

CHERNOBYL CHILDREN'S PROJECT (UK)

ПОДДЕРЖКА ДЕТЯМ БЕЛАРУСИ

Training for the Unicef Project in Gomel Region

22nd to 31st October 2018

Background Information

In January /February Officers from UNICEF visited the Gomel Region and met with representatives from various government departments with assistance from the local NGO Supporting Children Together and a representative of the UK charity Chernobyl Children's Project.

The purpose of the visit was to meet with key people involved in working with children with disabilities, to meet families and to visit institutions in connection with supporting developmental work in this sphere.

Subsequent to these meetings a further meeting was held at UNICEF in Minsk attended by representatives of Supporting Children together and Chernobyl Children's Project UK at which time plans were made to award a grant to SCT to develop 3 specialist teams in the Gomel Region to work with a specified number of children with disabilities and their families. The proposed teams would be based in the following locations Rogachev, Rechitsa and the Railway District of Gomel.

On the 15th August 2018 the Project was agreed and formalised.

The three proposed teams had been identified and became operational at this time.

The Training

Two experienced International consultants from the UK were engaged to undertake training with the three teams. The first tranche of the training took place in Gomel between 22nd and 31st October 2018.

Prior to the training the consultants, both of whom had worked in Belarus before, consulted with SCT and agreed the Terms of Reference which included delivering training on Multi-disciplinary team working, professional supervision, assessment and personal care planning.

It was understood by the consultants that the team members had not all met or worked together before and that most had not experienced home visiting in the role of a social worker.

Most were qualified psychologists with no social work experience and some were social workers in name but not as would be recognised as such outside the Republic.

With this in mind the training was prepared in such a way as to develop the participants as a team, able to work in a multidisciplinary manner and to develop their skills in visiting families and children in respect of communication, safeguarding and other identified needs in accordance with the terms of reference..

Methods used included lectures, role plays, group discussions and other practical activities, the aim of which was to ensure that the participants could themselves at the end of the training be able to act as trainers in their own right and deliver training to further develop the project.

Topics Covered in detail

Introductions and background to the project.

Role of social worker and differences in training between social workers and psychologists who are trained to work with individuals using various therapies, usually based in a clinic or an office/day centre treating disorders originating from within the person.

Social workers are trained to work in the community and take into account the impact of social and economic factors and wider issues but also trained to use some psychological techniques. Although usually based in an office, they mostly visit families and safeguarding is part of the social work role. In multidisciplinary teams they are usually the lead in coordinating assessment, care plans and reviews.

We looked at multi-disciplinary team working, the benefits and the need for the social worker to be absolutely confident in their role and the team role played a situation where they had to stand their ground assertively.

Differences between a Medical model of working and a Social model: in the medical model the professional is the expert and users are the passive receivers of a service. In the social model the user has more say and is seen as the expert on their own situation and that the society is the problem not the individual.

Values: we looked at individual values passed down to us from our families; the values of our respective employers and of the country; and our own values in the context of how that might affect our decision making and assessments. We used a series of role plays and discussions to explore this.

We discussed safeguarding in some depth including research information about children with disabilities being most likely to be abused and why this happens and why they are not seen as reliable witnesses. We looked at some signs and symptoms of abuse. All forms of abuse were considered, including exploitation and bullying especially on social media. We agreed a set procedure for reporting any concerns at the earliest opportunity directly to the project manager who would then take responsibility for taking the appropriate action.

Communication and observation are probably the most important social work skills when visiting a family and children in their own home. This is a particularly challenging task where for the first time some of the team will be working on their own in someone else's territory away from the centre or office. A number of role plays and activities were used to demonstrate active listening, giving clear messages, asking questions, giving feedback, observation skills and how to behave and act in a family home. We also looked at personal safety in recognising aggressive and submissive non verbal communication and how to respond to situations in addition to letting people know where you are and techniques for letting the manager or team know you are in need of help.

Assessment: We explored what was meant by assessment and the consultant split the group into two and gave each group a model to build with no instructions or plan to follow. The consultant asked the project manager to observe the interactions between group members as they set about the task so that she could gain a better understanding of who does what in the team and the dynamics of the team.

The two teams worked for a time trying to decide what to build and individuals all had a go. It was then suggested by one team it would be better if they had instructions, at which point these were given out and within minutes both teams had successfully completed the models and examined each others work. The consultant then told the participants the first stage where they all looked at the pieces was their assessment of the task, and how it was much better to complete the work when they had a plan, and the final part looking at the finished articles was the review. This proved a very valuable tool in getting them to understand the concept of assessment and planning.

We continued with a series of mini role plays where they took it in turns to arrive at a family home and introduce themselves and ask to enter and explain their role which caused them some difficulties until the consultant took part in the role play, and changed from being resistant to contributing to the assessment which gave them more confidence.

The consultant acknowledged that they were being asked by management to go with a list of questions to ask recognising that this conflicted with the whole philosophy of person centred, needs led assessment. The consultant suggested that this scoping exercise on resources should and could be compiled separately.

