



The Michael Sieff Foundation

Working together for children's welfare

**The Michael Sieff Foundation Anniversary Conference
20 YEARS ON**

**Preventing the abuse of children and young people and
protecting their emotional and mental health**

**19th - 21st November 2007
at Cumberland Lodge, Windsor Great Park**

Concluding Discussion and Recommendations

Discussion

There was concern that young people are not currently accessing existing provision. Local authorities currently provide access to advocacy services but they should be available for children in need as well as for children looked after. Thresholds may be too high. There is the Connexion service and children's services departments with a reception area they can walk into. But for whatever reason the fact is that young people do not come forward. They bombard Childline with questions and concerns but there's a mismatch and it cannot be enough for local authorities to say well we do have a provision because the provision doesn't meet the needs of those young people. The design of services needs to reflect what young people want to use. At the same time it must be clear where confidentiality needs to be breached to implement statutory responsibilities.

The services that make the best impact are often universal ones. Calling something an assessment framework might frighten parents and pregnant women in particular. It becomes necessary to demystify and destigmatise the nature of assessment. It should not be something somebody was going to come along and check that you're doing something wrong. It should be more about what's going right. To be helpful to the parent the service would be tailor-made and personalised to that particular family building on the strengths of the family. We decided it might be called the Building Families Friend.

Should we use the word assessment which could be limited to applying a threshold for children in need or at risk of harm? That meant that people were being excluded from services, when what we are seeking to do is connect people to services and provide support.

Another key theme is the need for early work to improve parenting capacity to increase bonding really to a baby using the attachment principles. Neonatal behavioural assessment has been shown to be very effective in changing the capacities of mother to support the development of baby. There should be a statutory obligation on PCTs to provide advice on good parenting to all parents during pregnancy and to assess their need for support, for example using the common assessment framework. The assessment could be done by community midwives and health visitors and the advice and support could be done by either of those two groups and of course trained volunteers. There needs to be specific training for all people coming into contact with parents at a very early stage in a family's life. It must take account of the implications of mental health research on parenting, attachment, the needs of different cultural groups, class groups, and the fact that each family is different and live in different circumstances. For the ante natal

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and peri natal period people like midwives, ultrasound scanning radiographers, health visitors, anybody in contact with new families needs to be trained.

There are several pivotal points in children's lives where they can be identified as being at higher risk and those points, if there was an awareness about the significance of those points like the transition into school, the transition into secondary, the point at which parents split up and divorce, bereavement in the family and a broader awareness throughout the primary care multi-disciplinary system then again that awareness might lead to better discussions, better relationships and better use of services.

There was much discussion and difference of opinion about how to promote the debate on raising the age of criminal responsibility to 14. The meeting was not of one mind. The Foundation had for five consecutive conferences made this proposal. A report from the Royal College of Psychiatrists recommended a campaign to raise public awareness. There is strong evidence based on children's developmental immaturity, on their human rights and on the criminalisation of children.

It was agreed that we need an aspirational statement that reinforces what we've said before but many felt there had to be an action statement that the change was necessary now. We know it's not popular but if we don't say it who is going to say it and when.

On the other hand there was concern that in the present climate of deep societal opposition to treating young offenders more sympathetically, the impact of other proposals would be lost. One proposition was that we should say that in principle in an ideal world the age of criminal responsibility should be raised but we recognise that this may be some time off in the light of current thinking.

Children should be treated as children. Many children who offend should be handled in the welfare way but at the moment there is no proper procedure for ensuring it. There is a fragmentation of contact with services and support as young people come into contact with criminal justices agencies and go out of contact with them. Young offenders need a care plan with consistency of care and support to the young person. Children would be better looked after in the family court with an enhanced range of powers.

Truth and children's welfare were more important than prosecution and criminalisation and punishment. Children need to be able to tell the truth and by maintaining this criminalisation process we actually inhibit the truth, we inhibit families coming to terms with what's happened to them and we stop children being able to tell their story. We prevent children from self referring when they have committed what are currently offences but which are acts which actually have done them harm as well as other children and other people.

Expert consultation is very important but there is a lack of skill in some managers and unrealistic expectations in social work that management equates with supervision. In big organisations people providing supervision had to be trained to do that job effectively. Though GPs and to some extent Guardians have always prided themselves on their professional independence. In big organisations managers do not have the same degree of knowledge. So really what we want is a big thrust on what we would call operational managers and middle managers to get them up to scratch so that they can help the people working for them.

There were two different statements made at different parts of the conference, that we know quite a lot about what works and what does not work in improving outcomes for children, or that

we do not know enough and perhaps even that we do not know anything. Both statements are probably true to the extent that we perhaps need to pay more attention to consolidating what we already know and communicating clear messages about research evidence that work across disciplines because there are clearly some differences of language that act as barriers to the way that researchers, practitioners and policy makers join up. recommendation is about consolidation and communication of research evidence and about making a more concerted effort to find ways of joining up the process that we're all engaged in and so to that end we propose the establishment of a new body that would be responsible as there are bodies in other similar fields for producing top quality reviews which would have a stamp of expertise, of authority about them which would be responsible for reviewing and disseminating clear messages in child and family social care and just as an example we thought that perhaps this body might perhaps be called something like the Sieff Centre for children's research.

