

KEEPING CHILDREN IN MIND AND IN VIEW

Practice Guide 3:

Engaging with children



Acknowledgement of Country

The Centre acknowledges the past and present traditional custodians of the land on which we work. We pay respect to Elders past and present. We acknowledge that sovereignty was never ceded and that this was and always will be Aboriginal land.



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Acronyms

BICPM	Best Interest Case Practice Model
CALD	culturally and linguistically diverse
LGBTIQA+	lesbian, gay, bisexual, transgender, intersex, queer, asexual

Foreword

This guide is one in a series of practice guides written by the Centre for Excellence in Child and Family Welfare to enable practitioners to keep children first and foremost in service system responses. Funding for these guides has been provided by Family Safety Victoria.

The aim of the guides is to support key workforces involved in maintaining child safety and wellbeing to:

- use a child rights lens
- identify and prioritise what is in the child's best interests
- work in ways that promote children's participation in the decision making and processes that affect them
- document what happens to children so that they are kept in mind and in view.

The guides are intended to make sure that children and young people are at the centre of our thinking and our practice. They are not intended to replace leader or manager practice guidance or to replace existing agency protocols; rather, they are aimed at providing practical, simple and accessible information that will increase practitioner understanding of how to work with children and young people and enhance confidence in their ability to do so.

In engaging with children, particular attention needs to be paid to the safety and wellbeing of children who are non-verbal or very young, who have developmental challenges, who have a disability, who are from a non-English speaking background, who are Aboriginal or Torres Strait Islander, who have a parent with a disability or mental ill-health, who identify as LGBTIQ+ or who experience (and/or use) violence in the home.

The guides aim to address confidence and knowledge gaps for practitioners across the sector and promote the importance of effective and meaningful observation, communication and empowerment of children and young people. They are intended to be an easy to understand, practical reference tool for new practitioners, or for practitioners who have not had significant experience in working with children or young people.

Introduction

This guide looks specifically at the importance and benefits of engaging with and empowering children. It looks at practice considerations to increase confidence and staff capability in achieving effective and meaningful observation and discussion with children. The guide outlines some simple techniques that can be used to engage with children, regardless of whether this involvement is over a short or longer period of time.

Understanding the Best Interest Case Practice Model

The Best Interest Case Practice Model (BICPM) is the foundation for practice in working with children, (including unborn children) young people and their families, including culturally and linguistically diverse (CALD) and Aboriginal children/families. BICPM focuses on safety, stability and development.

BICPM expects practitioners to consider each aspect of the child's experience – keeping in mind their chronological age, stage of development, gender, culture and social influences – when evaluating what a child needs to keep them safe, and to ensure that the child has the best opportunity to have their needs met and to meet their potential.

The framework is enabled through section 10, of the *Child Youth and Families Act 2005*, which states that the best interests must always be paramount when making a decision or taking action regarding a child (young person).¹

Understanding ages and stages of development

For the purpose of this practice guide, the chronological ages of development have been separated into the following time frames.

- Infants 0–3 months of age
- Infants 4–6 months of age
- Infants 7–9 months of age
- Infants 10–12 months of age
- Infants 13–18 months of age
- Toddlers 19 months–3 years of age
- Kindergarten 3–4 years of age
- Early to Middle Primary School 5–8 years
- Mid to Late Primary School 9–12 years

Appendix 1 shows what might be broadly expected at each stage of a child's development. The diagrams are a useful and quick way of understanding the different stages of children's development which, in turn, will assist in engaging with children.

¹ Miller, R. 2012, Best interests case practice model: Summary guide. Victorian Department of Human Services, pp. 2–5.

