



Next steps when people continue to have concerns for your unborn baby or child



Section 20
Assessment

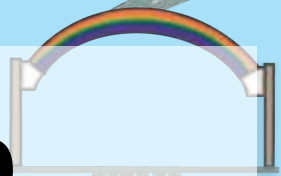
Born into Care Map

Co-Production Project

Participant Report

Autumn 2023

Initial Child Protection Conference (ICPC)



Child Protection Plan (CP)



Child And Family Assessment (CAFA)



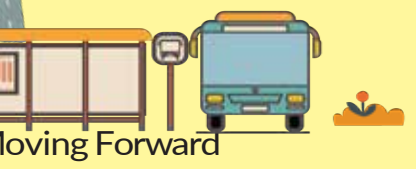
Child In Need (CIN)



Early Help



Review Conference

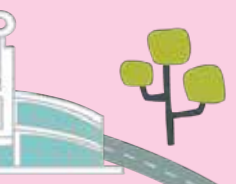


Prenatal Process

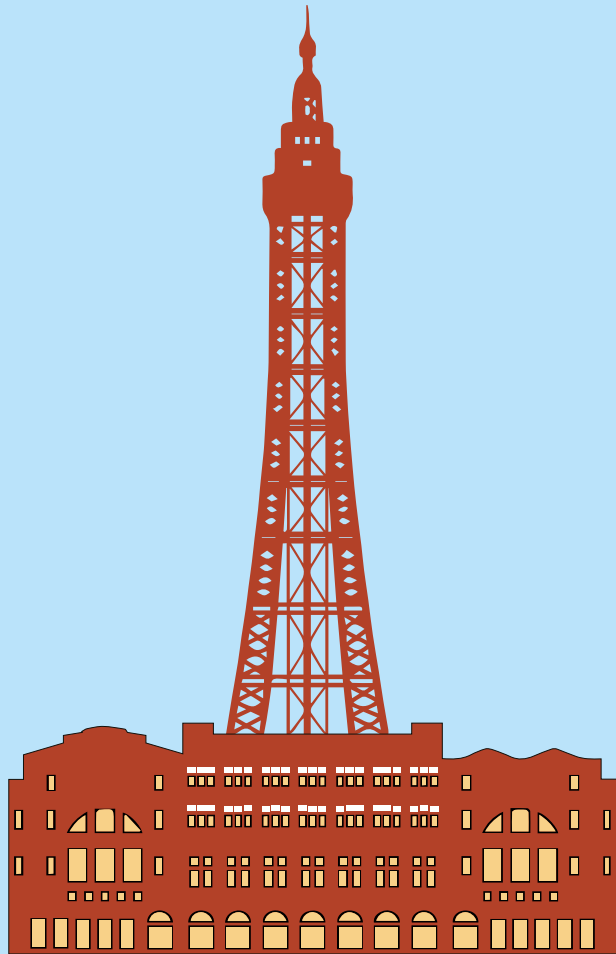
Legal steps when concerns for your unborn baby or child continue or have got worse.



Family Request / Agree Section 20 Accommodation - the child becomes Looked After or one of 'Our Children'



der
ked After
Children'



Born into Care Map Project

Aim

To collaboratively translate the 'born into care system' (currently expressed in Power Point form) into a tool that can be used by a wide range of health and social care professionals while in dialogue with parents to help them understand and navigate through the care system.

It's expected that this translation will be a physical artefact that will be developed to a close-to finished prototype that can go onto be used, tested and iterated over an extended period of time. As with any true co-design, we were open to different outcomes and to being flexible.

Outputs: Final version of the map realised physically along with the digital files used in its production. This will then be developed further over time.



The Co-Design Team:



Annette Algie, Strategic Service Manager, Better Start

Leon Cruickshank, Co-Designer, Lancaster University

Ged Docherty, Manager, For Baby's Sake, Blackpool Council

Michaela Goodridge, Co-Production Delivery Lead,
Blackpool Council

Bertie Goffe, Workforce Development Lead, Children's
Service, Blackpool Council

Lisa Harrison, Lived experience sessional worker, Blackpool
Council

Avni Hindocha, Speciality Registrar, Public Health, Blackpool
Council

Claire Punshon, Early Parenthood Specialist Nurse, NHS

Sejal Changede, Designer, Lancaster University

Kate Simpson, Practice Development Leader, Transformation
Service, Blackpool Council

Deborah Thompson, Family Time Team Leader, Blackpool
Council



Name -

Today I feel....



Our Workbook

Each week we started with this workbook, describing how we were feeling, making notes and capturing ideas. Inside the workbook was also our content. This is a carefully written 25 page document co-created previously.

**Request for support
hub looks at referral**

The family will be contacted within 2 working days of a referral. But may not be contacted over a weekend.

When information is received via a referral, which indicates that there are concerns about the safety and well-being of a baby or unborn, Children's Services have 24 hours (1 working day) to decide what type of response is required. In making this decision, the social worker will have to determine whether:

- whether any action needs to be taken
- whether any further assessments are needed to help Children's Services determine what further action to take;
- if there is no further action they can take, whether to refer the mother to a more appropriate agency
- the child(ren) or unborn require immediate protection and thus urgent and immediate action is required;
- the child(ren) or unborn is/are in need;
- there are reasonable grounds to suspect that the child(ren) or unborn is/are suffering, or is/are likely to suffer, significant harm and whether further enquiries need to be made;
- any services which the child(ren) and/or family require and what they are.

Closure

Early
Help
Assess-
ment

Transfer
to SSF
for
CASA



Name - Deborah

Today I feel...



Name - Ezi

Today I feel...



Name - ...

Today I feel...



Name - ...

Today I feel...



How we felt across the 8 weeks

Name - Ged

Today I feel... EXCITED! CURIOUS! ENTHUSED! STIMULATED!

1 2 3 4

GLAD TO BE BACK!

Name - ...

Today I feel...



Name - Lisa

Today I feel...



Name - ...

Today I feel...



Name - ...

Today I feel...



Name - ...

Today I feel...



Week One

Getting to know each other

1

Time	Duration	Activity
9:30		Set up
10:00		Hang Out and welcome people
10:30	5	Introduction, safe space
	5	Aims of day and program
	5	Will this make a difference?
	5	Getting to know each other, <u>super hero</u>
	20	Do in pairs (one each)
	10	Chat about
11:20		Break
11:30	10	Describe process of ppt creation
	10	House rules on white board
	5	Introduce the text (<u>print A3?</u>)
	10	Time to look at, small groups discuss
	10	Work alone Mark up - what's that all about?
	10	Mark Up - That's good stuff
12:20		Break and start Lunch
12:40	20	Work in pairs, what's what, positive and negative
1:00	10	Feedback / group discussion

Name -

Today I feel....



Working Together

- * Phone on Silent
- * Regular Breaks
- * Safe Space.
- * Recognising individual need.
- * What happens in room remains here
 - Confidentiality
- * Here for same purpose
- * Building relationships
- * Respect perspective
 - New opinions
- * Try to prioritise as much possible.
- * Know our purpose.
- * Let's laugh + smile
- * Let's be brave

Agreeing together how we will work together

These were the working practices we agreed to follow at the start of the co-production process. It was important that we developed these together. We recognised the potential for this process to have an emotional effect on us, that we needed to feel safe and respect each other.

