

**Welcome** to the summer edition of the NSCB newsletter, the aim of which is to keep you informed of local and national issues.

This edition includes information about the introduction of a new Harmful Sexual Behaviour Panel to enable a multi-agency response to support those children and young people exhibiting higher risk behaviours. We also share the success of Doncaster and Bassetlaw's award from the Royal College of Midwives and much more.

I trust you will find the content both interesting and informative.



**Chris Few**  
Independent Chair



**Nottinghamshire**  
**SAFEGUARDING**  
**CHILDREN Board**

## Introduction of the Nottinghamshire Harmful Sexual Behaviour Panel

Harmful sexual behaviour (HSB) is a term relating to a range of behaviours carried out by children and young people which can include use of sexually explicit language, inappropriate touching, sexual violence or threats and penetrative sex with other children or adults. An important point to recognise is that children and young people who develop harmful sexual behaviour harm themselves as well as others.

If you have any concerns regarding a child or young person and HSB then it is recommended that you initially refer to the Brook Traffic Light Tool (<https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>) to help your decision making and identify green, amber and red behaviours. This tool is particularly useful in helping to identify whether behaviour is age appropriate. If you continue to have safeguarding concerns, then the matter should be referred for the attention of Children's Social Care, as per existing safeguarding guidance.

To improve multi agency collaboration and consistency of service, Nottinghamshire has introduced a HSB Panel, to run monthly from June 2018. This panel will provide advice and oversight in cases where the HSB is recognised to have been abusive, thus would typically consider those cases rated as red by the Traffic Light tool. The panel takes referrals directly from Children's Social Care and the county Youth Offending Teams, though partners from all areas working with the child or young person will be invited to attend.

Fuller guidance for practitioners and managers can be found at: [http://nottinghamshirescb.proceduresonline.com/p\\_sexually\\_harm\\_behav.html](http://nottinghamshirescb.proceduresonline.com/p_sexually_harm_behav.html)

## Also in this issue

Pregnancy Liaison Meeting wins Royal College of Midwives Award

New E-Learning goes live

Adverse Childhood Experiences (ACEs)

Bruising in pre-mobile babies

New safeguarding legislation and guidance



*"This is such a great example of how cooperation between health and social care professionals can really make a difference to women and babies"*

Gill Walton, Chief Executive and General Secretary of the Royal College of Midwives

## Pregnancy Liaison Meeting wins Royal College of Midwives Award

A midwife at Doncaster and Bassetlaw Teaching Hospital, Debbie Rees-Pollard, along with partners from Doncaster and Bassetlaw have scooped the Slimming World Award for Partnership Working at Royal College of Midwives (RCM) Annual Awards. The award is in recognition of their partnership project improving communication between the professionals involved in the care of vulnerable women, in turn helping to protect their unborn babies. Before their project, communication and information sharing between midwives and social workers was sometimes slow due to time constraints for both groups. Their initiative has led to monthly multi-agency meetings to discuss any pregnant clients with current or historic safeguarding concerns with early help services, universal services, social care, substance misuse treatment service and Children's Centres. Bassetlaw has recently secured funding for Maternity IDVAs who will be invited to join the meeting. Minutes are shared with all relevant professionals including Bassetlaw GPs, who can discuss any concerns at their own monthly 'Think Family' multi agency meetings.

Judges were impressed by the partnership between midwifery and social care in protecting families. They also praised how the project has been embedded into the work of the different teams and how it has significantly reduced the timescales for getting plans into place.



Debbie and the pregnancy liaison team said, *"We are all thrilled to have won this award and want to say a huge thank you to our respective teams, and everyone else who has worked hard to ensure that the project has been a success. This partnership working showcases how, by working together across services, we can ensure our mums-to-be in Doncaster and Bassetlaw receive the support, care and advice they need throughout their pregnancy."*

Other areas have similar approaches. Since February 2018 Sherwood Forest Hospitals hold monthly Pregnancy Liaison Meetings with similar representation. At their meeting they discuss women new to the drug and alcohol clinic who are not already known to social care and anyone referred by community midwives. They make multi agency decision about safeguarding and support requirements. Nottingham University Hospitals (QMC and City Hospital) have been running monthly liaison meetings since 2012 including both City and County services and NSPCC.

