can on occasion (for example) involve managers and workers from other agencies in a case discussion.
- Supervision should support practitioners in being open and honest with parents about the ways in which their care falls short of meeting their children's needs, and what should be done, not only about immediate safety, but about the conditions for their child's healthy development.
- Supervision should identify clearly where attempts at partnership are failing.
- Furthermore, it may be that agency involvement needs to be long term. This needs clarity of purpose and a shared belief in the capacity of the parents to provide good enough care, albeit with supplementary support. **Supervisors may also have a number of lessons to learn about such cases. Their experience in turn, may influence others in the agency.**
- Supervision should identify issues which workers need to take forward through training and professional development.
- Supervision should always encourage honest and meaningful reflection - *"Reflective practice is something more than thoughtful practice. It is that form of practice that seeks to problematise many situations of professional performance so that they can become potential learning situations and so the practitioners can continue to learn, grow and develop in and through practice"* (Jarvis, 1992:180 in McLure, no date).