

London Safeguarding Children Award 2011

Shortlisted Projects



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Acknowledgments

The London Safeguarding Children Board would like to thank everyone who contributed to the development of these awards, particularly Monica Hetherington (operational manager, Validated Local Practice, C4E0) and Helen Crumley (promotions officer, London Councils) for all their support throughout the process.

We would also like to thank:

Our panel of judges

Cheryl Coppell (chair, London Safeguarding Children Board)

Professor Eileen Munro (Professor of Social Policy, London School of Economics, and author of the Munro Review of Child Protection)

Amanda Edwards (deputy chief executive, Social Care Institute for Excellence)

Kay Bell (London regional safeguarding adviser)

Our panel of young assessors

Feroz Kahn

Soraya Bowie

Chloe Knight

Our shortlisting team

Anne Plummer (assistant director and safeguarding lead, C4E0)

Helen Goody (assistant director and theme co-ordinator, C4E0)

Kathy Bundred (London regional safeguarding advisor)

Ian Dean (manager, London Safeguarding Children Board)

And all those who took the time out to share their good practice and apply for these awards (please note: names have been changed in the case studies to ensure confidentiality)



Introduction

First of all, I'd like to welcome you to the first of what we hope will become an annual celebration of the very best practice in safeguarding London's children.

With so much media attention over the past couple of years focussing on a supposedly broken system in need of urgent reform, we felt it was important to take some time out to recognise the really excellent work that takes place every day in London. The London Safeguarding Children Awards aim to do just that, and the shortlisted projects summarised on the following pages are genuine examples of local areas finding their own solutions to issues, often with little resource but the dedication and imagination of staff.

The quality of all these shortlisted entries shows just how much good practice is happening across London, and that taking a fresh approach in challenging situations can make a real difference. We received a large number of strong applications for these awards, and we were forced to leave out some excellent projects during the shortlisting process. Choosing between these incredibly impressive applications was a real challenge, and I'd like to thank my fellow judges for sharing the burden of selecting our winners. Kay Bell, Amanda Edwards and Professor Eileen Munro all have a huge amount of experience in identifying and evaluating best practice, and their expertise really was invaluable.

I'd also particularly like to thank the young people from Barnet Youth Shield, nominated for an Emerging Practice Award themselves, who acted as our panel of young advisers for the main London Safeguarding Children Award. Generously giving up their free time during the summer holidays to visit each of the four shortlisted projects in turn, Feroz, Soraya and Chloe were able to provide some excellent feedback on how the services worked in practice and gave us detailed thoughts on each project. I hope they agree with our final decisions!

Throughout this process, it really has been heartening to see so many examples of London agencies taking a lead and implementing innovative solutions to local issues. In spite of this, I'm sure that these projects are only the tip of the iceberg and there's undoubtedly a huge amount of additional good practice that we'd love to share more widely. With that in mind, please do think about your own services as you read through this booklet, and consider applying for next year's awards – we'd love to hear from you.



Cheryl Coppell
chair, London Safeguarding Children Board

London Safeguarding Children Award 2011 shortlist

NSPCC Parkside Parental Mental Health Service (PMHS)

Parental mental health problems are frequently identified as a significant risk factor in serious case reviews, which often highlight how children of mentally ill parents are at risk of being 'invisible' to adult services that focus on the assessment and treatment of adult patients.

NSPCC Parkside Parental Mental Health Service's unique model avoids this danger through the simple expedient of including child practitioners in all adult weekly community mental health team (CMHT) meetings. Adult mental health colleagues cannot be expected to always 'think child', as their role with the adult patient is their primary concern; so when new patients are discussed, the child practitioner is there to ask the question 'Are they a parent?'

Once a patient is identified as a parent, the initial assessment undertaken by the CMHT becomes a joint assessment and the child practitioner is there to open the door to a wider discussion of family life, ensuring a joined-up assessment can take place. The team are then able to offer ongoing therapeutic support, tailored to meet each families' needs and seeking to improve parental awareness and capacity; while also building children's self esteem, coping skills, understanding and resilience.

Case study: Georgia

Georgia is 11 years-old. Her single parent mum, Angela, had a long-standing moderate depressive illness and spent most of her life inside her small flat, coping with her three children as best she could with limited family or other support. The local GP had been supporting her for several years, and this had helped keep Angela well enough to hold the family together.

