



Newsletter

May / June 2014

Welcome to this edition of Brighton & Hove Local Safeguarding Children Board's Newsletter

Welcome to the May / June edition of the LSCB Newsletter and what a busy period it has been!

You will have spotted that we have a special **Young Carers Bulletin** to accompany this edition. Personally, I hold this group of young people in the highest regard. Just listening to the challenges they face in providing help and support to a loved one is humbling enough but then to reflect on them doing this at an age when they are facing all the hurdles that adolescence brings is so humbling; I'm not sure I could have juggled all of those demands when I was that age which makes me realise what a huge debt of gratitude we owe them. Some of the LSCB team met with the Young Carers Project and were very impressed by the young people they support who have put this bulletin together, to raise awareness of the support that young carers need.

You may have heard about the restructuring of the Probation Services, and I have been in contact with the LSCB representatives who will cover our area in from both the National Probation Service, and the Kent Sussex & Surrey Community Rehabilitation Company. I am please to say that they both take their safeguarding responsibilities seriously and am looking forward to working with them in the future.

There have been lots of multi agency events over the last couple of months. We held our first Section 11 challenge event at the end of May. This is where we brought together the Chief Executives or deputies of the LSCB agencies to challenge other services on how their organisation embeds safeguarding in their policies, procedures and structures. We do the Section 11 audit every two years and the way we approached it this time allowed for more discussion and cross sector challenge than has been possible before. More about that in future bulletins when we have digested the outcomes.

Be honest, we've all been to conferences where at the end we wondered why we sacrificed so much of our busy lives to hear what we already knew. Well the three events I went to this month were the polar opposite to that. First the FGM event that we ran with the Violence Against Women & Girls Board was stunning in the information it provided that I, for one, simply didn't know and the breadth and honesty of the discussions that followed. Next came the Services for Children Partnership Forum which brought together a rich representation of policy makers, leaders and doers from all sectors to discuss how we can be more joined up in providing services our children deserve without bogging it all down in multiple meeting and blurred objectives. Finally the piece de resistance, the **Protective Behaviours Conference** run by Safety Net. Simply the best conference I have been to for years with a blend of international experts and academics really getting a clear evidence base across to support PB and then practitioners from schools and the voluntary sector who use this in our communities bringing it all to life. Fabulous!

Lastly, at our Board in early June we were delighted to sign off the Threshold Document which will provide great clarity to professionals and practitioners as to what to refer and to whom once the new MASH and Early Help Hub start up in the autumn. We tried a new model of discussion groups to get some detailed analysis of some of the weightier papers. For example we identified some worrying gaps that are still there in our Management Information Report and we are addressing those as a consequence. We agreed that we will be progressing a set of values and a memorandum of understanding for information sharing both of which will improve our openness and responsiveness internally and, more importantly, externally. We will be recruiting more lay members in the autumn, and if you would like an informal chat about this please contact Mia Brown on 07584 217256 or email mia.brown@brighton-hove.gcsx.gov.uk.

I wish you all a great summer and look forward to further exciting editions of our newsletter in September.

Graham Bartlett, Brighton & Hove LSCB Independent Chair



Worried about a child? Call Advice Contact & Assessment Service
01273 295920 or emergency out of hours 01273 335905

Learning From National Serious Case Reviews

The timeliness and quality of pre-birth assessments

Background

Many Serious Case Reviews demonstrate that improving practice in pre-birth assessment is a key area for improvement. Findings from a number of SCRs emphasise the vulnerability of infants to maltreatment and neglect, and a high percentage of babies killed are less than 3 months old. This short briefing pulls together and highlights research and learning from case reviews where the timeliness and quality of pre-birth assessments has been called into question. It is based on Ofsted's report: '[Ages of concern: learning lessons from serious case reviews](#)'

The learning for practitioners highlighted includes the need for pre-birth assessments to be undertaken in a timely manner, the importance of early action to minimise the impact of any known risks to the unborn baby, and a reminder to take care not to minimise risks when reviewing child protection plans for babies.

To read our briefing please click [here](#)
or visit [www.brightonandhovelscb.org.uk /prof_safeguarding_information_updates](http://www.brightonandhovelscb.org.uk/prof_safeguarding_information_updates)

Assessing & Engaging Fathers and Male Figures

Background

A worrying factor of case reviews nationally is the repeated finding that fathers and male figures are often absent in recording, assessments & care plans. All agencies working with children & their families should consider the role of fathers & men in the households, both in assessments and when providing services. The status and the role of males & new partners in the same household should be understood in terms of their potential for protection and nurturing - as well as any adverse effect they may have on the safety of the child and the mother.

The learning for practitioners highlighted includes the need assessments to include information on all members of a household, to share information about new men in a child's life to make them visible to practitioners, and avoid perceiving men in a polarised way as primarily 'good dads' or 'bad men'.

To read our briefing please click [here](#)
or visit [www.brightonandhovelscb.org.uk /prof_safeguarding_information_updates](http://www.brightonandhovelscb.org.uk/prof_safeguarding_information_updates)

CN 10. Devon: April 2014

Background

Step-father was convicted of a number of offences including rape and making indecent photographs. He had a previous conviction for a sexual offence against a 7-year-old-girl and was placed on the sex offender register from 2000-2005. An initial assessment was made when step-father moved into family home in 2007, and a series of further concerns were investigated over the following five years but the Step Father remained in the home throughout until his arrest in the latter part of 2012.