Understanding what children may be experiencing

To interpret what we are seeing and hearing from children, professionals need to consider the many complexities and challenges that children encounter in their day to day lives that can affect them. The list of possible influences is extensive and can include:

- exposure to parent alcohol and substance use and/or peer-related alcohol and substance use
- exposure to family violence, abuse and neglect
- managing bullying/scapegoating from friends or peers and bullying on social media for older children
- emergence of fractured relationships with parents, caregivers and family members as children become older and more expressive
- being the victim of controlling or coercive behaviours
- suffering from medical or health-related issues
- experiencing low self-esteem, concerns regarding body image, navigating the complexities of making friends at school and in social settings and fitting in with other children
- insecure family accommodation and financial concerns
- having to care for a parent or sibling/s
- managing expectations placed on self and others relating to learning and academic ability
- managing feelings and, in some cases, avoiding being scapegoated or labelled by other children or by adults.

Principles for engaging with children

There are some simple yet effective techniques that have been trialled by professionals, including:²

- viewing children as experts on their own lives
- engaging appropriately in terms of (chronological and developmental) age, individuality and culture
- demonstrating respect for the child, including providing a safe and secure context for consultations
- encouraging a shared understanding about the purpose of the engagement and the child's role in this
- asking questions that explicitly invite children's views, such as 'Tell me, what do you think about...?'; 'How do you feel when...?'; 'What do you like about...?'; 'What makes you think that?'
- being mindful of the power dynamics between professional and child, but also between child and adults and child and other siblings

² Harris, P. & Manatakis, H. 2013. Children's voices: A principled framework for children and young people, Department of Education and Child Development. University of South Australia in partnership with the South Australian Department for Education and Child Development.

- making sure the child understands their participation is voluntary, and that they can withdraw at any time; and seeking informed consent from the child and/or their parents or guardians, taking into account safety considerations for the child.³

While interactions in a triage model such as the Orange Door and broader service system might only allow brief interactions with the child, these principles are important to keep in mind to support effective engagement with children.

Making the most of verbal and non-verbal cues

Interacting and engaging with children provides opportunities to learn about their environment, individual experiences, what the child has been exposed to, the child's own protective capacity, the child's skills (cognitive, emotional, social, and physical), their cultural needs, and their views, wishes and interests.

A child's **verbal cues** are likely to vary according to their age, stage of development, experiences of trauma, state of mind and feelings at the time of the conversation. They may demonstrate lack of understanding that the behaviour may be neglectful, abusive or violent; mixed emotions towards the person responsible for the behaviour or a desire to protect them; belief that they are to blame or worry that no one will believe them; anxiety about what will happen to them and their family and/or fear because of threats to harm them, loved ones or their pets if they tell anyone about the behaviour.

Non-verbal cues when engaging with children include their facial expressions, body movement and posture, gestures, eye contact, and use of touch, space and voice.

Opening up the dialogue

Being thoughtful, respectful and genuine are key ingredients to being able to participate in meaningful conversations with children. This Guide provides examples of what professionals might say to open up or maintain a conversation with a child. Some professionals might already use these suggestions in their practice. Regardless of how experienced a practitioner might be in talking with children, each interaction will require professional judgement and seeking guidance from direct supervisors as per organisational guidelines when working with risk or being uncertain.

The next section addresses professionals directly.

Children aged 4–8 years

Introductions and providing information

Introducing yourself, where you are from and what you do is respectful and helps empower children to make decisions and choices about who they talk to. It can provide them with some reassurance and lead them to feel more secure in talking to you. It is also important to give the child an opportunity to introduce themselves and express who they identify as.

Be clear with them that you are required to uphold their privacy and confidentiality but that there may be some occasions where you will need to share what they have to say with other professionals or other adults who can keep them safe, when there are serious concerns for their safety and wellbeing.

If they feel uneasy, validate their feelings and try to provide them with some reassurance.

³ Ibid., pp. 14–15.

Brief engagement

Engagement is essential, whether you are likely to be involved, or working with a child on a long- or short-term basis. Even in a triage system, you should try to establish some level of rapport with the child. Where this is not possible due to the type of service you offer, or the nature of the encounter, i.e., you are conducting an interview or assessment when there is immediate risk, there is still an opportunity to ask one or two rapport-building questions that can assist with assessment and planning.

