

Big Wide Talk's Response to 'Staying Safe'

All of the quotes and examples throughout Big Wide Talk's response come from co-authored research by groups of parents and practitioners across England and the Big Wide Talk national team.

Since 2000, Big Wide Talk has developed a robust method of engaging parents and practitioners in improving services for children, which combines *doing exciting things with children* and *sustained reflective dialogue*. Our experience of working with parents and practitioners in this way is that they do not consider children to have enough opportunities to explore, understand risks for themselves and learn skills vital for their development.

Big Wide Talk's method complements existing services and gives children the space and time they need for *self-directed learning*, generally as part of Big Wide Talk exhibitions and expeditions. This space and time is made possible in part by participating adults accepting *collective responsibility* for all the children. Big Wide Talk asks participating adults to examine what happens at the exhibitions and expeditions and to document this research. What happens if we give children freedom? Does chaos break out? How do we accommodate difference?

How safe do you think children are? How good are we at giving children and young people the opportunity to explore, understand risks for themselves and to learn the skills vital for their development?

The evidence from these exhibitions and expeditions shows that children can be given the freedom to take risks and will be kept safe if:

- Adults accept *collective responsibility* for all children;
- *Sustained meaningful dialogue* takes place before, during and after the event; for example, maps and prospectuses deliver safety information in pictures and words and are discussed in groups;
- Exhibitions and expeditions are *designed to be intrinsically safe*;
- A *high adult-child ratio* is maintained. Over 2006-7, there have been a total of 2047 adults and 5306 children in attendance at Big Wide Talk exhibitions and expeditions; this is an average of 1:2.4 (adult:child).

Children attending Big Wide Talk exhibitions and expeditions have demonstrated their innate capability for *identifying and evaluating risks* and *resolving conflicts themselves*; in these circumstances, chaos does not break out and there is an atmosphere of intense collaboration and tolerance of diverse activity. This consistently surprises adults:

"In the footage(...)there is very little evidence of adults intervening in the children's play. The children play harmoniously with and alongside each other" – *Mullion Community Primary School, 'In the farmyard'* ¹

"We were also stunned by the concentrated collaboration of the children(...)they were not still for a second and, with great poise and determination, worked around

¹ See www.bigwidetalk.org *Our Outstanding Children, Cornwall 2007*

the seated adults taking advantage of sympathetic adult interaction(...)Interestingly there were no fights, there were no tantrums, there were no injuries. Our children were outstanding.” – *St Columb Major Community School, 'St Columb Major Story'* ¹

“When saying ‘don’t do that’ didn’t work, he attempted to hit Truran with the broom. Truran then told Dylan that that was naughty. What surprised me about the whole situation was the fact that the children didn’t seek out an adult to sort the situation out, but both went their separate ways and sorted out the situation themselves.” – *Gerrans School, 'Hay'* ¹

There are *extraordinarily few accidents* in our exhibitions and expeditions. For example, during the ‘Our New School’ exhibition in Cornwall, over 2,500 children from 63 settings attended over a two-week period. In total there were 5 minor incidents: small cut on finger; grazed elbow; bumps and bruises. The reasons for this are:

- Although we give children extraordinary freedom for self-directed experience the spaces in which we give them this freedom are rigorously planned to invite the children’s creativity and to ensure health and safety. Almost all of the practitioners who have joined us at exhibitions and expeditions initially find it hard to accept that children can be given this much opportunity for self-directed experience and still be kept safe. Our exhibitions prove that this is so. ¹
- Our exhibitions demonstrate the sensitivity and subtlety of children’s collaboration. Given the space they do not bash each other over the head with equipment, but rather they find their own space to use it. ¹

“Many of the parents and practitioners mentioned ambivalent feelings about letting the children direct their own experience. Almost all expressed surprise at how little they felt they needed to intervene. In fact there were almost no tantrums, very few accidents and none involving injury. Children almost always resolved their own conflicts; there was an overarching atmosphere of collaboration, and tolerance of diverse activity.” ¹

We have evidence of children as young as two years being able to make decisions on the basis of clear adult information about their willingness or otherwise to take part in adult led experience. It is our experience that these skills exist in nearly all children if the adult sincerely wishes to achieve informed consent. In the few examples where children cannot give consent despite it being assiduously sought, we would regard this as indicative of the need for further inquiry in relation to a particular child.