The learning for practitioners includes recommendations on the robustness of risk assessment, and assessing all adults in the household; rule of optimism and tendency to 'start again' and assumptions about the mother's capacity to protect the children; disguised compliance; over-reliance on the children making a direct disclosure; information sharing; and insufficient knowledge and understanding of sex offending, offender profiles and risk.

To read our briefing please click [here](#)
or visit [www.brightonandhovelscb.org.uk /prof_safeguarding_information_updates](http://www.brightonandhovelscb.org.uk/prof_safeguarding_information_updates)
See the full SCR report at www.devonsafeguardingchildren.org



Learning from Serious Case Reviews: Implications for Practice

Serious Case Reviews play an important part in both individual and collective learning about how people who work with children & families can improve responses to protecting children.

Our next seminar session will focus on a recent SCR in Devon, in which a two year was killed by his mother, who had mental health problems. We will explore the implications for practice, multi agency communication, and partnership working between adult and children's services and consider how this learning can be used to protect children in Brighton & Hove from harm.

These sessions are relevant to all practitioners who work with children and families and also to practitioners within adult services who work with people who may be parents or carers.

Wednesday 30th July or Wednesday 10th September 2014

9.30am – 11am

Lecture Theatre, Mill View Hospital
Nevill Road, Hove BN3 7HY

These events have proved very popular so reserve your free place here:

brightonandhovelscb.eventbrite.co.uk

View our 2014-15 LSCB Multi-agency Training Brochure [here](#)

National Child Safety Week 2014

National Child Safety Week took place this year from 23-29 June 2014. This annual campaign is run by the **Child Accident Prevention Trust** to raise awareness of the risks of accidents that harm children and how they can be prevented. They provide a range of user friendly resources for parents and to help practitioners promote safety messages in a fun and engaging way.

This year's theme concentrates on what 'Safety Heroes' can do to prevent the mischievous villain **Morning Mayhem** from causing accidents in the morning chaos that is a feature of lives of many families day. These include:

- **scalds that could happen while grabbing a morning coffee**
- **burns from hair straighteners** left out to cool down
- **accidents caused by rushing** on the way to school
- **falls down stairs** after a family member leaves the safety gate open in the morning rush.



Find out more from www.childsafetyweek.org.uk



For local advice on being a Safety Super Hero read Safety Net's **Summer Newsletter** or visit their website: www.safety-net.org.uk

Twitter

Follow us [@LSCB_Brighton](https://twitter.com/LSCB_Brighton) to stay up to date with our latest news & information to help you keep children safe in our city. We regularly tweet about LSCB activity, upcoming safeguarding events and national reports, guidance & campaigns. We also tweet to raise awareness of the key concerns of Brighton & Hove LSCB and provoke discussion on these matters.

Did you know you can sign up to receive our newsletter by email on our website?

www.brightonandhovelscb.org.uk/register_updates

Interagency Forum: FGM

Over 90 people who work with girls women and families in Brighton & Hove attended our first Interagency Forum with Safe in the City's **Violence Against Women & Girls Programme Board** held in May 2014. This event launched our **multi agency resource pack** on Female Genital Mutilation, which includes likely signs & indicators of FGM; local and national contacts to call for advice; & a simple referral diagram showing how to refer if a professional or member of the public has a concern about a child, young women or adult.

FGM, sometimes referred to as Female Circumcision or Female Genital Cutting, is defined by the **World Health Organisation (WHO)** as the range of procedures which involve 'the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason'. FGM is a criminal offence in the UK, and it is also illegal to take a UK citizen overseas to have these procedures carried out. For more information on Sussex Police's operation aimed at tackling FGM at Gatwick airport please see [here](#).

The Interagency Forum also included a Q&A session with a panel including representatives from NHS, Brighton & Hove City Council including Education, Social Services & the Partnership Community Safety Team, BME Peer Education Project & Sussex Police providing an opportunity to discuss practice in Brighton & Hove. One of the key discussion points was the importance of asking the question, to all women, and how and when this should be done. Consider the following advice when talking about FGM:

- Creating an opportunity for the individual to disclose, seeing the individual on their own
- Using simple language and ask straightforward questions
- Using terminology that the individual will understand, e.g. the individual is unlikely to view the procedure as 'abusive'
- Being sensitive to the fact that the individual will be loyal to their parents, family members or community
- Giving the individual time to talk and take detailed notes
- Getting accurate information about the urgency of the situation if the individual is at risk of being subjected to FGM
- Giving the message that the individual can come back to you again
- Being sensitive to the intimate nature of the subject
- Making no assumptions
- Being willing to listen
- Being non-judgemental (condemning the practice, but not blaming the girl/woman)
- Understanding how she may feel in terms of language barriers, culture shock, that she, her partner, her family is being judged
- Giving a clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if / when they have daughters.
- Remember someone may wish to be interviewed by a practitioner of the same gender and / or want to be seen by a practitioner from their own community
- Consider developing a safety and support plan in case they are seen by someone "hostile" at or near your agency, venue or meeting place e.g. prepare another reason why they are there.