The child assessment should be completed using the extensive guidelines which the consultant has given to all participants. They should not go with a list of tick box questions. Questions should be open and the child when able should be encouraged to say what they felt. The danger of pre-arranged questions is that there is a tendency to miss important issues especially relating to welfare and social needs, as well as safeguarding.

The consultant advised that 'the carers' should be assessed separately as their needs may be in conflict with the needs of the child and may dominate the sessions, and the worker loses sight of the child. The consultant gave advice on why some carers are reluctant to tell how it really is and how some children /young people being cared for do not recognise that the carer may need a break.

Planning: the consultant role-played a multidisciplinary team meeting and described how the social worker was responsible for bringing the participants together and coordinating the plan. The recording should be based on fact and if it was on opinion then this should be substantiated with some kind of evidence. Different ways of controlling the planning meeting were discussed. It was felt that it might be appropriate for the professionals to meet initially so that they could discuss things and then invite the carer and child if appropriate into the meeting to get their views and decide who would be doing what and to what timescale as part of the plan.

Reviews: the review date should be agreed at the planning stage and would depend on the complexity of each case. Anyone not able to attend should send a written report in advance of the review meeting. It is common practice for the reviews to be chaired by a team member or independent person with no line management responsibility if possible.

All participants felt that they understood the principles of assessment, planning and reviewing involving the child and carer, each in their own right.

Professional supervision: The purpose of supervision was explained and examples from the consultant's own supervision record were read out so that the participants could see that this was about departmental procedures, support, safeguarding the service users and professional development. It was not for disciplinary purposes or for dealing with non-work related problems.

Supervision agreements and records were discussed, and examples are in the training pack for use in the teams.

The Consultant adopted the role of a newly appointed team manager and gave supervision to one of the participants which proved to be very helpful. The consultant then described some of the games which people play in supervision in order to avoid sensitive issues. This was followed by using a bicycle analogy for maintaining the team. If it is well maintained, oiled and cleaned and put away and not used it is an expensive and useless commodity. If it is worked into the ground, never maintained and neglected it will quickly break down and be of no use. Supervision can be seen in this perspective if properly carried out you will have a good efficient team working together in everyone's best interests.

The final day was used to review all the training, ensuring that all participants felt confident about what they had learned, confirming that the teaching methods had been helpful and ones which they could very easily use themselves to train others.

The consultant advised all the participants that all the information plus a lot of extra information used in the training would be emailed to them and that should they require further information all they had to do was contact SCT and I would respond by email.

Before ending the training the consultant talked about visiting families where other children in the family may be presenting with problematic behaviour as a result of either feeling neglected or being substitute carers, and gave advice on how to manage the carers

who greet you at the door with many problems. Also additional information was given in the information pack about causation and management of behavioural problems.

On the final day of the visit the consultant visited the Rechitsa team to gain a better understanding of issues that may face them and to meet the unit director to ensure he was clear about the project aims and objectives.

The consultant was already familiar with the members of the Rogachev and Gomel Teams and felt that the situation there was not likely to be an issue for the successful completion of the project.

Recommendations:

The consultant recommends that future training be undertaken using the techniques used for this training as it is practical and easy for others to disseminate the information to others. (All of the training material has been available to all the participants)

That separate assessments and individual care plans should be made for the children and the carers to avoid a conflict of interests and to identify unmet needs and to ensure the child is not lost as a result of carer anxiety /needs.

Review meetings should ideally be chaired by a manager from one of the other teams if possible. They will be more able to be objective if they have no line management responsibility

There is a clear need for a scoping exercise to see what resources are needed and what is available now. This should not take place as part of the individual assessment and planning as one is resource and service led and the other is service user non-medical model led which is more of an empowerment model.

Categories of disability and labelling are helpful in securing assistance but can also act as a blocker for more able children in reaching their full potential and having access to education and employment. This should be reviewed.

It was clear from the training there was no common understanding of safeguarding or what the policy was for the project. The consultant felt it should be a high priority and in the interim period that any concerns should immediately be reported to the project manager, and that no questioning should take place other than to record time and date, and what was said or seen, so as not too undermine any investigation. There should be written guidelines .

At the present time the teams do not have a specific job description (TOR) outlining their responsibilities. It is recommended that this be done at the earliest opportunity to ensure teams and team members understand what they are supposed to be doing and at the same time allow managers to have some control.

Professional Supervision should be set up as soon as possible with all team members having a supervision agreement in place.

The next tranche of training should involve visiting the 3 projects and monitoring progress and offering additional help where required.

A data base of resources and information should be developed

A data base of research information should be developed

Certificates of attendance with CCP UK, UNICEF and SCT Logos should be given to those who took part in the training to underline the importance of this project for the future of all children with disability in the Republic (permission will be needed from UNICEF to use their logo)

Conclusion:

The consultant was impressed by the commitment and skills that the participants displayed throughout the training.

People who had not previously known each other coming from different professional backgrounds with very different experiences and abilities demonstrated that they could work together effectively as a team.

The consultant had some concerns that the teams had been asked to go to visit families with a list of questions to be answered, but considered that this could be resolved by doing this at a different time to the personal care assessment, thereby avoiding the old method of assessing need.

The venue and arrangements for the training were excellent and ensured the training was completed successfully.

Lead Consultant

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