“Amy and the climber establish a purposeful conversation and it is clear that Amy is taking stock of the task in front of her and is trusting of the climber. She climbs with practical determination using her body in whichever way feels best to keep on going up. She is clear when she feels she doesn’t understand, clear when she says she can’t do something and appears completely measured in her response to the climber at the end of the encounter when she says, “I liked it.”” *Crafthole Preschool, 'I liked it!'* ¹

Are the areas we have identified for new action right? What other areas could be considered and what more could we do?

Big Wide Talk’s evidence shows that communities want to be resilient, and complementary services (such as those Big Wide Talk provides) can help to achieve this. It is clear that children’s needs are complex, diverse and locally specific. Overall, what emerges from our work is that parents have a very sophisticated view of the best ways of meeting their children’s needs and that, when supported to find local

solutions, they are an awesome force for change. A broader vision than identified in the new actions would seek to harness this force for change. Big Wide Talk's evidence is that when parents and service providers are working together collaboratively, they are particularly powerful. Thus it is important to align service providers with parents, in order to focus on local strengths and positive attributes rather than what is wrong. Positive attributes such as these act as a base for the provision of services and building the community's resilience and pride.

For example, year after year parents write parent-authored profiles and stories that have consistent messages, which could be a basis for building community resilience:

Parents want their children to be confident and socially comfortable: "We want our children to do exciting things and grow up to be strong and happy." ²

Our parents and practitioners are also concerned that the system is fair in respect of all of the children's needs: "We care about the children who are only going to get an F." ²

Many of our parents are particularly concerned to give children with special needs the time and space they need to be included. Overwhelmingly the parents we speak with, even in the poorest places, have positive hopes for their children: "We want our children to use their imagination and think for themselves." ²

More than anything else parents want to be taken seriously when so many of the realities around them suggest they are not 'worth it'. They do not want to be told how to look after their children by inappropriately trained, poorly paid practitioners. They argue that parenting is the most difficult thing they have ever had to do and they want affirmation and empathy about the difficulties they have to face, not anodyne advice: "Being a Mum has been the most difficult thing in our lives so far: as they get older there will be more and more new things in their lives to cope with. There's a lot of information out there about what's wrong and right with parenting, but difficult to know what to access. It makes you worry about whether you are doing the right thing, when there is so much of this information in print and on television. Information would've been passed down word of mouth through different generations in the past." - Leigham research story, 2006 ²

Big Wide Talk's exhibitions have a significant impact on the community, bringing parents, practitioners and children together to do exciting things and acting as an initiator for dialogue that then becomes a powerful driver for change. Our work in Cornwall over the last year is illustrative of this¹:

"Lots of mums were intrigued by the exhibition and wanted to see what happened and so came to help. We ask as many parents as we can. It is important for the staff but also the parents get to socialise. Having a child knocks your confidence and so this is an important part of what Sunny Days is for." - *Sunny Days Nursery*, 'Using the space in the kitchen' ¹

"Commitment of this kind by so many parents is exceptional." - *Bodriggy Primary School*, 'Bodriggy gets involved' ¹

² All extracts taken from 2006 Summer Meeting stories (see www.bigwidetalk.org; *What Have We Learned?: 'Our Seaside Safari'*)

Would parents welcome a communications campaign and information on play and positive activities in their local area?

In our experience, text-based communications campaigns and leaflets are not the most effective way of reaching people, especially hard-to-reach families. Instead, our evidence is that *conscious discussion within word-of-mouth networks* must be set up and there are *no shortcuts* for doing this. Our method relies heavily on these word-of-mouth networks and actual face-to-face conversation in order to make meaningful connections within the local community. The co-authored research stories, themselves informed by the film footage of what children are actually saying and doing in the exhibition, provide a unique local evidence base. This documents what children, their parents and practitioners are actually telling us about the services that they need.

Big Wide Talk's method is proven to be effective at gaining parental involvement and accurately establishing what they want for their local community and their children; we find it is largely down to the access we gain to local word-of-mouth networks, rather than mass-advertising/information distribution campaigns.

What more should be done to enable children and young people to play safely and explore the outside world?

Big Wide Talk's evidence shows that if we want children to be free to explore, discover and to direct their own experiences, we must be collectively responsible for their safety. When parents, practitioners and children take part in Big Wide Talk summer meetings (an integral part of Big Wide talk methods and tools), we carry out a careful and thorough risk assessment of the environment. We also engage in meaningful dialogue with parents and children, which include the distribution and group discussion of maps and prospectuses in preparation for the event. These discussions in response to a prospectus enable parents to be actively involved in making their own decisions. The prospectus is designed to alert parents to the environment they will encounter, and the exciting times on offer, but also any dangers. For instance, we have needed to inform parents of the existence of adders in the area, detail about high and low tides and the presence of ponds and caves. Because groups of parents and practitioners discuss the prospectus prior to attending the summer meeting they are able to familiarise themselves with any hazards or dangers and make informed decisions about their actions. From this point parents can let their children decide what they want to do and what risks they choose to take, all within a carefully assessed environment.