When Angela began to deteriorate further, her GP referred her to the CMHT for a psychiatric opinion. She was identified as a parent and a joint assessment with the PMHS team was arranged. A care plan was agreed between CMHT and PMHS, with CMHT treating and monitoring Angela's mental health. Due to the potential risk to the children, it was agreed that the PMHS worker would refer the case to the local authority. Child and Family Social Services undertook a comprehensive assessment, and a Child In Need Plan was devised.

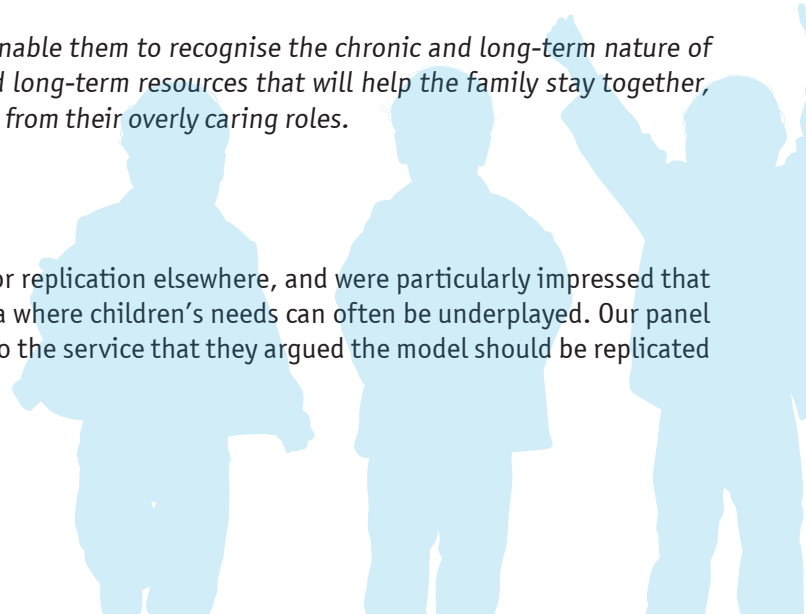
The wider PMHS team was then able to offer a therapeutic intervention to support the family, alongside some psycho-educational work. The children were seen separately and together, using art and play based interventions. Some whole family sessions were also arranged to facilitate communication. When Angela complained that Georgia was always 'under her feet', she was encouraged to see that, beneath Georgia's apparent disinterest in going out, she was actually keeping a watchful eye on her mum, as well as caring for her younger siblings.

With help, Angela began to develop some curiosity into herself, her children and the family dynamics. She then elected to engage in extended adult psychotherapy, allowing her to explore some traumatic earlier experiences which were linked to and contributed to her depressive illness.

PMHS also worked alongside the professional network to enable them to recognise the chronic and long-term nature of Angela's difficulties, as well as create some consistent and long-term resources that will help the family stay together, build the children's resilience and give them regular breaks from their overly caring roles.

Judges' comments:

The panel saw this as a strong model with good potential for replication elsewhere, and were particularly impressed that the service appeared to be making good progress in an area where children's needs can often be underplayed. Our panel of young assessors were so impressed following their visit to the service that they argued the model should be replicated not just pan-London, but worldwide!



London Safeguarding Children Award 2011 shorlist

The Family Drug and Alcohol Court (FDAC)

The Family Drug and Alcohol Court (FDAC) is an innovative approach to the problem of parental substance misuse in care proceedings. It is being piloted at the Inner London Family Proceedings Court in Wells Street and is the first court in England and Wales to take a problem-solving approach to care proceedings.

FDAC was initially set up in Camden, Islington and Westminster, with Hammersmith and Fulham joining in April 2011. The pilot court is supported by a specialist multi-disciplinary team provided by the Tavistock and Portman NHS Foundation Trust in partnership with Coram. This team includes professionals from social work, nursing, substance misuse and psychiatry. FDAC improves outcomes for children by working with the whole family in cooperation with the Family Court and other agencies. The court lends its authority to a highly coordinated intensive therapeutic intervention, and parents are given the best possible support to overcome their problems and meet their children's needs in an appropriate timeframe.

A recent evaluation by Professor Harwin and colleagues tracked all cases (55 families, with 77 children) entering FDAC in the first 18 months and compared them with ordinary care cases involving parental substance misuse heard during the same period (31 families, with 49 children). Headline findings included:

- substance misuse: more FDAC parents controlled their misuse
- reunited families: higher rate of FDAC family reunification
- services: more FDAC parents engaged in treatment and other services
- length of proceedings: a more constructive use of court time
- costs: savings for local authorities and potential savings for courts and the Legal Services Commission
- parents and professionals want FDAC to expand.

