



Developments in Safeguarding: Manager's Master Class

June 2019



Introductions

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Housekeeping

-  **Mobiles and Tablets**
-  **Timekeeping**
-  **Fire alarm**
-  **Comfort**
-  **Questions**
-  **Resources & website**
-  **Cancellation & Charging Policy**



Get Social



@NYSCB

#nyscb



Today's aims



An update of current issues within child safeguarding and an overview of the current work taking place with North Yorkshire Safeguarding Children Board team.

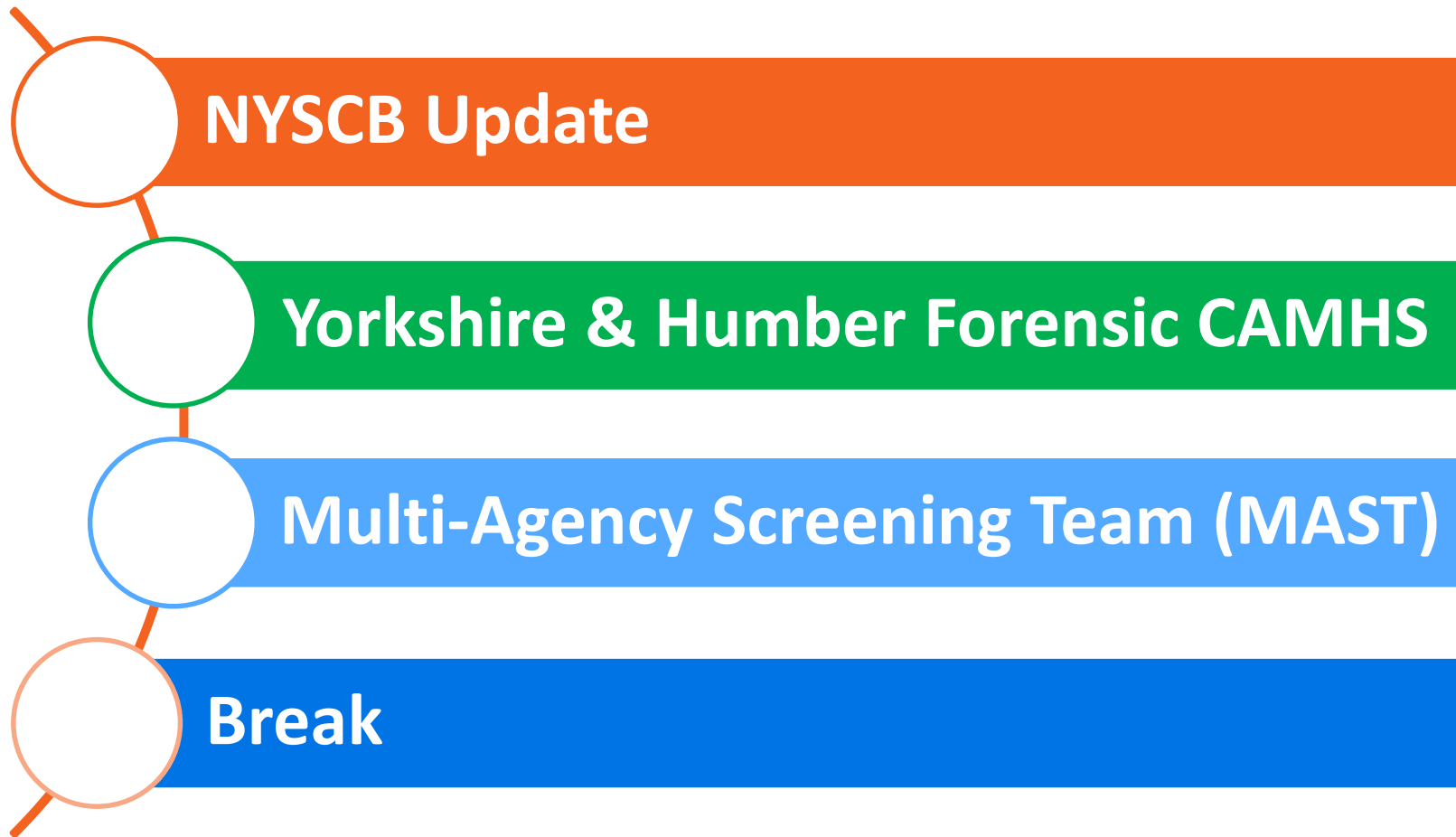


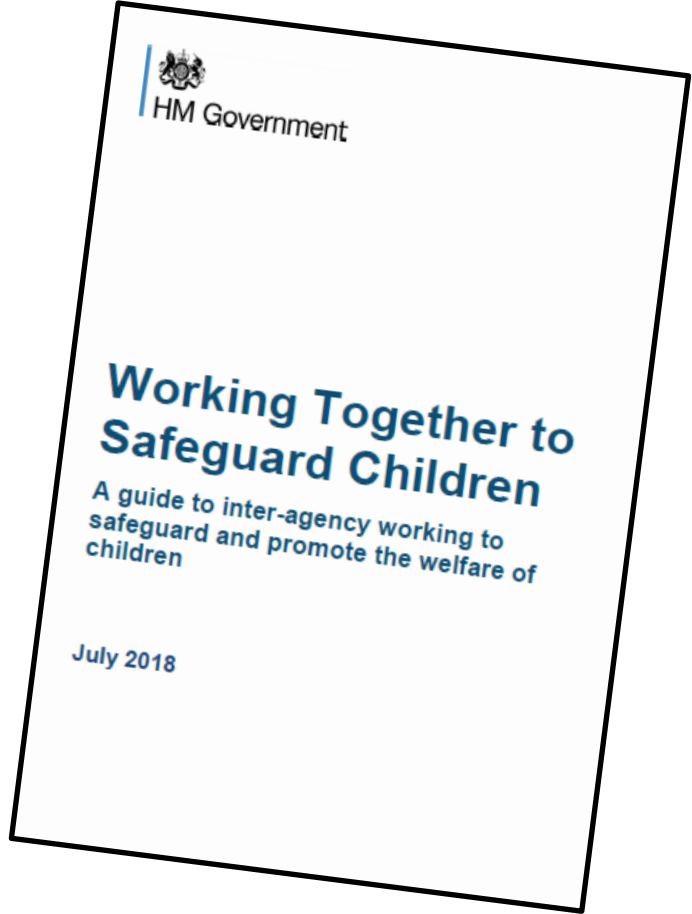
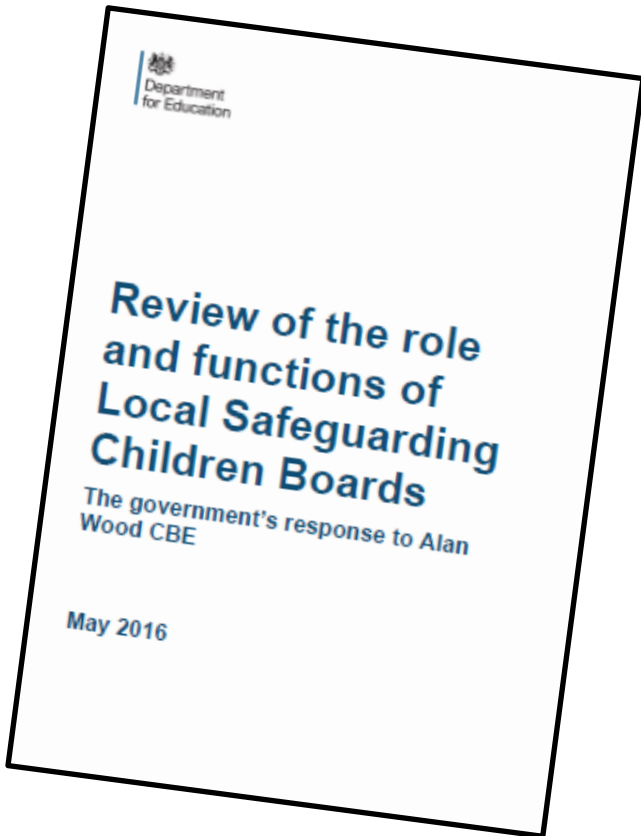
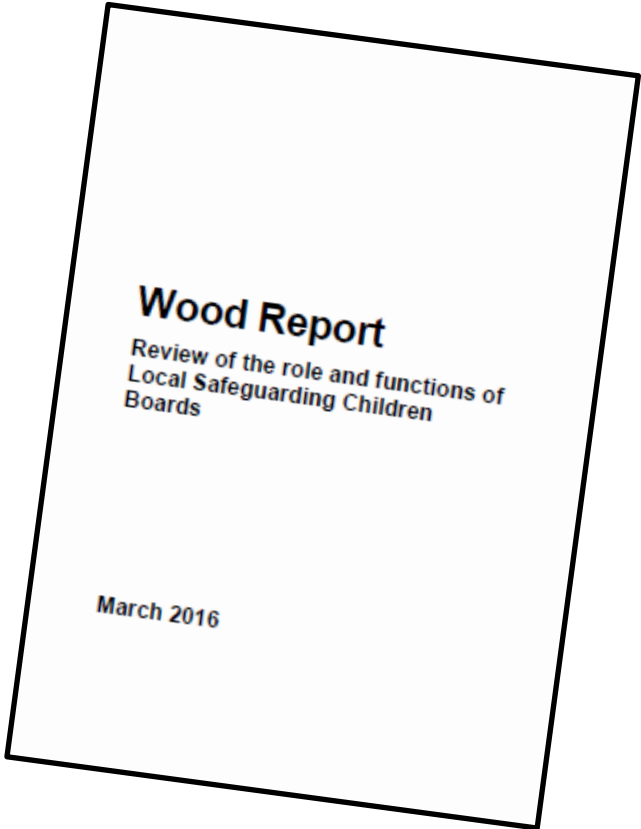
Be aware of relevant changes which impacts on safeguarding practice