## New E Learning goes live!

As you will be aware the NSCB provides free access for all partner organisations' staff to a comprehensive set of Safeguarding Children E-learning modules. Following a recent procurement process, we have changed to a new e-learning provider-Learning Pool. The benefits of this includes a financial saving, and much more flexibility regarding editing content, inserting local information, and authoring our own e-learning modules. All courses are interactive, including opportunities to work through case studies, do quizzes, write comments/answers and include links to further information/relevant practice guidance etc. Please note as you work between each section of the courses there is a *progress bar on the top of each page*. If you do not complete each section fully you won't be able to complete the course i.e. course evaluation /print off a certificate.

We currently have the following courses available:

- Introduction to Safeguarding Children ( for staff who may come into contact with children)
- Awareness of Child Abuse & Neglect ( for staff who work directly with children, young people & families)
- Child Sexual Exploitation
- Honour Based Violence & Forced Marriage
- Radicalisation
- Physical Abuse
- Neglect
- Sexual Abuse
- Domestic Abuse
- Trans Awareness
- Self-harm
- Social Media & Safeguarding
- Coercive Control

Please re-visit our website regularly as we continue to quality assure further courses and these will be added soon.



### To access courses:

**Nott's County Council Staff** can access the Safeguarding Children Courses alongside other internal e-learning opportunities via BMS>learning tab> NSCB tab or alternatively go directly to:  
<https://nottsccl.learningpool.com/login/index.php>

The courses will then be included on your training record.

**Partner Organisations**, before registering you will need to ensure that you have **your organisation's unique registration key**. You should have received an email from your organisation giving you this key, however if you haven't please email [sarah.bale@nottsccl.gov.uk](mailto:sarah.bale@nottsccl.gov.uk). You will only need to use the key once, at this initial set up stage, then following this you can log in using your username and password only.

To access courses go to the self-registration page and click on *create a new account*:

<https://nottsccl.learningpool.com/login/index.php>

**Learning Pool Learner Support** is available by contacting the Learning Pool directly at: [support@learningpool.com](mailto:support@learningpool.com) or 0845 074 4114.

We hope the courses offer you and your organisation a valuable learning opportunity in relation to Safeguarding Children in Nottinghamshire. We welcome your feedback so please complete course evaluation forms on completion of courses.

**Adverse Childhood Experiences (ACE's)** are highly stressful, and potentially traumatic, events or situations that occur during childhood and adolescence. (see opposite page and <https://youngminds.org.uk/media/2142/ym-addressing-adversity-book-web.pdf> )

We all recognise that repeated and sustained adversity in childhood can lead to emotional harm but did you know it causes physical changes too? ACEs lead to a biological toxic stress response which then causes a trauma response to everyday life challenges. This is a normal natural response to toxic stress.

This then affects our physical psychological health, social and financial function meaning we're more likely to make poor choices such as health-harming behaviour and substance misuse. This effect can also lead to poor physical and mental health outcomes across the life course. All of this combined will have an impact on relationships and with socialising, learning and earning.

There are many ACE studies world-wide. The earliest, 20 years ago, was the Kaiser study at the Centre for Disease Control, which reported ground-breaking findings around the links between childhood abuse and adult health risk behaviours and disease;

- 64% of adults reported at least one ACE.
- Where one ACE is reported there is an 87% chance of experiencing two or more.
- ACEs can cause adult onset of chronic disease such as cancer and heart disease, COPD (Coronary Obstructive Pulmonary Disease) and diabetes
- ACEs can lead to adult mental illness & violence which account for a large proportion of absenteeism from work, costs to health and social care, emergency response and criminal justice.
- There is a 'Dose-Response' relationship evident in risks of smoking, severe obesity, depressed mood and suicide attempts increasing as the exposure to ACEs increases.
- Adults with 6 or higher ACEs are at risk of their lifespan being shortened by 20 years.