Different terminology will be culturally appropriate to the different cultures. Alternative approaches are to ask a woman whether she has undergone FGM saying: 'I'm aware that in some communities women undergo some traditional operation in their genital area. Have you had FGM or have you been cut/ circumcised ?' To ask about infibulation professionals can use the question: "are you closed or open?" This may lead to the woman providing the terminology appropriate to her language / culture.

If an interpreter is required, you should ensure that you know about their views on FGM to ensure they advocate for the safety of the girl or young person at risk, they are appropriately trained in relation to FGM, and that they must not be a family member or known to the individual.



Working together in partnership to keep our communities & children safe

Safe in the city

Brighton & Hove Community Safety Partnership



Support for Children & Young People with Anxiety

Mental Health Awareness week was on 12th -18th May 2014, and this year's theme was anxiety. Recent research suggests that as many as 1 in 6 young people will experience an anxiety condition at some point in their lives. Anxiety causes a number of reactions in the body, which can feel very unpleasant including:

- Feeling shaky, feeling sick or having stomach cramps, or feeling dizzy or faint
- Breathing fast or finding it hard to breathe
- Heart beating fast (palpitations), sweating, tense muscles
- Feeling like you might die

These reactions are designed to make us feel uncomfortable so we are alert and able to respond quickly to danger. But anxiety which happens often, or at the wrong time, can affect the behaviour and thoughts of the anxious person in negative ways, and seriously impact upon their wellbeing.

We spoke to Sarah James, Consultant Child & Adolescent Psychiatrist from CAMHS about the support they provide children & young people suffering from anxiety in Brighton & Hove:

“There are a range of excellent services across the city for children with anxiety. In addition to more traditional treatments for anxiety there has been the introduction of some new groups over recent years. Groups enable stretched psychological services to be delivered effectively to more young people, and provide peer support and contact. Groups have been used as part of a stepped model of care to enable people to move on from services. Evaluations from the young people themselves have proved positive. There is an increasing evidence base for mindfulness, and we are proud of our pioneers Brenda Davis & Lana Jackson who started a mindfulness group for teenagers which is now in its fourth year. Young people's experience in this group has been evaluated by around sixty young people and is generally very positive. These results have been presented nationally, and a short film has been made of the young people's experience of being in the group. The CAMHS learning disability service also runs mindfulness groups for parents looking after children with learning disability or other complex needs. Reducing anxiety in parents can hugely benefit children's anxiety too.

CAMHS also run groups in the community, including a Key Stage 2 5-11 parent & child group, and a secondary KS3 (Yr789) anxiety group. There is also a protective behaviour and anti bullying group run by Tier 2.

CAMHS Tier 3 also continues to offer a range of assessment and intervention where an anxiety condition is more severe and interfering with how a child functions at school and at home. These interventions may include Individual and Group Cognitive Behaviour therapy, family work or family therapy and some times medication. The aim is always to equip the young person with skills they can use so individual work is fairly short term for a prescribed number of sessions. The mindfulness group is usually offered during recovery to further equip and support young people before they leave the service.”

The Young Minds website has some great information on anxiety as well as other aspects of young people's mental health: www.youngminds.org.uk. You can also view Anxiety UK's advice for dealing with anxiety in young people: www.anxietyuk.org.uk



Safeguarding & Investigations Department

On Monday 13 May 2014 Brighton & Hove Police's Anti Victimisation Unit and their Child Protection Team merged to form a new Safeguarding & Investigations Department. The new team will be jointly managed by DIs Lee Horner and Ian Still.

The purpose of the merger is to create a more integrated approach to domestic abuse and children's & adult safeguarding. It is part of the preparation for the launch of the city's Multi-Agency Safeguarding Hub (MASH) later this year. The people on the team, and its responsibilities & remit, remain the same. You should continue to use existing contact details and processes, including calling 101 to report suspected CSE.

I believe that this new department will build and on the strengths & successes of the teams coming together to form it. I hope you will join me in welcoming this new chapter in the policing of Brighton & Hove.
DCI Carwyn Hughes

Focus On: Pre Birth Assessments

Sadly many Serious Case Reviews involve children under the age of 12 months, and recommendations remind us of the importance of carrying out timely pre-birth assessments of a high quality to protect vulnerable babies from harm and ensure that their parents receive the support that they need.

The overall aim of the pre-birth assessment is to identify and understand:

- Parental and family history, life style and support networks and their likely impact on the child's welfare
- Risk factors
- Parental needs
- Strengths in the family environment
- Factors likely to change and why
- Factors that might change, how and why
- Factors that will not change and why



The Pan Sussex Child Protection Procedures have a specific section for pre-birth safeguarding procedures, which covers strategy meetings, assessments, conferences and child protection plans. These can be read online [here](#).

Referrals must always be made in the following circumstances:

- There has been a previous unexplained death of a child whilst in the care of either parent;
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children;
- There are children in the household / family currently subject to a Child Protection Plan or previous child protection concerns;
- A sibling has previously been removed from the household either temporarily or by court order;
- Where there is knowledge of parental risk factors including substance misuse, mental illness, domestic abuse;
- Where there are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother;
- Where there are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-cooperation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby;
- Where a pregnant women informs a professional that she is considering relinquishing the care of her infant following the birth to another person either through adoption, surrogacy, private fostering or by an informal arrangement;
- Any other concern exists that the baby may be at risk of Significant Harm.