It is important to try to evaluate whether the child understands concepts such as happy/unhappy, safe/unsafe, serious, real versus not real (i.e., make believe).

Summarising the interaction and providing reassurance

It is important to provide children with reassurance and some clarity around whether they will be seeing you again and, if so, when this might be. You might also want to consider whether a colleague meets with the child instead of you, in which case you could establish the child is OK with this. Summarising the interaction can help you determine what sort of assistance might be needed.

Thanking and validating them – closure

Bringing the conversation to a close provides an opportunity to validate and thank the child for the opportunity to speak with them. If appropriate, you could ask the child to tell you about their feelings as a means of gauging whether the conversation has been a positive engagement for them.

	Children Ages 4–8 years
Introductions and providing information	<p><i>My name is ... and I work for an organisation called ...</i></p> <p><i>My job is to help families to feel safe and get the help that they may need to feel happy and safe.</i></p> <p><i>Can you tell me your name and how old you are?</i></p> <p><i>Sometimes I talk with children and their families and sometimes I need to tell other people whose job it is to keep you safe, but only if it is serious and only if they are the right people to tell.</i></p> <p><i>It's normal to feel a little bit nervous or uncomfortable when you're talking to people you don't know.</i></p> <p><i>It's important for you to know that you're not in trouble and haven't done anything wrong.</i></p> <p><i>It's important for you to know that you can say whatever you want to say – I won't be upset, and I will believe what you tell me.</i></p> <p><i>If you don't understand what I am saying, it's important that you tell me.</i></p> <p><i>If you don't want to talk any more, just tell me to stop.</i></p>

	<p><i>I have a few questions to ask you today, but you can also ask me questions and tell me things that you would like to say as well.</i></p> <p><i>You can ask me questions or tell me things now, or if you can't think of anything just yet, you can wait until you think of something that you'd like to say or to ask. It is your choice.</i></p>
<p>Brief engagement</p>	<p><i>Can you tell me something that you really like to do? or Can you tell me something that makes you feel happy?</i></p> <p><i>Can you tell me something that you are really good at? or Can you tell me something that you have done that you are proud of? or Can you tell me something about yourself that you are proud of?</i></p> <p><i>What are some things that you enjoy doing?</i></p>
<p>Asking questions to assess safety and inform and develop plans</p>	<p><i>What are some things that you enjoy doing with your family?</i></p> <p><i>Can you tell me about some things that you don't like doing? or Are there things that you have to do that make you feel unhappy?</i></p> <p><i>Can you tell me about the people who live in your house?</i></p> <p><i>Are there things about your family that make you feel happy?</i></p> <p><i>[If necessary] Can you tell me about some things that you don't like about what happens in your family? or Are there things about your family that make you feel sad?</i></p> <p><i>What could you do if you feel sad? or What do you do when you feel sad or worried?</i></p> <p><i>If you had 'special/magical powers', could you tell me about some things that you would like to change, or that you would like to be different? [Consider the individual young person as to whether reference to 'special or magical powers' is relatable]</i></p> <p><i>Can you tell me what are some things that make you feel safe?</i></p> <p><i>Who are some people who make you feel safe?</i></p> <p><i>Can you tell me what makes you feel unsafe?</i></p> <p><i>Can you tell me what you can do if you are feeling unsafe?</i></p>
<p>Summarising the interaction and providing reassurance</p>	<p><i>I enjoyed talking to you, but there are some extra things that I need to do to help you and your family. So, if it's OK, I'd like to meet with you again ...</i></p> <p><i>I work with some clever people, who also work with children and their families to help them with their problems. Next time they might come with me when we chat together, or they might come along to chat without me. Is that OK with you?</i></p> <p><i>Can you remind me of what you can do to make you feel safe? And who you might feel safe with?</i></p> <p><i>Can you remind me of some things that you enjoy doing that make you feel happy?</i></p>

