

This issue focuses on what we can learn from examples of **good practice**. Looking at:

- a recent safeguarding conversation
- good practice arising from a section 11 peer challenge workshop
- Case study of providing a family with early help

Although, It is imperative that we learn from when things go wrong and put measures in place to ensure that the same issues don't arise again. the board recognises that there is a lot of **good practice** happening every day across Somerset, and there is also a lot to be learned from this.

This issue looks in depth at a recent safeguarding conversation which highlighted some really good practice and partnership working. (If you want to know more about safeguarding conversations and what they are, see the [SSCB February Newsletter](#).)

We will also explore a case study where providing a family with early help in a **Team Around the Family (TAF)** model is working really well and having positive impacts on the family.

Finally, this issue will share some best practice that has been identified through the pilot section 11 peer challenge workshop. (If you want to know more about section 11 audits and the peer challenge workshops, see the [SSCB February Newsletter](#).)





SAFEGUARDING CONVERSATION



Background and context

The conversation focused on the case of a 15 week old baby who is the subject of a Child in Need plan. The child has three older siblings, none of whom live with their parents but have been placed under Special Guardianship Orders – two live together and the oldest lives elsewhere. The mother had an abusive childhood and spent time in local authority care.

Both parents have significant mental health needs and have lived apart for the last year. Concerns have been that these mental health issues have impacted on the parents' ability to look after their children.

The conversation

The meeting was led by two members of the Somerset Safeguarding Children Board and was attended by three professionals from Children's Social Care and the health visiting and midwifery services. A CPN who works with the mother was unfortunately unable to attend for personal reasons.

SSCB members were pleased to note:

- That this was a well-managed Child in Need (CIN) case, with a good CIN plan based on a sound and thorough multi-agency assessment.
- The case benefitted from the involvement of a consultant social worker with a protected caseload.
- Excellent communication between all parties was evident in the planning for the baby and the pre-birth protocol had been fully implemented.
- Use of the language of Signs of Safety created a common understanding across professions and with the parents and promoted joint ownership of and accountability for the plan.
- Professionals maintained a clear focus on the child, despite the evident needs of the parents.
- Use of observation to access the voice and lived experience of the child
- Practitioners confirmed that regular supervision arrangements were in place in their agencies and there were positive messages about the way that supervision was being used.
- Practitioners were aware of the process for escalating concerns if they disagreed with decisions made about a child.
- Good use of community resources as well as professionals to support the family.
- Improvements in systematic information sharing across health agencies were evident, despite continuing difficulties with differing information systems.

Multi-Agency policies and procedures mentioned in this briefing:

The **pre-birth guidance** is also featured in [TUSK1](#). Use the following links to access the guidance:

- [South West Child Protection Procedures, Pre-Birth \(Safeguarding Unborn Babies\) Chapter](#)
- [Somerset Safeguarding Children Board - Pre-Birth Protocol](#)

The **Resolving Professional Differences Protocol** is also featured in [TUSK 4](#) which gives practitioners a quick step by step reference guide to complete the process through to resolution. Use the following link to access the guidance:

- Somerset Safeguarding Children Board - [Resolving Professional Differences Protocol](#)



Best Practice identified from section 11 audit

(identified from Somerset Partnership NHS Foundation Trust Section 11 audit return and Peer Challenge workshop held April 2017)

- Induction training includes safeguarding adults and children training using a “Think Family” ethos. This is delivered to ALL staff at all levels of the organisation, including volunteers.
- Mandatory safeguarding training for ALL managers, ensures that all staff know when to contact the safeguarding team
- Staff receive child protection supervision in addition to line management supervision
- Peer Breast Feeding Advisors receive clinical supervision from qualified and practising Health Visitors, providing a forum in which these frontline volunteers can discuss any safeguarding concerns/worries that arise
- Participation and engagement with children is built into ALL children’s service staff job descriptions
- Listening to, recording and utilising the child’s voice is built into child protection casework clinical supervision
- The child’s voice is evident and informs all areas of the organisation, from website design to building décor to referral pathways
- The child’s voice informs and is integral to all care plans (see [exemplar care plan](#) - also held up nationally by CQC as an example of outstanding practice)
- Integrated safeguarding team with Single Point of Access contact number, which means all staff know who to contact with any safeguarding concerns/questions

“A fantastic experience, really made all the hard work worth it!”
(Rich Painter, Head of Safeguarding SOMPAR)

“The workshop was a real pleasure to be involved in and I feel privileged to have been part of it”

Kevin O’Donnell - SSCB Community member

“I wasn’t sure at first, it seemed like an awful lot of work. But actually, I enjoyed myself, it really was worth it”

Leanne Pook DCI
Avon and Somerset Constabulary

Effectiveness of the Early Help Assessment - when we get it right

(Case study from Somerset Partnership NHS Foundation trust)

Background

Family with long- term concerns about the impact of domestic abuse on the children.

There were missed opportunities in this case, including the Father not having the “building better relationships” perpetrator course specified as part of his sentencing, issues around handover of the case following step-down and timeliness of raising an Early Help Assessment.

However, there has been significant progress since then and it is now an example of how good early help can be when we get it right:

- Early Help Assessment (EHA) was raised by the Health Visitor (lead professional) which involved the parents, Nursery and School and a Team around the Family (TAF) was established
- TAF extended to include Somerset Drug and Alcohol Service (SDAS), 2 getset Level 3 workers (following getset triage) and Probation
- Both parents had unmet needs. Following Health Visitor referral, both are now accessing Talking Therapies, engaged in parenting work and ‘**My Change**’ domestic abuse programme via getset
- TAF is working well, family needs are being met and interagency communication is excellent

The health visitor as the lead professional, reports that the family feel they have been listened to and helped. The school and the nursery report there has been a positive impact on the children's demeanour and apparent general well-being

To find out more about the ‘**My Change**’ programme, visit the Somerset Survivors website: <http://www.somersetsurvivors.org.uk/mychange/>.

For more information, help and guidance about **Early Help Assessments** (EHAs), visit the Somerset Professional Choices website: <http://professionalchoices.org.uk/eha/>.

Contact the SSCB!

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Later this month...

The SSCB quarterly newsletter will focus on **early help**, and also include a short briefing on Unaccompanied Asylum Seeking Children from **Julie Skorupka** (Strategic Manager - Children Looked After & Leaving Care Services, Somerset County Council)