Where the concerns centre around a category of parenting behaviour e.g. substance misuse, the referrer must make clear how this is likely to impact on the baby and what risks are predicted.

Delay must be avoided when making referrals to Children's Social Care in order to:

- Provide sufficient time to make adequate plans for the baby's protection;
- Provide sufficient time for a full and informed assessment;
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time;
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments;
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth.

Concerns should be shared with prospective parent(s) and consent obtained to refer to Children's Social Care unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent(s) may move to avoid contact.



Mitch Denny: Specialist Midwife for Teenagers

We met Mitch Denny, Specialist Midwife for Teenagers in Brighton & Hove, to ask about her dual role in safeguarding young mothers and their unborn babies.

Mitch has recently been nominated a Sussex & Surrey Proud to Care Award for Individual Communication. Knowing how to ask the right questions, and listening to the answers is hugely important when considering the safety of a mum to be and her baby. It takes time to build relationships with the young girls she works with, and she has to ensure their trust so they will disclose information about their lives, as well as being open about what's important to them. Young mums may not trust 'authority figures' in the same way as other expectant women, and Mitch says she is always learning new ways to successfully communicate with her clients. The girls may have had their own negative experiences with Social Care, but Mitch will never shy away from asking direct questions that may reveal vulnerabilities. She is careful to always take the time to explain why she is asking certain questions and will make sure she uses the correct language and does not "dumb down" any information.

The booking appointment is where Mitch first gets information about the life of the mum-to-be, and she has to fit a lot of safeguarding questions in with the standard medical questions, as well as giving information about diet, asking about screening, and doing blood & urine tests. There is a lot for the girls to take in, so these appointments normally take up to an hour or a half. It is a delicate balance between fitting in with the structure and time constraints and really finding out what life is like for the young mum so she can start to get a picture of any potential risks for her and the baby. There are also times when crucial information which will help her safeguard the mother or baby may come from other professionals working with the family, so sometimes she needs to be professionally curious if she knows that other agencies are involved with her clients.

Teenage girls do not have the same experience as older women when it comes to arranging medical appointments etc, so Mitch is happy to provide advice and support to ensure that they get all the care that they are entitled to. She also makes herself available for the girls to call or text with any questions between 8am & 8pm everyday giving them an extra level of support and reassurance. Non-attendance at appointments can be a problem, but Mitch will text reminders and be flexible about rearranging rather than being too confrontational, as this may be due to other issues in their lives that preventing them coming to clinic, which will need to be considered in a safeguarding arena.

Around 50% of the girls she works with will bring their partners to appointments, which is great for finding out their families medical history as well as helping Mitch to consider any safeguarding issues. There are often safeguarding issues for the young men, which should be considered for the whole family, but she often finds that the young men can be her ally with health promotion issues, such as breastfeeding or stopping smoking.

Tips for talking to teenage parents

- Approach young women & men with an attitude that is warm open & non judgemental
- Body language reinforces welcoming words
- Smile at young person, use his/her name
- Give eye contact, even if person doesn't first return it
- Use open questions
- Take time to build relationship before tackling some difficult subjects. Young people may be sensitive to being "told off"
- Offer practical support as this will gain their trust
- If grandparents are present, include them but remain focused on the young person
- Avoid patronising tone of language



Young women have to go through a life-changing experience and I am humbled by the amount of courage they display in going through their journey to motherhood. There's always a lot of tears & emotions but also loads of humour. I find it a privilege to work with them.

As well as individual appointments she also runs antenatal classes for teenage mothers, and finds that this and group tours of the antenatal ward can be a great way to reduce the isolation the girls may feel.

She works very closely with the Family Nurse Partnership, as well as Life Coaches who provide support to both young mums and the babies grandmothers. Referrals are mainly from community midwives; however, there are now more referrals from GPs, as well as girls finding out about Mitch through their peers

For more information contact Mitch Denny on 07876357443 or email Mitch.Denny@bsuh.nhs.uk

Coping with Crying

The NSPCC, in consultation with doctors, midwives, parents and other experts, created a film to help parents to care for a crying baby, and reduce the risk of them becoming stressed and harming their baby. The **Preventing Non-Accidental Head Injury Programme** (sometimes known as the 'I Promise' programme) involves showing parents the film in hospitals before they are discharged after the birth of their baby, or at home following a home birth. **Coping with Crying** is an extension of the programme to test the film in community settings

The NSPCC has published the **evaluation results** of the programme which shows:

- 99% of parents remembered the film at least six months after watching it
- 82% of parents who remembered seeing the film said they used advice from it when caring for their baby
- Parents who had seen the film were more likely to agree with the statement "it's OK to leave your baby to cry for a few minutes when you are stressed and finding it hard to cope"
- The rate of reported injuries amongst babies with feeding, sleeping or crying difficulties was lower if parents had seen the film

The film prepares parents for their baby's crying, gives them tips about soothing their baby and managing their own stress, and tells them about the dangers of shaking a baby. It is a great example of a preventative service or early intervention and provides both mothers and fathers with emotional and practical support during the transition to parenthood.

I think the main thing for me was that if you feel like you're not coping, that there is help out there. That was obviously the main message that came across to me, and to not suffer on your own if you think you're feeling like you're not coping, to get help.