	<i>Can you tell me who you could talk to if you're feeling unsafe or if you have any worries?</i>
Closing – thanking and validating them	<i>Thank you for chatting with me. I enjoyed listening and am glad that you could tell me about yourself and your family. Remember, there are people you can talk to when you're feeling sad or worried. You can talk to ... [Maybe list the people who they had mentioned before]</i>

Children aged 9–12 years

Introductions and providing information

Start by telling the child your name and what your job is. Depending on their stage of development, for a child in this chronological age range you could offer a more sophisticated description of the nature of your role and check they know what it involves. If they indicate a previous negative experience with a service, this could be an opportunity to reassure them that you and others are there to provide help and support.

It is important to be clear about upholding their privacy and confidentiality, but to indicate that there might be occasions where you need to share what they have to say with other professionals or other adults who can keep them safe, when there are serious concerns for their safety and wellbeing. Try to raise this in a way that allows them to be informed, to uphold their rights, and to preserve a level of trust, without frightening them or causing them to stop them engaging with you. If you need to share information with other family members out of concern for the child's safety and wellbeing, wherever possible inform the child that you are going to do this and include them in planning this. At this age they are often more likely to be aware than younger children of safety implications, and what their parents' knowing may do to their relationship. If they feel uneasy, validate their feelings and try to provide them with some reassurance.

Brief engagement

Similar to children aged 4–8 years, even if the length of your engagement with the child is brief, there are still things you can say and questions you can ask to reassure and help establish that you are a person to be trusted.

Assessing the child's understanding of safety

Even in this age group it is important to confirm that they understand the concepts of happy/unhappy, safe/unsafe, serious and real versus not real (i.e. make believe).

Asking questions to assess safety, inform and develop plans

As mentioned earlier, there are some questions that you can ask when you are rapport building that may also assist in assessment and planning.

Summarising the interaction and providing reassurance

It is important to be able to provide children with reassurance and clarity around whether or not they will be seeing you again. If further conversations are required, it would be best practice for you to be part of those given that you are a familiar person and may have developed a rapport. However, in some instances, it might not be you so the child needs to be prepared if this is the case.

It is important to make sure that the child feels supported after your conversations, both immediately, and later, in the event that your conversation triggers any previous trauma or emotions that leaves them feeling vulnerable.

Thanking and validating them – closure

In concluding the conversation, you could make sure the child is aware of someone they can contact if they do not feel safe or if they are distressed. If appropriate, you could ask the child to tell you about their feelings as a means of gauging whether the conversation has been a positive engagement for them.

	Children aged 9–12
<p>Asking questions to assess safety and inform and develop plans</p>	<p><i>Can you tell me about some of things that you don't like doing? or Are there things that you have to do that make you feel unhappy?</i></p> <p><i>Can you tell me about the people who live in your house? or Who do you get along well with, or relate to the best in your family? or Are there members of your family who you don't get on well with?</i></p> <p><i>Can you tell me about some things that you like doing with your family? or Are there things about your family that make you feel happy or proud?</i></p> <p><i>[If necessary] Can you tell me about some things that you don't like about what happens in your family? Or Are there things about your family that make you feel worried or uncomfortable, or that don't feel fair?</i></p> <p><i>What could you do when you feel unsafe, angry or afraid? or What do you do if you feel unsafe or angry, or afraid?"</i></p> <p><i>If you had the power to change things about your life, is there anything that you would change? or Could you tell me about some things that you would like to change, or that you would like to be different?</i></p> <p><i>Can you tell me what are some things that you would <u>not</u> change and that make you feel safe?</i></p> <p><i>Are there any people who make you feel safe?</i></p> <p><i>Can you tell me what makes you feel unsafe?</i></p> <p><i>Can you tell me what you can do if you are feeling unsafe?</i></p> <p><i>[If appropriate, and potentially after checking with your supervisor] Is there anyone who makes you feel unsafe?</i></p> <p><i>Can you remind me of what you can do to make you feel safe? And who you might feel safe with?</i></p> <p><i>Can you also remind me of some things that you enjoy doing that make you feel happy?</i> <i>[This will help to ensure you understand if the child has access to support if needed, and determine what sort of assistance is necessary]</i></p>

