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<u>Title</u>	Exploring Beliefs and Values
<u>Brief Course Description</u>	This exercise is designed to prompt participants to ‘surface’ the beliefs and values that underlie their reactions to the situations that children are in. The aim is to help participants understand that how they feel will affect what and how they choose to respond to and that this (sometimes subconscious) decision is based on their underlying belief/value system about what is wrong or right for children in today’s world. In small groups, participants are asked to rank a series of 10 brief case descriptions. They are asked to be self conscious and discuss the basis on which they make their decisions. There is a large group plenary to discuss the findings.
<u>Keywords</u>	Beliefs, Values, Feelings in professional practice
<u>Required trainer skills</u>	<input type="checkbox"/> Beginner, <input checked="" type="checkbox"/> Intermediate, <input type="checkbox"/> Advanced
<u>Level of CP knowledge/experience required from trainer</u>	<input type="checkbox"/> Beginner, <input type="checkbox"/> Intermediate, <input checked="" type="checkbox"/> Advanced
<u>Level of training</u>	<p><u>Targets</u></p> <p><u>Awareness raising</u> S1-7 Recognise your attitudes and values towards abuse/neglect and how these shape your actions, thresholds etc</p> <p><u>Contributes to Awareness raising</u></p> <p><u>Awareness raising</u> S1-8 Be aware of signs, indicators, definitions and effects of child abuse or neglect. S1-9 Be aware of some specific vulnerabilities and categories of abuse and neglect. S1-14 Be aware of the potential impact of cultural and religious beliefs and the danger of making assumptions.</p> <p>What participants need to know already This is an entry level or refresher exercise</p>

<u>Overview & Objectives</u>	<p>This exercise is designed to help participants explore their beliefs and values in relation to children and the situations that they might be in. It is highly participatory and its success depends on achieving a measure of safety by working in small groups. The aim of the exercise is to help participants surface their beliefs and to help them understand the connection between what they believe (in both intellectual and emotional terms) and what they do in response to abusive or dangerous situations. There are ample opportunities to explore issues such as parental and professional responsibility, keeping the focus on the child, child development and attachment, the impact of cultural and religious beliefs.</p>
Learning objectives	<ul style="list-style-type: none"> • To raise awareness of personal beliefs and values • To understand the connection between beliefs/values and decisions to act • To consider issues of responsibility and levels of intervention • To raise awareness of the distinction between 'being in need' and being 'at risk of significant harm'
Learning outcome	<p>Participants will have explored the relationship between their own beliefs/values and decisions about appropriate action in a variety of situations. Participants will have been encouraged to reflect on the issues that act as 'triggers' for themselves and for others.</p>
How does the selected approach fit with the learning outcome?	<p>The exercise is participatory and exploratory. All the case stories are concerning for different reasons. There are no 'correct' answers because there is a series of questions that could be asked in relation to the ranking that would change the ordering of the case descriptions. The aim is to stimulate reflection on what the individual brings to the assessment of situations as abusive.</p>

<u>Before the training day</u>	
Audience	<p>The audience may be any individual who has contact with children either directly or incidentally in their work.</p>
Length of activity	<p>This exercise is usually carried out with a large group split into smaller groups of 4 – 5 people. It would require the timings below. It could conceivably be used as a vehicle for sharing beliefs and values in a small team.</p>
Group size	<ul style="list-style-type: none"> • Minimum 6

Approximate timing (for group of 20)	<ul style="list-style-type: none"> • Maximum 25 • 10 minutes to introduce the exercise • 30 – 45 minutes to rank the case descriptions • 30 minutes plenary
Materials	<ul style="list-style-type: none"> • a set of laminated case description cards for each small group (Annex A) • Flip chart for instructions, prompt questions, feedback • Trainers' notes (Annex B)
Preparation	<ul style="list-style-type: none"> • Trainers should familiarise themselves with the case descriptions and trainers' notes. Ideally they should carry out the exercise themselves as this will help them to engage with the group and their experiences more authentically. This is not a 'trainer knows best' exercise – the task of the trainer is to facilitate the group process and to challenge the assumptions they hear with prompt questions or by changing the question that has been asked to help participants reflect more effectively. • Consider your responsibilities as carers of the group – this can be a personally challenging exercise, sometimes in unanticipated ways. • The laminated cards (Annex A) need to be prepared. The lamination merely extends the life of the cards – this exercise can equally be done using paper! • Consider how you will agree 'ground rules', if this is a stand alone, or first exercise.

