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University of Kent | Centre for Child Protection

Training Pack

'Rosie 2' - a child protection simulation

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1 INTRODUCTION 3

2 MESSAGES FROM RESEARCH 6

3 LEARNING OBJECTIVES OF 'ROSIE 2' 8

4 A MODEL FOR TEACHING AND LEARNING WITH 'ROSIE 2' 9

DISCUSSION POINTS 10

5 USING THE TRAINING ACTIVITIES EFFECTIVELY 11

5.1 HOW 'ROSIE 2' CAN BE USED TO PREPARE AND RESPOND TO OFSTED 11
5.2 THE ROLE OF TRAINERS, SUPERVISORS AND TEAM LEADERS 13
5.3 VIDEO RESOURCES 14
5.4 DISCUSSION POINTS IN 'ROSIE 2' 14

6 DELIVERING 'ROSIE 2' WITHIN YOUR ORGANISATION 16

7 TRAINING ACTIVITIES FOR 'ROSIE 2' 18

7.1 WORKSHEET 1: SCENES 1 AND 2 - PREPARATION FOR A VISIT AND OUTSIDE THE PROPERTY 19
7.2 WORKSHEET 2: SCENES 3 AND 4 - IN THE GARDEN 20
7.3 WORKSHEET 3: SCENE 5 - LIVING ROOM 21
7.4 WORKSHEET 4: SCENE 6 - IN THE KITCHEN 23
7.5 WORKSHEET 5: SCENE 7 - LIVING ROOM 24
7.6 WORKSHEET 6: SCENE 8 - BETH, TIFFANY AND BARRY 25
7.7 WORKSHEET 7: SCENE 9 - IN THE BEDROOM 26
7.8 WORKSHEET 8: SCENE 10 - DOWNSTAIRS IN THE LIVING ROOM 27
7.9 WORKSHEET 9: SCENE 11 - BACK IN THE KITCHEN 28
7.10 WORKSHEET 10: SCENE 13 – INTERVIEWING ROSIE 29

8 REFERENCE LIST AND GENERAL RESOURCES TO SUPPORT USE OF 'ROSIE 2' 30

8.1 REFERENCE LIST 30
8.2 INDICATIVE RESOURCES FOR TRAINING PACK 31
8.3 WEBSITES 32
8.4 REFERNCE LIST/INDICATIVE RESOURCES FOR SCENES 1 AND 2 32
8.5 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENES 3 AND 4 33
8.6 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENE 5 33
8.7 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENE 6 34
8.8 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENE 7 35
8.9 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENE 8 35
8.10 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENE 9 35
8.11 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENE 10 35
8.12 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENE 11 36
8.13 REFERENCE LIST/INDICATIVE RESOURCES FOR SCENE 13 36

9 CUSTOMER SUPPORT AND FURTHER RESOURCES 37

1 Introduction

Welcome to the online training pack for *'Rosie 2'*, the serious neglect game devised at the University of Kent. *'Rosie 2'* is a unique package for child protection training and, depending upon the package you have purchased, it can also be used alongside 'expert' films, literature and research. Additionally, you can use *'Rosie 1'* at any time as background information as it is free to download on the link from the Centre for Child Protection website ***www.kent.ac.uk/sspssr/ccp***

'Rosie 2' is going from strength to strength regarding sales, and the positive response from partner agencies / organisations has been exciting and gratifying. The Centre for Child Protection is very proud of the reaction and feedback on *'Rosie 2'* and endeavours to work collaboratively post-sale with organisations to support implementation and evaluate use. The Centre for Child Protection promotes *'Rosie 2'* through industry events, conferences and is progressing research towards publication.

'Rosie 2' is a virtual reality training platform and should be used as part of a range of child protection training for professionals working in child protection in a post-Munro world and we have been informed by the principles from the Munro review, shown below, as set out in ***http://cdn.basw.co.uk/upload/basw_121108-4.pdf***

These are:

1. The system should be child-centred: everyone involved in child protection should pursue child-centred working and recognise children and young people as individuals with rights, including their right to participation in decisions about them in line with their age and maturity.
2. The family is usually the best place for bringing up children and young people, but difficult judgments are sometimes needed in balancing the right of a child to be with their birth family with their right to protection from abuse and neglect.
3. Helping children and families involves working with them and therefore the quality of the relationship between the child and family and professionals directly impacts on the effectiveness of help given.
4. Early help is better for children: it minimises the period of adverse experiences and improves outcomes for children.
5. Children's needs and circumstances are varied so the system needs to offer equal variety in its response.
6. Good professional practice is informed by knowledge of the latest theory and research.
7. Uncertainty and risk are features of child protection work: risk management can only reduce risks, not eliminate them.
8. The measure of the success of child protection systems, both national and local, is whether children are receiving effective help.

Consequently, we have written *'Rosie 2'* to give managers and trainers an opportunity to enable front door practitioners to explore most of the above principles:

1. Are Andrew and Beth child-centred or do they become distracted by the dynamics of the family and the needs of Connie?

2. Is the birth family the right place for Rosie, Trevor and the twins?

3. How do Andrew and Beth work with the family and how do the relationships they form affect the family?

4. What kind of help can be provided for the children in the family?

5. What are the individual needs of Rosie, Trevor, Jade and Charlie and the unborn baby?

6. What knowledge and theory can be applied to the case?

7. What are the risks in this case and how can they be minimised?

8. How can your organisation ensure the children receive effective help?

We have attempted to voice the family members in an authentic way; so too with the professionals. But what the professionals say and do are not meant to be seen as 'models of best practice'; rather they reflect the different skill levels likely to exist in teams. This is where you come in: this game encourages you to think about what YOU would say and do, and then reflect on what the different family members might say and do in response.

When thinking about alternatives to what Andrew and Beth say and do, remember that current research tells us very clearly that professionals should always be: empathic ... but firm when necessary; curious ... but kind; and respectful, while being insistent when you should be. Naturally, if you change Beth's and/or Andrew's approach they should never become acerbic, threatening, dismissive or impatient.

When writing '*Rosie 2'* we wanted to reduce the procedural and bureaucratic practices which Professor Eileen Munro so vividly describes in each of her three reports into child protection systems and practices in the UK (for example, see Munro, 2012). So we have replaced such practice, which we term 'pre-Munro', with our take on the communications skills needed in a 'post-Munro' world: a world of practice which has the time, skill and desire to put families before paperwork, and children before timescales.

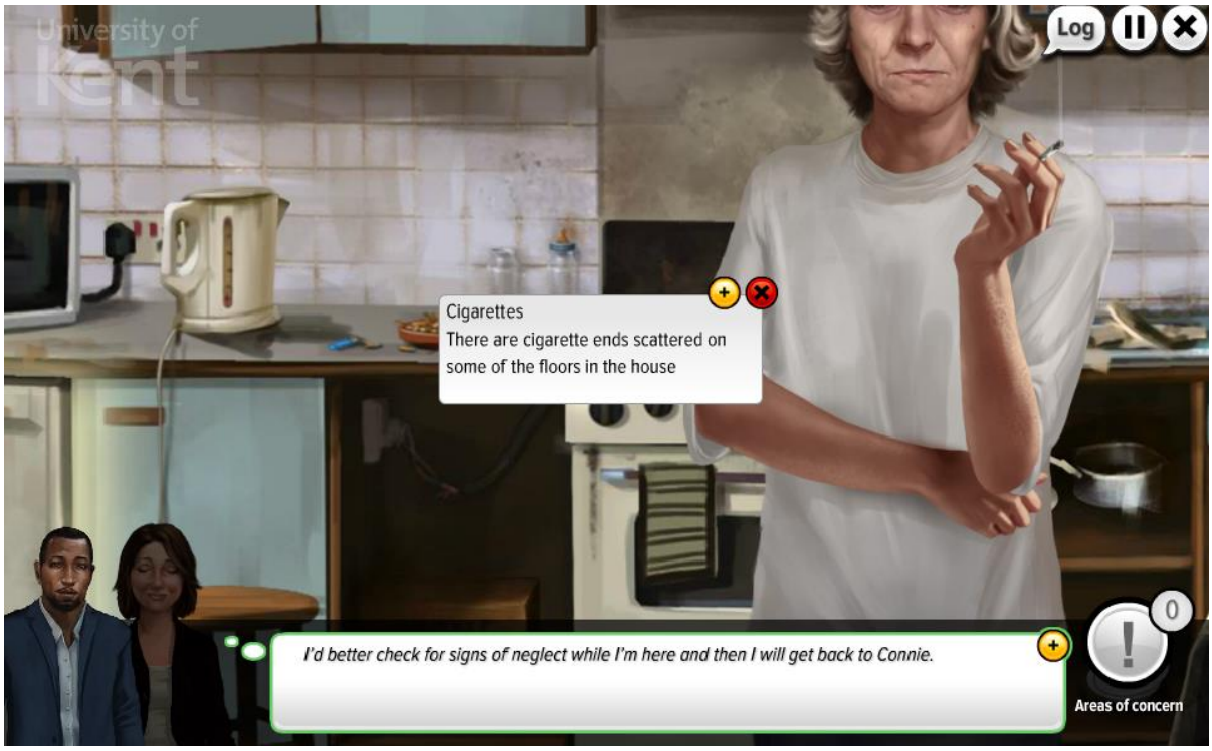
Please do improve on what Andrew and Beth say, but bear in mind what a parent who had struggled to care for her children said to one of us when asked which professionals she trusted and respected. She said, very quickly, 'Those who could say difficult things while "cuddling" me at the same time'.

The Key *learning objectives* of '*Rosie 2'* are outlined below. However, it is important to appreciate that individual and groups being trained will usually be at different stages in their knowledge and experience in child protection. Of particular interest here is the use of the 1986 Dreyfus and Dreyfus model of human skill acquisition (Trevithick, 2012) which moves from level 1 (novice) through level 2 (beginner), level 3 (competent), level 4 (Proficient) to level 5 (Expert).