"Wendy did not do this (go in a dinghy on the water) with her daughter Sophie because Wendy is frightened of the sea. Wendy's Dad died in an accident at sea and since then she has not been able to tolerate anything other than paddling. Wendy did not want to pass her fears on to Sophie and took the decision to allow Sophie to take part in the adventure with the dinghies because she trusted the other members of the group and the Big Wide Talk national team to look after Sophie (on the water). We all thought this was a big achievement for Wendy. Sophie had a great time with the other adults and children. Sophie who is two years old can't swim. Wendy thought that people from Big Wide Talk had explained very clearly how they would keep Sophie safe. (...) We think that children can take on and even inherit fears within their families. We also think that by acting together we can stop this happening. We will observe this further in the future." ³

³ See www.bigwidetalk.org Research Stories: All at Sea, Plymouth

“(At first we thought) Climbing – Oh my God! Some negative responses from both climbers and parents about taking small children climbing.”⁴

“The feeling was that we had been holding the children back but after our experience at Brimham Rocks we felt more confident as a group(...)”⁵

Endeavours such as Our Seaside Safari² (OSS) and the climbing expeditions require careful thought and planning, but the benefits they provide are enormous. Big Wide Talk supplies time and space for parents to enjoy being with their children and other parents and children, doing exciting things together in an environment that does not have to be rigidly structured in order to be safe.

The spaces Big Wide Talk provides are always carefully designed. Currently in most settings play space is separately assigned for children. Our evidence is that children need the spaces they share with adults to be designed with their safety, creativity and learning in mind. Our experience is that young children actively seek to play in the company of adults, albeit not necessarily with those adults. There is international evidence of the efficacy of intent community participation as an effective pedagogy. This can be applied to the design of streets and other public spaces which children share with adults.

Are children and young people taught enough in school about how to manage risks and stay safe?

Big Wide Talk’s experience is that, whatever is being taught, peer-assisted learning works best. We also have evidence to show that children are innately capable of identifying risks and, when given the opportunity, discussing with adults how they will manage them.

When planning a climbing expedition to Brimham Rocks in Yorkshire, some of the adults in the local group consulted the three and four year olds about what would be needed to be safe:

“We showed them some pictures of Brimham Rocks and asked what they would like to do there. (There was a picture with a small cave under one of the rock formations.)

L: Get some torches. Have we got some?

We wouldn’t have to go far from Mummy and Sarah.

E: We could have a picnic on a rock. We could collect some rocks and build chairs.

L: Geoff has a box with a lid on for his sandwiches. Can we go on the wavy rocks?

H: That’s a big rock, we could slip down. Or maybe a rope...pull yourself into a cloud...then splat apple pie at everyone.

L: We could take helmets. I’ve got a bike one.

(...)Following the discussion, the children were confident and eager to share what they had learned and planned for their trip (...) They informed the adults about practicalities like the fact that there were toilets and a baby changing room (which they had seen on the map that we’d shown them) and agreed (...)to ask the climbers to bring ropes and helmets.”⁵

⁴ See Hold the Rock not the Rope, 2004 and www.bigwidetalk.org Research Stories: Climbing National Talk Time, 2004

⁵ See Hold the Rock not the Rope, 2004 and www.bigwidetalk.org Research Stories: York Hob Moor Climbing Story

What information would parents welcome about risks of harm faced by their children and how to manage them? What areas mentioned here would parents like more specific information about?

Parents need information in the word-of-mouth networks that they trust. So the best way to give parents information about risks of harm and how to manage those risks is to seed it in the word-of-mouth network, to deliberately invite dialogue so they can discuss it and inaccurate information can be dealt with at that time. This way they are also able to make the information meaningful within their own contexts at the time they need it.

What more could be done to help Local Safeguarding Children Boards to make a difference?

We believe there is much that Local Safeguarding Children Boards can do to make a difference if they are prepared to be proactive. For instance, we find that it is important for parents to talk in small parent groups about trauma they have experienced, because this will affect how they safeguard their children themselves. Sensitive, pro-active work with parents enables them to be clear about their own difficulties and how these impact on their children. Parents will share their experiences if they are allowed sustained dialogue. We have experience of parents feeling sufficiently comfortable and supported to share their experiences of abuse and domestic violence and how this has impacted on the parenting of their children. This has allowed the group to provide support and appropriate advice about available services and external support.