We also agreed that even though our focus was to describe potentially life changing events it was ok to smile and have fun in the development process.

Superheroes

The group were asked to imagine they were a superhero, what would be in your utility belt, what is your kryptonite and what super powers would you have?

This helped us all understand each other's strengths and weaknesses in a non-threatening manner.

Superhero Name: [Blank]

Super Powers:

- 1. EQUAL COMMUNICATION
- 2. EVERY LANGUAGE
- 3. ABILITY TO REASSURE AND CALM

Super Toolkit:

- 1. GOLDEN VOCAL CHORDS
- 2. SUPERSONIC EARS
- 3. BREAKING DOWN BARRIERS BAYONET

Superhero Name: [Blank]

Plan B:

- Can see into the future - stand still for a while - can think a bit!
- photographic memory
- Smiley powers - to stick people together.

Super Toolkit:

- understanding the day available
- resemble forest.

Space - and it controls it alone.

Superhero Name: [Blank]

Super Powers:

- 1. [Blank]
- 2. [Blank]
- 3. [Blank]

Super Toolkit:

- 1. [Blank]
- 2. [Blank]
- 3. [Blank]

Superhero Name: [Blank]

Super Powers:

- 1. [Blank]
- 2. [Blank]
- 3. [Blank]

Super Toolkit:

- 1. [Blank]
- 2. [Blank]
- 3. [Blank]

Superhero Name: [Blank]

Clave:

NURSE

Super Hero

Super Powers:

- 1. To be able to [Blank]
- 2. To be able to [Blank]
- 3. To be able to [Blank]

Super Toolkit:

- 1. magic wand
- 2. Clean formula
- 3. fire a super gun
- 4. built in personal
- 5. Make people [Blank]

Skills:

- easy going
- making people feel normal
- speaking in a soft voice
- happy skills
- helps fast
- organized
- kind
- sense of humor

Superhero Name: [Blank]

Super Powers:

- 1. Pause time to put things right
- 2. Free of stress
- 3. Extra Feeder

Super Toolkit:

- 1. Time Pauser
- 2. You Tube linked super wafer
- 3. Instant food

Superhero Name: [Blank]

Super Powers:

- 1. Hostage negotiation
- 2. Weapon master

Super Toolkit:

- 1. Lots of weapons
- 2. Communication

Superhero Name: [Blank]

Leon connects!

Super Powers:

- 1. connecting mind power
- 2. instant travel between eyes
- 3. true medicine
- 4. Always up at time

Super Toolkit:

- 1. spell correct spray
- 2. Anti-bubble gas
- 3. landing power
- 4. always end well

Skills:

- creativity
- collaboration
- place collaborator
- finding stuff out
- need coffee!

Superhero Name: [Blank]

Super Powers:

- 1. Communication
- 2. Co-ord
- 3. team

Core Skills:

- 1. Bring virus people together
- 2. bring people together
- 3. Reliability
- 4. Reliability

Everyday Skills:

- 1. organization
- 2. Adaptable
- 3. Cooking





Week

2

How will we know if it's gone well?
We used this week to establish what we really want to do, who will use the Map and what will their needs be? This enables us to establish evaluation criteria.



[Observer]

Health - hospital
Students of all professions
School/nursing
Counseling
Wider family
Politicians/Conciliators

Pre-Referral

midwife
Early years school nurse
Local worker
Police
Early years
DEAFS services
Education
Nursing (PSchool)
Primary school
Secondary school
Multi-education
Non-teaching staff

Referral

midwife
Early years school nurse
Social care
VCS provider
Police
Early years
Mental health
HUBS
DEAFS services
Education professionals
for health care

Parents/family

Is the map over-whelming to parents & takes
Is it as straightforward as possible
Is the map offered in clear stages?
Is the map adaptable in the way it's used?

Post-referral

Map clear on how to escalate + what would escalate
Clear point of contact
Map has clarity on thresholds

What is the map for?

Understand the process

Understand the process + how to start... + implications

Empower picture
Emp support
informed discussions
build relationships
+ TRUST?
- give confidence in big picture

Understand process + rights + responsibilities + range of outcomes.

Understand the process people have been through + what might be next.

Early version...
Does the map articulate who when where?
Does the map articulate who when where?
Does the map articulate who when where?
Does the map help with the process of starting a referral?

- DOES THE MAP PROVIDE SIMPLICITY
- DOES THE MAP PROVIDE CLARITY
- IS THE MAP ACCESSIBLE?
- IS THE MAP INCLUSIVE?
- DOES THE MAP PROVIDE A SENSE OF PURPOSE?
- DOES THE MAP PROVIDE A SENSE OF PURPOSE?

DOES THE MAP PROVIDE A SENSE OF PURPOSE AND END?
DOES THE MAP PROMOTE ACCOUNTABILITY



MP are going through
DOES THE MAP PROVIDE A SENSE OF PURPOSE AND END?
DOES THE MAP PROMOTE ACCOUNTABILITY

Is the map easy to find?
Does the map mirror recent professional practice?
Is the map easy to use?
Do we use it in + out points in the map?

Types of people who will use the map	Observer	Pre-Referral	Referral Professionals	Parents and Family	Post Referral
Roles of people in each type of map user (examples not a full list)	Health workers (hospital), mental health professional, students of all professions, school / nursery workers, counsellors, wider family, politicians and councillors	Midwife, early parenthood nurse, social worker, police, early help, drug services, education (nursery, pre-school, secondary school, FE, adult education, non-teaching staff), for babies sake.	Midwives, early parenthood nurse, social care, VCES provider, police, early help, mental health services, drugs services, education professionals, for babies sake.	Mum, dad, siblings, grandparents, friends, adolescents (in school or college).	Therapeutic services, family help, VCSF services, police/prison/criminal justice, social care, early parenthood, nursery and education probation.
For each group, what is the function of the map?	To understand the process	To understand the process, how to start a referral or other action and the implications of the range of options.	Support informed discussions but building confidence in professionals of the big picture and trust with parents and families.	To understand their rights and responsibilities in the process and Understand the range of possible outcomes.	Understand the both the process specific people have been through (and may continue to be part of) and what might be next.
General ideas for criteria	Easily accessible with links to more information, Minimise jargon, be brief where it can be – include critical and key information. Use of colour and photos, clear different steps, show range of outcomes (different options and implications), address what I need to tell parents, focus on the how.		Does the map provide simplicity? Does the map provide clarity? Is the map accessible (findable)? Is the map inclusive? does the map provide a sense of purpose? Does the map promote accountability?	Map too big, overwhelming in its entirety, break it down into stages so it isn't overwhelming, re-discussion / option to come back to, who does what, roles and responsibilities for professionals and family made clear, refer to map throughout the process allow repeat viewings, we need an app, led by family, how much do the know, level of understanding, relatability co-produce their own journey.	From the map can I easily understand processes that happened to parents or I was part of as a professional? Am I clear who holds the current plan and who the primary contact is? Do I know from the map how long the current process will last for? The maps clarity on thresholds, Am I clear why a certain outcome / decision has been made? What are the parents / families options now? Is the map clear on the points at which the situation will escalate from where we are now? Does the map indicate what parents need to deescalate from the current position?
Focused Criteria	1 Does the map introduce the process of threshold identification? 2 Does the map provide accurate, clear signposting? 3 At each stage does the map articulate who, why and what? For pre-referral 4 Does the map help with the process of starting an referral?		1 is the map easy to find 2 Does the map mirror current good practices? 3 Is the map easy to use? 4 Do we describe in and out points in the map?	1 Is the map overwhelming to parents and families? 2 Is the information offered in clear stages? 3 Is the map as straightforward (or clear) as possible? 4 Is the map adaptable (flexible) in the way it is used?	1 Is the map clear on the thresholds that could lead to either escalation or desilication? 2 Is the point of contact clear?