As it is likely that all teams will have this type of skill-mix, one of the aims of *'Rosie 2'* is to provide a conduit for learning which can be accessed and discussed by team members who may be practicing at these different levels. Trevithick (2012) applies the model of Dreyfus and Dreyfus (1986) to the factors likely to assist practitioners to develop their communication skills:

"For example a student at the level of novice is likely to communicate in ways that indicate a greater concern with their own performance than a concern to communicate effectively… questions are likely to be basic and formulaic in character with little emotional effect and clues not followed up….At the other end of the spectrum at the level of expert a student is likely to demonstrate the ability to follow cues and to ask good questions in ways that communicate a clear engagement with the task." (Trevithick 2012, p.157).

The script of '*Rosie 2'* incorporates most of these skill levels to enable the practice of Andrew and Beth to be examined, and at points improved. This is why the game has the additional feature to enable you to highlight 'areas for concern' in the text.



2 Messages from Research

The writing of *'Rosie 2'* has been influenced by several recent Reports:

- Cuthbert et al (2011). All Babies Count: Prevention and Protection for Vulnerable Babies. London: NSPCC.
- Department for Education (2010). Building on the learning from Serious Case Reviews: A Two Year analysis of Child Protection Database Notifications 2007-2009. DFE-RR040.
- Department for Education (2011). Safeguarding Children Across Services: Messages from Research on Identifying and Responding to Child Maltreatment. DFE-RBX-10-09.
- Department for Education (2011). The Munro Review of Child Protection: Final Report. The Stationery Office Limited.
- Moran, P. (2011). Neglect: Research Evidence to Inform Practice. Action for Children.

It is highlighted in the above documents (Cuthbert *et al* 2011; Brandon *et al* 2010) that 45% of incidents covered in Serious Case Reviews relate to babies under the age of one. Moreover, in England and Wales, neglect is the most common category of abuse for children under the age of 1 who are subject to child protection plans. Therefore some babies in some families are very vulnerable and this also covers the pre-birth stage.

Other areas for concern which, when considered in isolation may not be important, but when considered in culmination take on heightened significance include: large families, with four or more children (Brandon et al 2010); a mother with low self- esteem (Moran 2011) or possible depression; a parent repeatedly missing pre-arranged appointments for the children and additionally, the 'invisibility' of men in families (Brandon et al 2010).

In terms of the home visit in *'Rosie 2',* all of the above elements have been included. Connie has 2 babies of 10 months. She also has two other children, Trevor and Rosie, who have two different fathers and she is pregnant again by a 'new' partner, Del, who is at this stage 'invisible' to both Beth and Andrew. Barry, Tiffany's partner is also a largely unknown element, although we do know from the email from the probation officer in Scene 1 that he has been in prison. We know from '*Rosie 1'* that Rosie has had contact with her biological father, Bruce, in the past but what is not known is if he is still in the picture for her and is this something Andrew, the new social worker, is aware of and will assess?

Andrew is clear with Connie that she has repeatedly missed pre-arranged appointments for the twins at the nursery, has not had them weighed and is not in contact with Rosie's school. As the visit unfolds Connie's behaviour may also indicate that she is depressed, although it may be hard to assess this based upon one contact visit.

The family also have 'areas for concern' in the environment of the house and these can be observed in almost every scene. Whilst an untidy house is not a key indicator of chronic neglect, Davis and Ward (2011) point out that thresholds for professionals who are frequently exposed to neglect can be difficult to determine due to them becoming de-sensitised. An issue in *'Rosie 2'* is that elements of neglect in the environment should be dealt with immediately as they are a safety issue for the children (lack of food? dog mess? puppies in the bedroom?) and what can be left for future

discussion and debate, perhaps in supervision? Additionally, what is not evidenced in the environment that is needed for the safe development of the children?

Crucially in all the scenes of *'Rosie2'* it is important to be able to reflect upon what it is like to be a child living in this house – what might it be like for Rosie, Charlie and Jade? Are there safe places to play, eat, sleep, to be a child, to explore and to develop?

Whilst it is crucial to think about this from the perspective of the younger children, messages from research indicate that the neglect of adolescents can often go un-noticed and a pro-active approach with young people is often required. It could therefore be useful to write a reflective account of what it might be like to be Trevor in this family. This links to the point by Brandon *et al* (2010) that all children need to be seen and spoken to alone. In Scene 13 Andrew does this with Rosie and there is the opportunity to reflect on how/if Andrew establishes rapport with Rosie and what techniques he uses to communicate with her in this initial meeting. Perhaps a follow on task here would be to write another scene where Andrew interviews Trevor. How might Andrew start and what might he talk about?

In terms of professional interpersonal skills these are highlighted as being 'the key to effective interventions' (Brandon *et al* 2010:14) in child protection. The skills of Andrew, and to a lesser extent Beth are stretched across a range of scenes in *'Rosie 2'* with different interactions requiring different skills. At a micro level we see Andrew manage a first joint visit with another professional; negotiate the family gathering in the garden; undertake a first interview with Connie; tackle the disguised compliance of Tiffany; balance scepticism against over-optimism at various points; communicate with Barry, who is drunk and then finally, interview Rosie. All the while he is assessing aspects of parenting style, strengths and weaknesses of Connie and deciding if 4 children and an unborn baby are safe in the family. He also has to work out what protective factors, if any, are present in the family. This is a broad range of skills.

In essence what we have tried to capture in *'Rosie 2'* is summarised below in a quotation from Davies and Ward:

"there is evidence that many…practitioners are insufficiently aware of the impact of abuse and particularly neglect on children's long term welfare or of the need to take swift and decisive action when very young children, including those in utero, are suffering….Practitioners are also often insufficiently aware of the need to understand a family's previous history in order to make sense of present circumstances and to weigh up any evidence of change. There is also evidence that practitioners can become desensitised to evidence of neglect or so overwhelmed by parents difficulties that they are unable to see the situation clearly and the child's unmet needs." (Davies and Ward 2010: 9)

3 Learning Objectives of 'Rosie 2'

By the end of the game participants will have an awareness of:

- the pros and cons of undertaking a joint visit
- the skills that can be used in families where there are concerns of neglect
- the use of space and environment during a home visit
- the differing needs of all the children in the family
- the key components of neglect
- the key features of a child's relationship with their mother
- holistic assessment in the situation
- indicators of 'disguised compliance'
- way of evaluating possible tensions and inconsistencies of a long-term case with frequent changes of key professionals
- how to plan and work with the family
- how to reflect on the professional responsibilities of others involved in child protection, especially health visitors, education welfare officers and head teachers
- how direct work with children can be used to gain insight into the child's thoughts, feelings and experiences.

4 A Model for teaching and learning with 'Rosie 2'

'Rosie 2' is a flexible teaching tool and can be used in different ways: as an individual player, in a group, or a mixture of both.

As an individual player 'Rosie 2' offers a medium for individual reflection on the events, feelings and actions that that take place before, during and after this joint visit to the McGraw family. As an individual player you have the opportunity to see the case from the perspective of Andrew, the social worker or from Beth's, the health visitor. You can play and re-play the game taking on either perspective and then compare and contrast agency responsibilities and perceptions.

'*Rosie 2'* gives you an opportunity to see how a home visit may unfold and offers you the chance to reflect upon the facts of the case, your practice knowledge in this type of situation and also how and when you can apply theoretical models to this case. These can be theories derived from other disciplines – such as psychology and sociology, for example - or from theories related to practice - such as attachment theory, strengths-based approaches, cognitive-behavioural approaches etc.

Additionally, this home visit encourages reflection on key skills and interventions (Trevithick 2012); how child protection professionals make sense of the environment of the home (Ferguson 2011); how they use their communication, observation, listening, assessment and re-assessment skills, as described by Forrester *et al* (2007); and how the skills of 'mentalisation' (Shemmings and Shemmings 2011, Ch. 6) empathy and negotiation increase trust and accurate assessment. Additionally, you can evaluate how Andrew begins some direct work with Rosie (scene 13).

Some points you might also want to consider include:

1. Evidence from Serious Case Reviews about neglected children. NSPCC website links to these: ***www.nspcc.org.uk/Inform/resourcesforprofessionals/scrs/serious_case_reviews_2012_wda88142.html***

2. You will see how Andrew and Beth negotiate their way around the home environment – do they manage this effectively? What skills do they use? How could their approach be improved? If you are interested in this you might like to read more in Ferguson (2011).

3. How observant are you – by what is being said and how it is being said and also through tone of voice and speed of delivery? For example you may notice that Andrew starts off at the beginning of 'Rosie 2' speaking quite fast, hurrying over his words, suggesting that he may be nervous about the visit. Later on, in his interview – for example, with Rosie - he is calmer and clearer.

4. What 'areas of concern' do you assess as being significant in the house and why? We have included this feature - particularly in the garden and kitchen scenes - to encourage debate about what features are important to note and need to be followed up, either at the time with the family or later in supervision. In terms of recording, can you describe clearly and then analyse what you have seen and experienced? It is also important to consider which 'areas of concern' merely reflect your own value system.

5. How do Andrew and Beth communicate with the individual family members? What do they say, how do they say it and are they actively listening to each family member? By using the Log feature, you can go over the transcript of the speech from each scene and think about how Andrew and Beth pose questions and gather information. Further reading on this topic is available in Forrester et al (2007).

6. How do Andrew and Beth assess the situation which unfolds during the home visit? How are they assessing the safety of the children, the ability of Connie to protect and nurture them, her bonding to them and their attachment to her as well as her ability to 'mentalise' (see Shemmings and Shemmings 2011, Ch. 6). Each child is an individual, so how should Andrew assess if they are safe and if their needs are being met? How do the roles of Andrew and Beth dictate where the priority of their focus should lay with the children? Are there any points in 'Rosie 2' where either professional re-assesses Connie and the family situation? You can follow the link in this training pack to watch the film by David Shemmings talking about assessment.