Case study: Jane

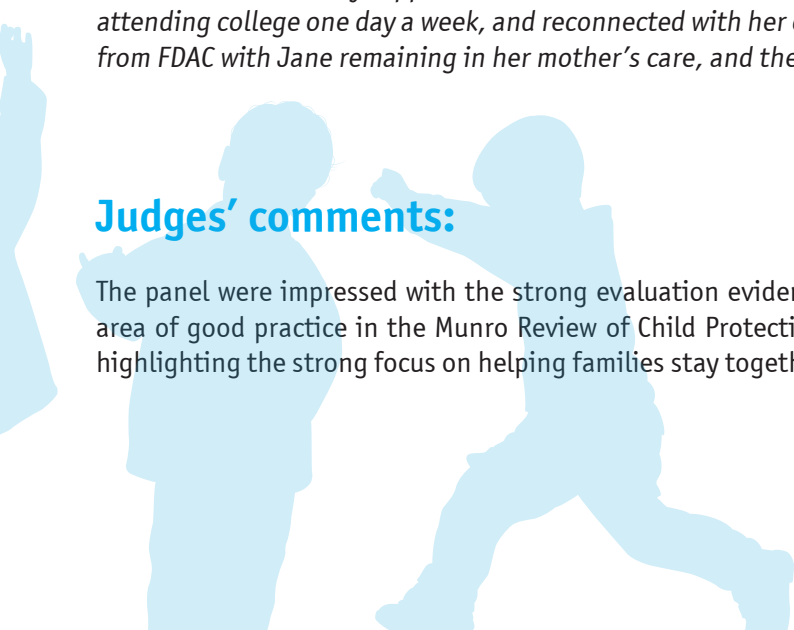
Jane was born to a heroin dependant mother in prison in July 2008. Jane's mum's other two children had already been removed due to her heroin and crack use and she had failed in several residential rehabilitation placements.

On her release from prison, Jane's mum entered FDAC in September 2008, while Jane was placed in foster care. Jane's mum went to a residential rehabilitation centre organised by adult treatment service before FDAC's involvement. In December, Jane's mum discharged herself from rehab; however FDAC then re-engaged her with community treatment services and secured temporary supported housing in January 2009. A community parenting assessment started and in March she was still drug free eight months on.

A mother and baby foster care placement was secured in April. This placement was very challenging. Jane's mum and the foster carer reached breakdown on several occasions. In July 2009, the family moved to a home intensive package of family support and a childminder was provided. Jane's mum responded extremely well and formed a positive working alliance with the family support worker and continued to work well with her community treatment agency. She also started attending college one day a week, and reconnected with her own family in Wales. In October 2009, Jane's mum graduated from FDAC with Jane remaining in her mother's care, and they moved to be near her family.

Judges' comments:

The panel were impressed with the strong evaluation evidence for this model, which had already been identified as an area of good practice in the Munro Review of Child Protection. Our panel of young assessors were similarly impressed, highlighting the strong focus on helping families stay together and the level of support available for service users.



London Safeguarding Children Award 2011 shortlist

Barnet Safer Families Project

The Safer Families Project aims to identify children and families where domestic abuse and conflict is a feature of family life, but who do not reach the threshold for social care intervention – the aim is to intervene early, providing services and support for the family to prevent the issues escalating to social care.

Originally piloted between March 2010 and September 2011, the project involved the creation of four new posts (including a manager) to focus on prevention work for families with children aged 0-11 years-old affected by domestic violence. Two of the new workers were placed within designated Children's Centres, while the third worked with the children in need and referral and assessment social work teams. The idea was to engage with families by offering a diverse range of services in a multi-agency approach, tailor-made to meet the needs of families where domestic violence had been identified.

After a successful six month pilot, in which only three families from 164 referred to the project escalated to children's social care as a result of domestic violence, the project has since been mainstreamed. Take-up remains high with more than 400 referrals received. These families would not normally be offered any identified service as they fell under the radar for social care intervention, and were unlikely to be picked up by other support agencies.

Case study: Elizabeth

Elizabeth came to the UK from Nigeria at the age of 16. Brought into the country illegally, she found herself unable to leave the home where she was working and where she was subjected to daily sexual assaults. One night she took the opportunity to run away and, very vulnerable, became involved in an abusive relationship with a UK citizen with whom she conceived a child. Around this time, her cousin came to the country and offered to support her so that she could leave her abusive partner.