Week

3

Reviewing and agreeing the criteria and starting to generate ideas. We applied the criteria to the content that was developed in a previous process and used this as a foil to prompt creative ideas for our co-design.



Building on the previous weeks' co-production, we developed these criteria

Observer / Pre-Referral

1 Does the map introduce the process of threshold identification?

2 Does the map provide accurate, clear signposting?

3 At each stage does the map articulate who, why and what?

For pre-referral Does the map help with the process of starting a referral?

Referral Professionals

Is the map easy to find

Does the map mirror current good practices?

Is the map easy to use?

Do we describe in and out points in the map?

Parents and Family

Is the map overwhelming to parents and families?

Is the information offered in clear stages?

Is the map as straightforward (or clear) as possible?

Is the map adaptable (flexible) in the way it is used?

Post Referral

Is the map clear on the thresholds that could lead to either escalation or de-escalation?

Is the point of contact clear?



System:
How can we change the current map to meet these challenges?
Think about how the updated map could...
Be made easy to find by trial and error practitioners
Provide current good overview!

Find
UNIVERSALLY ACCESSIBLE
- EXACT VERTICES
- LINKED FROM ALL PARTNER WEBSITES
- SEARCH FORWARD LINKING
- BLANK FOR FAMILIES ONLY

Good Practice
- SEARCH COLLABORATIVE WORKING
- PART SIZE CHANGES ARE POSSIBLE
- LAMINA/PARENTAL/MAJ TO USE IS CO-DESIGNED - NOT OR IS LED BY PARENTS/CHILDREN/FAMILIES
- VIDEO (MAYBE)
- AN BIT-JOB AS TO ASK CAN PUT OUT TO EXPLAIN KEY PARTS/APP

Other notes:
- PROMOTED IN OTHER CARE + PRACTICE COMPS + BRIEFINGS (HOW UPDATING)
- CARDS WITH QR CODES FOR PRACTICES
- FACTUM INFORMATION
- LINK TO LINK TO CONTACT WITH WORK
- PROVIDE A TERMINATION
- OUR CHECK IF LOG-BASED TERMINATION SEEMS WILL WORK WITH OUR CONTEXT
- FEEDBACK FOR CONTINUAL DEVELOPMENT
- LEAVES CAN BE PRINTED FOR KEY DECISION - IN/OUT PO
- BE NOT RELIANT ON THESE

VIDEO
- DON'T NEED TO BE PROFESSIONAL
- SIMPLE CAMS - SMART/SMART
- COMMENTS TO PAGES - REAL
- HELPS PEOPLE FIND + MANAGE THE MAP

Structure / Visual:
How can we change the current map to meet these challenges?
Think about how the updated map could...
Be made easy to find by trial and error practitioners
Provide current good overview!

Visual
- CLEAR VISUAL AS SEPARATION
- CLEAR VISUAL AS SEPARATION
- CLEAR VISUAL AS SEPARATION

IN → **OUT**

The Journey
- CLEAR VISUAL AS SEPARATION
- CLEAR VISUAL AS SEPARATION

Other notes:
- HOW CAN WE BE BETTER?
- HOW CAN WE BE BETTER?
- HOW CAN WE BE BETTER?

Structure / Visual:
How can we change the current map to meet these challenges?
Think about how the updated map could...
Be made easy to find by trial and error practitioners
Provide current good overview!

TOOL BOX
- TRAINING INFORMED + RECEPTION
- EMOTIONAL CARE
- FAMILY NEEDS
- GOD'S
- YES SUITE OF WORKBOOKS

Overview
- SIMPLE EXP.
- LEGALS/LEGAL
- WHO: + IONS
- SUPPORT/CONTACT
- LATEST EXP.

Other notes:
- CLEAR VISUAL AS SEPARATION
- CLEAR VISUAL AS SEPARATION
- CLEAR VISUAL AS SEPARATION

ACKNOWLEDGE:
- SOCIAL CARE OVERWHELM / STRESS
- VICARIOUS TRAUMA!

POSSIBLE LIVED EXPERIENCE?

Creative Ideas

Focusing on the visual, structure and system elements of the map.

Structure / Visual:

How can we change the current map to meet these criteria?
Ideas please!

- Does the map provide accurate, clear signposting?
- At each stage does the map articulate who, why and what is the map easy to use?
- Do we describe 'in and out' points in the map?
- Is the map overwhelming to parents and families?
- Is the information offered in clear stages?
- Is the map as straightforward (or clear) as possible?
- Is the map adaptable (flexible) in the way it is used?

System:

How can we change the current map to meet these criteria?
Ideas please!

- Is the map easy to find?
- Does the map mirror current good practices?
- How is the map protected, economical and easily updated?

Content:

How can we change the current map to meet these criteria?
Ideas please!

- Does the map introduce the process of threshold identification?
- Does the map help with the process of starting a referral?
- Do we describe to and out points in the map?
- Is the point of contact clear?
- Is the map clear on the thresholds that could lead to either escalation or desistance?

BIC Criteria

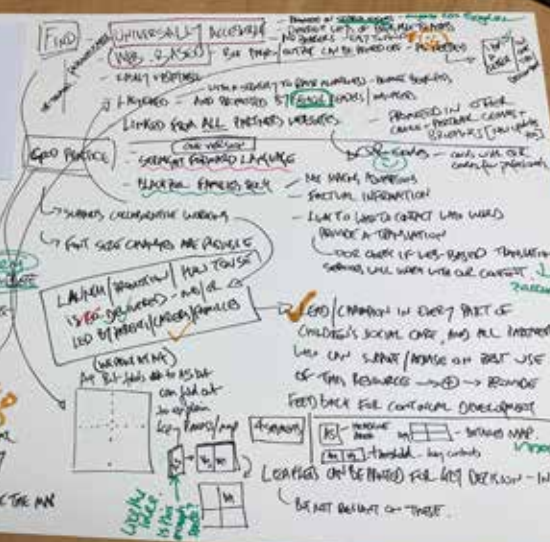
Observer / Pre-Referral	Grade	Comment
1 Does the map introduce the process of thresholds identification?	E	Thresholds should be on pg 2 - where are the reasons for referral
2 Does the map provide accurate, clear signposting?	C	Always need clear and clear info
3 At each stage does the map articulate who, why and what?		CAPS =>
4 For pre-referral does the map help with the process of starting a referral?		REFerral!
Referral Professionals		
1 Is the map easy to find?	NA	TBC
2 Does the map mirror current good practices?	B	Content missing
3 Is the map easy to use?	NA	TBC
4 Do we describe in and out points in the map?		Always need to be clear
Parents and Family		
1 Is the map overwhelming to parents and families?	F	Too much info in culture permit
2 Is the information offered in clear stages?	NA	TBC
3 Is the map as straightforward (or clear) as possible?	C	Is it clear to point out the family resources?
4 Is the map adaptable (flexible) in the way it is used?	NA	TBC
Post Referral		
1 Is the map clear on the thresholds that could lead to either escalation or desistance?	C	CAN BE CLEARER
2 Is the point of contact clear?		