Based on this evidence and other evidence of the efficacy of word-of-mouth networks it is open to Local Safeguarding Children Boards to work with high-skilled face-to-face staff such as community paediatricians and counselling and other therapeutic practitioners. These staff can then deploy their skills with groups of parents. It is also our view that using high-skilled staff who may incur higher staff costs for this initial level of service is able to seed meaningful resilience within communities where previously myth and misinformation may feed exploitive and damaging practices.

How could training and development for social workers be improved?

Big Wide Talk's experience is that front line staff - of all types, but particularly teachers - are absorbing vast amounts of sensitive information about the children and families they regularly come into contact with. It would therefore be greatly beneficial to set up dialogue between these front line staff and social workers, and have social workers involved in regular reflective sessions. This would serve the dual purpose of enabling social workers' early identification of children at risk, and provide front line staff with the necessary support.

"During meetings and site visits we were struck by the amount of detailed personal information that setting practitioners held in relation to their pupils. Sometimes this was information of a distressing nature. Often the information was highly pertinent to the initiation of timely support for children and parents, for example, in knowing what is normal and what is out of the ordinary. There is an unseen layer of family/parenting support here that could be resourced more deliberately, perhaps by allocating more time for shared reflection. This could have the potential to preclude the need for diagnostic referral in some instances, or alert it in others." ¹

Do some parents need help to access support available to them?

Yes. Our evidence is that many parents need help; 32% of the children who attended *Our Seaside Safari* had special needs. All of the parents described the process of securing help as complex. We have also been struck by the multiple problems that can impede access to services.

Many parents struggle with a lack of understanding of the interconnectedness of the issues they have to deal with and feelings of inadequacy. People who have limited finances struggle to do things like take time off work to, for example, get essential repairs done by sometimes-unreliable workmen. This type of problem adds up to affect a household's capacity to access education or other services. However, sometimes the accumulated problems can be major.

Tom's Story

Tom is one of three children in a single parent family. They live in an extremely poor area of the UK. His mother Sue has cleft palate and her speech is difficult to understand; as a result, she missed a great deal of schooling and has serious problems with her own literacy, which she keeps hidden. Tom has significant communication impairment. Speech therapy services in their area are severely limited and Tom presented dilemmas for the different groups of specialists that were able to offer him support. Speech therapists thought that surgery on his adenoids was required for progress to take place, whilst the surgeons thought they should wait for a couple of years for him to mature. In the interim, he was left with no services at all.

Sue was greatly lacking in confidence about accessing advice, explaining that in the past, her mother would accompany her when she attended hospital appointments with Tom. She said that this was no longer possible, as her father had developed Alzheimer's and required 24-hour supervision from her mother. Tom's school continued to communicate with Sue by letter rather than speaking to her directly, with the result that he was allocated a place at special school without her knowing.⁶

Supportive outreach can work wonders in these situations. Big Wide Talk methods and tools make it possible for both mother and child to take part in filmed activities, which give very useful information about the nature of the child's disability, while at the same time surrounding both parent and child with easily accessible adult support. At 'Looking Lighting Learning' and 'Our Grand Constructions at Lepe next to the Sea', Tom and his mother were able to take part on an equal footing. Since attending Big Wide Talk, Sue has gained immeasurable confidence, speaking assertively at a Big Wide Talk winter seminar about Tom's experience and using documentation of her stories about Tom to evaluate the quality of advice and services on offer.

Our experience of working in the poorest areas is that many households confront multiple problems when trying to access services. Many of the poorest places do not have direct access to a GP, a dentist, Post Office, benefits advice, Housing Office etc. within walking distance, and there are almost always no youth services. This can be the picture in areas tormented by drugs and other forms of substance abuse and high rates of criminality. Big Wide Talk has actually had to support households deemed too risky for visits from Sure Start outreach workers.

⁶ See www.bigwidetalk.org: Research Stories: Tom's Composite Profile

How can local areas ensure that children's and adults' services work collaboratively to safeguard and promote the well being of children and young people affected by substance misuse, domestic violence or mental illness problems within their families?

