

**Evidence of the National Society for the Prevention of Cruelty to
Children (NSPCC) to Professor Eileen Munro's review of child
protection: Better frontline services to protect children**

July 2010

1. Introduction

The NSPCC welcomes both the opportunity to present evidence to this review and the review itself. The emphases upon innovation, evidence and effectiveness resonate with the NSPCC's overall strategy, about which we would welcome opportunity for continued dialogue.

The NSPCC's strategy seeks to provide a relentless focus on the most important issues threatening the safety and wellbeing of the United Kingdom's children; using both the skills of our own researchers and commissioning the expertise of others where appropriate to formulate and explore the right questions – the answers to which underpin innovative and effective child protection practice.

We seek to ensure the programmes, projects and services we develop are designed and delivered to meet the well evidenced needs of children who have been harmed, test the questions researchers pose; that these are analysed and thoroughly evaluated, attractive to service commissioners, whom we will encourage to replicate the work, sufficiently robust to influence policy and practice and, through review, contribute to the body of evidence of best child protection practice, thus helping to protect many more children than the NSPCC can directly reach.

In welcoming the review we make three observations concerning its scope and terms of reference:

The emphasis being placed on work that is 'innovative' is welcome and should be broadly applied. In our view 'innovation' should be taken to refer to the wholly new service, and to new ways of working within existing services that may be the consequence of continuous improvement. As an example we offer NSPCC helpline services: the NSPCC helpline and ChildLine. The NSPCC helpline has since its launch in 1991 developed, tested and refined its practice over that time. It acts as a filter that assists hard pressed children's services departments to focus on the most serious cases; by providing early identification of concern and need it prompts early intervention to meet that need. It is a service delivered by a non-state provider with local bases and online access, supported in part by central government, but not delivered by central or local government. It offers a range of communication channels to allow a concerned person or professional to seek advice and take action when it is required.

We have included the NSPCC helpline as one of our services examples but not ChildLine because it is not (literally) a social work service, and its remit is broader than child protection. If the Review would like more information about innovation in ChildLine we should be happy to provide it.

In building on the work of Lord Laming's Progress Report attention needs to focus on those of his recommendations that attracted cross-party support but were not actioned by the previous administration. The work programme of the National Safeguarding Delivery Unit (NSDU) was not

fully critiqued by child protection agencies before its functions were transferred to Department for Education officials. Some of Lord Laming's recommendations did not feature in the programme, and some, for example with respect to Accident and Emergency Departments, fall outside the remit of the Department for Education. Nor were responses to the public pre-consultation exercise undertaken to inform the first drafting of the revised *Working Together* guidance considered by officials ahead of publication. They should be considered in this review.

The review focuses on social work, but improvements achieved in this area of practice will be compromised if the challenge of impelling better frontline services to protect children in the Health Service and by health professionals is not similarly addressed; and better child protection practice embedded from the very outset in the forthcoming reforms to education and to schools.

We attach ten examples of innovative practice, elicited from NSPCC practitioners, projects and services, and captured in the templates provided. Although all serve to inform the review, we suggest three key conclusions arise from their consideration:

Public, neighbourhood and community engagement is essential to the identification and protection of children at risk of abuse and further abuse. This can be achieved through the brokerage of trusted large voluntary organisations between local authorities and the public, neighbourhood and community groups and sports bodies; this has been demonstrated by the NSPCC Helpline service, the *Safe Communities* project, *Safe Network*, and the *Child Protection in Sport Unit*. This is evidenced in the attached *Safe Network* template and the evaluation of the *Safe Communities* project referenced below.

Early identification impels early intervention. Seventy-three per cent of callers to the NSPCC Helpline contacted the service within six months of first forming their concern – 56 per cent of referrals prompted an initial assessment of the child's needs by the local authority.

Early intervention delivers safe and cost effective outcomes for children even once abuse has commenced. The benefits of early intervention are not confined to the primary prevention of abuse, but also apply to secondary or even tertiary prevention initiatives. The NSPCC *Safe carers* project was developed because of an awareness that the mothers of sexually abused children were often expected by social workers to care for their children safely with little or no support or information about how to do this; the project enabled them to care for their children when it was otherwise proposed that they would be removed from their care.

Below we comment first on the themes and connections arising from the evidence submitted in the attached completed templates. We then look to the 'fit' with previous reforms, particularly Lord Laming's recommendations and the NSDU work programme; provide a view on the most effective route to

reducing bureaucracy and address the principles underpinning regulation in social work; consider the interface of this review with reform we consider essential in the Health Service; and finally consider how this review fits with other government initiatives, such as empowering communities and challenging poverty.

2. Practice examples – themes and connections

a) Identifying and helping children and young people in need

The attached evidence template details how helplines cost-effectively contribute to this purpose. We would emphasise here that **helpline services can alleviate pressure on children's services by acting as a filter**, only referring cases where children are believed to be at risk.

Helplines promote early identification of children at risk, thereby increasing opportunities for early intervention.

And **helplines also provide information about evolving need**. The NSPCC's wider strategy similarly provides a way of influencing practice aimed at meeting that need, by ensuring that this focus is retained through testing, analysing, responding and reviewing interventions.

For child protection to be owned as a responsibility held by communities, neighbourhoods, extended families, and individuals there needs to be accessibility to professional staff, an environment where concerns about the welfare of a child can be shared without fear of retribution, and where the child's welfare remains the paramount principle.

The NSPCC's *Safe Communities' project* successfully brokered relationships between statutory services, and local neighbourhood and community groups. The attached templates providing evidence from *Safe Network* and the *Community support programme* describe how that work has been taken forward, and that from the *Child Protection in Sport Unit*, a more longstanding initiative, demonstrates how proportionate and effective child protection procedures can be harmoniously developed with a sector providing activity and fun for nine million children every week.

b) Strategies for shared learning

Information needs to be authoritative, current, easily accessible, readily understood and free to the recipient if it is to reach the widest professional audience, and inform best child protection practice.

The NSPCC's library services are described in the attached template. They include an email alert on the latest developments in child protection which has over 8,000 subscribers. This saves time for hard pressed social workers; skilled information specialists are searching, managing and disseminating the latest knowledge available on child protection on their behalf.

c) Frontline practice

Greater professional freedom for social workers to spend more time with children, young people and their families needs to be underpinned by greater attentiveness to strengths within those families and more information and support for family members expected to protect their children in high risk environments. Both *Safe carers* and the *Family Alcohol Service* demonstrate how good assessment, appropriate support and targeted intervention keep children safe within complex families, and within families initially reluctant to engage with statutory services. *Safe carers*, which works with perpetrators of sexual abuse, has learnt that while traditional work with the perpetrator is crucial in addressing the risk posed by the offender as an individual, it does little to address the underlying issues that have enabled that perpetrator to gain access to the child, despite the presence of the mother of the child. The consequence is that some of these vulnerable families find themselves involved in care proceedings or on child protection plans with little understanding of what has happened to them and little or no help to prevent it from happening again.

d) Approaches to case discussions/strategies for assisting social workers

Co-working, and where possible co-location, remains core to most efficient and cost-effective assessments and interventions. Evidence appended from two such services demonstrates how mental health patients who are also parents are identified at the point of referral to adult mental health teams, enabling social workers to focus on parenting and child welfare issues; and how court reports jointly undertaken by social workers and NHS consultants are characterised by thorough assessments that prevent delays in the court process, and ensure that informed decisions are made which meet the needs of vulnerable children.