Araus need work

System:

How can we change the current map to meet these criteria?
Ideas please!

- Is the map easy to find?
- Does the map mirror current good practices?
- How is the map protected, economical and easily updated?



Structure / Visual:

How can we change the current map to meet these criteria?
Ideas please!

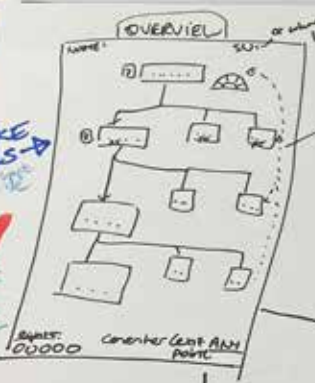
- Provide more accurate, clearer signposting?
- Clearly articulate who, why and what at each stage?
- Be easier to use!
- Describe 'in and out' points in the map?
- Minimise the danger of overwhelming parents and families?
- Make the stages of the process clearer?
- Be more straightforward and clear?
- Be more adaptable (flexible) in the way it is used?

Clarity: is this only for unions? not normal for best practice

TOOL BOX

Trans informed + responsive Emotional Care Family Needs

yes Suite of workstands



Minimise overwhelm more adaptable through relationship and conversation





Thinking about map style....



Request for Support Hub Looks at Referral

The family will be contacted within 2 working days of a referral. But may not be contacted over a weekend.

Closure
Families leave the referral process

Rotate

Full reference needed here from Jed

Levels of Need - At a Glance

LEVEL 4/ UNIVERSAL PLUS

LEVEL 3/ INTENSIVE SUPPORT

LEVEL 2/ SPECIALIST SUPPORT

LEVEL 1/ UNIVERSAL

Child Safeguarding and promoting Welfare
Information Sharing

Stage 1
Starting the Referral

Explanation

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam

+ QR

VOICE
Your Space

Bigger on the right

Contact (smaller)

Overview

Starting the Referral

Taking Referral Further

Legal Process 2

Legal Process 1

This is Starting the Referral

Contacts

Person Contact

Gateway

Agree Accommodate Section 20

Protect and Welfare

Review and Ratify Decision

LEON

Named Contacts

- Referral - in the context of child protection, is when someone contacts Children's Services because they have concerns about the safety and well-being of a child. Anyone can make a referral including a parent, wider family member, friend, doctor, midwife, nurse, teacher or health visitor.
- Lead professional - is identified from the multi-agency group of practitioners working with the parents and family.
- Consent - parents are often asked to give permission for something to happen.
- Children's Social Care - to safeguard and promote the welfare of children within their area who are in need. They are expected to provide help and support to children in their area.
- Strengthening and Supporting Families (SSF) - Primarily working with children in need, or on protection plans and their families - practitioners in these teams are using strengths-based and restorative practice to help families recognise and respond to opportunities for change and ensure children are not significantly harmed. When families cannot provide a safe and secure environment for their children, practitioners in this teamwork with families to explore alternatives and undertake the work required to find the right long-term outcome.
- Chairperson - The person who leads the meeting. This is normally the assistant director or a senior manager in Children Social Care.
- Legal Advice/Aid - Legal aid can help meet the costs of legal advice, family mediation and representation in a court or tribunal.
- Concealed pregnancies - a woman is aware of the pregnancy but does not tell professionals, and/or may hide the fact that she is not accessing antenatal care.

Luhe

We really don't like... the circus exit or too many trees

Week

4

Hang Out and welcome people

Introduction, progress: Caveats – needs to be correct, prototypes, judging also **foil for creativity.**

Plan for the day: metaphors, structure, and form - design decisions

2 groups Metaphors 20

Report back, capture on the master copy on the whiteboard

Break

Introduce 3 forms and full document

Discussion as a group

Pairs creative ideas on form and structure

Discuss options

Break and start Lunch

Review Criteria

Review options, creative discussion

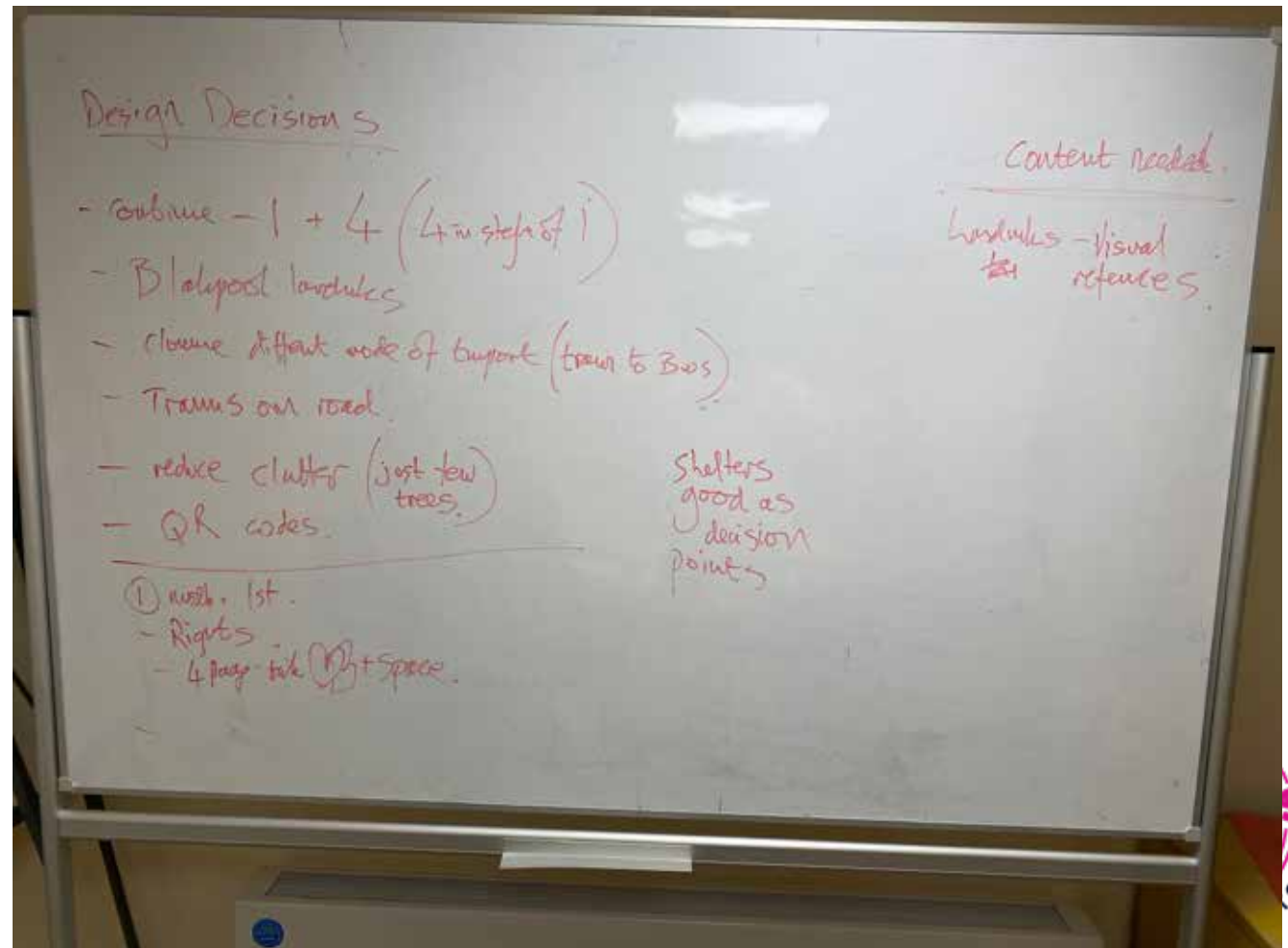
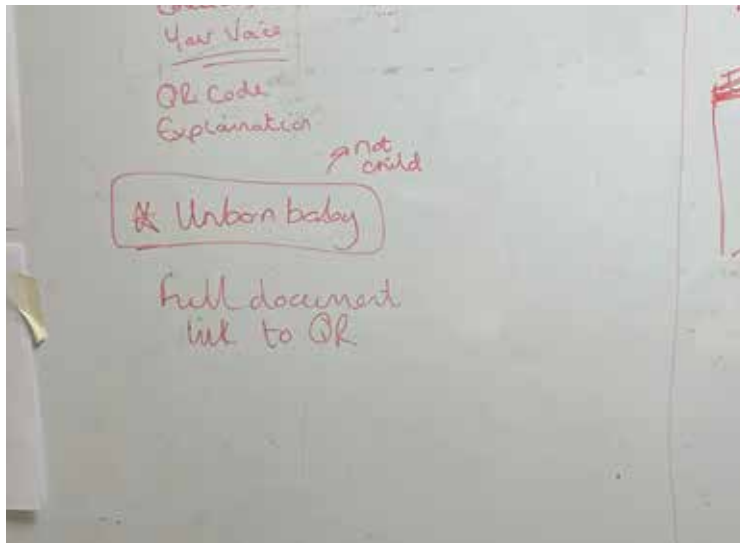
Design Decisions