7. How can different theoretical models be applied to this case? With Connie; with Rosie and with the whole family?

8. 'Rosie 2' ends with the player being asked to imagine what might happen next in this case. One of the most valuable aspects of this approach to training is to enable practitioners evaluate thresholds of intervention and safety for the children. Are Andrew and Beth over optimistic in their approach? How would you handle this case in your organisation? Do you think other professionals in similar organisations - but in different geographical areas - would have different views? (A useful task to undertake here might be to reflect on and prepare how you would present this case in a supervision session).

Discussion Points are highlighted within the game, but as an individual player you may not have the opportunity to discuss these with others. This training pack also gives you additional discussion points to consider. However, you can reflect upon each one and decide the best way for you to 'play' the game as an individual. You are invited to keep a written log of the thoughts, feelings and responses each scene from *'Rosie 2'* and you can also jot down your responses to the discussion points along the way.

While '*Rosie 2'* is probably best played by individuals at first, groups of professionals can meet – either face-to-face or online - to discuss the game and reflect upon its implications for practice change. This document outlines how trainers, supervisors and managers can facilitate this process. ***See section 5.4*** for suggested discussion topics for each character.

5 Using the training activities effectively

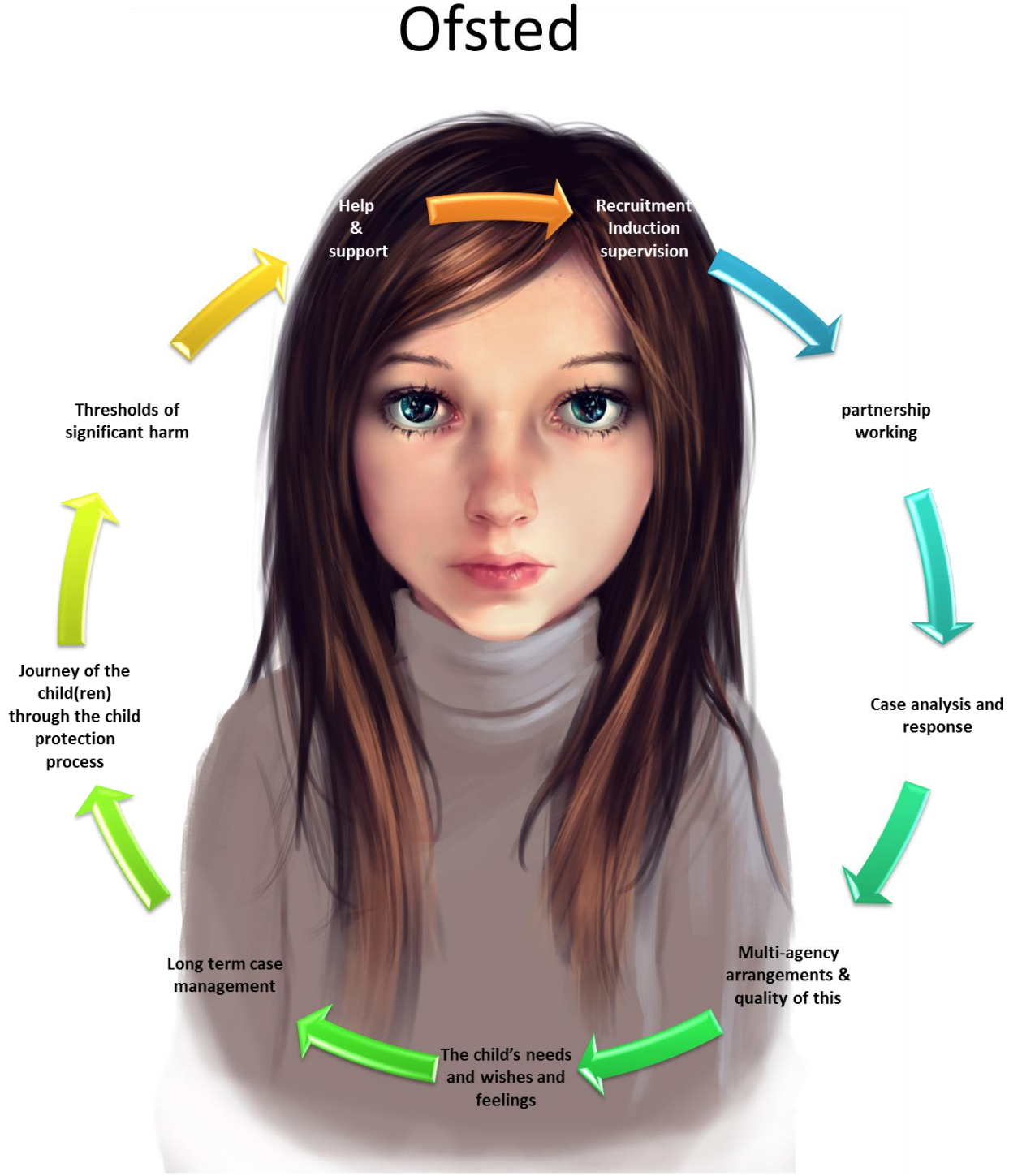
5.1 How 'Rosie 2' can be used to prepare and respond to Ofsted

The potential for 'Rosie 2' is limitless and here are some suggestions that to consider for your own organisation. We have identified some areas that you may want to focus on, and we are happy to help with advising how to do this.

The following diagram highlights information taken from:-

http://www.ofsted.gov.uk/resources/framework-for-inspection-of-local-authority-arrangements-for-protection-of-children

Use 'Rosie 2' prepare for and respond to Ofsted



timely accurate risk assessment & management → confident threshold application → Effectiveness & impact of help given → Effectiveness of local authority in protecting children → Receptive confident staff

5.2 The role of trainers, supervisors and team leaders

Trainers, supervisors and team leaders are key actors in achieving change in organisations, especially when the change is attitudinal/behavioural rather than structural/procedural. The latest research into the transmission of successful and lasting change tells us that it occurs through viral processes and is rarely achieved from the 'top downwards'. It is 'caught', by one professional discussing new practices and ways of working *with their peers*. The role of senior managers is to stimulate, create, and nourish the conditions whereby the intended changes catch, take hold and - to use Malcolm Gladwell's phrase - 'become sticky' i.e. remain firmly in place and resist untried and untested fads and fashions (Gladwell 2001).

'Rosie 2' offers a powerful way to introduce 'post-Munro' practices aimed at working more closely with families to promote and sustain strengths because teams, areas and even divisions all study the same scenario, consider the same questions and reflect on the same dilemmas.

Creative trainers, supervisors and team leaders who aim to adopt the principles of a learning organisation and could, as an example, encourage 'front door' practitioners to create new sequences in the game by asking them to try and re-write a sequence of dialogue between, say, Beth and Connie to become more 'challenging, yet empathic', or to re-script more advanced direct work between Andrew and Rosie. For further reading on working with children see Lefevre (2010) and Winter (2011). After having devised such dialogue they could present it to colleagues in team meetings or via email discussion forums.

The whole question of the processing of powerful and painful emotion – called 'hot cognitions' i.e. thought clouded by unprocessed feelings – can also be extrapolated from the game. For example, practitioners can be asked to reflect upon how they might handle Connie's and/or Rosie's sadness; or, more urgently, Barry's aggression and uncooperativeness. Equally, practitioners can be directed to further reading on working with men, for example Featherstone (2009).

Team discussions can also be used deliberately to address 'best-evidence' as well as competing or overlapping theoretical insights; '*Rosie 2'* can be used to good effect to improve case recording and formal report writing - again, because the whole team is reflecting upon the same material (unlike in role plays or case discussions); group reflective sessions can be valuable in terms of sharing skills and expertise and is often an opportunity for more experienced team members to 'mentor' less experienced ones.

Although *Rosie 2* does not include demonstrations of particular theoretical standpoints or intervention strategies practitioners find it interesting to discuss follow-on material based on (say) questions such as 'How would you respond at certain points using motivational interviewing or a 'signs of safety' approach? How might systems theory help construct a plan for the next month? Alternatively, a member of the team might present evidence on the topic of 'mentalisation' or 'emotional intelligence'.

As we stated above, our aim in designing *'Rosie 2'* was to present the building blocks of 'post-Munro' direct practice in the McGraw family. But we already know anecdotally of a small number of practitioners who are leaving their professions because, to paraphrase them, they don't want to work in a 'post-Munro world'. Consequently, there may be team members who will want to criticise

the script for being 'too soft' or not sufficiently focussed on 'written agreements', 'deadlines' and such like. We acknowledge fully that there comes a point when cards need to be placed on the table with families and for standards and expectations to be made clear. We just don't think that they are best achieved by being cold, distant and – from Donald Forrester's innovative research (Forrester et al 2007) – at times, even coercive and threatening. We believe that such discussions and the sharing of different viewpoints are essential components of a truly open, supportive, learning organisation.

5.3 Video resources

There are also 5 film clips accompanying this training pack. These films offer you the opportunity to gain additional knowledge and reflect further on the key elements of the game.

- Perspectives on assessment, by Professor David Shemmings **(relevant to scenes: 4,5 6,7,9,10,11,13)**
- Types of intervention in child protection, by Yvonne Shemmings **(relevant to scenes: 5)**
- Working with highly resistant families, by Professor David Shemmings **(relevant to scenes: 2, 4, 7, 8, 10)**
- Respectful uncertainty, healthy scepticism, disguised compliance and revisiting assessment decisions, by Professor David Shemmings **(relevant to scenes: 5, 6, 8, 10, 11)**
- Direct work with children, by Fran Feeley **(relevant to scene: 13)**

5.4 Discussion points in 'Rosie 2'

In the following sections most of the discussion points from *'Rosie 2'* are outlined and connected to a social work and health visitor task. Most tasks are linked to reading, which is detailed at the end, in scene order. The tasks are not exhaustive and can be supplemented and complemented by trainers, supervisors and team leaders depending upon the needs and training requirements of their teams. As there are 13' scenes in *'Rosie 2'* progress through the game can be organised on a daily, weekly or monthly basis and tasks set accordingly.

