Signs of Safety, Practice at the Health, Education and Children’s Social Care Interface

London Borough of Tower Hamlets

- Tony Stanley
- Rob Mills
- Marie Larvin
- Lauren Noszkay

2014 Leicester Signs of Safety Gathering
Keeping the rumour of good child protection practice alive!
9–11 April 2014
‘Signs of safety’ practice at the health, education and children’s social care interface in Tower Hamlets

TONY STANLEY, ROB MILLS, MARIE LARVIN, LAUREN NOSZKAY, SHARON CONNER
Why Signs Of Safety for Tower Hamlets

- Risk assessments differ in systems
- Risk traditionally seen as ‘a professional task’ - *absent families*

‘Signs of safety’ offers a more humane practice

- To work ‘where’ our children and families are
- Established a Pilot: To start our practice with signs of safety in; (health visiting, midwifery, children's centres, children’s social care and education)
- Analysis travels with the family between & within systems (e.g. from health to social care)
Examples of our practice

Working inside health
Lauren Nosgkay
Sharon Conner

Risky work held in health

Appreciative Inquiry Interview
### Case reflections – using 3 columns

<table>
<thead>
<tr>
<th>What's working well?</th>
<th>What are we worried about?</th>
<th>What Needs To Happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existing strengths:</strong></td>
<td>- Mother diagnosed with OCD and severe anxiety</td>
<td><strong>Safety goal:</strong> Mother and husband to be able to trust health care professionals, refer to them should they have concerns about the baby. Mothers mental health to continue to improve with continued engagement the perinatal mental health team (PMHT)</td>
</tr>
<tr>
<td>- Mother very engaged with midwifery services</td>
<td>- mental health has deteriorated in pregnancy</td>
<td><strong>Planning:</strong> After using SOS, family do not meet threshold for CSC referral.</td>
</tr>
<tr>
<td>- engaged with perinatal mental health team and started on medication</td>
<td>- husband has had to give up work to care for her</td>
<td>Continued engagement with one midwife in the postnatal period.</td>
</tr>
<tr>
<td>- mental health has improved since starting medication</td>
<td>-husband displaying traits of anxiety and behaviour of a controlling nature</td>
<td>Handover of care to health visitor using SOS map,</td>
</tr>
<tr>
<td>- husband is very supportive</td>
<td>- Mother and husband have voiced concerns they may not be able to care for the baby</td>
<td>Continued engagement with PMHT</td>
</tr>
<tr>
<td><strong>Existing safety:</strong></td>
<td>- inherent mistrust of health care professionals</td>
<td>Discussion with the husband regarding his mental health</td>
</tr>
<tr>
<td>- husband is no longer working so always around</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- couple will call health care professionals if any concerns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scale:** 6-7
Examples of our practice

Children's Social Care

Marie Larvin

Interrupting an adoption case trajectory

Childrens centers using Signs of Safety

Appreciative Inquiry Interview
## Case reflections – using 3 columns

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<tr>
<th>What’s working well</th>
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<tbody>
<tr>
<td>• Mum and dad are engaging well with the professionals and letting them know when they are finding things hard</td>
<td>• Mum has had three children from a previous relationship and was unable to care for them.</td>
<td>• Mum will try hard not to self harm but will make sure dad or nan is looking after the child if she is worried she might.</td>
</tr>
<tr>
<td>• They want help to cope differently than before</td>
<td>• She has a long term history of drug &amp; alcohol use, regular self harming and violent outbursts.</td>
<td>• Mum will not drink alcohol because she thinks this will be a ‘slippery slope’. If she does she will make sure dad or nan are looking after the child.</td>
</tr>
<tr>
<td>• They have stopped drinking</td>
<td>• Although she is trying to change it will take a long time to develop new coping strategies</td>
<td>• Mum and dad will not row in front of their son.</td>
</tr>
<tr>
<td>• Mum has stopped cutting</td>
<td>• She is about to be evicted due to previous anti-social behaviour</td>
<td></td>
</tr>
<tr>
<td>• They are becoming better at understanding their son’s needs and responding in a calm and sensitive way</td>
<td>• Both mum and dad can become more aggressive when they drink alcohol</td>
<td></td>
</tr>
<tr>
<td>• The child is now less fretful, happier and sleeping and eating better</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Being ‘Risk Sensible’ – a work in progress

- Cases can be held in health, schools or children centres
  - Families are helped where they are
  - Workers empowered to have tough & clear conversations, respectfully
- Families understanding our worries; us understanding them
- Change and outcome focus for all services
- Purposeful bureaucracy – shared risk work
  - Confusion around ‘practice frameworks’, methods & methodologies
- Reinforcements of good practice need work
- Inspections and a practice focus now in alignment
- Just keeping at it...
do contact us

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