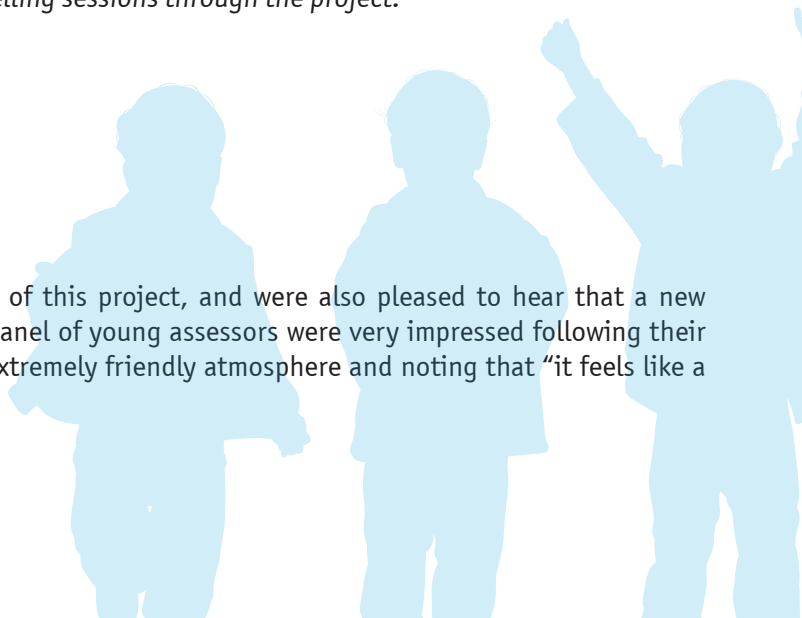
Elizabeth's application for leave to remain in the UK, on the basis that her child was a UK citizen, was refused as her former partner denied the child. Unable to access support from any of the agencies she approached, in desperation she and her son returned to the home of her former partner, who assaulted them both. The police were called and a referral was made to the Safer Families Team. A letter was sent to her offering support.

Elizabeth responded to the letter, and attended the stay and play session at a local children's centre to meet the safer families worker. Elizabeth was isolated and depressed, which impacted on her ability to care for her son who appeared under stimulated and depressed himself. The worker encouraged her to attend an aromatherapy course to enable her to develop skills and meet new friends. She also began attending the Safer Families Support Group, where she took the opportunity to explore her experiences and begin the process of moving on.

With support from the worker, Elizabeth was linked with a solicitor and has now been awarded another six months leave to remain pending a final decision following regularisation of her son's status. There has been a marked improvement in her mood and school have noticed the impact that this has had on her son and his mental state. Elizabeth continues to be supported by the Safer Families Team and is starting counselling sessions through the project.

Judges' comments:

The panel were impressed with the child-focussed nature of this project, and were also pleased to hear that a new perpetrators programme was already being planned. Our panel of young assessors were very impressed following their visit to one of the linked children's centres, praising the extremely friendly atmosphere and noting that "it feels like a family there and everyone was smiling."



London Safeguarding Children Award 2011 shortlist

Non-Violent Resistance Project (in Bexley and Greenwich CAMHS)

The non-violent resistance project (NVR) addresses violent, destructive and harmful behaviours in children and adolescents, building on the methods and ideas of Mahatma Gandhi and Martin Luther King. The programme aims to help parents and carers overcome their sense of helplessness by developing and strengthening a support network to reduce violent and destructive behaviours both in and out of the home. Research evidence from overseas has shown it to be an effective model to improve relationships between family members and the outside world.

Oxleas NHS Trust has run nine 10 week parenting programmes using this approach since 2005, with a total of 115 families participating (the majority of whom completed more than half the programme). All but four participants rated their distress as reduced at the end of the programme, with similar positive results for participants' ability to manage and how they saw their support systems. The service has now produced 63 graduate families (parents who have attended five or more sessions), including 25 fathers (two of whom attended on their own).

Case study: Bethany

In her own words: *"Life at home had become really difficult. My brother, Luke, was becoming increasingly more aggressive and we couldn't see a way forward. He refused any help and day-to-day life mainly consisted of worrying about when the next violent incident would break out.*

Mum and Dad told me that they would be completing the NVR course. I couldn't see how it could help in any way as I thought that Luke was 'the problem' and that it was him who needed help. At first, the only changes that I could see from NVR were Luke getting his own way - it seemed that he was even being rewarded for bad behaviour with a chocolate bar (the 'reconciliation gesture'.) My immediate reaction as a sibling was, 'where's mine?'