Our experience leads us to believe that collaboration must begin at the earliest possible moment and must be embedded in multi-disciplinary models of good practice at the level of interaction with individual children and households. Teachers and teaching assistants in nursery pick up vast amounts of detail about children and often absorb, without debriefing, distress within the child and distress within the household. They are not supported in being able to deal with the emotional impact to themselves. This can result, naturally enough, in a kind of staff-room siege-mentality where the staff feels overwhelmed by these difficulties and resort to the comfort offered by keeping their knowledge within the professional discourse, or school-specific discourse. One often finds negative attitudes amongst staff groups towards parents and social care services alike. Many of the prescriptions for early intervention and prevention of further harm rely on good management and intelligent information sharing; our experience is that this layer of interaction would yield most positive results in securing early intervention.

Shared reflective practice between social care staff and education staff should be built into weekly planning cycles.

We note in your paper an example quoted from Pupil Watch in Birmingham, which advises that members of the Pupil Watch team, on visiting a truanting child's home, discovered multiple complex problems. The case study goes on to suggest that best practice was secured when the Pupil Watch personnel advised other services of the family's needs. Our experience is that the teaching staff and perhaps the GP would already be aware of the family's distress and that sympathetic outreach would have counselled the parents to be able to decide for themselves how to remedy their problems. We think it is possible that in the instance quoted, the parents, when already beset by multiple problems, would find the attentions of several agencies at once overwhelming, confusing and alienating.

Whose responsibility should it be to address bullying that happens outside school? How could local agencies work together to address this problem?

As part of our work in Devon last year, we engaged in a discussion with children and parents at Chestnut Avenue Children's Centre, focusing principally on teaching children resilience. During this session, parents were able to look at the issue of bullying from several perspectives. One mother had a child who was deaf and had fears that her child would be seen as the bully; she used this understanding to help other parents consider in more detail the situations which sometimes confronted their children that might make them angry – children who push, for example. It was also part of the ethos of the local housing estate in this area to maintain a sense of honour by fighting. The children's centre engaged the local community in discussion, and invited Big Wide Talk in to take part in that engagement.

How can we make sure children have somewhere to turn to if they're being harmed?

Our very strong view is that routine reflective practice for all staff could strengthen the ways in which children try to tell us what is wrong. Our methods and tools - in particular, filming children's self-directed experience at exhibitions - highlights vulnerable children. The film also reveals that children often communicate their

distress, albeit without what one might describe as 'disclosure'. Children have, for instance, asked if they can stay with us.

Big Wide Talk has a very clear child protection procedure, which we apply in every case where staff have concerns about such children, and if the most senior members of staff feel that the concern is justified, these children's experiences are relayed to the school head or setting head, as appropriate. We are concerned to advise, however, that some schools do appear to be overwhelmed by such cases. There are some exceptionally needy schools, dealing with levels of special educational needs at 35% or above in the heart of very poor communities. Many children in these circumstances experience significant trauma and it is not uncommon to be advised by teaching and non-teaching staff that there is no point in referring such children or seeking assistance, because they simply would not be needy enough in comparison with others.

Does the government need to communicate with the public to improve people's ability to identify and know how to act on concerns about children's safety? What effect would this have on local services such as children's social care and the police?

A community development approach to this issue would reap rich rewards. Big Wide Talk's experience in working with groups of parents at the very local level is that in the light of sustained dialogue to explore children's needs, they become confident in their judgement about whether children are vulnerable or not. They learn to understand and tolerate difference (for example, different practices for getting children to sleep - those who let children run until they drop and those who have strict regimes and precise bed times), whilst recognising how children communicate their own vulnerability. In several instances, we have had group members express concerns collectively about particular children and we have been able to act upon this concern. The more parents are educated and encouraged to reflect on the different circumstances in which children grow up - within a non-judgmental, supportive environment - the more likely they are to build in protective behaviours towards children who are vulnerable.

We would also observe however that where parents are not able, for whatever reason, to address enough of their children's needs to keep them from being vulnerable or to help their children to be resilient, community based parenting support is not the correct response. Where we are able to identify vulnerable children, it is quite often the case that these households require specialist therapeutic interventions. Not uncommonly, there are serious unresolved psychological issues, often stemming from the parent's own childhood, which deter the parent from offering a child the appropriate emotional nurture. It often seems to be the case that acute emotional deficits in the parent act as a platform for other difficulties - for example, substance/drug abuse, which in turn feed into the general neglect of a child.

We have noticed, overwhelmingly, that counselling services are grossly inadequate to demand. People who are suffering from acute emotional problems become unable to cope with the multiple problems they are faced with, such as stress, overcrowding, non-decent homes, living in caravans, violent partners, inadequate income, illiteracy etc.

Big Wide Talk would be happy to further discuss any of the information contained in this document. Please contact **Ann Jamieson, CEO** on 01223 364727 or at ann.jamieson@bigwidetalk.org