3. Lord Laming's recommendations

In order to drive up the quality of practice at the front line, Lord Laming made 58 specific recommendations relating to leadership and accountability, support for children, interagency working, children's workforce, improvement and challenge, organisation and finance and the legal framework.

We are pleased that this current review seeks to build on the work Lord Laming's Progress Report and urge that it is attentive to those recommendations not yet implemented. We consider the three most pressing and most pertinent to the purpose of this review to be:

Recommendation 12: *'The Department of Health and the Department for Children, Schools and Families must strengthen current guidance and put in place the systems and training so that staff in Accident and Emergency departments are able to tell if a child has recently presented at any Accident*

and Emergency department and if a child is the subject of a Child Protection Plan. If there is any cause for concern, staff must act accordingly, contacting other professionals, conducting further medical examinations of the child as appropriate and necessary, and ensuring no child is discharged whilst concerns for their safety or well-being remain.'

Members of staff in Accident and Emergency are amongst those who had opportunity to save the life of Peter Connelly.

Guidance to A and E staff is core to the purpose of *Working Together*. The then government's Action Plan stated that the government would work with both the College of Emergency Medicine and the Department of Health Informatics Directorate 'and co-ordinate this work with their broader look at safeguarding training of health professionals and with the government's revision of *Working Together...*' This commitment needs to be reiterated and fulfilled.

The NSPCC publishes leaflets designed to make the key findings of systematic reviews and implications for practice accessible to anyone in the Health Service working with children or young people. Produced in association with the Welsh Child Protection Systematic Review group, **Core-Info** leaflets reflect the output of a rolling programme of systematic reviews of published research literature on aspects of physical child abuse including enquiries into: head and spinal injury; fractures; bruises; oral injuries and bites and thermal injury. The review currently being undertaken is examining neglect. Core-Info leaflets are available, free of charge, at: http://www.nspcc.org.uk/inform/trainingandconsultancy/learningresources/coreinfo/coreinfo_wda54369.html

Recommendation 21: *'The National Safeguarding Delivery Unit should urgently develop guidance on referral and assessment systems for children affected by domestic violence, adult mental health problems, and drugs and alcohol misuse using current best practice. This should be shared with local authorities, health and police with an expectation that the assessment of risk and level of support given to such children will improve quickly and significantly in every Children's Trust.'*

We consider this recommendation to be crucial to the improvement of frontline services protecting children across all disciplines. There remains a pressing need for cross-government guidance that is attentive both to the well evidenced and detrimental effects of cumulative referrals, and to the high risk attached to withdrawing support to children once adults have separated.

Recommendation 23: *'The Department for Children, Schools and Families should establish statutory representation on Local Safeguarding Children Boards from schools, adult mental health and adult drug and alcohol services.'*

We consider that this recommendation was dismissed too lightly with respect to statutory representation on LSCBs from adult mental health and adult drug and alcohol services, given Lord Laming's emphasis in the relevant section of the body of his report that the 'answer must lie in joint working between police, health and social services'. The then government's response in the Action Plan – that this is to be reflected in *Working Together* – was overturned. The reason advanced for making no change was that NHS Trusts are already represented on LSCBs. However, this representation may well be at too high a level, or members' responsibilities may be drawn too widely, and in such cases we consider that Lord Laming's aspiration cannot be fulfilled through this representation. As Lord Laming observed in his report into the death of Victoria Climbié 'communities are the eyes and ears of the most vulnerable children.'¹

Schools should be a frontline child protection service but school representation on an LSCB or other multi-agency forum is not straightforward and requires much more detailed consideration by the Department for Education, as schools constitute a rich diversity of communities and priorities. There is at least a case for differentiating between primary and secondary schools. There is a case for looking at ways of ensuring that those head teachers attending the LSCB are fully briefed by their colleagues, perhaps through local 'surgeries' feeding in to an annual general meeting – a method currently being considered by some LSCBs as ensuring a wider representation of the voluntary and community sector in their area.

4. Frontline Health Services

Following the death of Peter Connelly the Care Quality Commission (CQC) undertook a rapid review of the safeguarding arrangements NHS trusts have in place for safeguarding children. This work looked at board assurance around: child protection systems, including governance arrangements, training and staffing, and trusts' arrangements for working in partnership with others to safeguard children.

In general, the review found that most trusts have the right people and systems in place for safeguarding children. However, concerns included: a worrying number of staff who were not up-to-date with safeguarding training, including basic awareness training and child protection policies that failed to cover important procedures, such as following up children who miss outpatient appointments. Almost a third of trust boards received little or no information concerning safeguarding from those with a professional responsibility to deliver it.²

¹ Lord Laming (2003) *The Victoria Climbié Inquiry*. London, Her Majesty's Stationery Office.

² Care Quality Commission (2009) *Safeguarding children: A review of arrangements in the NHS for safeguarding children* London: Care Quality Commission.

We urge the Review to take into account the crucial role of health and health professionals in both early intervention and child protection and consider the potential impact of the government's proposed Health Service reforms on child protection. We would particularly like the Review to examine not only the Secretary of State's question "... *how effectively children's social workers and professionals in other agencies work together ...*", but also how effectively professionals in other agencies, particularly in health, work with and are enabled to work with social workers.

Our key concerns relating to frontline Health Services relate to commissioning, primary care, information technology and training.

A) Commissioning

At a time of change in the commissioning of health services the merits and importance of working and commissioning together must not be lost.

What might drive a focus on child protection is far from clear, particularly since all risk is carried by the lead agency, the local authority, an agency which has no authority to intervene in commissioning health sector services. The Draft Structural Reform Plan mentions children once, in the context of oral health, and safeguarding not at all. The accompanying proposals for a revised Outcomes Framework for the NHS³ also fail to acknowledge safeguarding or child protection.

An outcomes framework that provides for joint accountability must be developed if safeguarding and child protection are to remain a constant and key focus for health commissioners.

B) Primary care and child protection / safeguarding

Closely related to our concerns about the proposed new, primary care-led commissioning arrangements is the poor grasp of safeguarding and child protection issues in primary care. Reports from frontline practitioners and LSCB members suggest a seeming unwillingness on the part of GPs to engage with child protection and safeguarding or to undertake even basic level awareness training, reports reinforced by the findings of the CQC's review following the death of Peter Connelly, which reveal that **65 per cent of GPs are not up to date with an appropriate level of training.**

C) Information and communications technology (ICT)

No resource providing a quick, clear, consistent and robust mechanism for recording and recalling a child's attendance(s) at Accident & Emergency, the presence of a child protection plan (CPP) or known engagement with other statutory services exists. The

³ Department of Health (2010) *Revision to the Operating Framework for the NHS in England 2010/11* London: DOH.

inability to share information between health professionals and others remains a matter of significant concern. The absence of the former child protection register, together with the imminent demise of ContactPoint will reinforce this knowledge gap. Tom Jeffery's recent observation that: *"Experience shows the potential value of a quick and reliable means of discovering whether another professional has worked with such a child"*⁴ must be comprehensively embraced in scoping the proposed 'national signposting approach', which we understand to be under consideration, and must include consideration of health professional needs.