I eventually agreed to see a psychologist with Mum and Dad and NVR was explained to me. I then understood what Mum and Dad were trying to achieve. I could see everything from Luke's point of view and realised that his violent outbreaks were not just because he was a horrible boy, but a result of the frustration he felt. For the first time, I really felt sorry for him. I could see that everyday life for him was a struggle and he was just taking it out on those he loved.

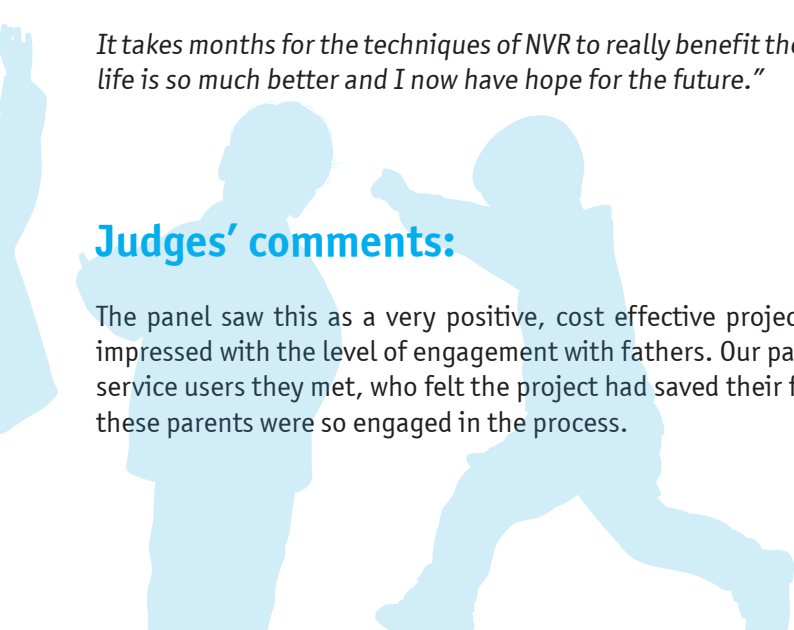
I realised that I was just as much of a contributing factor to our previous family life as Mum, Dad and Luke. Once I understood what often triggered Luke to become violent, I could try to avoid it. I could even spot when he was getting more angry and would help Mum and Dad to calm the situation. I was now helping to make family life better for all of us, rather than hindering it.

Life at home is certainly miles better than it used to be. Thanks to NVR, arguments tend to only be verbal and not physical. Certainly the bond between Luke and I has become much stronger in the last few months. I try and understand him and listen to what he is saying. In the past, I used to interrupt during conversations, causing him to become frustrated and angry. I think he can see that we do all love and care about him and do our best to see things from his point of view.

It takes months for the techniques of NVR to really benefit the family and we do still have a few bad days, but overall family life is so much better and I now have hope for the future."

Judges' comments:

The panel saw this as a very positive, cost effective project with strong outcomes for families, and were particularly impressed with the level of engagement with fathers. Our panel of young assessors were moved by the enthusiasm of the service users they met, who felt the project had saved their families – the young people were particularly impressed that these parents were so engaged in the process.



London Safeguarding Children Award 2011

Emerging Practice shortlist

Enfield Parent Engagement Panels and Parent Champions

The overall aim of this project is to keep children and young people safe by increasing access and engagement with early intervention services to reduce the need for specialist services, with particular emphasis upon promoting community cohesion. Enfield began this work with a specific focus upon the Congolese community, working in partnership with a small voluntary group (Central African Youth of Enfield) to develop Community Parent Engagement Panels (PEPs) with local parents central to decision-making, shaping and delivering services to improve outcomes for children and young people and their families.

To improve life chances and keep children and young people safe from harm, the panels have locally trained and professionally supported community parent champions, offering support delivered by Enfield parents to Enfield parents. Parent champions within the Congolese community are now:

- delivering accredited parenting programmes within the community
- volunteering in schools with reading and writing projects
- supporting other parents to meet professionals for help with additional needs - such as school teachers, educational psychologists, health visitors, parent support advisors
- encouraging parents to join their local PEPs
- discussing and delivering key messages within their community.

The Congolese community are now actively engaged with the PEP and more than 30 parent champions graduated in September 2011. As a result of this work, some schools are reporting that their early years intake of Congolese children are much more ready and prepared for school, and children and young people are now seeing their parents grow strong and confident; setting boundaries and managing their children's challenging behaviour without resorting to excessive use of physical punishment. Many Congolese parents now feel listened to and not afraid of professional intervention, and have a better understanding of what social workers do and why.