We have to consider the political context in which research evidence is not always acted upon. The political wheel has to act on evidence. We have had several examples in the discussion of politicians choosing to act or not to act on what is very clear evidence. We have to synthesise research messages and communicate them clearly but avoid one particular interpretation of what works, what's evidence, what kind of intervention. We saw this with a clear dichotomy between two presentations yesterday – very clear presentation based on the science saying that these are the kinds of interventions that work and then a practitioner saying yes but evaluations don't represent what we do and don't touch what we do and does that mean what we do isn't worthwhile.

We need an organisation that is independent, not entirely controlled by government and which can establish a completely neutral indicator, really evidenced based voice about what works and what doesn't work and what we should be supporting. This should also involve better interaction between practitioners, policy makers and researchers and the practitioners need contexts where they can come out of the work experience to reflect on their practice.

That research needs to be accessible not just to the policy makers and those in practice but also to the general public for community leaders, people within social groupings who are able to change opinion at a local level or at least allow for individuals at a local level to be more aware of what is being done in terms of research.

Recommendation 1 – Self referral of young people

A statutory duty should be imposed on Children's Services Authorities to provide a well-publicised, dedicated facility where young people can self refer and get advice and support for their own protection and for young people to have a right to that service. The facility would provide a person acceptable to, and able to support and advocate for the young person in a confidential and safe way.

Recommendation 2 – Advice and assessment for all parents during pregnancy

A statutory duty should be imposed on Primary Care Trusts to provide advice on good parenting to all parents during pregnancy and assess their need for support, for example using the common assessment framework. This could be done by community midwives, health visitors and other relevant disciplines dealing with parents during pregnancy (all of whose work could be supported by trained volunteers). Specific training for all will be needed on the implications of mental health research for parenting.

Recommendation 3 – Assessment of young children at risk of poor outcomes

With a view to the long term promotion of health and well-being and the prevention of offending there should be a comprehensive framework for the assessment of young children at high risk of poor outcomes, consistent with the existing assessment frameworks, resulting in a care plan for the provision of on-going support and monitoring. Assessment should be led by trained health visitors as part of a multi-agency approach resulting in evidence based intervention. This should provide an opportunity for universal and non-stigmatising contact with young people, with early childhood educators, teachers, school nurses, volunteers and youth workers.

Recommendation 4 - Training for all primary health workers

A multi-professional mental health modular training for all primary health workers at pre-qualification and postgraduate stages should be established based on attachment and communication. Such training should include the recognition of families with additional needs and the resources, which they can access.

Recommendation 5 – Assessment and management of young offenders

Young people who commit what would in the case of an adult be an offence, should be assessed to see if they are a child in need and/or need a care plan (including assessment of risk to the public) which could include, where ordered by a family court, the full range of provision and sanctions available for the management and control of young people for their benefit and for the protection of their communities. When a suitable system is in place the age of criminal responsibility should be raised to at least 14 years.

Recommendation 6 – Ministerial responsibilities

There should be one Minister responsible for the health, well-being and education of all children and young people (including those in secure accommodation and mental health establishments, children of members of the British Armed Forces serving overseas and children who are members of the British Armed Forces serving overseas). It is recognised that one responsible minister is an ideal to be pursued. However with the creation of the Department for Children, Schools and Families the opportunity exists for an appropriate post to be established.

Recommendation 7 – Internet and Media

There is major concern about the damaging effects of exposure to the internet and the media. This damage is being done to children by access to internet grooming and violent games and videos. The Conference welcomed the Byron review and recommended that she be asked additionally to review existing evidence on the harmful effects of the internet and video games with violent and sexual content. She should commission research directly with young people to explore their exposure to and the impact on their views, attitudes and behaviour. The Conference called for a cross party parliamentary working group to examine regulation of the internet and the media and the potential need for new legislation and the need for parental education on supporting their children in making safe choices about the use of the internet.

Recommendation 8 - Supervision

Supervision is a core function in social care organizations in order to ensure the development of professional knowledge and understanding of departmental processes. All professionals, regardless of discipline or status, must have regular and monitored supervision, which must include access to a professional's own discipline. In order to promote effective supervision an organisation must have defined its purpose and be able to define and measure success. The key functions of supervision are Education, Management and Support.

Across all services working with children and families strategic and operational managers must have and maintain a robust knowledge of current guidance and legislation, child development, evidence based research and equality and diversity, which must all be promoted as core components of supervision. The local safeguarding children board must approve a supervision framework applicable to all disciplines, monitor its implementation and evaluate its effectiveness.

Recommendation 9 - Research, practice and policy

The connections between research, practice and policy must be improved. There are two key needs. New primary research is obviously important but we have a body of existing research and more attention must be paid to its consolidation and communication. A more concerted effort must be made to find ways of joining up the process that links researchers, practitioners and those who make policy.

The expansion of centres aimed at increasing evidence based practice is to be welcomed (for example the National Academy of Parenting Practitioners and the proposed Centre for Outcomes and Excellence) but effort will be needed to ensure that they are coordinated. This could be achieved by the establishment of a body responsible for producing top quality reviews and dissemination in child and family social care.

Recommendation 10 - Contracting with the voluntary sector

A streamlined commissioning process for contracting with the voluntary sector needs to be introduced with the introduction of standardised formats. An essential part of such a process must be complete transparency as to what is to be inherited, including TUPE, which can operate to the disadvantage of successor providing agencies. The current system of short-term contracts is wasteful of the resources of both the statutory and voluntary sectors. There should be a minimum of three years for contracts. This recommendation should form a component part of any inspection process.