D) Training

In the current economic climate training budgets, provision and uptake will all experience downward pressure unless provisions are in place to support and preserve them. **Guidance concerning minimum training requirements; good practice guidance; protected time for child protection training; budget allowances, agreed at Board level, for clinical and nursing back-fill to release professionals for child protection training, are all measures that should be required of commissioners and providers,** but in the absence of key drivers are unlikely to find favour.

5. Bureaucracy and regulation

We understand the view that social workers are burdened with bureaucracy and that this may divert them from direct work with children. It is tenable that:

- social work is excessively target driven;
- the Integrated Children's System has proved more a burden than a resource to social workers;
- the range, breadth and depth of statutory, non-statutory and best practice guidance is overwhelming, creating a significant challenge for social workers to be fully conversant with it.

The pursuit of process may give social workers a false sense of security. Process and procedures may be followed to the letter but incidents still happen, because nobody reflected on what was recorded; asked how or why something was happening.

It is possible that less regulation will result in more direct work with children. However, social workers need to be sufficiently skilled to work effectively in a less regulated environment. The Social Work Taskforce highlighted that much work remains to be done to develop a fully confident, highly skilled workforce. A key skill is assessing and managing risk. Social workers must be able to:

- identify potential risk;
- identify how to mitigate risk;

⁴ Department for Education (22 July 2010) Letter on Decommissioning ContactPoint, sent by Tom Jeffery to Directors of Children's Services and Chief Executives of ContactPoint National Partners.

- judge acceptable timelines for a child to continue to live with risk;
- identify the triggers that lead to a decision to remove the child from the situation.

But less regulation, if it is to inspire more direct work with children, requires greater attention to, and promotion of, the principles underpinning regulation. The underlying message explicit in the 1989 Children Act guidance⁵ provides a good touchstone by which reform can be judged:

‘Just as decisions can only be as good as the evidence on which they are based, so the application of principles can only be as good as the practice skills and practical resources which are available and used.’

We suggest **there is a need for greater clarity from government about the status of guidance, that is, whether it is statutory, non-statutory or advanced as best practice.**

We consider that the elements needed to develop a competent and professional workforce are well set out in the Social Work Taskforce programme. **We reiterate and emphasise that the call of the Social Work Taskforce was for effective and efficient Information and Communication Technology (ICT) that is practitioner led and fit for purpose.**

6. The Big Society and child poverty

We consider that this review needs to connect with other government initiatives.

Models of early intervention will most likely receive the sympathetic consideration of Frank Field as he conducts his **independent review into poverty and life chances.**

It is unclear at present what is meant by the term ‘early intervention’ within the remit of this or of Frank Field’s review. Government, professionals and the public have at different times used it to mean intervention:

- early in a child’s life;
- early in the development of a potential problem;
- early, once a problem has been identified.

These need to be differentiated and used consistently across the two reviews. All are relevant and need to be promoted in the actions prompted by both reviews. We consider that there would be benefit in the

⁵ Department of Health. *The Care of Children: Principles and Practice in Regulations and Guidance*. London: Her Majesty’s Stationery Office.

evidence elicited for this review informing that to be conducted by Frank Field, and vice versa.

7. The Big Society and children

There is an implicit objective of the ‘**Big Society**’, whereby the service user is an active participant, not a passive recipient of services. There is insufficient detail yet to judge whether or not children are deemed active participants in the sense meant by the government. They are invisible and have simply not been referenced in the discourse which is inconsistent with their status in Article 12 of the UN Convention on the Rights of the Child (UNCRC) which is endorsed by the Coalition Government. Nor has there been any emphasis laid on responsibilities owed by duty bearers to children, under Article 3 of the UNCRC – though these responsibilities are crucial to effective child protection; an idea captured in the phrase ‘safeguarding is everyone’s responsibility’. We consider it appropriate for this review to inform policy development and the programme of action linked to the Big Society.

It is possible for child protection to be owned as a priority by local communities and neighbourhoods. The evaluation of the *Safe Communities* project, referenced in the appended templates, is testimony of this. The project succeeded in reaching out to organisations working with some of the most disadvantaged and ‘hard to reach’ groups of children and young people, with a budget of approximately £1m over three years and an establishment of three full time staff complemented by secondments and sessional support. It brought about far-reaching changes in local practice, and national policy supportive of that practice.⁶ The NSPCC is well positioned to negotiate relationships between community organisations and statutory services.

In the discussions with staff that informed the NSPCC’s response to the then draft *Working Together* guidance (2010) one practitioner commented “... *guidance has lost sight of the child*”. **We look to this review to redress that problem; to facilitate a reform of the system so that social workers are better enabled to develop meaningful relationships with children** that allow children the space and security to discuss their concerns / worries and fears.

Children have to feel safe so that they can trust those working with them. We try to offer children and young people a confidential space through ChildLine in which they feel able to discuss openly the problems they are experiencing and to discuss options which leave them feeling that their wishes and feelings have been respected and that they retain some control of events which directly involve them. This practice is not unique to the NSPCC, but is one we suggest the review should place significant emphasis upon.

⁶ Cotmore, R. and Whalley, P. (2007) 'A report on the local conferences for the Safe Communities project', NSPCC research briefing, October. Available at: http://www.nspcc.org.uk/inform/research/findings/launchingsafecommunities_wdf66144.pdf

This is of particular relevance to older children/young people. Recent research from the Children's Society, NSPCC and York University found that professionals reported difficulties engaging young people in the child protection system.⁷ The system was not seen by child care social workers to be appropriate to the needs of young people aged 14 upwards as it is not flexible enough to allow young people to have autonomy and control over the process. More thought needs to be given to developing a system that has the flexibility to respond effectively to young people's growing independence and skills. We consider that regulation should be framed in ways that support a better focus on the child and are attentive to the child's age and developmental stage.

As with age and developmental stage, it is important that practice with disabled children should fulfil best practice guidance. Specifically, "*safeguarding concerns/referrals concerning disabled children [should be] assessed by practitioners who are both experienced and competent in child protection work, with additional input from those professionals who have knowledge and expertise of working with disabled children*".⁸ We recommend that the review team considers how this recommendation can become the norm across England.

8. Conclusion

We urge that:

- in building on the work of Lord Laming's Progress Report attention is focused on those of his recommendations that were not acted on;
- the Review should take into account the crucial role of health and health professionals in both early intervention and child protection.

We emphasise that:

- the Social Work Taskforce's call for effective and efficient Information and Communication Technology (ICT) that is practitioner led remains pertinent;
- public, neighbourhood and community engagement is essential to the identification and protection of children at risk of abuse and further abuse: this can be achieved through the brokerage of trusted large voluntary organisations between local authorities and the public, neighbourhood and community groups and sports bodies; this has been demonstrated by the NSPCC Helpline service, the *Safe Communities* project, *Safe Network*, and the *Child Protection in Sport Unit*.

Finally, we reiterate that we welcome this review and the stress it places on day-to-day practice to complement learning achieved through the consideration of serious cases. We suggest that the issue of accountability, with respect to all frontline services, is considered at the next stage of the review. We express a ready willingness to participate in any future discussion.

⁷ Rees et al (2010) *Safeguarding Young People: Report Responding to young people aged 11 to 17 who are maltreated*. London:Children's Society.