Commonly cited and researched ACE's we know most about are;

- Verbal, physical and sexual abuse
- Physical and psychological neglect
- Substance misuse
- Parental death
- Divorce
- Incarceration
- Mental health and attempted suicide
- Domestic violence

The combination of Domestic Violence, Mental Health and Substance Misuse is known as the 'toxic trio' and has the biggest impact.

The studies of ACEs and the resultant research and scientific evidence enables a comprehensive understanding of the need for trauma informed public care services and a role in developing and ensuring trauma informed, trauma safe and trauma smart trained staff. Interventions to prevent ACEs in future generations will increase levels of physical and emotional health, social, learning and earning functions and could reduce levels of health harming behaviors.

There is a short and powerful video clip available at <https://www.youtube.com/watch?v=XHgLYI9KZ-A> which illustrates the impact of ACEs and of equal importance to us as professionals, how noticing difficulties in children's lives and responding to them with support and early help can change the outcome for their adult lives.

**We all need to be ACE aware.**

Public Health Nottinghamshire are now proactively promoting ACEs, are delivering sessions in the safeguarding training and updates for our multi-agency staff and services and developing an e-learning tool.

## Addressing childhood adversity and trauma

### WHAT IS ADVERSITY?

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence



It can be a single event, or prolonged threats to, and breaches of, a young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation.

Adaptations are children and young people's attempts to:

- Survive in their immediate environment
- Find ways of mitigating or tolerating the adversity by using available resources
- Establish a sense of safety or control
- Make sense of the experiences they have had

### WHAT KINDS OF EXPERIENCES ARE ADVERSE?

Forms of ACEs include:

|                                                                                                                               |                                                                                                         |                                                                                                  |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <p><b>Maltreatment</b><br/>i.e. abuse or neglect</p>                                                                          | <p><b>Violence &amp; coercion</b><br/>i.e. domestic abuse, gang membership, being a victim of crime</p> | <p><b>Adjustment</b><br/>i.e. migration, asylum or ending relationships</p>                      | <p><b>Prejudice</b><br/>i.e. LGBT+ prejudice, sexism, racism or disability</p>                           |
| <p><b>Household or family adversity</b><br/>i.e. substances misuse, intergenerational trauma, destitution, or deprivation</p> | <p><b>Inhumane treatment</b><br/>i.e. torture, forced imprisonment or institutionalisation</p>          | <p><b>Adult responsibilities</b><br/>i.e. being a young carer or involvement in child labour</p> | <p><b>Bereavement &amp; survivorship</b><br/>i.e. traumatic deaths, surviving an illness or accident</p> |

### HOW COMMON ARE ACEs?

Around half of all adults living in England have experienced at least one form of adversity in their childhood or adolescence



### HOW DOES IT IMPACT THE LIVES OF YOUNG PEOPLE?

ACEs impact a child's development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood. Compared with people with no ACEs, those with 4+ ACEs are:



### WHAT PROTECTS YOUNG PEOPLE FROM ACEs?

Not all young people who face childhood adversity or trauma go on to develop a mental health problem.

There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel opposite.



### WHAT CAN WE DO ABOUT IT?

Commissioners can address childhood adversity and trauma by:

- Making childhood adversity and trauma a local commissioning priority**
- Creating a common identification and enquiry framework for identifying need**
- Investing in adversity and trauma-informed models of care**

Adversity and trauma-informed models of commissioning and care are always:

**Prepared**  
ensures addressing ACEs is a strategic priority, analyses the available data and anticipates need in local commissioning and service pathways.

**Aware**  
understands childhood adversity and trauma, has a common framework for identification and routine enquiry, and responds appropriately to the cultural and personal characteristics of the young person and their communities.

**Flexible**  
provides services that young people can easily access, does not rely on a formal psychiatric diagnosis, and targets children who live in adverse and traumatic environments.

**Safe and responsible**  
intervenes early, avoids re-traumatising or stigmatising young people, and ensures staff are knowledgeable, qualified, trustworthy and well-trained.