	<i>Can you tell me who you may be able to talk to if you are feeling unsafe, or if you have any worries?</i>
Brief engagement	<p><i>Can you tell me something that you really like to do?</i></p> <p><i>Can you tell me something that you are really good at? or Can you tell me something that you have done that you are proud of? or Can you tell me something about yourself that you are really proud of?</i></p> <p><i>What are some things that you enjoy doing?</i></p> <p><i>What are some things you enjoy doing with friends?</i></p> <p><i>What are some things that you enjoy doing with your family?</i></p>
Closing – thanking and validating them	<i>Thank you for chatting with me. I enjoyed listening and am glad that you could tell me about yourself and your family. It is important that you know there are people who you can talk to when you are feeling sad or worried, and that you can talk to ...</i>

**Introductions
and providing
information**

Hi my name is ... I work for an organisation called ..., where I work as a Family Services/Family Violence/ Worker. Do you know what that means?

My work includes working with families to provide help and support... I am here to talk to you today about how we can help you and your family to....

- *I'm here to help you and your family to be safe, and to offer you any help you might need. Part of my job might also involve introducing you to some different workers from other organisations who can give you other kinds of support.*
- *[Depending on the nature of your role] My role is to listen to you and your family so that we can understand what you've been through, and what you're going through, so we can figure out if you may need some extra help. I'll talk to you about what kind of help and how we can get that help so we can do our best to make sure that you're happy and safe.*
- *Can you tell me your name?*
- *Can you tell me how old you are?*
- *What we talk about, and what you tell me is confidential. This means that I can't tell other people. For example, I'm not going to tell your friends or family or other people. But there might be times, if I'm really worried about your safety, that I need to share what is happening for you with my work manager. In some cases, I might have to talk to your parents or some other adults who can help and support you. I will do my best to make sure that you are protected.*
- *Is it OK for me to share things with your parents if I am worried about your safety?*
- *Are there things that I would need to know about before I do that?*
- *Could you tell me how I could do that in a way that would make you feel safe?*
- *It is normal to feel a little bit nervous or uncomfortable when you are talking to people you don't know, and I realise that you don't know me, but I am here to help you and your family.*
- *You are not in trouble and haven't done anything wrong.*
- *You can say whatever you want to say. I won't be shocked and will believe you when you tell me that you are telling the truth.*
- *If you don't understand what I am saying, or if I have misunderstood you, it is important that you let me know.*
- *It is important for you to know that if you don't want to talk anymore, you can say so.*
- *If you feel that you've something to say but you don't feel comfortable talking to me and you want a different worker, then that is OK. You can tell me and we can make arrangements for you to speak with somebody else.*

	<p><i>I know that I have done much of the talking today, but it is important that you know that our catch-up is about you and what you need. You can talk about what you want to talk about or ask questions that you want answers to. There are some questions that I will need to ask you, but it's just as important that you get to say or ask what you like.</i></p>
<p>Summarising the interaction and providing reassurance</p>	<p><i>I really appreciate you meeting with me today. I realise that it can be hard to talk with people you don't know or I enjoyed talking to you, and there are some extra things that I need to do to help you and your family. So, if you don't mind, I will meet with you again another time ...</i></p> <p><i>I work with some really kind people, who also work with children and their families to provide them with support. Next time they might come with me when we chat together or they might come along to chat with you without me. Are you OK with that?</i></p> <p><i>Can you remind me of what you can do to make you feel safe, or what makes you feel comfortable?</i></p> <p><i>Is there a person or some people who you can turn to if you feel unsafe or are feeling sad?</i></p> <p><i>Do you know how to get in touch with these people quickly or in an emergency?</i></p>

Some dos and don'ts

When considering what to say, and how to say it, these simple tips can help guide your conversation.