Safe Network

NAME ADDRESS AND CONTACT DETAILS (OPTIONAL):	<p>Please provide your name if you are willing to be contacted about the evidence you are submitting :</p> <p>Alan Coombe and Vijay Patel</p>
<p>Name of organisation :</p> <p>Evidence title and area of review: eg Early Intervention, Frontline practice, Transparency and Accountability</p> <p>Background A short introduction to the case study e.g. what was the problem or challenge?</p> <p>Your approach What did you do differently in order to solve the problem or improve the situation?</p>	<p>National Society for the Prevention of Cruelty to Children-Safe Network</p> <p><i>NB. The evidence presented should concern itself with innovative practice and solutions to complex challenges concerning social work practice and child protection</i></p> <p>Identifying and helping children and young people in need</p> <p>Through our services, consultancy and training work the NSPCC identified a vast and diverse range of community and voluntary organisations providing services to children but lacking adequate safeguards for those children and the resources and knowledge to put safeguards in place. These community-based organisations involve staff and volunteers across all communities and include millions of children in their activities each year. To meet this need we established the <i>Safe Communities</i> project in 2006, delivering a toolkit of child protection resources and supporting the development of local capacity to support organisations to put safeguards in place. This project supported more than 5000 organisations in 3 years, working with more than one million children and was positively evaluated.</p> <p>Safe Network builds on the success of Safe Communities, providing information, advice and resources to community and voluntary sector groups to help them improve their child protection practice. The project helps and supports neighbourhoods and faith groups, parents and carers to recognise children who may be at risk and to feel confident to take appropriate action.</p> <p>Safe Network :</p> <ul style="list-style-type: none"> • is a one- stop-shop for information and authoritative child protection advice; • provides and commissions high quality child protection materials tailored to the needs of different audiences within the voluntary, community and social enterprise sectors; • publicises examples of good practice and endorses work that meets agreed standards, so parents and young

	<p>people are better informed about how to choose activities and empowered to assess risks appropriately;</p> <ul style="list-style-type: none"> • works with communities and faith groups that experience disadvantage and discrimination; using learning from the use of the Safe Communities toolkit to inform the development and distribution of a child protection resource specific to the expressed concerns of black and minority ethnic groups; • ensures the needs of the sector are understood by agencies such as the Independent Safeguarding Authority (ISA), and that the requirements of the ISA are understood by the sector; • advocates for local communities' child protection needs with government departments and local safeguarding children boards; and works to move public responsiveness to child abuse from awareness, through social responsibility, to action.
<p>Working with others <i>Who have you involved in making the improvement and/or change?</i></p>	<p>Safe Network is managed by the NSPCC in partnership with Children England. We involve a wide range of national partners, including Parentline Plus, the British Youth Council, Community Service Volunteers, the Women's Resource Network, Race Equality Foundation, National Children's Bureau and the National Association for Voluntary and Community Action. In addition, we have engaged with local authorities and with a wide range of local organisations and partnerships.</p>
<p>Outcomes <i>What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?</i></p>	<p>An evaluation of Safe Network will first report in September, to consider the extent to which:</p> <ul style="list-style-type: none"> • voluntary and community sector organisations have effective safeguards in place to prevent the abuse of children and young people; • recruitment practices for paid staff and volunteers in the voluntary and community sector reflect best practice and are demonstrably safer; • the child protection arrangements of community and voluntary sector organisations are integrated into local inter-agency safeguarding arrangements; • parents and carers of young people are able to identify the basic child protection arrangements that organisations involved with their children should have in place, can reassure themselves that this is the case and have

Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i>	confidence in third sector providers.
	OPTIONAL This is not available.

Please tick if you want us to keep your response confidential.

Name Alan Coombe and Vijay Patel

Organisation (if applicable) NSPCC

Address: 42, Curtain Road,
London, EC2A 3NH

NSPCC Helpline

NAME ADDRESS AND CONTACT DETAILS (OPTIONAL):	<p>Please provide your name if you are willing to be contacted about the evidence you are submitting :</p> <p>Alan Coombe and Vijay Patel</p>
<p>Name of organisation :</p> <p>Evidence title and area of review: eg Early Intervention, Frontline practice, Transparency and Accountability</p> <p>Background A short introduction to the case study e.g. what was the problem or challenge?</p>	<p>National Society for the Prevention of Cruelty to Children-Helpline</p> <hr/> <p><small>NB. The evidence presented should concern itself with innovative practice and solutions to complex challenges concerning social work practice and child protection</small></p> <p>Identifying and helping children and young people in need</p> <hr/> <p>There are limited opportunities outside of normal office hours for members of the public to get advice and assistance about their concerns for the safety and wellbeing of a child.</p> <p>The public are deterred by cost to their time and purse and are apprehensive that in voicing their concerns to a statutory agency they may not retain their anonymity.</p> <p>There are large numbers of staff and volunteers providing services and activities for children in their neighbourhoods and communities. They seek advice and assistance about the wellbeing of individual children, again often outside office hours.</p> <p>Statutory organisations undertaking major enquires also need cost effective ways of reaching out to a wider audience where enquires may be required to engage with mass audiences. Providing an independent source of contact improves the public's perception of the roles and responsibilities of the enquiring lead agency.</p>
<p>Your approach What did you do differently in order to solve the problem or improve the situation?</p>	<p>The NSPCC operates a helpline service seven days a week, twenty four hours a day. It is available to adults seeking advice or reporting children needing help to keep them safe. It is a cost free anonymous service, staffed by a range of professionally qualified and experienced social workers, teachers, nurses and counselors.</p> <p>It is available via the telephone, internet, and email, and is responsive to the communication needs of deaf people and people for whom English is not a first language.</p> <p>Helpline provides dedicated numbers and services to</p>

<p>Working with others <i>Who have you involved in making the improvement and/or change?</i></p>	<p>professionals wishing to offer the service to their users.</p> <p>The service works closely with local statutory agencies, local voluntary and community sector organisations and the social enterprise sector.</p> <p>The development and refinement of the service is informed by regular feedback from users, and information from children's services departments about outcomes.</p>
<p>Outcomes <i>What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?</i></p>	<p>In 2009-10 the NSPCC Helpline made 12,000 referrals to local child protection agencies. NSPCC Helpline referrals are timely and clearly communicate child welfare concerns so that local agencies can take appropriate action. It acts as a filter that assists hard pressed children's services departments to focus on the most serious cases; by providing early identification of concern and need it prompts early intervention to meet that need.</p> <p>36 per cent of NSPCC Helpline referrals are about families who are not known to the local authority and only 13 per cent of referrals were about families with an allocated a social worker. In cases where families were known to local authorities, referrals from the Helpline provided useful background to the case or alerted those authorities to new concerns when a case has been closed. Where the family was not known Helpline calls uncovered cases of serious child abuse which would have otherwise remained hidden.</p> <p>Last year 34 per cent of NSPCC Helpline referrals related to neglect. Analyses of Serious Case Reviews have found that where children were the subject of a child protection plan, 65 per cent referenced neglect. This suggests that NSPCC Helpline referrals relate to children at potentially high risk. 43 per cent of children believed to be at risk in NSPCC Helpline referrals are under five years old. Given the high rate of Serious Case Reviews where children are under five years old there it is likely that NSPCC Helpline referrals identify children at very high risk.</p> <p>Following Helpline referrals, 56 per cent of local authorities initiated (or had already initiated) an initial assessment. Local authorities undertook a range of safeguarding actions following their assessment, including assistance under section 17 of the 1989 Children Act or enquiry under section 47.</p>

<p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>Without the NSPCC Helpline it is highly probable that a number of these children, who are now protected, would have remained unknown to local authorities. The NSPCC Helpline does not make unnecessary referrals. Feedback from agencies found only 5 per cent felt the referral was not appropriate.</p>
	<p>OPTIONAL</p> <p>Independent helplines promote early identification of children at risk, therefore increasing opportunities for early intervention. 73 per cent of callers to the NSPCC Helpline made that call within six months of their concern first forming.</p> <p>From our experiences over the last 24 years, this service not only provide value for money at a forecast cost of £19.46 per contact delivered but they also help to alleviate pressure on social services by acting as a filter, only referring cases where children are believed to be at risk.</p>

Please tick if you want us to keep your response confidential.