**Collaborative and enhancing**  
involves young people in decisions about their care and the design of services, adopts a strengths-based approach, and ensures services recognise and harness community assets.

**Integrated**  
co-commissions services, and ensures smooth transitions and communications between partners.

Quotes: "When you notice, or I tell you that I need help, you should already know what the next step is", "Recognise all of my needs", "Don't label me with the experiences I've had", "Understand my behaviour", "Shape your support around me", "Find a way that we can both understand each other", "The way you treat me matters", "Know where I'm coming from", "Keep me safe and don't betray my trust", "Include me in decisions about my life", "I want to talk to someone who has been through the same thing", "I've survived this long", "Stop asking me to repeat myself", "Don't pass me from person to person".

### WHERE IS THE EMERGING GOOD PRACTICE?

- Enquiring about childhood adversity and trauma (Lancashire)
- Family-based interventions from an ACE perspective (Birmingham)
- Specialist and liaison services (Oxfordshire)
- Youth-led approaches to tackling adversity (London)
- Embedding a trauma-informed approach in the community and voluntary sector (Sussex and Surrey)
- Education and alternative approaches (Bath)
- Trauma-informed approaches in substance misuse (Cornwall)



**Bruising in pre-mobile babies** - In our December 2017 newsletter we updated you on the learning from a serious case review (ON16) involving a 16 week old baby who sustained multiple non-accidental injuries. Recently there have been further instances of injuries to pre-mobile babies and we are currently reviewing those cases to identify any additional learning. It is therefore timely to remind you to be alert to the possibility of injury to pre-mobile babies and familiarise yourselves with the NSCB [Bruising in Pre-Mobile Babies Guidance](#) and the [Bruising in Pre-Mobile Babies Flowchart](#). Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual.

**Remember! Those that don't cruise rarely bruise!**

- **Research shows it is very unusual for babies under 9 months to have any bruises (even less under 6 months)**
- **The appearance of unexplained marks and bruises on very young children who are not mobile are not likely to have been caused by themselves or another young infant.**
- **To be considered accidental there should be a clear plausible history of significant incident followed by an appropriate parental response**

Whilst it may be hard to imagine a parent or carer harming a tiny baby professionals must 'think the unthinkable.' Follow the NSCB guidance and where necessary make a referral to MASH in order to allow a full multi-agency assessment of the circumstances to take place.

**New safeguarding legislation and guidance** will be introduced over the next few months. Significant changes to local safeguarding children arrangements have been established through the Children & Social Work Act 2017 and therefore new guidance, **Working Together 2018**, is due to be published.

- Local Safeguarding Children Boards will be abolished and replaced by new *safeguarding arrangements*. Police, health clinical commissioning groups and local authority, known as the *safeguarding partners*, are required to establish the arrangements and other organisations, known as *relevant agencies*, are required to engage with them.
- Operational content in Chapter 1 (assessing need and providing help) and Chapter 2 (organisational responsibilities) remain largely unaltered.
- Local arrangements should be put in place to identify and review serious child safeguarding cases, referred to as *local child safeguarding practice reviews*, and a new national *Child Safeguarding Practice Review Panel* has been established to commission and supervise national child safeguarding practice reviews.
- Responsibility for reviewing all child deaths to identify modifiable factors and prevent future deaths will transfer to the *child death review partners* (health clinical commissioning groups and the local authority) and detailed supplementary guidance has been published that defines how this should operate.

A revised version of [Keeping Children Safe in Education](#) comes into effect on 3<sup>rd</sup> September 2018. The guidance includes advice to help school and college staff deal with allegations of child-on-child sexual violence and sexual harassment, changes on how to report or act on safeguarding concerns and a requirement to hold more than one emergency contact number for pupils.

Work is also underway to integrate online safety advice into the guidance. Full details of the substantive changes from the September 2016 version are included in Annex H of the new guidance. In the meantime it is important that schools and colleges follow existing guidance until the implementation date for the new guidance.

Further information will be available via the NSCB webpages.