It's OK not to be OK

The **PANDA Foundation** says that a research indicates that 10-15% of new mothers will experience Pre or Postnatal Depression. In Brighton & Hove there is a **Specialist Perinatal Mental Health Clinic** at the Royal Sussex County Hospital, which midwives and GPs can refer women to for extra support. Health Visitors look out for signs that new mums may be suffering from PND, and use the Whooley Questions or Edinburgh Postnatal Depression Scale at the 6 week visit to give new mothers the opportunity to discuss how they are feeling.

Children's Centre's in Brighton & Hove provide support for families suffering from postnatal depression, and referrals to PND groups can be made by Health Visitors if families need additional support.

Further advice, information & support is available from these national organisations:

PANDAS A service user lead support service for women with perinatal mental health problems.
www.pandasfoundation.org.uk Helpline: 0843 2898401 (Monday to Sunday 9am-8pm)

The Sussex Mental Healthline Provides information & advice for anyone concerned about their own mental health or that of relatives or friends. 0300 5000 101 (Monday to Friday 5pm – 9am, and 24 hours at weekends and bank holidays).

Royal College of Psychiatrists Up-to-date, and research-based information on mental health problems in pregnancy and the postpartum period from the Royal College of Psychiatrists

Action on Postpartum Psychosis network APP is a network of women across the UK and further afield who have experienced Postpartum Psychosis. They offer, information leaflets and web resources, online forums run by service users, peer support, and opportunities to participate in research into postpartum psychosis in collaboration with Birmingham & Cardiff Universities

Meet-A-Mum-Association (MAMA) Support & information for all Mums, and Mums-to-be, suffering from isolation, loneliness & depression related to pregnancy and childbirth, as well as their families. Local groups and on-line support. Helpline: 0845 120 3746 (7.00 pm to 10.00 pm weekdays)

The Association for Postnatal Illness (APNI) Telephone helpline and information leaflets for women with postnatal mental illness. Also a network of volunteers (telephone and postal), who have themselves experienced postnatal mental illness. Telephone: 020 7386 0868

It's ok

not to

be ok

PANDAS
Perinatal Postnatal Depression Advice and Support

Focus on: Fathers & Male Figures

As Father's Day was on Sunday 15th June we thought it was timely to focus on the importance of engaging with fathers and significant males, celebrate the work that is done with Dad's across the city, and consider their role in creating positive outcomes for children.

Many Serious Case Reviews remind us of the importance of considering fathers and significant males in assessments. The 2009 Peter Connelly SCR drew attention to the risk implicit of not considering the impact of an unrelated man joining the household and set this out starkly: "One of the potentially dangerous scenarios in child protection is an unrelated man joining a vulnerable single parent family."

Understanding the roles of men in the family:

- Consider the role of individuals as seen from a child's perspective
- Any assessment should include information about all members of the household, including biological fathers, new partners or ex-partners who are back in the picture, and others such as lodgers within the family environment.
- Information about who lives in the home and who has contact with the children should be verified and kept up-to-date. It will be important to have an understanding about past history.
- Investigate the identity of any unknown males in the home.
- Agencies should share information about the appearance of new men in a household so as to make them visible to practitioners working with the family or child.
- There should be a comprehensive assessment of the family dynamics.
- The role of every member in the household play in caring for the child should be considered, alongside what risks they pose or what protection they may provide.
- Perceiving men in a polarised way as primarily 'good' men (good dads) or 'bad' men (bad dads) and applying a restricted way of thinking could be detrimental to any assessment and for example discount a 'bad' dad's concern about the welfare of the children in his ex-wife's care.

Fathers Involvement Workers

We spoke to Geri May, the Fathers Involvement Worker for central Brighton, about her work:

"I run and support Children's Centre groups for Dads including regular Saturday groups providing fathers/male carers and children with a welcoming, supportive, and fun learning environment. Here they learn to understand the health & developmental needs of their children, the value of play and how it helps children develop socially, emotionally & intellectually as well as having a chance to demonstrate their emotional attachment to their children and be a strong role model for future relationships. Fathers develop their own support networks, access practical child care and parenting advice as well as support with separation from mum and maintaining a positive relationship in separation. In the groups and within the Children's Centre teams, working to The Fatherhood Institute guidelines, I promote understanding and knowledge of how important the role of dad is in terms of outcomes for their child, both in pregnancy and as a dad. I also help to link dads into the community, with volunteering, access to work/training and inter-agency working, I can provide information and signposting to dads information/websites/support, as well as friendly advice and encouragement.

I run Touchline Dads - a 6 week group for Young Dads combining parenting with football. We talk about bonding and attachment, speech and language, First Aid, healthy relationships, good communication/ anger management and relationships with professionals. The Brighton & Hove Albion Want to Work Scheme is accessible to the young dads, as is mentoring through Band of Brothers and a potential new group for young dads. Having access to dad-specific support and services plays a key role in reducing stress, especially in young men, & it helps reducing domestic abuse and anxiety as well as increasing confidence in their parenting ability.

We now offer a group for dads/male carers whose partner is suffering from Post Natal Depression, Dads PPP Parenting and Dads' First Aid. We have supported dads from our groups to take part in research from Sussex University on the role of dads in supporting breastfeeding as well as research for The Centre for Mental Health in London on the preventative role of PPP parenting groups.