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Child Protection in Sport Unit

NAME ADDRESS AND CONTACT DETAILS (OPTIONAL):	<p>Please provide your name if you are willing to be contacted about the evidence you are submitting :</p> <p>Alan Coombe and Vijay Patel</p>
<p>Name of organisation :</p> <p>Evidence title and area of review: eg Early Intervention, Frontline practice, Transparency and Accountability</p> <p>Background A short introduction to the case study e.g. what was the problem or challenge?</p> <p>Your approach What did you do differently in order to solve the problem or improve the situation?</p>	<p>National Society for the Prevention of Cruelty to Children- Child Protection in Sport Unit</p> <hr/> <p><i>NB. The evidence presented should concern itself with innovative practice and solutions to complex challenges concerning social work practice and child protection</i></p> <p>Identifying and helping children and young people in need</p> <hr/> <p>The Child Protection in Sport Unit (CPSU) is funded by the NSPCC and Sport England to advise and support sports organisations. The sports sector works with around 9 million children each week and is a key area where children can be kept safe, concerns can be identified and passed on appropriately.</p> <p>This cannot be done without having effective and proportionate systems and processes in place or without the awareness of those working within sport.</p> <p>In the past the absence of these safeguards has led to adults who pose a danger to children accessing children through sporting activities, e.g. the case of Thomas Hamilton⁸; and to sporting bodies not having sufficient awareness, systems and processes to identify and address concerns about children, e.g. the case of Paul Hickson.⁹</p> <p>As the sports sector's awareness and structures to safeguard children and young people has developed, children are better protected and concerns are acted on. Challenges continue, including the need to develop comprehensive ways of coordinating concerns about children, communicating and working with statutory authorities and enhancing safeguards within the unregulated sporting and leisure organisations.</p> <hr/> <p>Case Management structures within sports bodies ensure that concerns are effectively managed by trained and experienced designated staff. For example, Children In Golf have established a structure to effectively manage concerns about children and young people which can be considered by a selected group in order to plan appropriate responses to these concerns. This</p>

⁸ Thomas Hamilton set up independent athletics clubs in school gyms following a succession of allegations of sexual abuse when a Scout leader. In 1996 Hamilton killed 13 children and 3 adults in Dunblane.

⁹ Paul Hickson was an elite swimming coach convicted of 15 charges of sexual abuse in 1995 and sentenced to 17 years in jail. He abused children over a 15-year period while training in Norwich and Swansea.

ensures that thresholds are considered at an early stage and that concerns are referred to statutory services where appropriate to ensure early responses and preventative action where possible.

Policies and Procedures ensure that a clear message is given out to children, young people, parents and carers, and to employees and prospective employees, that the sport believes in the right of children to be kept safe. The procedures to enable this are fundamental, including clearly communicated reporting procedures, e.g. the British Wheel of Yoga and the Rugby Football Union, amongst other National Governing Bodies of sport, have leaflets/cards that are explicitly designed for children and young people to advise them of their rights and the procedures for reporting concerns.

Working together with other organisations, particularly statutory organisations, has been challenging. In some areas, the Local Safeguarding Children Board (LSCB) has developed Sports Safeguarding Groups, e.g. in Humberside. In others, close liaison with the Local Authority Designated Officer (LADO) has been important to ensure that all those involved in particular cases are communicating information effectively.

Training and the development of skills and knowledge has grown within the sports sector with the development of specific training courses for various groups. Examples include Educare – Keeping children safe in sport – an introductory on-line course; “Safeguarding & Protecting Children” training for coaches developed by Sportscoach UK and the CPSU; and “Time To listen” training for those in designated positions within sport, also developed by the CPSU.

By involving children and young people in planning and decision making, they are given a voice and their views are respected. This both enhances safeguards as well as giving a clear message that children are valued and listened to. For example sports such as the British Aikido Board and British Judo include young people within their management boards and other decision making groups to ensure that their views are valued and considered from the outset.

Recruitment and selection of appropriate individuals within positions of responsibility in sport is also important in ensuring that safe people are working with children and young people. The CPSU has developed training for staff involved in recruitment and selection to help them risk-assess applications, with particular, though not exclusive, regard to the receipt of ambivalent CRB checks. This helps them to decide which applicants are appropriate for particular roles in their sport, while considering and managing risk.

<p>Working with others <i>Who have you involved in making the improvement and/or change?</i></p>	<p>The CPSU has worked with Sport England, National Governing Bodies and County Sports Partnerships to develop the Standards for Safeguarding Children in Sport. In this way, a funding body (Sport England) has ensured that a significant number of major sports bodies have been required to demonstrate that they have addressed their statutory safeguarding responsibilities. This has made a significant contribution to the establishment and implementation of more consistent child protection policies, structures, systems and resources across the sector.</p> <p>The CPSU works closely with National Governing Bodies of Sport, County Sports Partnerships and government departments. The “Call to Action” strategy is supported by all the landscape partners within the sport sector to address and enhance safeguards within sport.</p> <p>In some areas sports bodies (County Sports Partnerships, sports governing bodies, local authority leisure departments and training providers) have established Safeguarding through Sports groups which link (often directly) to LSCBs and statutory agencies. They aim to increase mutual understanding , share information and develop a partnership approach to safeguarding locally.</p>
<p>Outcomes <i>What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?</i></p>	<p>Twenty National Governing Bodies and 40 County Sports Partnerships have achieved the Safeguarding Standards. Case recognition and reporting have increased in every organisation with the introduction of standards and implementation of more effective policies.</p> <p>The Unit is currently reflecting on how best to develop awareness and child protection practice to benefit children and young people with additional vulnerabilities.</p>
<p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>The sports sector works with significant numbers of children and young people. It is an environment where, given the proper support, tools, and partnerships, child protection concerns can be identified early, and interventions put in place promptly.</p> <p>Sport is predominantly volunteer-based at low or no cost to the public purse. By ensuring child protection concerns are effectively addressed in this sector public confidence is increased. In turn, this reassurance encourages more adults and young people to volunteer and contribute to their communities and neighbourhoods.</p>