<u>Original context for training</u>	
Original context from which this learning activity is drawn	<p>This exercise forms part of an Induction process. It is used to introduce a reflective model of practice which is then reinforced through the use of an extended case study. It works equally well with qualified and unqualified staff and with volunteers and carers.</p> <p>There have been many previous incarnations and variations of the exercise. It can be adapted to suit the needs of particular organisations, especially where the organisation wishes to highlight a particular aspect of vulnerability.</p>

On the training day

Write the instructions on a flip chart before the exercise. Participants tend to forget what they have been asked to do while they read the case descriptions.

Make a decision about how to split the group, depending on the dynamics you observe. If you are doing multi-agency training it would be good to ensure a mix of professionals in each small group.

The activity

- Introduce the exercise (see Annex B for guidance if needed), including a health warning about the potential impact of the exercise. Many of our beliefs speak directly to our own experiences as children and defending or explaining them can be challenging.
- If you are working with a large group, split them into small groups of about 4 or 5.
- Distribute a set of laminated cards to each group
- For the short version, ask the groups to reach a consensus about which case description is the 'worst' and which is the 'least worst'. For the longer version, ask them to rank them from 1 – 10. This question is deliberately vague. It is up to the group to decide what 'worst' means and this is part of the task.
- Circulate to check on the groups. Beware those that have reached a consensus very fast – you may need to prompt/challenge them with different questions.
- Bring the group back together and take feedback on their decisions. Observe variations and similarities and then lead a discussion which highlights the factors which the groups used to make decisions and capture any other issues that arise. (See Annex B)
- Close the exercise by reiterating the importance of recognising the role of our beliefs and values in making judgements about when and how to intervene in children's lives.

Conclusion

Ask everyone individually to write down the name of child they know who is happy and well cared for. Ask them to think about that child for a few minutes while you collect the cards back in. This will help them to contain the exercise.

<p><u>Reflecting on what has been learned</u></p>	<p>Participants should be encouraged to complete a learning log which will help them to recognise/reorganise what they already know, as well as capturing what they have learned both about themselves and about children/child protection. They should be encouraged to use the log as the basis of a conversation with their supervisor or line manager.</p>
<p>The next training step</p>	<p>Participants may want to go on to carry out an exercise which helps them to make a more concrete connection with the link between emotions, theories and actions. Something that helps them to go through a process of considering a story and making decisions about what to do (a case study?) would be useful.</p> <p>There are also elements of this exercise that naturally lead on to issues of assessment.</p>

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ANNEX A

Trainers' Notes

The **introduction** to this exercise can be very simple – ‘this is an exercise to help you explore and consider your beliefs and values in relation to the lives that children live and the situations they are exposed to.’ This is important because those beliefs make a difference to what we respond to and how we respond to it. The nature of professionalism is not that we eliminate feelings or neutralise beliefs, but that we understand the effect of the feelings, beliefs and values we bring to the work. This is so we can monitor the assumptions that might underlie the decisions we make about how to proceed.

If it is part of a larger process you may need to set it in context.

This exercise can be expanded or contracted to suit the need and the time available for it. The instructions to the small groups can either be to agree the worst and the least worst, or to rank them 1 – 10 (which will take longer). What matters is not the answer, but the process by which they agreed the dimensions that mattered in making their decisions. For example groups often assess vulnerability by looking at the age of the child. They may start to work with an explicit or implicit notion of ‘significant harm’ and then have discussions about what significant harm is. There are some scenarios where it is easy to be sympathetic with the parent and lose sight of the child and others where cultural and religious issues complicate the story.

It can be a good exercise both for those who don't think they know much about the protection of children, and for those who have lost contact with their emotional/belief based connection with the work.

If there is time, groups can be asked to consider what other information would have made a difference to the ranking of a description – they will generally be identifying factors that make the children more resilient (e.g. if Lee's mum was able to hear his story, sympathise and intervene on his behalf), or more vulnerable (e.g. where is Paul's mum and has he already had to deal with a significant loss/separation?).

For those who move on from this level they can be asked to consider their own beliefs and how they are enabled or blocked by public opinion, legislation, organisational policy.