To understand any changes in relevant legislation, procedures and consultations in place that impact upon the work of practitioners and managers.







Local Safeguarding Children Boards (LSCBs) will be replaced by “safeguarding partners”



Director of Children Services, NYCC - Assistant Chief Constable, NYP - Executive Nurse, CCG's

- The 3 safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.
- To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies.
- All 3 safeguarding partners have equal and joint responsibility for local safeguarding arrangements.

Publish arrangements and notification to DfE – 29th June 2019

Launch Date of the new NYSCP – 29th September 2019

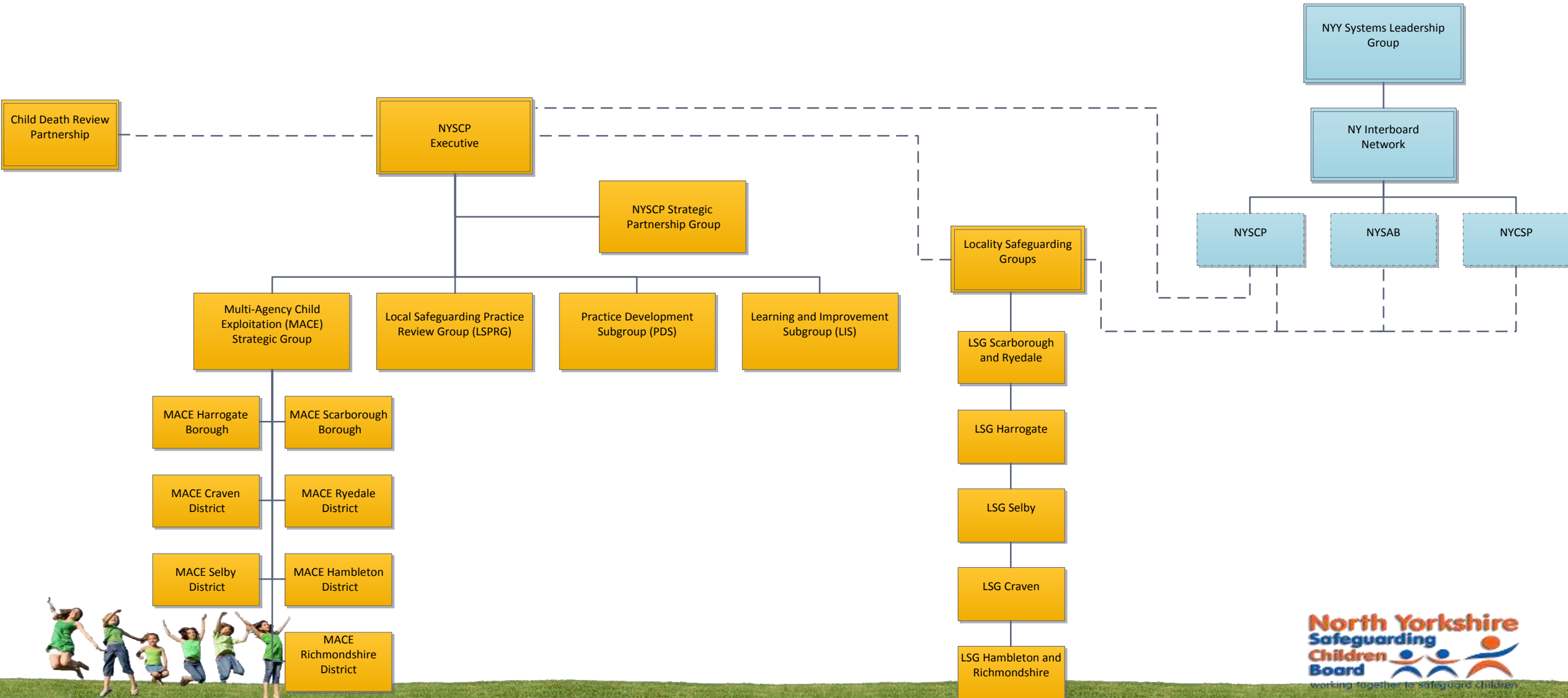


Relevant Agencies

Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of local children. For local arrangements to be effective, they should engage organisations and agencies that can work in a collaborative way to provide targeted support to children and families as appropriate. The safeguarding partners must set out in their published arrangements which organisations and agencies they will be working with to safeguard and promote the welfare of children. (WTSC, 2018)



NYSCP Overview



MULTI-AGENCY AUDIT FINDINGS

- Section 11 Audit (January 2019)
- Mental Health Multi-Agency Audit (March 2019)



Section 11 Audit Learning Summary

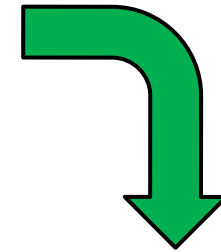
What has happened since?

- Feedback has been provided to NYSCB Learning & Improvement Subgroup and is scheduled to be shared with all agencies
- An action plan has been agreed to address thematic and individual agency recommendations of the audit
- Absence of Multi-Agency Challenge Events to be taken to NYSCB Executive
- It has been agreed that the next Section 11 audit will continue to be conducted on a biennial basis, with the next audit commencing in November 2020



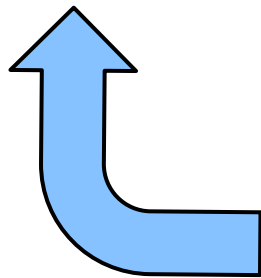
Good Practice

- Strong inter-agency working between partners and arrangements are in place to ensure the safeguarding of children and young people
- Senior Managers have expressed a strong commitment to safeguarding through their strategic plans, policies and procedures
- Continued improvement in relation to inter-agency information sharing
- Generally all agencies have arrangements in place to listen to and act upon the views of children, young people and their families