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Community Support

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Name of organisation :	<p>National Society for the Prevention of Cruelty to Children – community support.</p>
Evidence title and area of review: <i>eg Early Intervention, Frontline practice, Transparency and Accountability</i>	<p><i>NB. The evidence presented should concern itself with innovative practice and solutions to complex challenges concerning social work practice and child protection</i></p> <p>Identifying and helping children and young people in need.</p>
Background <i>A short introduction to the case study e.g. what was the problem or challenge?</i>	<p>To secure support from black, minority ethnic (BME) and refugee communities for safeguarding programmes for parents and the recruitment of safeguarding champions to promote campaigns in their respective communities. Thus far, in Newcastle upon Tyne; Middlesbrough; Gateshead and South Shields.</p> <p>To create a forum on safeguarding, respect and civic awareness for children and young persons from BME communities.</p>
Your approach <i>What did you do differently in order to solve the problem or improve the situation?</i>	<p>The initiative:</p> <ul style="list-style-type: none"> -worked with community leaders as well as ‘grass roots’ and minority ethnic community groups; -secured the support of the City Councils, the Local Safeguarding Children Boards(LSCBs) and other partner organisations to enable sharing of resources and expertise; -trained minority ethnic safeguarding champions to build trust in their own communities and to become ambassadors for change in safeguarding and supporting parents and families; -secured the support of University Vice Chancellors and other academics to provide specialist local support, especially for asylum seeker and refugee communities.
Working with others <i>Who have you involved in making the improvement and/or change?</i>	<p>Community Leadership; Community Organisations; Local Authorities; LSCBs; universities; Primary Schools; North of England Refugee Service; Regional Refugee Forum; three Police Forces; trained minority ethnic volunteers who are now part of the NSPCC Family of volunteers.</p>
Outcomes <i>What were the actual improvements and what difference did you make for</i>	<ul style="list-style-type: none"> -Established a cohort of trained volunteers representing a wide range of minority ethnic communities; -Assisted Local Authorities and LSCBs with their strategic

<p><i>children and young people? What lessons did you learn?</i></p>	<p>priorities for BME/Refugee communities; -Built Trust with hard to reach communities; -Helped a growing number of parents to gain more confidence in seeking advice and support; -Created opportunities for minority ethnic children and young people to ‘have a voice’; -Broke down barriers for local institutions, particularly the Police. Provided opportunities for Police to be more accessible and accepted in communities; -Provided toolkits; training; information for parents and children.</p>
<p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>OPTIONAL Cost-effectiveness is enhanced by using trained volunteers; sharing resources; working on the joint strategic aims of partner organisations; and securing support in kind from universities and schools.</p>

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Library and Information Service specialising in child protection

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<p>Name of organisation :</p> <p>Evidence title and area of review: eg Early Intervention, Frontline practice, Transparency and Accountability</p> <p>Background A short introduction to the case study e.g. what was the problem or challenge?</p> <p>Your approach What did you do differently in order to solve the problem or improve the situation?</p>	<p>National Society for the Prevention of Cruelty to Children-library</p> <hr/> <p><i>NB. The evidence presented should concern itself with innovative practice and solutions to complex challenges concerning social work practice and child protection</i></p> <p>Strategies for shared learning.</p> <hr/> <p>The NSPCC established a library and information service in 1975 to provide access to research literature and practice knowledge published on child protection. It provided researchers, policy-makers and practitioners with one specialist collection and catalogue to refer to when searching for learning on child protection. These services were available to both staff and external professionals but access to the information was limited due to the channels of delivery available.</p> <hr/> <p>In 2002, the NSPCC Inform website was created to enable the library and information service to be accessible to all external professionals as a free online child protection resource for professionals. Our library catalogue, which lists over 35,000 references to books/reports, online publications, audio-visual resources and journal articles on child protection is now available universally for anyone to search for resources on child protection to benefit from the knowledge of others.</p> <p>Through the NSPCC Inform website the NSPCC Safeguarding Information and Library Service create and coordinate content for professionals, making information and learning on child protection accessible. Resources include: statistical summaries, briefings on research findings, fact-sheets, reading lists, and answers to frequently asked questions the information service receives.</p> <p>In order to keep professionals up-to-date we launched CASPAR, a weekly current awareness email alert service on the latest developments in child protection. This service was introduced initially to keep NSPCC staff aware of current learning, news and events but was made available</p>

	<p>to anyone.</p> <p>In a survey of CASPAR users, subscribers stated that it was difficult for professionals to find out the lessons learnt and recommendations from Serious Case Reviews. This was confirmed by the many enquiries we receive asking for help in locating these reports and an article in Community Care in July 2008 identifying the problem. Our response to this problem was to compile a single listing of the published executive summaries of Serious Case Reviews. Without our list, professionals seeking these reports needed to know the local authority responsible for the report or where the child concerned had lived. Our list provides brief details of the case and a link to the executive summary.</p>
<p>Working with others <i>Who have you involved in making the improvement and/or change?</i></p>	<p>Content for the website is written by or approved by NSPCC staff, who are specialists in the particular topic. Users of services are invited to provide feedback and contribute to regular user surveys.</p>
<p>Outcomes <i>What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?</i></p>	<p>We currently have over 8,000 subscribers to CASPAR, our current awareness service. This service is free and as we encourage subscribers to pass on the alerts to colleagues this figure will be an underestimate of the number of professionals it reaches.</p> <p>Our Serious Case Review listing has been referred to as “a helpful web link” in a letter from Christine Gilbert, HM Chief Inspector at Ofsted, in response to a parliamentary question in October 2009.</p> <p>Feedback from practitioners tells us that our services have increased their knowledge and improved their practice with children and young people. Although there is now a wealth of knowledge available online, it can be overwhelming and difficult to locate. Our services coordinating and promote this knowledge, giving professionals easy access to learning.</p>
<p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>OPTIONAL</p> <p>These services are resourced by the NSPCC so that its staff to have access to the latest learning and its work is informed by the most current knowledge available on child protection. Making these resources freely available online to all individual professionals externally is provided at no additional cost.</p>

The services save professionals time because skilled information specialists are searching, managing and disseminating the latest knowledge available on child protection on their behalf.

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Safe Carers

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Name of organisation :	<p>National Society for the Prevention of Cruelty to Children- Safe carers</p>
Evidence title and area of review: <i>eg Early Intervention, Frontline practice, Transparency and Accountability</i>	<p>Frontline Practice .</p>
Background <i>A short introduction to the case study e.g. what was the problem or challenge?</i>	<p>Services addressing sexual abuse have tended to focus on the assessment, treatment and management of the perpetrator or provide therapeutic services for the victim.</p> <p>Safe Carers, which works with perpetrators of sexual abuse in the North West of England, has learnt that whilst traditional work with the individual perpetrator is crucial in addressing the risk posed by the offender as an individual, it does little to address the underlying factors that have enabled that perpetrator to gain access to the child, despite the presence of the mother of the child.</p> <p>Mothers generally receive little consideration, and are often expected to reconcile the impact of having a sex offender in the household with increased expectations from statutory agencies that they provide safe care, with little or no support or information about how to do this.</p> <p>The consequence is that some of these vulnerable families find themselves involved in care proceedings or on child protection plans with little understanding either of what has happened to them or help with how to prevent it from happening again.</p>
Your approach <i>What did you do differently in order to solve the problem or improve the situation?</i>	<p>Safe Carers identified that in many cases the female partner of a perpetrator had little or no understanding of the risks posed by their partner. They perceived statutory services as judgemental.</p> <p>The project organised a group-work programme for eight women, which ran for 12 weeks covering denial, theories of sexual offending, self esteem, cognitive</p>