If you want to extend it into the next stage, it would be possible to construct an exercise looking at what action would be taken for each of the children.

ANNEX B

Case Descriptions

Fatma is 15 and from a strict Muslim family who have been very protective of her all through childhood. Today Fatma's father found out she had gone to a pub with her friends when she said she was at a friend's house. During the ensuing argument he said he would forbid her to go out after school again, that she might as well just leave school as soon as she is 16 and that he will arrange a marriage for her. **(1)**

Polly is the only daughter in a family of 5 children. She has become the family drudge, called 'dumbo' by her brothers and made to eat her meals at another table in the kitchen because there is no space for her. She often misses school. She is never able to choose what's on TV and doesn't go out with her family at all. She wears her brothers cast off clothes and is always dirty, smelly and unkempt. **(2)**

Holly is 15. She has had a steady boyfriend for 2 years. Yesterday Holly's father returned home unexpectedly during the day and found Holly in bed with her boyfriend. The boyfriend was thrown out and Holly was given what her father called a 'sound hiding' with his belt. She has several large, fresh bruises and some cuts, even though she was fully clothed when the beating occurred. **(3)**

Miss Winter is Lee's teacher. Lee is 8 and has Down's Syndrome. He is disruptive and has behaviour difficulties such as wetting his pants. In a moment of frustration when he had been particularly naughty, Miss Winter called him a 'dirty stinking boy' in front of the class and made him wear a pair of girl's pink shorts as a punishment. **(4)**

Sam is 15 years old and lives at home. Sam has been abusing solvents and has been seen hanging around with a group of men in their twenties. Sam has stayed out without permission several times with one of these men. Sam has had more money than usual lately, which has been used to contribute to household expenses. **(5)**

Megan is 3 years old. Her mum, Alice and dad, Tom, both drink heavily on a regular and frequent basis. Alice and Tom rowed last night and Tom walked out. Alice became very upset and got very drunk. She picked Megan up as she was crying and fell down stairs. Megan is left concussed and with a broken arm. **(6)**

Paul is 4 years old. He lives with his dad, Jack, who works nights. His sister looks after Paul but is unwell and is unable to baby sit tonight; her friend is available but not until 11.30pm. Jack starts at 10.30pm and has been warned by his boss that he will lose his job if he is late or off work again. Jack decides to go to work as Paul will be sleeping. Paul wakes up at 11pm and gets very distressed. He wanders out of the house and is found in the street by a police officer. **(7)**

James is 9 years old. He discovered a video tape in his mother's house. He watches this tape and it is a video of his parents having sex. James then shows this to his 5 year old cousin. His aunty comes in to find the boys watching the video. **(8)**

Becky is 6 years old. Her family are strict Jehovah Witnesses. Becky is involved in a car accident and needs a blood transfusion. If she does not get a transfusion she will die. Her parents refuse. **(9)**

Julie and John live with their parents. Their mum, Jackie and dad, Richard have a very volatile relationship. They argue most days and Richard regularly beats Jackie, often in front of the children. At times Julie and John stay off school to look after their mum when she is unwell. John has never hit the children. **(10)**