Thanks and goodbye (end of formal part)

Reviewing and improving on the improvements. This was a hard work session where we critically examined and improved a number of prototypes that had been developed in response to the previous weeks' work.



Fundamental design decisions were agreed



Week

5



What a joy to have some light!
We used this week to review the simple map, full map and the 'full beans' detailed document. We did this through developing and then role playing a series of scenarios.

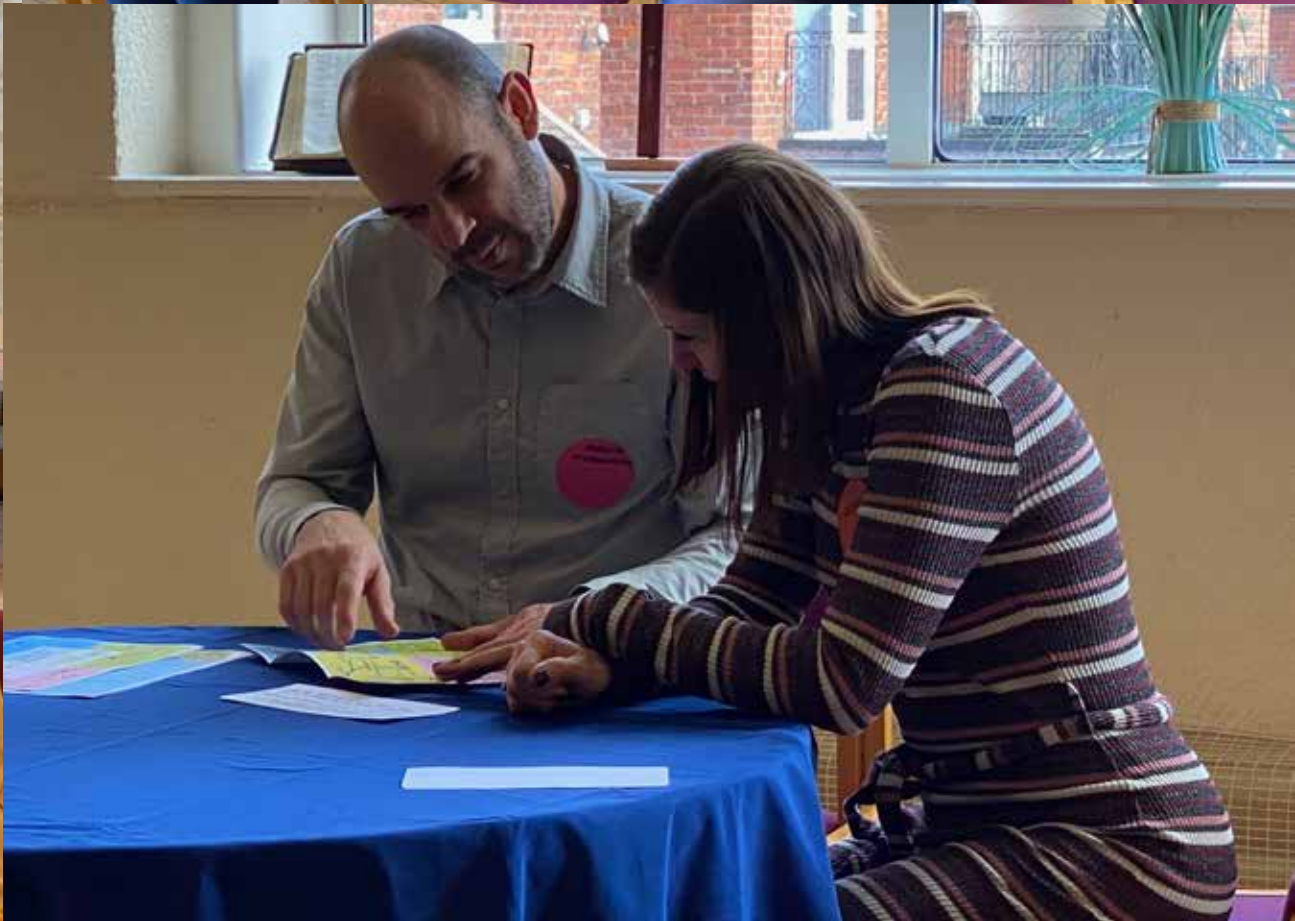


Writing scenarios such as....

Pre-birth – Mum has had 3 previous babies removed from her care at various points. The last baby both left hospital, placed with concurrent carers, baby was adopted. Mum became pregnant at the close of proceedings. This pregnancy has been concealed up to 32 weeks.

You are a social worker who needs to explain to a young pregnant Mum that the level of concern will be drug use and mental health issues and that you are going to have a legal gateway meeting as you are not seeing any progress on the child protection plan. Mum has learning difficulties.