<p>Working with others <i>Who have you involved in making the improvement and/or change?</i></p>	<p>distortions, understanding partner’s sexual offending, and internet sexual offending.</p> <hr/> <p>The programme has been developed and facilitated by NSPCC practitioners. Groups have been involved in different levels of the child protection process and therefore local authority social workers have retained some practical involvement.</p> <p>Group workers have provided feedback about the impact and influence the group has had on individual participants. In some cases this has led to the child returning home or the withdrawal of court proceedings.</p> <p>The programme is in its formative stages (there have been two groups and a third is planned for September) and links have been established with a local university to evaluate the project.</p>
<p>Outcomes <i>What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?</i></p>	<p>Participants have received factual information about their partner’s offending; they have been able to link theory to their own circumstances and by doing this they have developed a better understanding about how to keep their children safe and how to identify issues or concerns in current or future partners.</p> <p>One of the most significant aspects of the process was that for the first time the participants were able to talk to other people in the same situation as them and this addressed the isolation and vulnerability that often accompanies families affected by sexual abuse. This enabled the participants to feel less isolated and helped to create more trusting, understanding and open relationships with professionals.</p> <p>In some cases, it helped the participants to challenge their partners about their behaviour. For others, it enabled them to move away from relationships that had been damaging to them and their children. In other cases, it enabled participants to continue to care for their children when it seemed likely that their children would be removed from their care.</p>
<p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>OPTIONAL</p>

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'Space'

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<p>Name of organisation :</p> <p>Evidence title and area of review: eg Early Intervention, Frontline practice, Transparency and Accountability</p> <p>Background A short introduction to the case study e.g. what was the problem or challenge?</p> <p>Your approach What did you do differently in order to solve the problem or improve the situation?</p> <p>Working with others Who have you involved in making the improvement and/or change?</p>	<p>National Society for the Prevention of Cruelty to Children - Space</p> <p><small>NB. The evidence presented should concern itself with innovative practice and solutions to complex challenges concerning social work practice and child protection</small></p> <p>Approaches to case discussions. Strategies for assisting social workers to have the skills to pursue difficult issues with families whose needs may be complex.</p> <p>'Space' is a service which works with young people who are the victims of abuse or display sexually harmful behaviour. The project receives referrals from two local authorities and a variety of different agencies. As the service developed it was in danger of being swamped with referrals; some of these were inappropriate for this service. The time taken to process the referrals began to compromise the level of service that could be offered.</p> <p>We introduced consultation meetings once a week where referrers could meet with NSPCC practitioners to discuss potential referrals. This enabled us to identify and prioritise referrals at an early stage. It also gave the opportunity to consider other agencies/workers that might be more suitable to provide the service requested. For the latter cases we were able to provide resources and advice to assist colleagues from other agencies in undertaking the work themselves.</p> <p>The consultation process has proved highly successful in streamlining our referral process and also in sharing information/skills with other professionals. Professionals from other agencies also use this time to clarify issues regarding risk and child protection concerns. As the process has developed we have found that foster carers, parents and grandparents have also successfully used this service in order to manage young people's behaviour and increase their understanding of that behaviour.</p> <p>We have worked with social workers, family support workers, learning mentors, schools, families, foster carers, health professionals and the youth offending service.</p>

<p>Outcomes <i>What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?</i></p>	<p>By providing resources and advice for colleagues already working with the family, children and young people received a quicker response and fewer were referred on to another service. The knowledge professionals gained led them to report more confidence in repeating the work with subsequent families.</p> <p>We have found that the quality of referrals has improved and that the understanding about what this service can offer is far better. We have also been able to influence some case management decisions for young people where there are concerns; as a result they have received a better service.</p> <p>We learned that there is a huge body of skills and knowledge amongst other agencies that, with support, can be used effectively to help children and young people. The notion of having a specialist agency may be de-skilling for other agencies, and create the idea that only the specialist agency can offer a service, which also acts to absolve others of responsibility. In contrast, this approach clearly shares knowledge, resources and responsibility in a shared aim to assist children and young people</p>
<p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>OPTIONAL This approach is very cost effective in terms of the practitioner hours and the number of children who are helped. In making referrals more effective we are able to focus time and resources in the right areas. Equally, by sharing skills and knowledge, more children receive a service from a variety of professionals.</p>

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Parkside Assessment Service

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Name of organisation :	<p>National Society for the Prevention of Cruelty to Children – Parkside assessment service</p>
Evidence title and area of review: <i>eg Early Intervention, Frontline practice, Transparency and Accountability</i>	<p><i>NB. The evidence presented should concern itself with innovative practice and solutions to complex challenges concerning social work practice and child protection</i></p> <p>Strategies for assisting social workers to have the skills to pursue difficult issues with families whose needs may be complex.</p>
Background <i>A short introduction to the case study e.g. what was the problem or challenge?</i>	<p>How to best assess complex families with serious child protection concerns during public law care proceedings and how best to aid the Court in making decisions about very vulnerable children’s futures.</p> <p>Assessments in care proceedings operate within a complex network with a high number of variables affected by resources and factors such as: the high turnover of social workers, long waiting lists for children’s guardians and court space, all of which affect the service received by children with complex needs.</p>
Your approach <i>What did you do differently in order to solve the problem or improve the situation?</i>	<p>NSPCC Parkside offers a multidisciplinary community-based family assessment service bringing together National Health Service (NHS) consultants (child and adolescent psychiatry, psychotherapy & psychology) with NSPCC child protection social work expertise as well as play therapy and family therapy.</p> <p>This is the only team of its kind.</p> <p>The team has developed a four-month community-based approach based on psychodynamic systemic and social work principles. Families are seen intensively over a three month period; this includes the adults, children, siblings and the family together.</p> <p>The team’s assessments always include NSPCC and NHS colleagues and they meet for regular consultation with other team members to analyse children’s development, experiences to date, needs now and in the future– alongside parenting capacity, insight, and the ability to change and sustain change within the child’s timeframe.</p>

<p>Working with others <i>Who have you involved in making the improvement and/or change?</i></p> <p>Outcomes <i>What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?</i></p> <p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>Feedback is given to parents before the report is written and filed with the court; team members attend and provide evidence to the court.</p> <p>The team takes referrals from across London and the South East.</p>
	<p>The team is multidisciplinary and multi-agency. Co-working with others is core to the process.</p>
	<p>Good and thorough assessment prevents delays in the court process, ensuring that informed decisions are made for vulnerable children.</p> <p>Families are seen for one assessment rather than needing several separate experts who work in isolation.</p> <p>Our model allows important perspectives/opinions/ expertise to be brought together and analysed in such a way that keeps children, their needs and their experiences, at the centre of assessments.</p> <p>Courts want more than social workers' opinions; having social workers and NHS consultants in the same team allows the 'team's opinion' to be presented in a way favoured by judges.</p>
	<p>OPTIONAL Good and through assessment should prevent delay in the court system, thus reducing costs.</p>

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Parkside Mental Health Service