We run one-off events, and you may have come to the Fathers' Day Extravaganza at The Level on Saturday 7th June. We celebrate Father's Story Week in June in children's centres, groups & home visiting. With dads now doing 25% of the childcare in families and recognising the hugely improved outcomes for children who have good relationships with their fathers we work hard to positively engage with fathers and male carers who can find it difficult to access weekday Children's Centre services."

Contact Geri on 01273 294111 or Geri.May@brighton-hove.gcsx.gov.uk

Teenage Father's Life Coach

Paul Salvage, who works as a Teenage Parent's Life Coach for Brighton & Hove City Council, told us why he thinks working with young dads is so rewarding and so important.

"I have worked in a variety of roles seeking to engage fathers & young fathers in services, such as triple p programmes, fathers groups, mentoring programs and therapeutic support. It's a common experience I think for professionals, to not really quite know what to do with the young dads. Mum is seen as primary carer and so when resources are limited she gets the focus. Also young women can be felt to be easier to engage as they can be more verbally fluent and less shy. Adolescent risk taking behaviour doesn't mix well with being a young parent. On the other hand there is now numerous research, (see the [Fatherhood Institute](#) website) of the benefits of father involvement in the lives of their children, and that not knowing their father, however imperfect they may be, will often result in attachment issues and feelings of rejection as well as idealized or persecutory identifications.

Young men with service involvement often feel a great deal of shame. Being friendly is the first step, I remember very clearly my own experiences of being on a labour ward on and off for a week, and how some midwives ignored my presence, some acknowledged me and some would actually use my name, small things, but they really made a difference.

My experience of running a pretty well attended dads in group in Moulsecoomb was that many of the young fathers would come only once. I think that the older fathers who did use the group were just that bit more relaxed and this highlighted to the young men their own anxieties. Adolescence is a time of competing demands and with disadvantaged groups, there is a real conflict between a normal adolescent narcissism where an inflated sense of self is used to cope with all the anxieties of a changing body, the identity of now becoming a 'man' and expectations of increased responsibility versus shame at not feeling like these things are being achieved, these 'gold standards' of masculinity.

Of course it's important as professionals not to collude with destructive behaviour and to ensure safety, yet so often the young man disengage because the process of engagement just highlights their own sense of shame and deficit.

So whilst, social workers in particular have the unenviable job of trying to balance the job of assessing the protective and good the young father may offer his child and partner, versus potential risks, it is important I think to remember 2 points:

Firstly, that the young father will not stay young forever, whilst he will stay a father and that the vast majority of risky behaviour does get grown out of.

Secondly, that it is important to try and engage the father in services that do offer strengths based supportive approaches, that will engage with recognising and therefore developing the benefits that these young fathers can and nearly always do want to provide."

Paul is currently talking to [a bandofbrothers](#) about the potential to run a programme for young fathers in Brighton, and would like to hear from other professionals who might be interested in being involved with this. You can email Paul at Paul.Salvage@brighton-hove.gcsx.gov.uk

Brighton & Hove Children's Centres have dedicated fathers workers:

Gerri May looks after the central area Gerri.May@brighton-hove.gcsx.gov.uk and Jacqui Leedam the east: jacqui.leedam@brighton-hove.gcsx.gov.uk

Or contact the Parenting Team for further support Parenting.Team@brighton-hove.gov.uk

Paul recommends the following websites both for dads and those working with fathers

www.dadsconnect.org.uk

www.abandofbrothers.org.uk

helpingmenblog.blogspot.co.uk

Contact a Family: Support for Fathers

Fathers of disabled children have to adapt to a new and sometimes challenging set of circumstances. [Contact a Family](#) have produced a great [guide](#) for dads which includes practical information you as well as stories and tips from other fathers experiences of having a disabled child.

Download the resource from their website: www.cafamily.org.uk
or parents can call their helpline on 0808 808 3555 to request a free copy.

contact a family
for families with disabled children

Social Services through the Eyes of a Father

Dave (not real name) is a young father whose partner has a child from a previous relationship as well as a child they share together. There were initially concerns over the children due to the mum's perceived vulnerability and family history and there has been some further concerns about both parents arguing and drinking alcohol. He kindly agreed to talk to Paul Salvage for us about his experiences of social services:

Dave: "I've not had a good experience, in my previous relationship they were involved because my partner had a child with a previous partner and they had fallen out and they were sorting out contact, so social care were involved in that."

Paul: "And how did that affect you?"

Dave: "It felt like as soon as they were involved my life was an open book to them, even silly things I did when I was young and got into little bits of trouble with the police. I mean I suppose I could have been anyone so I know it's good in one way but they just seemed to focus on the negative things. They just seem to judge you from what they read in the notes and stuff, I feel like I can't trust them, because I might say I'm struggling, drinking too much or have had an argument and then they'll use it against me and make a big deal out of it., With the relationship it just seems like they don't want us to be together and that puts a massive pressure on the relationship."

Paul: "What could they do differently?"

Dave: "I dunno, but maybe try and build a relationship that's not just one way, were all human, not to be like the police as if they're trying to catch you out. Also for people like me, who've not really read up about stuff, you should get some information about what your entitled to or what your rights are, like if your arrested you get a card with information about your rights. I'm sure they don't just have one person, they have a few people and probably a manager that's on their case and pressure to do the right thing, but that's what I mean we all have pressures. But I've got to live with this focus on me and I feel like I'm just a case, a name in a folder, but this means a lot to me, my relationship with my son and now I'm having to have contact supervised by my partner's Mum and I've missed a couple one cause of a doctor's appointment and a couple which were my fault but they don't understand how awkward it is having this contact situation."