Discussion Topics

This illustration summarises various subjects that could be discussed around each character if you decided to work through 'Rosie 2' from the perspectives of particular characters throughout the game.

BARRY

- Social (grand)parents
- Invisible men
- Alcohol abuse
- Support services
- Aggressive /ASB
- Controlling behaviour

CHARLIE & JADE

- Nutrition
- Neglect
- Threshold decision
- Development
- Response
- Parental sensitivity

CONNIE

- Parenting capacity
- Depression
- Mentalisation
- Coping issues
- Support services
- Emotional intelligence
- Neglect

TREVOR

- Young carer
- Truancy
- Trauma
- Forgotten teenagers
- Support services
- Neglect

TIFFANY

- Disguised compliance
- Negotiating the space and other family members at a home visit
- Tiffany & Barry's impact on the family

ROSIE

- Sexual abuse
- The child's journey
- The voice of the child
- Threshold decisions
- Key priorities
- Direct work
- Trauma
- neglect

MUNGO

- Support services available
- Handling a situation with a dangerous pet in the room
- Identify points of personal risk
- Pet hygiene issues/advice

ANDREW Social Worker

- Communication skills
- Direct work with Rosie - techniques
- Areas for development
- Handling emotion

BETH Health Visitor

- Prioritising causes for concern
- Personal risk
- Nutrition
- Behaviour and development of the twins
- Puppies in the bedroom
- Professional thresholds

Environment

- Getting into the house
- Seeing and speaking to the child
- When to leave
- Health & safety
- Hygiene
- Pets
- Appropriate living conditions
- Next steps

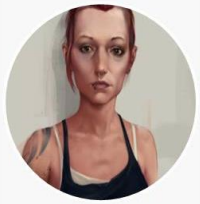
6 Delivering 'Rosie 2' within your organisation

The game adapts and responds to diverse organisational and individual needs:

- Newly Qualified Social Worker – 'Rosie 2' can be used by organisations to support the delivery of ASYE to early career practitioners and responds to the 11 key outcomes reflected by DfE.
- Supervision- 'Rosie 2' can be used by an individual as part of a supervision plan, or within a meeting with a supervisor to explore practice, and extend knowledge and understanding.
- Group/team supervision- 'Rosie 2' can be utilised within a group setting to explore and discuss practice amongst a diverse practitioner group, aiding transparency and group cohesion.
- Integrated CPD tool- 'Rosie 2' can enhance and strengthen existing training and CPD development.
- Interview- 'Rosie 2' can be used within an assessment and interview process to better understand a practitioner's competence and understanding of key concepts and practice issues.
- Bespoke training- 'Rosie 2' allows organisations to create and take forward well designed and evidenced 'bespoke' training around key issues: multi-agency working, disguised compliance, direct work, mentalisation, motivational interviewing, and assessment analysis.
- LSCB- 'Rosie 2' can effectively respond to the multi-agency/multi-professional training setting.
- Agency staff- 'Rosie 2' can support organisations where staff change and turnover can inhibit consistency. 'Rosie 2' can be used to ensure that agency staff are supported to assess need, and respond effectively, to children and families in practice.
- Organisational analysis- 'Rosie 2' can support organisations to better understand practice strengths and learning gaps, assisting training and CPD development

This is a suggested plan to roll out 'Rosie 2' within your own organisation:

Using 'Rosie 2' in your organisation



Play 'Rosie 2'

- Refer to Training Pack scene by scene
- Read articles
- Watch videos
- Integrate knowledge
- Review and reflect on decisions

Devise plan for allocating licences

- Use organisation chart
- One per Manager for CPD in teams
- Training department - one per Trainer
- All staff all levels
- HR Managers for recruitment

Prioritise areas for development to focus on

- Effective decision making
- Thresholds for intervention
- Accurate risk assessment
- Timely and appropriate information sharing
- Partnership working
- Communication
- Sharing expertise, mentoring
- Focus, control, quality time at visits
- Develop skill and knowledge
- Effective multi-agency working

Plan how you want to use 'Rosie 2'

- Recruitment
- Team meetings
- Generate discussion
- Present a scene and open up debate
- Themes
- Incorporate into CPD plan
- Supervision
- Induction

Organisational roll out

- Agree aims and objectives
- Champions plan training sessions
- Plan use over 12 months licence period
- Prioritise staff users
- Plan training calendar
- Decide on mode of evaluation for training objectives

Initial session

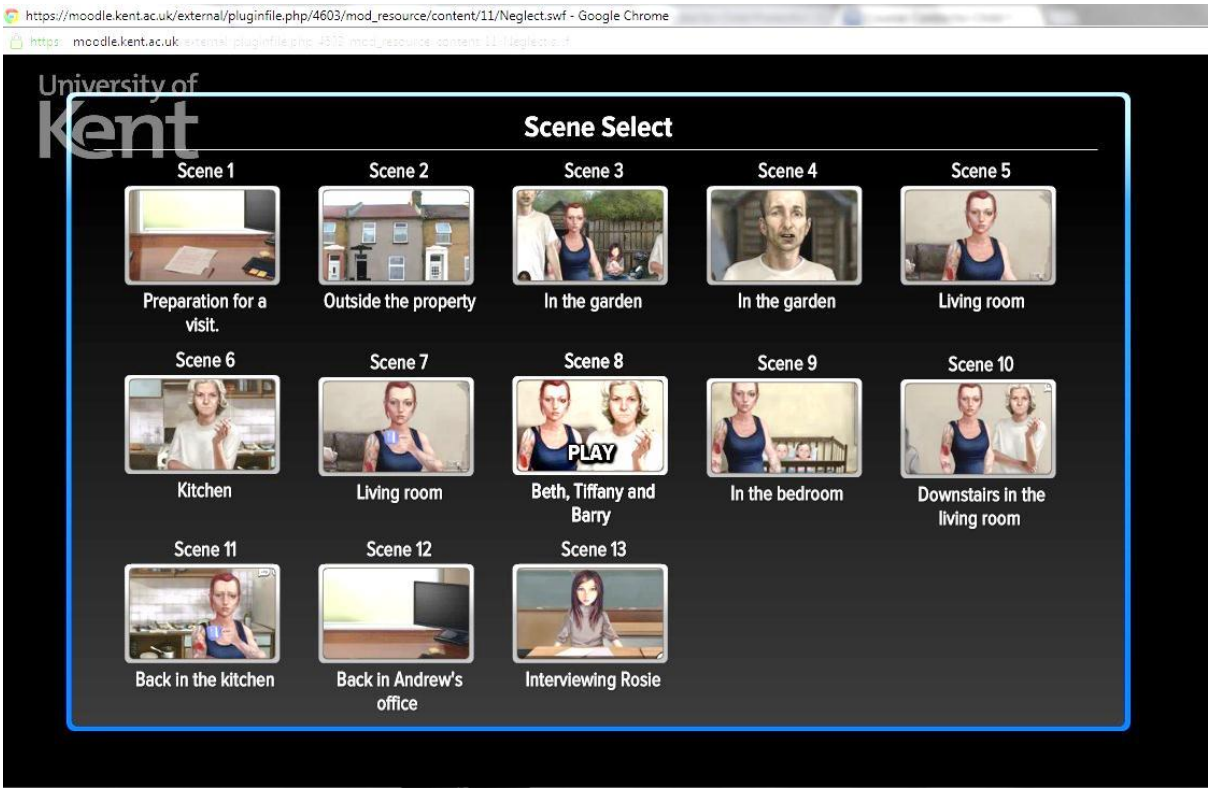
- Introduce concept of simulation
- Copy relevant training pack pages
- feedback forms for completion
- Arrange next session

Feedback and finalise annual programme

- What went well - impact
- Plan next sessions
- Plan and adapt 12 month delivery
- Measure impact, staff feedback

Step by step with 'Rosie 2'

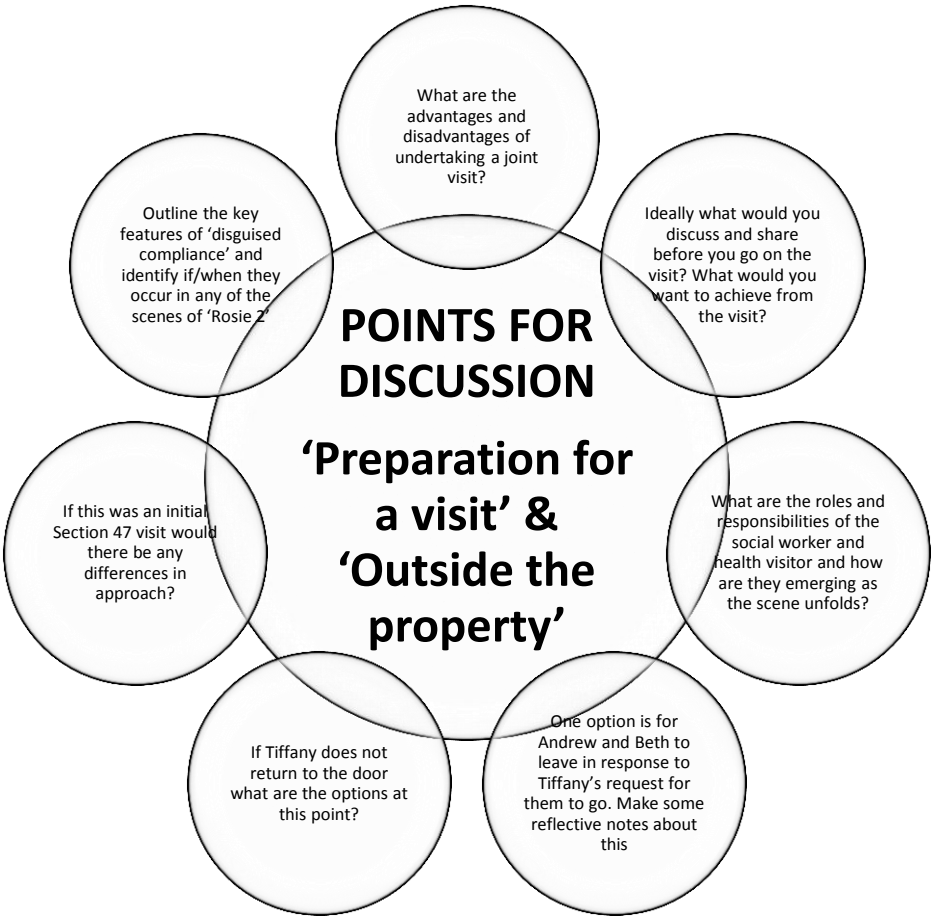
7 Training activities for ‘Rosie 2’



The following pages provide details on specific areas to focus on as you play the scenes, and suggestions for discussion and activities.