Case study: Jessica

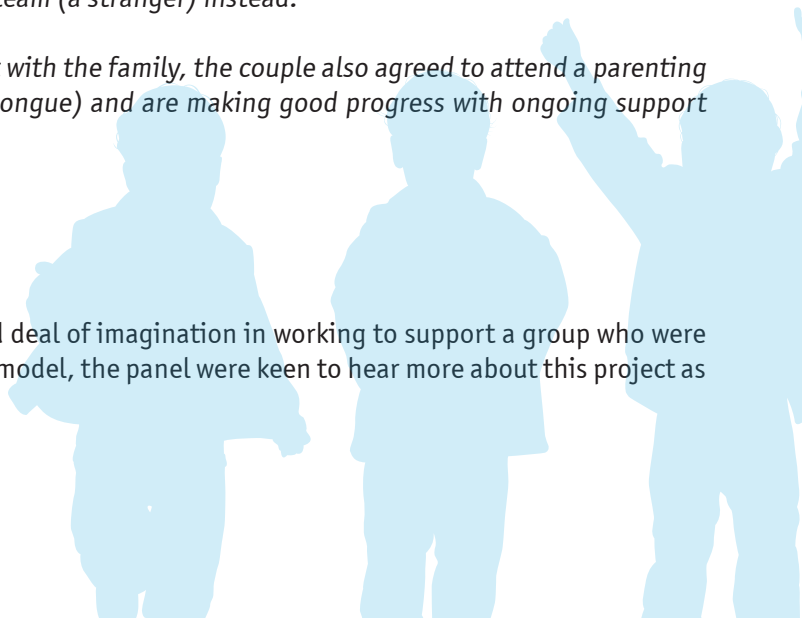
One of Enfield's parent champions was approached by a Congolese couple with a three year-old child, Jessica, and asked to play the role of mentor during an interview with local authority children's social care. The child's school had made a referral after the child had reported that a mark on her body was caused by constant beatings from her mother, but the couple insisted that it had occurred accidentally.

A team of parent champions have met with the couple several times since this initial interview to assess the child's aggressive behaviour and offer advice about behaviour management. The mother has since admitted that she sometimes couldn't cope with Jessica's aggressive behaviour, and it was notable that Jessica was reluctant to hug her own parent during the initial assessment; preferring to hug one of the team (a stranger) instead.

Although children's social care continued their involvement with the family, the couple also agreed to attend a parenting programme within the school (conducted in their mother tongue) and are making good progress with ongoing support from the parent champions.

Judges' comments

The panel felt this was an excellent project, showing a good deal of imagination in working to support a group who were seen to be in need. With evaluation measures built into the model, the panel were keen to hear more about this project as it becomes further embedded in Enfield.



London Safeguarding Children Award 2011

Emerging Practice shortlist

Barnet Youth Shield

Youth Shield is Barnet's Youth Safeguarding Panel, working alongside the Barnet Safeguarding Children Board (BSCB) to keep children and young people safe and communicate the work of the board to the youth community.

Since their formation in 2009, Youth Shield have been extremely active in consulting with groups of young people and service users, suggesting improvements to existing systems and participating in key decisions about local services. Their influence has already reached Barnet council's Scrutiny and Overview Panel, where Youth Shield members spoke about their role and began to discuss how best to link their work with that of the scrutiny panel.

The young people were clear from an early stage that their voice needed to be part of any discussion around changes to services as a result of the current financial climate, and the group have been heavily involved in consultation regarding potential changes to the configuration of services in the borough (see case study, below).

One of the key issues for the young people is to see a difference as a result of their work, and Youth Shield recently developed their own work plan for the BSCB to make sure that priorities for the two bodies are clearly aligned. They presented as a group to the full BSCB in May and then organised a workshop in smaller groups to test and refine their own proposals, with a clear focus on ensuring that they are able to measure the impact of their work.

Case study: Extract from the notes of Youth Shield's consultation meeting with a local service provider

"What came out of today's discussion was the young people's passion for being listened to by the people who fund and shape the services. Their view is that the current model is very effective and that the service is an invaluable resource, operating in an environment in which they feel comfortable and safe and are mixing with others in the same position.

Through personal experiences they have strong views on what works and what doesn't. They know the system thoroughly and several of the young people have first-hand experience of alternative models which they have found to be ineffective and poorly resourced. Proposed changes to the service are generating a lot of anxiety, although it was explained that the current provision will be similar but delivered in different settings.

