



# Good Practice Conversations



## Overview

In September, the Partnership held Safeguarding Conversations with practitioners to explore areas of good practice in safeguarding unborns and babies. This bitesize briefing summarises the learning from these events.

## Information Sharing and meetings

- Practitioners shared information after incidents or additional concerns were raised, to allow all agencies to respond and provide the right support for the family. This allowed an updating risk assessment to understand the changing risks and strengths.
- Holding regular meetings helped to identify how support was progressing and update the assessment for the family.
- When professionals changed, a clear handover was useful to help the family build new relationships and for the practitioner to understand the plans in place.

## Engaging the family

- Professionals took time to ensure the families understood why they were involved and what changes were required.
- Using different tools and resources helped to build rapport, including activity based sessions with parents. Practitioners said that it is important to adapt to different family needs and understand that there should not be a one size fits all approach, utilising different approaches helps to achieve better outcomes for the family.
- Practitioners recognised the importance of engaging fathers, which was achieved through a range of approaches, including adaptations to support fathers' participation - e.g. holding meetings at the beginning or end of the day, or on father's lunch break.
- Making meetings as convenient as possible for both parents resulted in improved attendance and engagement. For example, for a family who lived in a rural area, meetings were held in the family home and home visits were completed where the family could not make it into office bases for clinics or appointments.
- When Child Protection Conference (CPC) reports were shared, practitioners ensured that parents understood and were happy with the report. Parents fed back that this helped them to feel involved in the process.

## Supervision

- Practitioners identified the importance of supervision, to help them to identify what support is out there for families and what can be suggested.
- Supervision also allowed them to explore concerns and risks, and consider the wider picture of a family's experiences.

## Relationship based approach

- Multi-agency teams created relationship-based approaches to working with the parents. Approaches were adapted as appropriate to consider parental needs, culture and background.
- Input was put in place at the right time (when parents were open to change) to validate what was happening for parents and allow therapeutic relationships to be built.
- Agencies worked in a compassionate, trauma informed way and accepted that the process is not always linear.
- In the case examples shared, many professionals shared that the involvement of students or assistants was vital to build a relationship with the family and deliver key interventions.

## Understanding medical needs

- In one case, the GP surgery sent a representative to every Core Group and CPC, which helped to link up the family's required medical appointments with the safeguarding plan and give timely feedback about progress against actions.
- For one child, a suspected diagnosis of Foetal Alcohol Syndrome Disorder (FASD) was being monitored. Agencies were able to discuss this and share information to make sure the right support and intervention were in place for the child. Understanding the impact of drinking alcohol in pregnancy helped practitioners to support the family – you can find out more information [here](#).

## Managing relapse and parental anxiety

- When a mother relapsed after giving birth, practitioners worked creatively with the family to devise and implement a safety plan. The multi-agency group managed risk by empowering the family to manage concerns wherever possible.
- Taking a realistic approach to relapse helped the family to be open when it occurred. This included taking a trauma informed approach which was sensitive to drug addiction as an illness.
- One practitioner outlined the positive impact of using a model called Dialogue Plus with a parent in terms of communication and anxiety. The intervention and questions look at different aspects of life to provide useful information and ways of working to identify goals.
- Another practitioner identified the impact of undertaking assessment training, which helped them to use tools with the family to structure the assessment and consider different aspects of their parenting.