Paul: "And what about being a dad, is the focus different do you feel from the Mum?"

Dave: "Oh yeah, its all about the mum and her mum. There was a core group and my partner said about it, but I didn't even know if I was invited and then the social worker phoned me up, 25 min before it started, she said she'd left a message on my phone before, but as I don't always have credit, a text or making sure she spoke to me would be good. If it was the other way round and I don't let them know I'm in trouble, it gets written down. Also it was the same time as my contact, so its ok for me to miss it for them, but not if I've got a doctor's appointment?"

Paul: "Ok thanks; I just want to go back to my previous question as this is a chance for you to say what you'd like done differently?"

Dave: "Well it's just all the focusing on only negative things, it makes you feel like absolute s**t and then I start to question whether I am good enough or not, especially for me, with no family back up, its literally me on my own, it would be nice when I do, do good things to get some encouragement."

Dad's get depressed too

Dr Andrew Mayers, senior lecturer at Bournemouth University and trustee at the [PANDAS Foundation](#) talked to us about dad's and depression:

"It is commonly perceived that men cannot get 'postnatal depression'. Nothing could be further from the truth. Although the formal clinical diagnosis (peripartum depression during pregnancy and first 4 weeks after birth) only applies to women, men can also experience mental health problems at this time. In some cases, men may have to cope with their spouse's mental illness, but they can develop clinical symptoms independently. A frequent argument is that postnatal depression is caused by biological factors, especially hormonal changes; so it cannot affect men. For a start, even with mothers, biology is only one feature (and hormones are a very small part of that). Psychological and social factors play a very important role – some argue that these are more crucial than biology. The same is true for men at any time of their lives, but these factors can be stronger during their partner's pregnancy and/or when they become dads (especially the first time). Social factors for men at this time can include sudden changes in responsibility, altered relationship with spouse, pregnancy and birth complications, and financial concerns. Psychological factors might include coping skills, resilience, previous and mental health difficulties. We need to raise more awareness to educate people about the impact on men. Charities like the PANDAS Foundation do an excellent job supporting the entire family – dads and mums."

Listen to Andrew talk to BBC Radio Sussex about PND and men [here](#)

Assessing fathers & significant males in Brighton & Hove

We asked our Board partner agencies if they had specific guidance for practitioners to consider fathers, male partners and other significant adult males in the family, in all assessments addressing the needs and welfare of children and young people.

In completing this part of the Section 11 self assessment, the majority of agencies reported that they do have guidance in place, but not all provided us with evidence to support their compliance rating. During the Section 11 Challenge Event on 30 May 2014 the panel further tested out with agency representatives that recording, assessments and care plans take into account **all** members of the family.

Responses included:

- All clients are asked whether they have contact or responsibilities for looking after children regardless of their gender and this is recorded. A risk assessment is completed detailing whether they present as a risk to children, regardless of gender. In the community teams every patient with a child caring responsibility is flagged on the zoning boards (large board in team rooms) using bright yellow card, and patients in the crisis team and in an inpatient setting use magnets to indicate parental status. This enables risk decisions to be made with parental status in mind, when using the 'board at a glance' to review a patient.
- We are developing a framework of more robust 'minimum expectations' for staff in community teams focussing on 'do three things' (ask and record details of children / contact ACAS if you have a safeguarding concern /make contact with another professional in the family network) and having this as an identified minimum standard. This is work in progress, but was initiated in response to Ofsted's 'What about the children' report.
- Maternity services record information about the father of the baby and document the details in the maternity notes. The Paediatric admission assessment also records who the father is. All safeguarding paperwork records name of both parents. Also, children's A&E documentation records who the next of kin is.
- Assessment and engagement of fathers and significant males is addressed within the Brighton & Hove LSCB Multi-agency Safeguarding Children training program.
- Assessments are designed to be holistic in nature and ensure there is a broad understanding of the circumstances of those we work with.
- Consideration of fathers/male partners is addressed as a specific area in social work Single Assessments. The need to involve fathers and male partners in assessment and care planning has been highlighted in recent Safeguarding Newsletter for social workers & SCR briefings.
- Where assessments are completed e.g Single Combined Assessment of Risk Form, the forms are prescriptive in recording the gender details of all relevant parties.
- Safeguarding checks are undertaken of fathers and where there are male partners or other significant males identified, the appropriateness of safeguarding checks are considered (though not mandatory).



UK Hoarding Awareness Week 2014



East Sussex
Fire & Rescue Service

The first ever UK Hoarding Awareness Week took place this May led by Fire & Rescue Services across the UK. Hoarding can create significant risks to the individuals, the community & firefighters. East Sussex Fire & Rescue Service are working with partner agencies to promote a wider awareness of hoarding facts and a greater understanding of the risks involved.

Community Safety Team Manager, Steve Wright, said: "East Sussex Fire & Rescue Service will be raising awareness at a local level, and working with organisations from the fire sector and many others such as the housing sector, health sector, and adult & community services, who can also help to increase the awareness of hoarding and of issues that are specific to individuals that display a tendency to hoard.