**A good sign for the project
after the first session at the
Salvation Army**



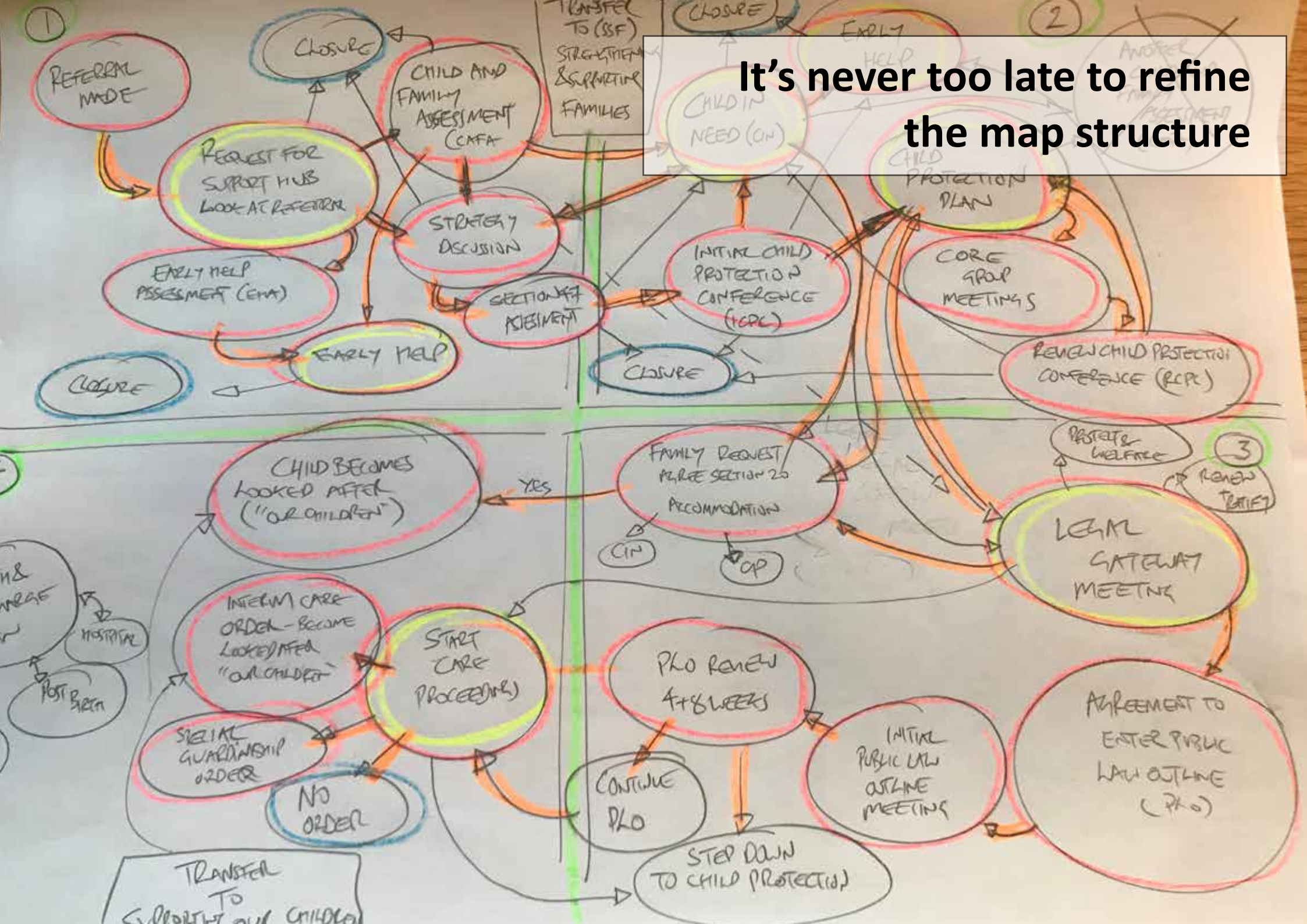
Week

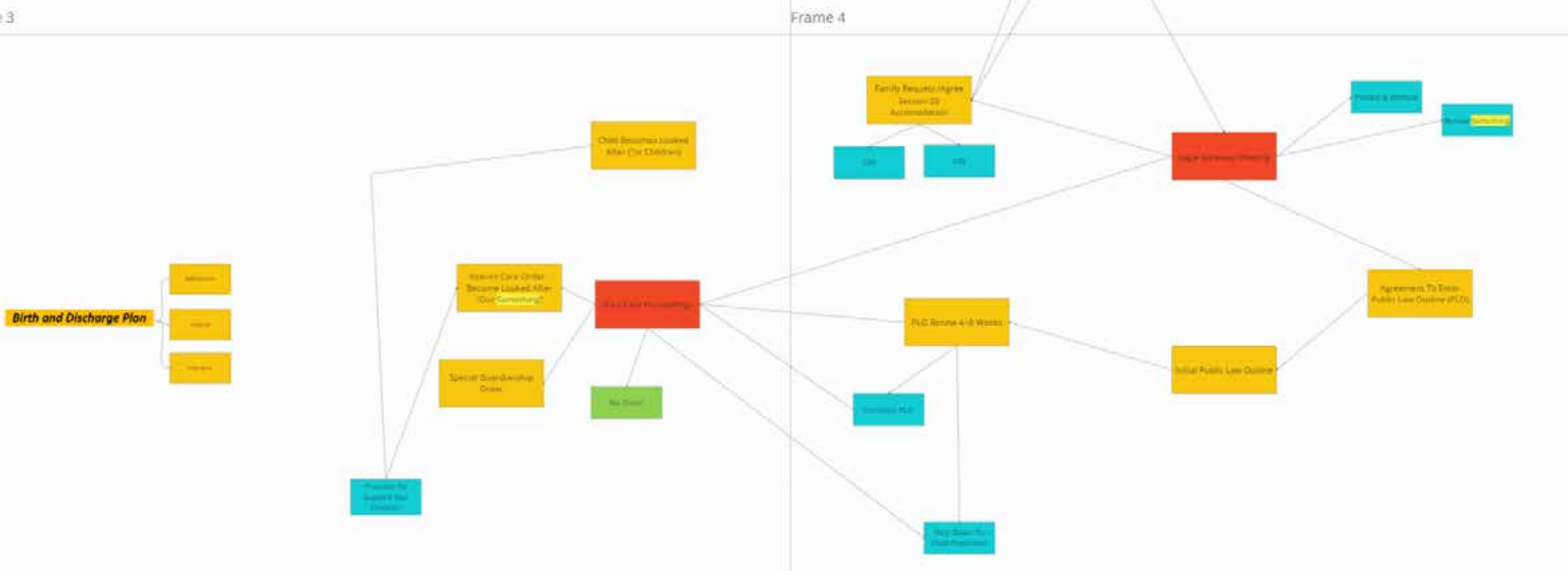
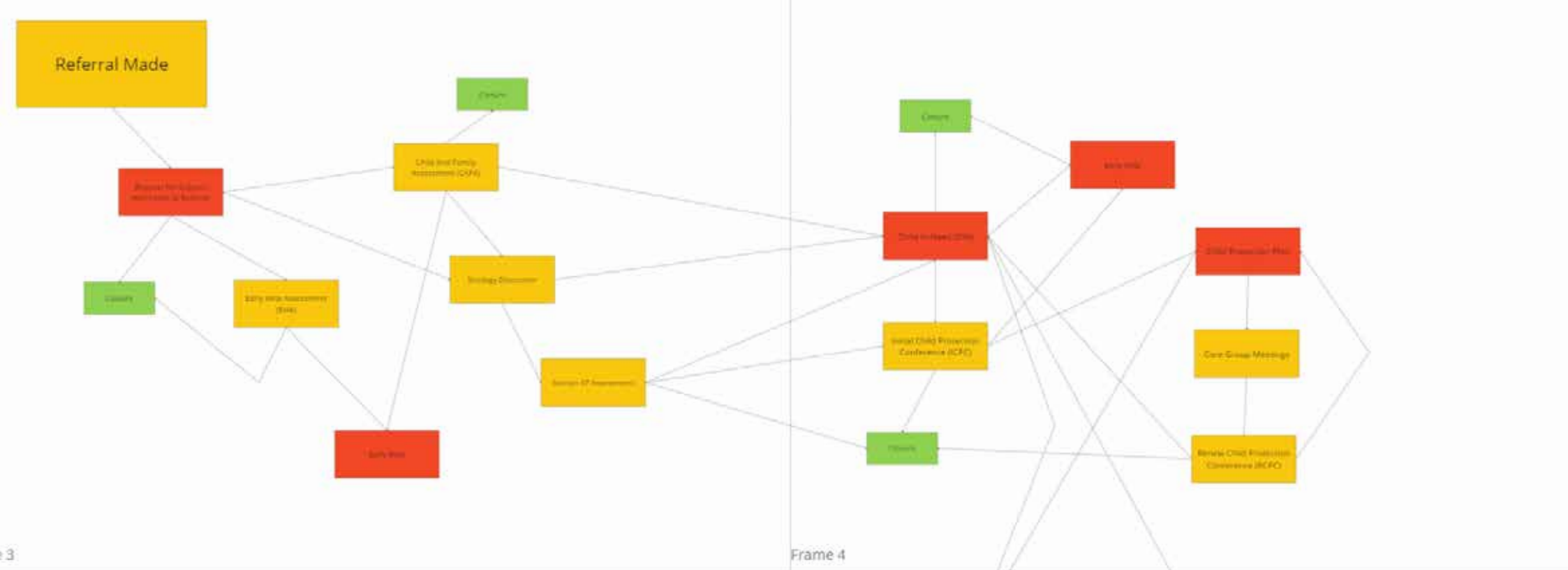
6