They are very keen to have their say on the consultation and want to ensure as many young people as possible are able to complete the online questionnaire. The young people hope for an extension on the consultation to ensure maximum input." (Extension agreed)

Judges' comments:

The judges were very impressed with this model of youth engagement, which appeared to have successfully engaged the enthusiasm of many children and young people. The drive and commitment of the young people involved was evident throughout, and the judges were particularly heartened to see the strong commitment to ensuring that their work made a real impact to local services.



London Safeguarding Children Award 2011

Emerging Practice shortlist

Central North West London (CNWL) NHS Foundation Trust: Advice hotline for staff with safeguarding children concerns

CNWL is one of the largest NHS Foundation Trusts in London, with more than 5,000 employees working in a range of services across eight boroughs. With around 50,000 cases of adults and children with mental health issues open at any one time, the trust was keen to ensure that staff with limited experience of dealing with safeguarding children issues had a place where they could easily get advice and support, in a system that they felt comfortable using.

With this in mind, the trust agreed that the named nurse for safeguarding children would provide an advice and support hotline during working hours, as an easily accessible service for staff working in the field of mental health to be able to access quick and expert support and advice on any safeguarding issues that arose during their daily work.

The advice line also allows the organisation as a whole to have a better understanding of the complexity of clinical issues facing staff and allows training in particular to be tailored towards any unmet needs. An example of this would be the need to train staff better around domestic violence issues, which occurred in a significant number of cases discussed through the hotline.

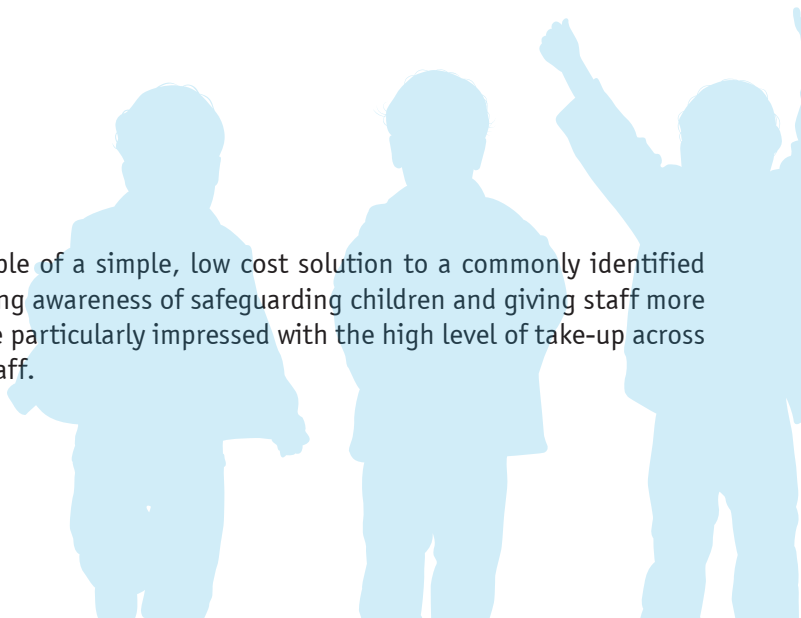
The advice line has now been in operation for over two years and has proved to be a popular resource, helping staff to deal with difficult situations and to raise awareness of child protection more generally across the trust. In its first year of operation, the advice line received around 100 calls, mainly from child and adult mental health services and adult services. Demand escalated as the service became better known and over 300 calls were received last year – from all areas of the trust. There is now an increased awareness around safeguarding children and their needs in the organisation, and staff have reported that they now view safeguarding in a more positive manner as it is easier for them to get support and not to feel alone.

Case study: The Smith family

A clinical psychologist working in a community mental health team called the advice line to discuss her work with the Smith family of two parents (both of whom were deaf) and three children aged between 4 and 9 years-old. The mother suffered from severe depression, and the children were previously known to child and adolescent mental health services (CAMHS) due to their difficult behaviour both at home and at school. The psychologist wanted some advice on how to refer the children for a child in need assessment, as she felt the children were beyond parental control and that both parents were struggling to cope. This was also having a particular impact on mum's mental health. During the course of the call, the psychologist said that one child had reported dad hitting her so hard that it had marked her and she couldn't sit down or walk. Dad had admitted in a therapy session that he did hit the children. On advice, the psychologist was encouraged to include possible physical abuse in a safeguarding referral to social services and to consider a referral to CAMHS for parenting work. As a result of these actions, the Smith family are now undergoing family therapy with CAMHS and are beginning to make good progress.