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Name of organisation : Evidence title and area of review: <i>eg Early Intervention, Frontline practice, Transparency and Accountability</i> Background <i>A short introduction to the case study e.g. what was the problem or challenge?</i> Your approach <i>What did you do differently in order to solve the problem or improve the situation?</i>	<p>National Society for the Prevention of Cruelty to Children – Parkside mental health service(PMHS).</p> <p><i>NB. The evidence presented should concern itself with innovative practice and solutions to complex challenges concerning social work practice and child protection</i></p> <p>Strategies for assisting social workers to have the skills to pursue difficult issues with families whose needs may be complex.</p> <p>How to better identify, assess and support families where a parent suffers from mental ill health, leading to better safeguarding and improved outcomes for children.</p> <p>The PMHS service is a partnership between the NSPCC and the Central North West London Mental Health Trust (CNWLMHT). The teams are co –located in a large NHS locality Children and Adolescents Mental Health Service (CAMHS) team and adult psychotherapy department.</p> <p>We ‘join up’ adult and child mental health services. We have a named NSPCC social worker who attends the community adult mental health teams (CMHT’s) weekly intake meeting. New adult patients referred for adult mental health assessments who are also parents receive a joint assessment with a CMHT colleague and the PMHS/NSPCC social worker. The CMHT colleague assesses adult’s mental health, risks, need for medication etc, and our social worker assesses: the impact on children; any child welfare/protection concerns; the impact on parenting and family life; and the need for ongoing support for the family. CMHT and PMHS devise and agree a care plan, alongside the adult patient.</p> <p>When appropriate, the family can also then be offered ongoing therapeutic input from PMHS focusing on their mental ill health and its impact on parenting /family life. This includes family therapy, individual psychotherapy, group psychotherapies, art/ play therapy. This work is then delivered by CAMHS/PMHS and families decide whether or not they want this element of the service.</p>
Working with others	<p>This is a multidisciplinary partnership service between</p>

Who have you involved in making the improvement and/or change?

Outcomes

What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?

NSPCC and NHS/CNWL (CAMHS & CMHT). The service is co-located, which allows for the development of formal and informal networks between child and adult services, thus better protecting children in high risk/vulnerable families who are in danger of falling between both services.

Patients who are also parents are now identified at the point of referral to adult mental health teams, enabling social workers to focus on the parenting and child welfare issues.

We cannot emphasise enough how important it is to ‘think family’ and help parents and children think about the impact of mental ill health on their lives. There is still a stigma attached to mental ill health. Many parents think they can hide their illness from children, yet if children are growing up in families with depression, psychosis or personality disorders they know this only too well. Where it is safe to do so we help children to build resilience to manage family life and help parents to be the best parents they can be despite their illness. For some children this is not possible and the parent’s illness can seriously jeopardise their wellbeing; they then need professionals to take action to keep them safe.

Lessons learnt:

- adult CMHT workers are experts in adult mental health, but asking/expecting them to be experts in children, child welfare/protection or families is not realistic, just as it is not realistic to expect child and family social workers to become experts in adult mental health assessments. However, this does not mean that they do not have responsibility for thinking about children and being aware of child protection; by joining together adult and child professionals in the same room, assessing the parent at the same time, both types of expertise can be used. This allows for a more holistic assessment and also means the family does not have to be assessed over and over again.
- The CMHT does not have capacity to offer therapeutic support to adult patients or their families; the PMHS service provides this.
- Parents with mental ill health can take a long time to engage; it is necessary to be proactive and

	<p>actively seek to engage them.</p> <ul style="list-style-type: none"> • Families where a parent has mental ill health need long-term support. This is often low to moderate, but it must be able to respond to a crisis when needed. Unfortunately, the cyclical nature of mental ill health means that the ‘open and close’ approach of many social services departments is not helpful to these families. Change in these families takes time and cannot be ‘fixed’ in 4- 6 sessions. • In our experience, emotional harm/neglect is the most frequent form of child welfare/protection concern in the families we work with. • Therapeutic services can help families; these include family therapy, individual play /art therapy, adult psychotherapy, counselling, parenting courses etc... . All of these approaches help to build resilience and emotional literacy in children, develop insight and understanding in parents, and help them talk together in an age-appropriate way about the impact of parental mental ill health on their family. • Co-location is key to successful multidisciplinary/multi agency working; having NSPCC and NHS colleagues in same building is what makes this service work. <p>The service won a Health Service Journal award in 2004 for innovation, and also received a special mention by then Secretary of State for Health.</p>
<p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>OPTIONAL</p>

Please tick if you want us to keep your response confidential.

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Family Alcohol Service (FAS)

NAME ADDRESS AND CONTACT DETAILS (OPTIONAL):	<p>Please provide your name if you are willing to be contacted about the evidence your are submitting :</p> <p>Alan Coombe and Vijay Patel</p>
<p>Name of organisation :</p> <p>Evidence title and area of review: eg Early Intervention, Frontline practice, Transparency and Accountability</p> <p>Background A short introduction to the case study e.g. what was the problem or challenge?</p> <p>Your approach What did you do differently in order to solve the problem or improve the situation?</p>	<p>National Society for the Prevention of Cruelty to Children - Family Alcohol Service (FAS)</p> <p>Frontline practice.</p> <p>Families are referred to FAS by local authority Social Workers when children have been identified as experiencing significant harm. In many cases care proceedings are being actively considered.</p> <p>Adult behaviors are characterised by denial of the problem; shame and secrecy; a resistance to change; a family culture of alcohol dependency, volatile and violent behaviour.</p> <p>The challenges include the engagement of the drinker and adults within the family, instilling motivation to change, increasing insight, and gaining trust and consent to work with his or her children and other family members.</p> <p>The project offers a brief and focused intervention - from two weeks to two months - using a cycle of change model and alcohol assessment to understand the potential extent of the problem, parenting/family assessment, and use of Value and Strength cards or similar activities to enable the family to reframe professionals' concerns so they can own their own wish for change.</p> <p>All families are allocated an NSPCC child or family worker as well as an alcohol worker (from our partner agency Foundation 66). Work is focused on achieving change in parenting, insight into adult drinking patterns, and includes relapse prevention work.</p> <p>This model allows workers and families to progress at their own pace, and also to vary the approach, from education to counselling. Some families want to keep a record of what they have learnt, others want to reflect and to be heard.</p> <p>Domestic abuse is addressed.</p>

<p>Working with others <i>Who have you involved in making the improvement and/or change?</i></p>	<p>We maintain an honest stance, sharing information when a child or vulnerable adult is at risk of harm. We are very aware that we rely on self reporting - people dependent on alcohol do not always tell the truth, and relapse is an ongoing risk. We aim for abstinence, but will help to achieve harm minimisation through safe drinking.</p> <p>The project uses monthly externally based case consultation to consider the appropriateness for individual families of psychodynamic or systemic approaches.</p> <p>The project develops and shares ideas with Foundation 66, the partner agency.</p> <p>Adfam conferences (www.adfam.org.uk/) are very helpful in improving contact with fathers, extended family members and local black and minority ethnic (BME) communities.</p>
<p>Outcomes <i>What were the actual improvements and what difference did you make for children and young people? What lessons did you learn?</i></p>	<p>We have seen an increased number of fathers from 2008 to 2010 – this is almost a third of the project’s work.</p> <p>At times we see a comparable number of grandparents, although this fluctuates.</p> <p>We have also seen more people from BME communities.</p> <p>Parents are younger, in part because there is greater awareness of the risks and harms for children within substance misusing families.</p>
<p>Cost Effectiveness <i>What specific evidence is there in respect of Value for Money and efficiencies?</i></p>	<p>OPTIONAL</p>

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