Your feedback is always welcomed so get in touch if you want to share how you have used ‘Rosie 2’ resources yourself or have suggestions other activities/discussions that you feel have worked well for you.

7.1 WORKSHEET 1: Scenes 1 and 2 - Preparation for a visit and Outside the property



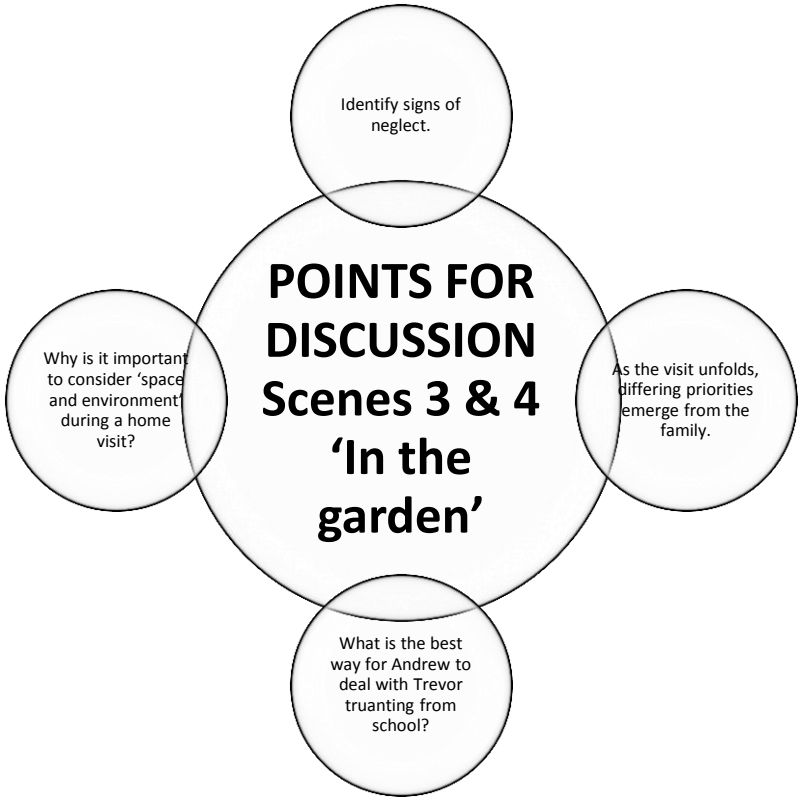
SOCIAL WORK ACTIVITY
'Preparation for a visit'
& 'Outside the property

- Produce a list of advantages and disadvantages of visiting the family together on this initial visit
- How would you discuss the case in supervision when the case was being handed over to you?
- Reflect on a) your role and b) the role and your perceptions of the health visitor.
- Reflect on recent policy developments – how may these impact on working together in cases such as 'Rosie'
- Andrew overhears an argument between Tiffany and Barry and no-one answers the door. What might his actions/options be now?
- List the options. Who would take the lead (and why)?
- How would you plan for a section 47 visit?

HEALTH VISITOR ACTIVITY
'Preparation for a visit'
& 'Outside the property

- Produce a list of advantages and disadvantages of visiting the family together on this initial visit
- This is a longer term case for you – what are your priorities?
- Reflect on a) your role and b) the role and your perceptions of the social worker.
- How does this case relate to the principles of health visiting?
- Reflect on recent policy developments – how may these impact on working together in cases such as 'Rosie'?
- List the options. Who would take the lead (and why)?
- What is the purpose and guidelines for a Section 47 visit for social workers?

7.2 WORKSHEET 2: Scenes 3 and 4 - In the garden



SOCIAL WORK ACTIVITY

'In the garden'

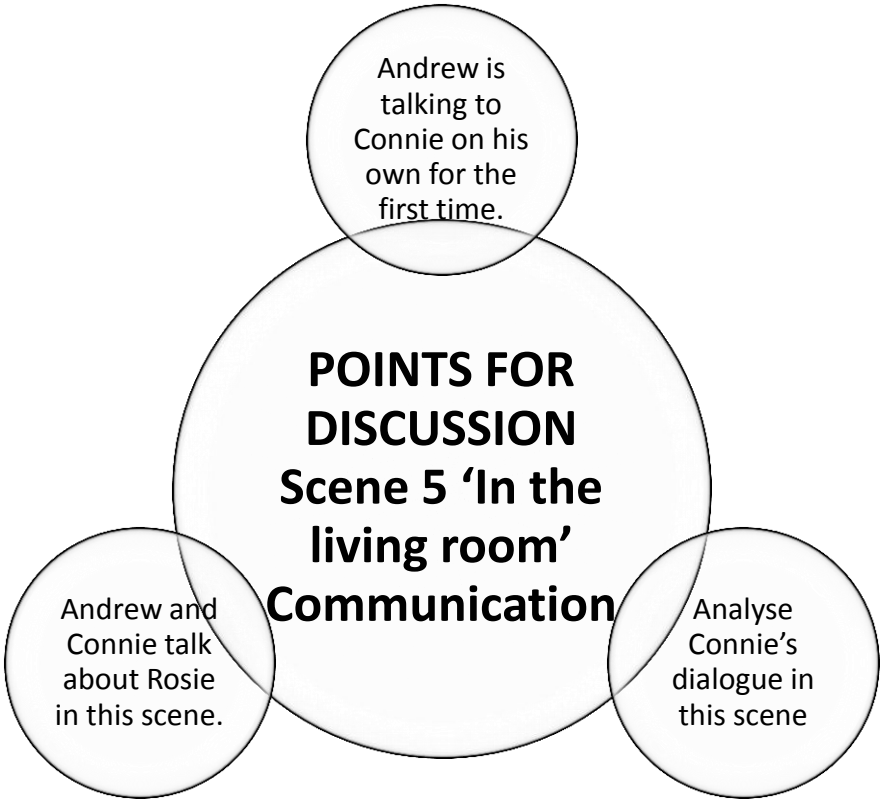
- How can professionals best address becoming de-sensitised to these types of environmental features?
- Critically evaluate the strengths and weaknesses of using assessment resources such as the DH (2000) questionnaires and scales?(section8.5)
- How would you prioritise these?
- Analyse the difficulties of working with 'healthy scepticism' and client 'disguised compliance'
- Identify the skills and processes Andrew would need to use with Trevor
- Research suggests that professionals often neglect teenagers in child protection processes – (Ofsted, 2011) - how might this be addressed?
- Write a reflective account of what it might be like to be Trevor in this family
- Draw a diagram of the house and where family members are. Discuss how you would negotiate the visit using space and identify points of personal risk

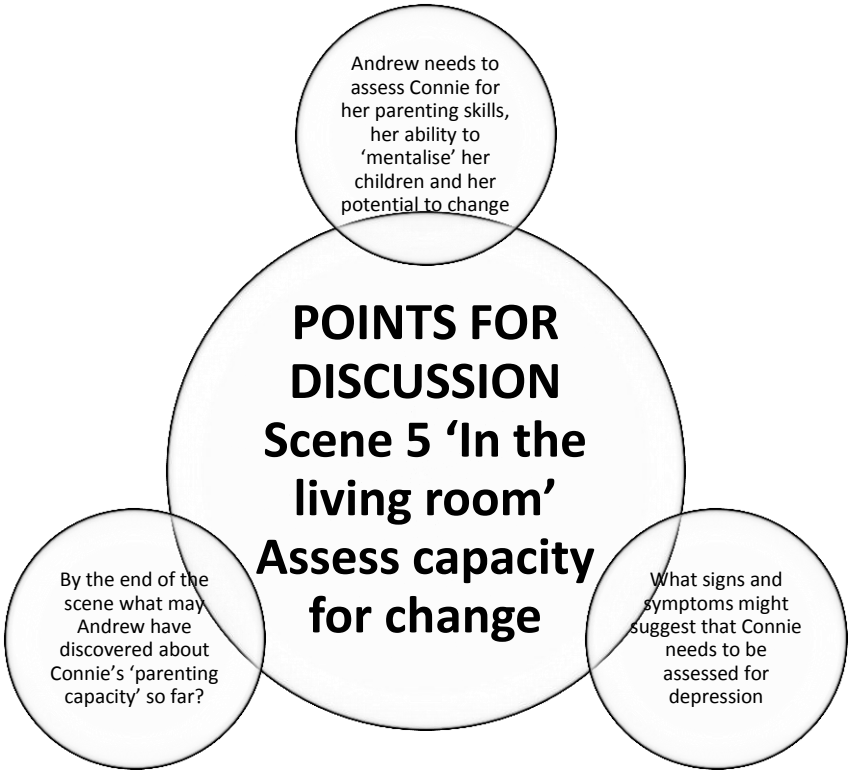
HEALTH VISITOR ACTIVITY

'In the garden'