Judges' comments:

The judges commended this project as an excellent example of a simple, low cost solution to a commonly identified problem, which seemed to have made real progress in raising awareness of safeguarding children and giving staff more confidence to deal with complex situations. The panel were particularly impressed with the high level of take-up across the trust, indicating that the service was much valued by staff.



London Safeguarding Children Award 2011

Emerging Practice shortlist

CommUNITY Barnet

Barnet safeguarding children board (BSCB) work with CommUNITY, a local voluntary and community sector umbrella organisation, aims to promote better engagement with local communities and faith groups around safeguarding, helping to support their access to training, resources and advice and to build confidence and capacity.

The project initially built on work previously undertaken to map faith communities working with young people, resulting in a directory called 'Faithbook' which gave a starting point to building a network of contacts and encourage dialogue. CommUNITY Barnet and the BSCB then organised a seminar targeted at faith and cultural organisations, which attracted a high level of interest and showed a commonality across communities in the desire to keep children safe from harm.

Building on feedback from the seminar, which highlighted the need to work through the voluntary sector as a more accessible route to provision of advice and support, it was decided that the CommUNITY Barnet safeguarding advisor would run 'safeguarding surgeries' for colleagues in the sector to drop in for advice or information (for example, arranging a CRB check for volunteers). These advice surgeries were subsequently taken 'on tour' and run from different faith or cultural settings in the community, including a synagogue and a mosque.

A proactive communications strategy using both web based and printed newsletters has further consolidated this work, and the service has enabled contact with many groups who may not have accessed advice from statutory services without this support. The wider aim is to strengthen safeguarding arrangements for children in these communities through increased awareness, knowledge and understanding of what helps to keep children safe and what might be a concern, and the project has made good early progress towards this goal.

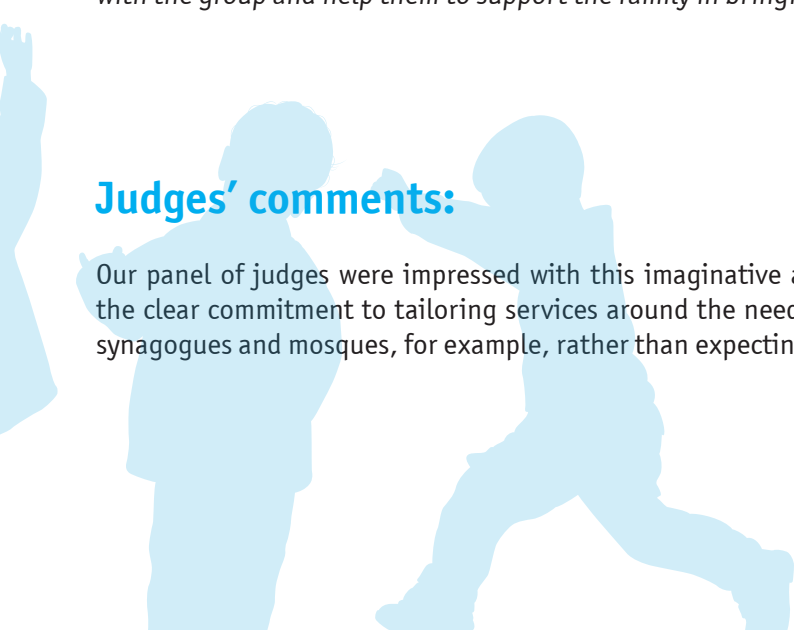
Case study: Janet

Janet, a member of a small faith group in Barnet, was becoming increasingly concerned about a child from a family who also attended her group. She didn't know what action, if any, she should take and wasn't sure who to turn to for advice. Being from a small and relatively tight knit community, Janet was also worried about the impact that any action could have on the group, and on her personally as the cause of the intervention.

Seeing that CommUNITY Barnet was running a 'safeguarding surgery' that weekend, Janet took the opportunity to visit and outline her concerns, explaining that she wanted to make sure the child received the care he needed but was worried about the impact on the community if the origin of the referral was known. The advisor was able to reassure her by making a referral on her behalf and, when the case progressed to a child protection case conference, represented Janet to minimise any potential sensitivities within the community. Most importantly, the safeguarding adviser was also able to work closely with the group and help them to support the family in bringing about improved standards of care.

Judges' comments:

Our panel of judges were impressed with this imaginative approach to community engagement, and particularly with the clear commitment to tailoring services around the needs of the community – taking safeguarding messages out to synagogues and mosques, for example, rather than expecting these groups to come to them.



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