- **Do** be prepared to review any available information provided about the child from written or oral referrals.
- **Do** keep in mind that there may be variation in the type of interaction and conversations that you have with the child based on their experience of attachment and trauma and affecting their ability or willingness to speak with you.
- **Do** consider if the conversation should occur with a parent or carer present, or another person with whom the child feels safe. Given the age of the child, it is likely that they will have another adult present or nearby, so they feel safe. Potentially, the parent/carer could introduce you to the child to help convey that you are a person who can be trusted.
- **Do** be patient, understanding that you will need to go at the child's pace, particularly for children whose developmental needs may be inconsistent with their chronological age.
- **Do** keep in mind that you may need to ask some questions to establish what words and concepts the child understands and to help clarify or define these.
- **Don't** (unless it impacts upon the immediate safety of the child or their family) interrupt or shut down the conversation. The child needs to feel that you will listen to them and that what they say is important to you.
- **Don't** let your own discomfort impact upon the conversation through your reaction, tone of voice or what you say.
- **Don't** forget to explain who you are and, if possible, why you are there.

Recording observations, conversations and reflections

The observations and analyses that professionals draw from their interactions with children can assist in assessing risk, planning for the child's short-term and long-term safety, and can influence decisions that affect their wellbeing. Case notes and file recordings of observations and interactions with children are useful in:

- building a picture of a child's experience which can help inform what response is required from services to provide safety
- helping professionals identify a pattern and history, which informs decisions about the necessary approach or support required
- informing long-term responses and prompting notifications and referrals to other services / supports
- informing immediate responses to achieve and uphold safety
- identifying opportunities for prevention and intervention to reduce the risk of cumulative harm
- supporting reflection on practice and looking at alternative perspectives and responses
- informing future policy directions and service provision (such as additional therapeutic services).

Notes of interactions, engagement and observations of children also form part of the voice of the child and help to tell their story. These file notes may help children to reconnect with family members later in life, or piece together memories to assist with therapeutic interventions or in the process of healing.

Providing care and support

Engagement with children is likely to involve discussions regarding instances of trauma or trauma-related experiences and the feelings associated with these experiences.

There is an expectation of professionals that the child will be provided with access to the support they need to keep them safe, physically and emotionally. Appropriate formal supports may involve therapeutic interventions or specialised family services programs, while informal supports involve making that sure the child's caregivers and family members can provide the care they need. In some cases, professionals may also be responsible for helping to locate and access support for the parents and caregivers to help in managing the child's behaviour, and/or the provision of useful information and or emotional support for family members.

There may be instances when information will need to be shared with other Information Sharing Entities involved in providing support to the family to maintain the wellbeing and safety needs of the child. Where there are concerns for the immediate safety and wellbeing, a report to Child Protection may be required. Under such circumstances, consulting with the relevant supervisor is advisable, as is referring to guidelines and legislation regarding information sharing and mandatory reporting.

In summary

The principles and practice approaches discussed in this guide are intended to support professionals to engage directly and confidently with children, and to support the development of the professional skills required to undertake meaningful practice that involves listening to children and hearing their stories.

Appendix 1

Appendix 1 shows what might be broadly expected at each stage of a child's development.

Within each of the designated age brackets, behaviours and characteristics aligned with the expected stage of development are featured in the blue bubbles, contrasted with what may be exhibited by an infant or child who may have experienced trauma, in the pale purple bubbles. It should be noted that these are a guide only as not all children who exhibit indicators of delayed development have experienced or are experiencing trauma, and not all infants and children who have experienced or are experiencing trauma, show noticeable signs of delays or concerning presentations.

As mentioned, the diagrams below show different presentations of ages and stages of development within chronological age groups which are categorised by:

- physical development
- social and emotional development
- language development
- cognitive development.

The diagrams are a useful and quick way of understanding the different stages of children's development which, in turn, will assist in engaging with children.



