- How can professionals best address becoming de-sensitised to these types of environmental features?
- Critically evaluate the strengths and weaknesses of using assessment resources such as the DH (2000) questionnaires and scales? (section8.5)
- What are your priorities and how may they differ from the social workers?
- Analyse the difficulties of support versus surveillance in this situation
- Identify how Trevor can best be helped
- Research suggests that professionals often neglect teenagers in child protection processes – (Ofsted, 2011) - how might this be addressed?
- Write a reflective account of what it might be like to be Trevor in this family
- Draw a diagram of the house and where family members are. Discuss how you would negotiate the visit using space and identify points of personal risk

7.3 WORKSHEET 3: Scene 5 - Living room





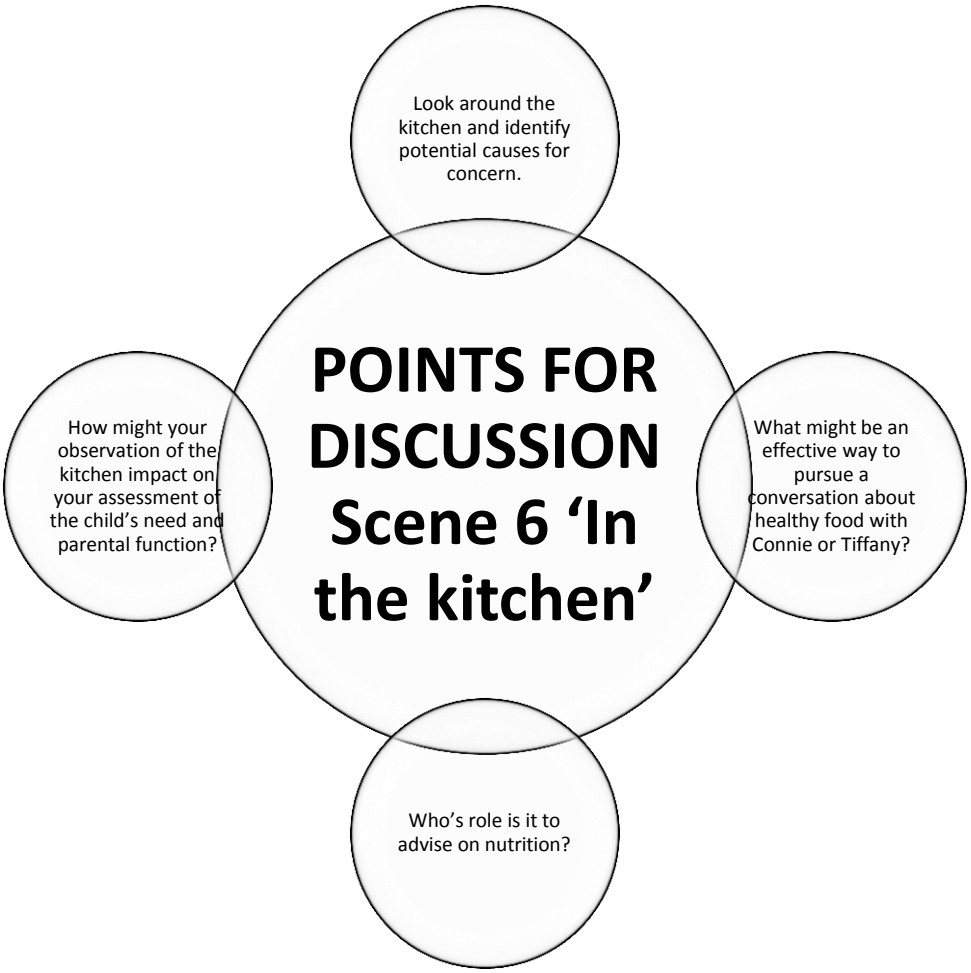
COMMUNICATION SKILLS
Practitioner

- (a) How would you approach Connie in discussing her emotional and mental health? (b) Write down some ways of starting this conversation
- (a) What would be the most appropriate way for practitioners to share any relevant information such as PND? (b) What information does the Health Visitor need from the Social Worker? Write a list of questions you would ask Andrew (c)What other skills could he use? (d) What theoretical concepts might be informing his practice?
- (a) How might professionals deal with silences and body language in direct work with parents? (b) How do gender, age and culture affect responses?
- (a) Connie does not answer the question about how she 'knows she was loved'; why is it important for Andrew to return to this question? (b) Identify elements of 'learned helplessness' (Seligman 1975) in the dialogue by Connie. (c) What might this tell you about 'troubled' families? (d) Evaluate if it would it be wise for Andrew to try to include Beth in this conversation? (e) How could he go about this?
- What else could Andrew explore with her at this stage?

ASSESS CAPACITY FOR CHANGE
Practitioner

- (a) What are the key points Andrew needs to address with Connie? (b) What skills can you identify that Andrew is using with Connie in this scene? (c) Are there indicators of PND in this dialogue
- (a) How would Beth work in partnership with Andrew to assess parenting? (b) What tools are available to health visitors to make a contribution to these assessments
- How might Connie be feeling?
- (a) What do Protchaska et al (1994) say about an individual's motivations to change? (b) Discuss how Andrew can best achieve these complex tasks? (c) From the dialogue Log in the game ,analyse where Connie may be in Prochaska et al (1994) stages of change.
- (a) What might be the short and long term effects on each of the children in the family if Connie is depressed? (mind map or diagram). (b) Analyse the problems of using a tool such as the Edinburgh Postnatal Depression Scale (N.D) in predicting PND. (c) What do the NICE (2007) recommendations suggest using to assess depression? (d) What other tools could you use to assess Connie's emotional and mental health? (e) Explore the strengths and weaknesses and risks of using each of these tools during this visit (EPDS, Clinical Interview, Screening Questions).
- (a) Analyse what is missing from Andrew's assessment of Connie's 'parenting capacity' at this point. (b) What are the key indicators/factors/disclosures of cause for concern in their conversation in this scene? (c) How would we make further assessments of Connie's capacity to safely parent the children? (d) Explore what tools are available to social workers and health visitors to make assessments of parenting capacity

7.4 WORKSHEET 4: Scene 6 - In the kitchen



SOCIAL WORK ACTIVITY

'In the kitchen'

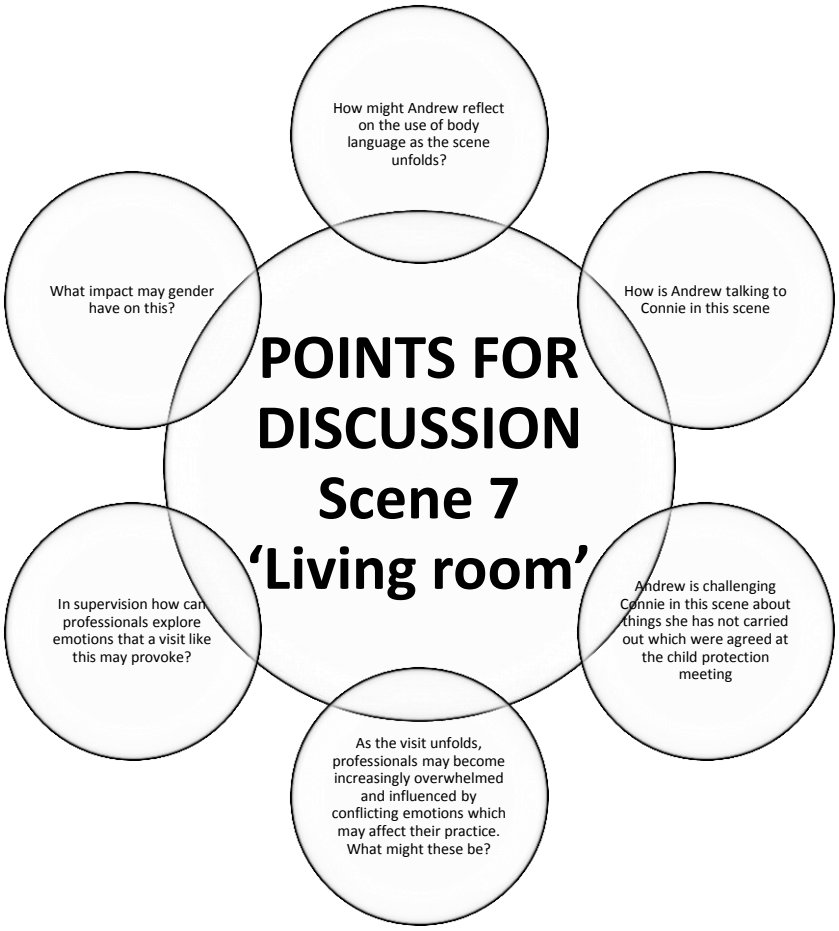
- What concerns can you identify?
- What is absent in the kitchen for the children? What else may well be 'missing' for the children?
- What impact does this environment have on professional thresholds and standards?
- Create a potential dialogue for this.
- What resources could be put in place to help Connie with the nutrition of her children?
- Outline the possible emotional and physical impact of poor nutrition on the different children in the family

HEALTH VISITOR ACTIVITY

'In the kitchen'

- What concerns can you identify?
- What is absent in the kitchen for the children?
- What impact does this environment have on professional thresholds and standards?
- Create a potential dialogue for this.
- How might the dialogue differ for the social worker and health visitor?
- What resources could best be put in place to help Connie with the nutrition of her children?
- Outline the possible physical and emotional impact of poor nutrition on the different children in the family

7.5 WORKSHEET 5: Scene 7 - Living room



SOCIAL WORK ACTIVITY

'Living room'