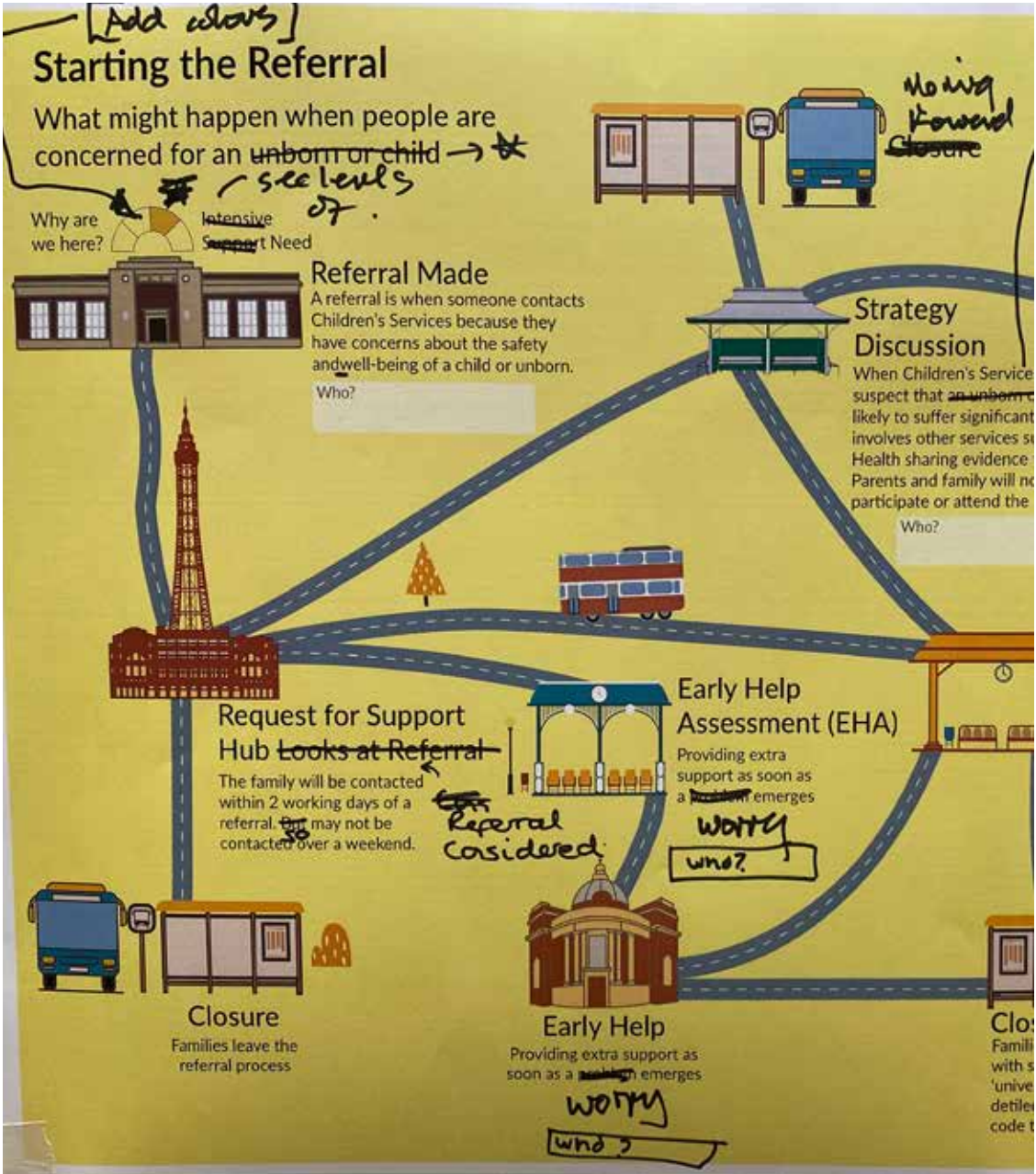
There were some nerves in this session as it was the first time we tested the map with people outside the participant group.