ANNEX C

Case Descriptions & Prompt Notes

Case Description	Prompt Notes
<p>Fatma is 15 and from a strict Muslim family who have been very protective of her all through childhood. Today Fatma's father found out she had gone to a pub with her friends when she said she was at a friend's house. During the ensuing argument he said he would forbid her to go out after school again, that she might as well just leave school as soon as she is 16 and that he will arrange a marriage for her. (1)</p>	<p>Watch out for a simplistic avoidance of this case on the basis that 'it's to do with culture'. Ask if Dad's anger was reasonable, and how people might react if the story was about Margaret from a strict Catholic/protestant family, who would have to work in the family business. Probe for understandings of arranged marriages and make sure that people know that there is a difference between arranged and forced marriages.</p>
<p>Polly is the only daughter in a family of 5 children. She has become the family drudge, called 'dumbo' by her brothers and made to eat her meals at another table in the kitchen because there is no space for her. She often misses school. She is never able to choose what's on TV and doesn't go out with her family at all. She wears her brothers cast off clothes and is always dirty, smelly and unkempt. (2)</p>	<p>Where is Polly's protection? Does Polly's age make a difference? What is the long term effect on Polly of this kind of existence? What do we know about issues of recovery with emotional abuse and neglect? What might her underlying mental health issues be?</p> <p>Isn't this just what happens in large families where there is a gender imbalance?</p>
<p>Holly is 15. She has had a steady boyfriend for 2 years. Yesterday Holly's father returned home unexpectedly during the day and found Holly in bed with her boyfriend. The boyfriend was thrown out and Holly was given what her father called a 'sound hiding' with his belt. She has several large, fresh bruises and some cuts, even though she was fully clothed when the beating occurred. (3)</p>	<p>Help people to explore their reaction to this level of violence. What do they think underlies it? How might Holly be feeling?</p> <p>What if the age of consent was lower? What if Holly was 14? What if it wasn't a steady boyfriend? What are people's beliefs about teenage sex?</p>
<p>Miss Winter is Lee's teacher. Lee is 8 and has Down's Syndrome. He is disruptive and has behaviour difficulties such as wetting his pants. In a moment of frustration when he had been particularly naughty, Miss Winter called him a 'dirty stinking boy' in front of the class and made him wear a pair of girl's pink shorts as a punishment. (4)</p>	<p>Are there different reactions to this being a situation in which a professional is depicted being (?) abusive to a child? What if it had been mum? Or a child minder? What are the aspects of the story that particularly bother people? What would they want to know about his life that would help this situation (e.g. what is mum's reaction?)</p>
<p>Sam is 15 years old and lives at home. Sam has been abusing solvents and has been seen hanging around with a group of men in their twenties. Sam has stayed out without permission several times with one of these men. Sam has had more money than usual lately, which has been used to contribute to household expenses (5)</p>	<p>Is Sam male or female? What difference does this make? If Sam had been taking hard drugs would people's reactions be different? (The dangers of solvent abuse are often not understood.) What if he had been using alcohol? What are the theories about the money? What are the feelings about it being used for household expenses?</p>

<p>Megan is 3 years old. Her mum, Alice and dad, Tom, both drink heavily on a regular and frequent basis. Alice and Tom rowed last night and Tom walked out. Alice became very upset and got very drunk. She picked Megan up as she was crying and fell down stairs. Megan is left concussed and with a broken arm. (6)</p>	<p>What do people know about the effects of living with parents who misuse alcohol? What do people think might be happening for Megan if she was 8? 12? in this kind of household? There is an issue of immediate and significant harm here. What are the dimensions of 'need' and 'at risk of harm' in the other descriptions.</p>
<p>Paul is 4 years old. He lives with his dad, Jack, who works nights. His sister looks after Paul but is unwell and is unable to baby sit tonight; her friend is available but not until 11.30pm. Jack starts at 10.30pm and has been warned by his boss that he will lose his job if he is late or off work again. Jack decides to go to work as Paul will be sleeping. Paul wakes up at 11pm and gets very distressed. He wanders out of the house and is found in the street by a police officer. (7)</p>	<p>Participants will often say 'no harm done', 'lucky escape'. Are there differences in reaction to stories of single dads and single mums? What <u>were</u> the dangers of leaving Paul? How might Paul have felt when he found himself alone and what long term effect might this have? What should be done?</p>
<p>James is 9 years old. He discovered a video tape in his mother's house. He watches this tape and it is a video of his parents having sex. James then shows this to his 5 year old cousin. His aunty comes in to find the boys watching the video. (8)</p>	<p>What do people expect James to know about sex? Why does James show it to his young cousin? Should we be worried about it? What should we read into it being 'discovered' – if anything?</p>
<p>Becky is 6 years old. Her family are strict Jehovah Witnesses. Becky is involved in a car accident and needs a blood transfusion. If she does not get a transfusion she will die. Her parents refuse. (9)</p>	<p>At what age do people think Becky should be able to make her own decisions about this and what would the pressures be on her? Where do the 'rights' of parents with particular faith based beliefs belong in a secular world?</p>
<p>Julie and John live with their parents. Their mum, Jackie and dad, Richard have a very volatile relationship. They argue most days and Richard regularly beats Jackie, often in front of the children. At times Julie and John stay off school to look after their mum when she is unwell. John has never hit the children. (10)</p>	<p>John has never hit the children, so what's the problem for the children? What do people believe the impact of domestic violence is on children?</p>