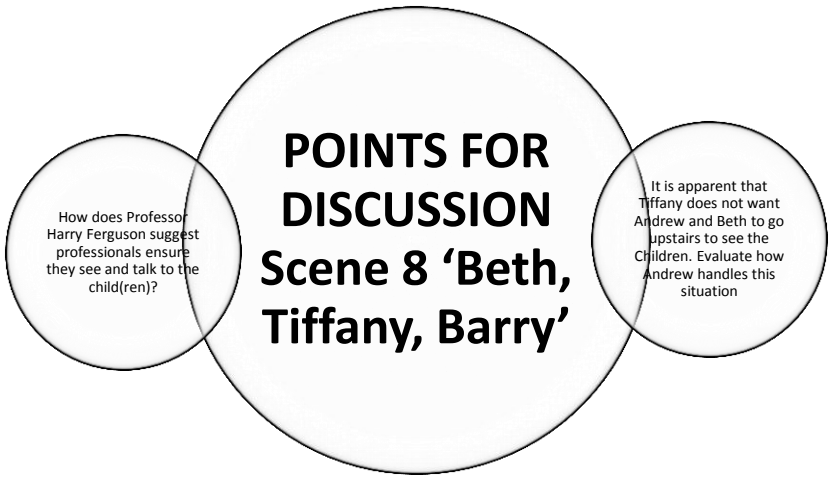
- (a) Identify the strengths and weaknesses of Andrew's approach in this interview. (b) Trevithick (2012) identifies different levels of skills in interviewing. Evaluate how Andrew demonstrates good interview skills in Trevithick's model (for example in his questioning and probing approaches)
- (a) Discuss how Andrew undertakes the challenge and what the impact of challenging Connie could be? (b) Explore other ways Andrew might be able to 'challenge' Connie
- Reflect on how both professionals may be perceiving and feeling about the visit as it unfolds
- (a) Identify the emotions Andrew may feel during the visit (b)Write a plan for discussing how you might present this case in supervision. (c) How do health visitors carry out their supervision – is there any best practice that could be shared?

HEALTH VISITOR ACTIVITY

'Living room'

- Consider how Beth may address Connie's non-compliance with the child protection plan. Analyse what factors may influence this.
- Reflect on how both professionals may be perceiving and feeling about the visit as it unfolds
- (a) Identify the emotions that Beth may feel during the visit (b) Write a plan for discussing how you might present this case in supervision. How might the family situation be affecting you as an individual? (c) How do social workers carry out their supervision – is there any best practice that could be shared?

7.6 WORKSHEET 6: Scene 8 - Beth, Tiffany and Barry



SOCIAL WORK ACTIVITY

'Beth, Tiffany, Barry'

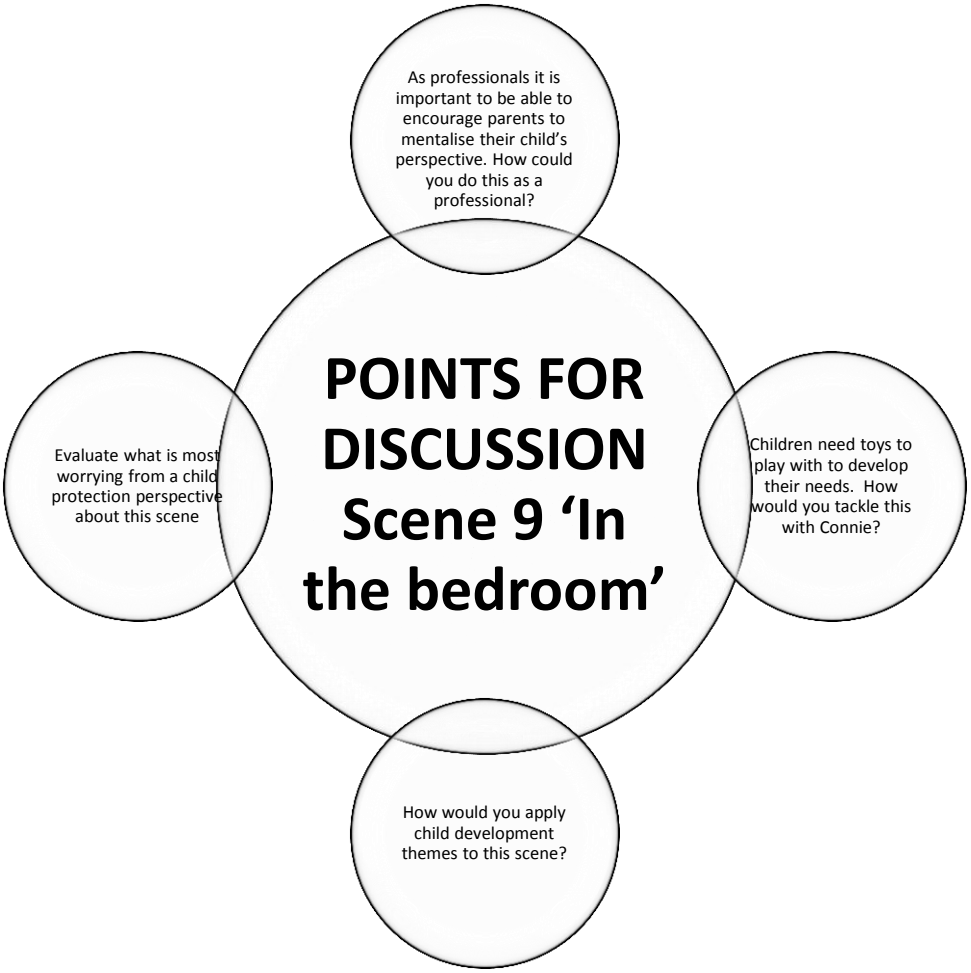
- If a family member on a home visit actively prevented you from going upstairs to see a child or children how would you handle this situation?
- What are the key components of disguised compliance being demonstrated here?

HEALTH VISITOR ACTIVITY

'Beth, Tiffany, Barry

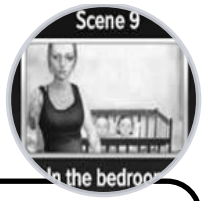
- Reflect on how you would handle this situation
- What is Beth's professional responsibility in this situation? Compare and contrast this with the social worker.

7.7 WORKSHEET 7: Scene 9 - In the bedroom



SOCIAL WORK ACTIVITY

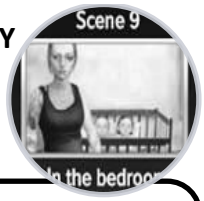
'In the bedroom'



- Write an account of what it might be like to be Jade and Charlie
- Identify what sort of toys might help the twins' development and state why
- (Social work evaluation) Write a list of your concerns; it may be helpful to list them under the four categories of neglect, emotional abuse, physical abuse and sexual abuse.

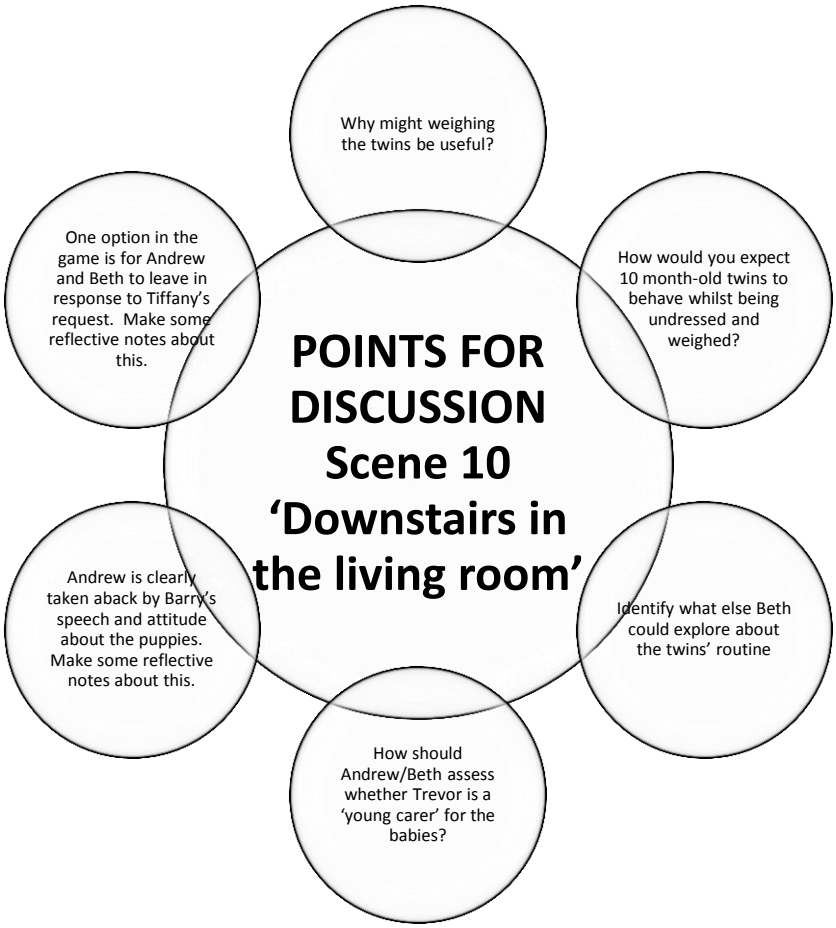
HEALTH VISITOR ACTIVITY

'In the bedroom'



- Write an account of what it might be like to be Jade and Charlie
- Identify what sort of toys might help the twins' development and state why
- (Health visitor evaluation) Write a list of your concerns; it may be helpful to list them under the four categories of neglect, emotional abuse, physical abuse and sexual abuse.