If you know someone who stores large amounts of possessions in and around their home and you feel that they may benefit from help, there are many organisations that will support you through the process. For details go to: www.helpforhoarders.co.uk/resources

To request a home fire safety visit for a suspected hoarder, contact East Sussex Fire & Rescue Service on 0800 177 7069. Alternatively, you can contact Access Point on 01273 295555 for help and advice."

Visit www.cfoa.org.uk/HoardingAwarenessWeek2014 for further information.

Follow East Sussex Fire & Rescue Service on Twitter for more fire safety tips @EastSussexFRS

The Brighton & Hove Pledge to Children & Young People in Care

Brighton & Hove City Council's Pledge is a set of promises made to children and young people in care and those who have left care, and is a duty placed on every local authority in England. The Brighton & Hove Pledge sets out the Corporate Parenting responsibilities of all elected members and employees of the council and its partners towards these children and young people.

The Children in Care Council have helped the City Council produce two age-related Pledges, which have been designed by a young person who was brought up in their care. They both set out how Brighton & Hove City Council will make sure that its children in care get the best experiences in life, from excellent parenting and education to a wide range of opportunities to develop their talents and skills. The aim of these pledges is to assist helping them become successful learners, confident individuals, responsible citizens and effective contributors, whose lives mirror those of their peers.

Jason Kitkat, Leader of Brighton & Hove City Council, explained the pledge to [Latest 7](#) magazine:

"About 450 children currently live in the care of Brighton & Hove City Council. They've often had difficult backgrounds and experiences, so building on this relationship of trust and respect is crucial to making sure that they are safe, happy and healthy. So, in partnership with the children, we have recently redeveloped our Pledge to young people who are in or have left care. This Pledge was launched over Easter and sets out how we will care for and support them. The Pledge has been formalised in leaflets brilliantly designed and produced by young people in care and care-leavers themselves.

Among the promises in the Pledge for children is ensuring that they can live somewhere safe and comfortable, arranging extra tuition if needed to help them through school, and recognising & celebrating their achievements.

Older teenagers leaving care also need additional support as it can be hard to transition to living independently as an adult. So we've pledged to support them by helping them organise their own accommodation, discussing their aims and ambitions, and offering advice on higher education and employment opportunities. Among these are the apprenticeships we offer at the council specifically for care-leavers to help them develop skills and experience for their future careers. Running throughout the Pledge is a commitment to involve young people in decisions about them.

We're working on reducing the number of children coming into local authority care through more proactive work by the council and others to support families and safe environments for children. But for those that are in care, it's absolutely crucial that we continue to offer these young people the valuable guidance and support that any parent would want to give to their child. We're proud that we've been able to work with our children in care to jointly renew our Pledge to them, in their language, to meet their needs."

If you have any comments or suggestions on The Pledge please contact Dermot Anketell, Children in Care & Corporate Parenting Team Manager dermot.anketell@brighton-hove.gcsx.gov.uk Tel: 01273 295423

Barnardo's Brighton & Hove Link Plus

Barnardo's Brighton & Hove Link Plus has been providing family-based short break care for disabled children and young people who live in the Brighton & Hove area for over fifteen years. Placements range from a few hours day care, through to overnight stays, weekend/week-long breaks, shared care and, for a limited number of children full-time care. They also have a Home Support service which provides care in the child's own home and can include care of siblings where appropriate. They are registered with OFSTED and CQC and their most recent Inspections can be read on line.

They also now provide placements on a spot purchase basis from other Local Authorities with agreement from Brighton & Hove City Council. Parents are also starting to purchase their services using an Individualised Budget. All referrals to Link Plus are made by a Social Worker and go via the Resource Panel held at the Integrated Child Development & Disability Service at Seaside View.

If you would like more information or if you are interested in becoming a Carer please contact them on 01273 295179 or visit their website:

www.barnardos.org.uk/brightonandhovelink



LSCB Multi-Agency Training 2014

Working Together to Safeguard Children 1: Developing a Core Understanding:

15th July, 11th September, 15th October, 18th November & 10th December

Working Together to Safeguard Children 2: Assessment, Referral and Investigation:

22nd July, 18th September, 22nd October, & 27th November

Working Together to Safeguard Children 3: Child Protection Conferences and Core Groups:

17th July, 23rd September & 6th November

Domestic Violence & Abuse: The Impact on Children & Young People:

17th July, 11th September & 20th November

Mental Health & Children's Services: Working Together with Families: 18th September

Preventing & Disrupting the Sexual Exploitation of Children & Young People:

24th July & 10th October

Substance Misuse & Parenting Capacity 8th July & 11th November

Working with Parents with a Learning Disability 16th October

Safeguarding Children Assessment Workshops 9th, 16th, 23rd, 30th, September & 7th October

Safeguarding Children with Disabilities 18th September 2014

Learning from Serious Case Reviews: Implications for Practice Seminar:

30th July & 10th September 2014

Download our **Training Programme for 2014-15** or visit our website for further information:

www.brightonandhovelscb.org.uk/prof_training.html

Useful numbers:

Brighton & Hove LSCB office: 01273 292379

Designated Doctor Safeguarding Children: 01273 265788

Designated Nurse Safeguarding Children: 01273 574680

Brighton & Hove Police Child Protection Team: 101

Local Authority Designated Officer: 01273 295643

LSCB@brighton-hove.gov.uk