It's never too late to refine the map structure





Week 7

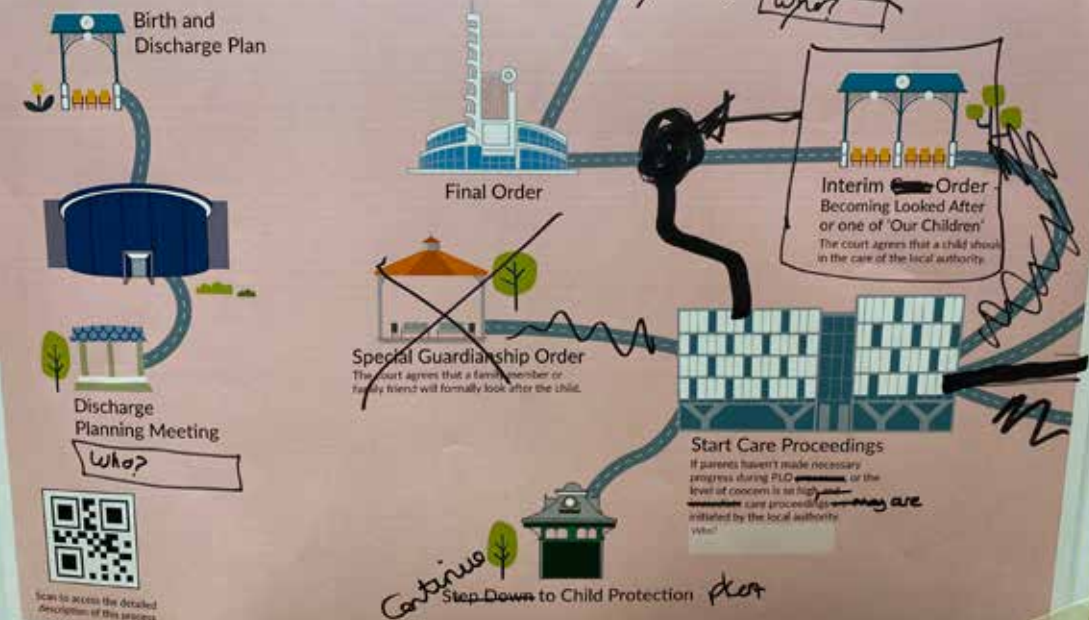


This was a final review session where updated structures, graphics and text were evaluated and improved.



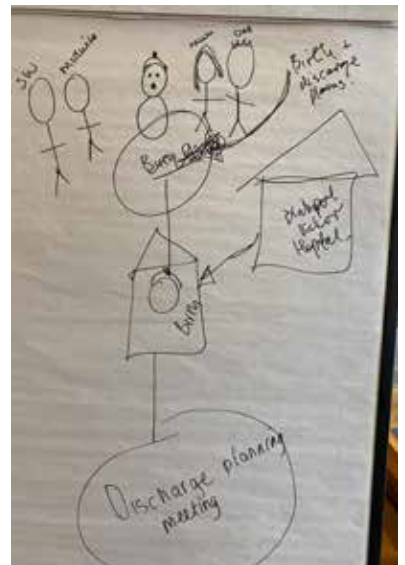
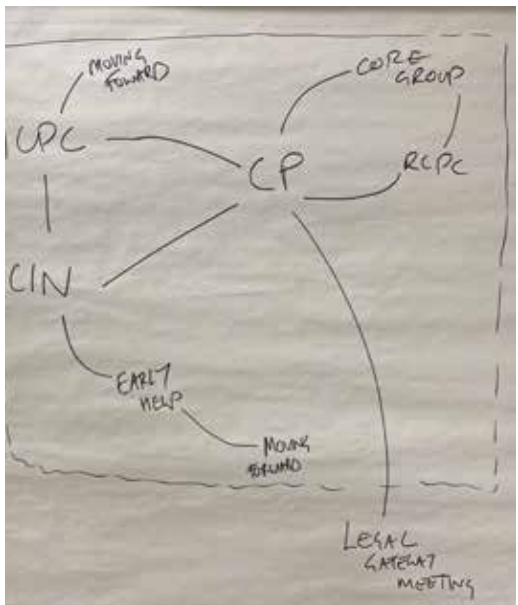
Postnatal Process

Steps to end legal processes



Prenatal Process

Legal steps when concerns for an unborn baby, or child continue or have got worse.



Week

8

This was a celebration and sharing event. It was also the first time that the full co-design team gathered together.





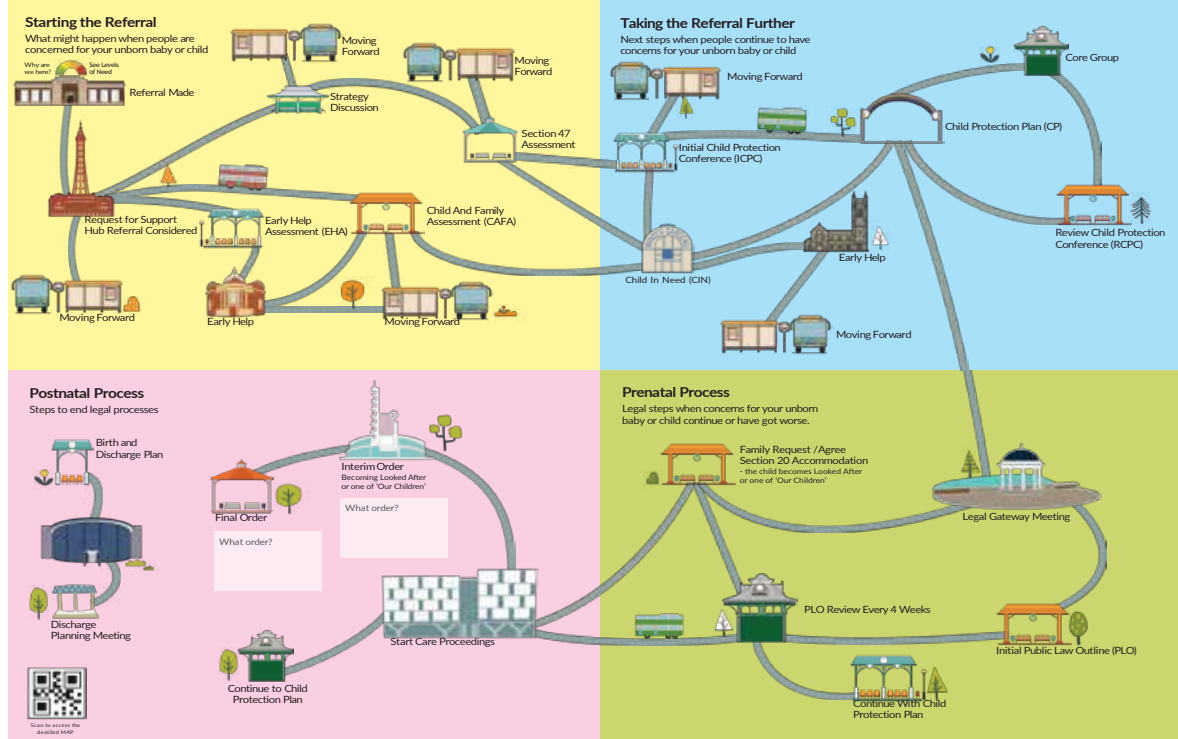


We asked our guests for the celebration event to consider how the documents could be applied in different contexts.









Our brilliant co-design team:

Annette Algie, Strategic Service Manager, Better Start

Leon Cruickshank, Co-Designer, Lancaster University

Ged Docherty, Manager, For Baby's Sake, Blackpool Council

Michaela Goodridge, Co-Production Delivery Lead, Blackpool Council

Bertie Goffe, Workforce Development Lead, Children's Service, Blackpool Council

Lisa Harrison, Lived experience sessional worker, Blackpool Council

Avni Hindocha, Speciality Registrar, Public Health, Blackpool Council

Claire Punshon, Early Parenthood Specialist Nurse, NHS

Sejal Changede, Designer, Lancaster University

Kate Simpson, Practice Development Leader, Transformation Service, Blackpool Council

Deborah Thompson, Family Time Team Leader, Blackpool Council