7.8 WORKSHEET 8: Scene 10 - Downstairs in the living room



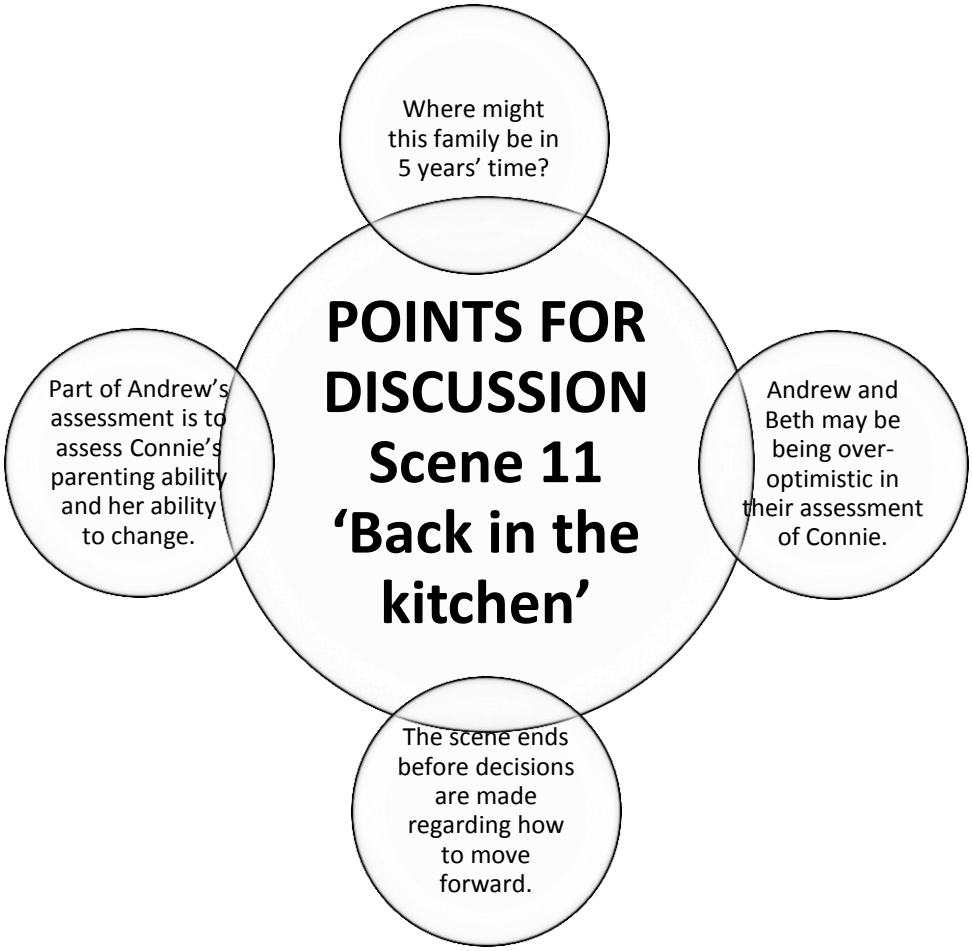
SOCIAL WORK ACTIVITY 'Downstairs in the living room'

- What can you observe about the parent/infant relationship during this process?
- Outline the behavioural and developmental features you might expect to see.
- Consider the significance of routine for infant development
- Identify what support systems are available for young carers
- (a) What techniques can social workers use to deal with confrontational/resistant and potentially violent people? (b) Watch the video "Working with Highly Resistant Families." What are the key messages from this?
- Andrew overhears an argument between Tiffany and Barry and the door is not opened. What should be his actions now?

HEALTH VISITOR ACTIVITY 'Downstairs in the living room'

- (a) How can/do you use this in your practice? (b) Write a list of the observations a health visitor can make during a weight assessment.
- Outline the emotional, behavioural and developmental features you might expect to see.
- Thinking about the 'under one year developmental assessment', list the health visitors routine assessment and observations of the twins
- Identify what support systems are available for young carers
- (a) What information and safety awareness would the health visitor need to share with Barry? (b) Consider the risk of domestic abuse. How do you identify controlling behaviour? What are the key indicators of domestic abuse? Would you address this and if so how? What support services are available?

7.9 WORKSHEET 9: Scene 11 - Back in the Kitchen



SOCIAL WORK ACTIVITY

'Back in the kitchen'

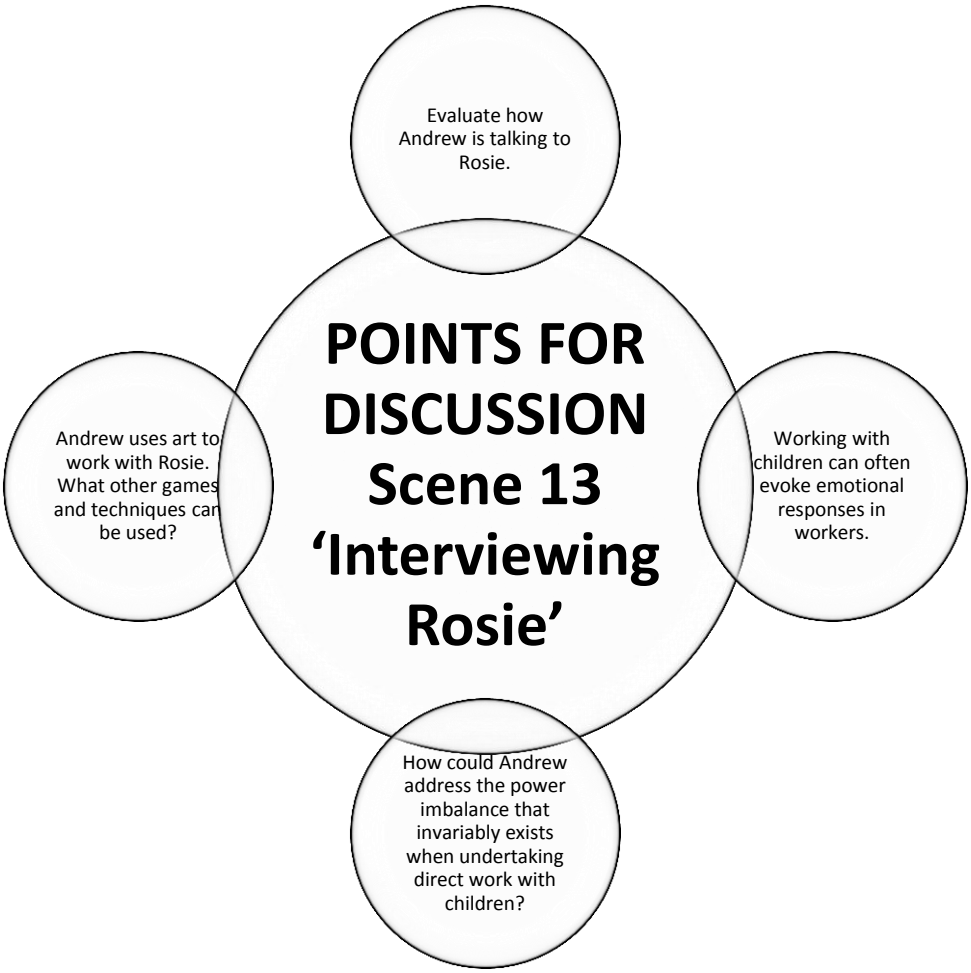
- Using Prochaska's (1994) stages of change assess where you think Connie is in this process? Why do you think this?
- Analyse the strengths and weaknesses of adopting a 'strengths-based' perspective in this case
- (a) Write a one-page report on your action points and recommendations for this case. What is your evidence and justification for your decision? (b) Reflect on how a health visitor, GP, EWO and the police may see the case

HEALTH VISITOR ACTIVITY

'Back in the kitchen'

- Using Prochaska's (1994) stages of change assess where you think Connie is in this process? Why do you think this?
- Analyse the strengths and weaknesses of adopting a 'strengths-based' perspective in this case
- (a) Write a one-page report on your action points and recommendations for this case. What is your evidence and justification for your decision? (b) Reflect on how a social worker, GP, EWO and the police may see the case

7.10 WORKSHEET 10: Scene 13 – Interviewing Rosie



SOCIAL WORK ACTIVITY

'Interviewing Rosie'

- (a) Winter (2011) outlines that beginning conversations with children are very important. What techniques does Andrew use to try to put Rosie at ease? (b) Evaluate if his approach and the games and techniques he uses are age-appropriate (c) List the skills Andrew is using to talk to Rosie
- (a) What emotions does this scene conjure in you? (b) Why is it important to be emotionally self-aware? (Winter 2011) (c) How might you address emotion in supervision?
- Think about how Andrew is working with Rosie – could he improve this by where he sits, non-verbal communication and how he uses materials

HEALTH VISITOR ACTIVITY

'Interviewing Rosie'

- (a) Winter (2011) outlines that beginning conversations with children are very important. What techniques does Andrew use to try to put Rosie at ease? (b) Evaluate if his approach and the games and techniques he uses are age-appropriate (c) List the skills Andrew is using to talk to Rosie
- (a) What emotions does this scene conjure in you? (b) Why is it important to be emotionally self-aware? (Winter 2011) (c) How might you address emotion in supervision?
- Think about how Andrew is working with Rosie – could he improve this by where he sits, non-verbal communication and how he uses materials

8 Reference list and general resources to support use of 'Rosie 2'

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8.3 Websites

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- Child and Maternal health (CHIMAT) bulletin***: www.chimat.org.uk***
- Zero to three: ***www.zerotothree.org***
- SCIE e-learning parental mental health and families: ***www.scie.org.uk***
- Family and Parenting Institute: ***www.familyandparenting.org***
- Young minds***: www.youngminds.org.uk***
- What about the children: ***www.whataboutthechildren.org.uk***
- NSPCC (2011). All Babies Count***: http://www.nspcc.org.uk/news-and-views/our-campaigns/current-campaigns/all-babies-count/all-babies-count-campaign_wda88524.html***
- The Assessment of Disorganised Attachment and Maltreatment Project: ***http://adamproject.tiddlyspot.com/***

8.4 Refernce List/Indicative Resources for Scenes 1 and 2

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9 Customer support and further resources

We regularly update our materials as new information becomes available, and this training pack will be uploaded to External Moodle as these improvements occur.

We are always keen to receive feedback, so please contact us to share your views. Should you need advice on any aspect of the 'Rosie 2'resources, please do not hesitate to get in touch with us:-

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