Issues and/or Actions for Practitioners

- Absence of Multi-Agency Challenge Events resulted in a lack of peer cross examination of agencies safeguarding arrangements
- Professionals need to be aware of their own internal policies and procedures for recognising and reporting safeguarding concerns
- Professionals also need to be mindful of multi-agency procedures and the need to ensure safeguarding concerns are addressed as soon as possible and not delayed due to the absence of managers or safeguarding leads



Areas of Development

- Reintroduce peer cross examination of agencies safeguarding arrangements
- Some agencies required further development of policies and procedures to meet all requirements
- Improvement is needed in some agencies to ensure the voice of the child and family is considered and acted upon more effectively
- Some agencies need to develop proportionate and consistent information sharing with other agencies



Mental Health Multi-Agency Audit Learning Summary

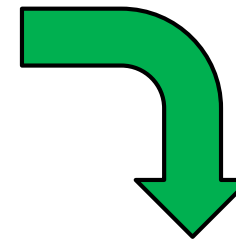
What has happened since?

- Feedback is scheduled to be presented to NYSCB Learning & Improvement Subgroup
- An action plan will be agreed to address thematic and individual agency recommendations of the audit
- Next multi-agency audit has been identified as Child Exploitation and is scheduled for July 2019



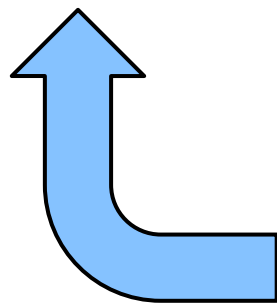
Good Practice

- Where a young person's engagement was challenging in terms of delivering support, the professional tenacity demonstrated, mitigated periods of transience to ensure young people were in receipt of support in a time of need and readiness to engage
- Wide range of tools were utilised in assessment, which were adapted to meet the young person's needs in order to their capture wishes and feelings
- Strong and effective use by agencies in having embedded safety plans in place with young people to reduce the risk in the event of crisis



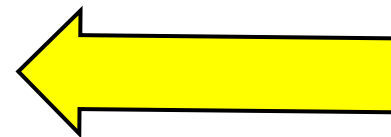
Issues and/or Actions for Practitioners

- Professional awareness and understanding of the stepped approach in mental health provision (universal through to acute specialist support) in North Yorkshire seems limited
- Opportunities to deliver intervention at an earlier stage to address a young person's mental health needs were missed in instances
- Long term outcomes in achieved in improving a young person's overall mental health needs through an action plan was deficient on occasions and unclear
- Professional challenge and curiosity should always be upheld in order to validate information, particularly when there are multiple agencies involved within a case



Areas of Development

- Information sharing between agencies and CAMHS needs to more proportionate and consistent
- All agencies need to how they are able to demonstrate more clearly how a young person's mental health needs can be met over a sustained period of time
- Some agencies need to ensure appropriate safeguarding procedures are followed when a contact has been initiated in relation to a young person's safety and well-being
- All agencies need to explore alternative measures in meeting a young person's mental health needs when there is a challenge in engagement with a specific mental health provision



Safeguarding Week 2019

2019 North Yorkshire and York
Safeguarding week
24-28 June

Safeguarding Conference 2019
The Pavillions, Harrogate. Tuesday 25th June 2019
9.30 - 4.30pm

Safeguarding is Everyone's Business

We are pleased to announce we will have
two key note speakers focusing on

- Modern Slavery
- Domestic Homicide

A variety of workshops will also take place on the following:

- Learning from Domestic Homicide Reviews
- Slavery and Human Trafficking
- County lines
- Suicide Prevention
- Harmful Sexual Behaviours
- Self-Neglect

To find out more and book your place visit
www.northyorks.gov.uk/safeguardingweek
#nyysw19



North Yorkshire & York Safeguarding Week 2019 #nyysw19

2019 North Yorkshire and York
Safeguarding week
24-28 June



www.northyorks.gov.uk/safeguardingweek

www.northyorks.gov.uk/safeguardingweek



NYCC Children & Families Service: EARLY HELP



Early Help Strategy





North Yorkshire
Children's Trust



Young and Yorkshire

Happy, healthy, achieving

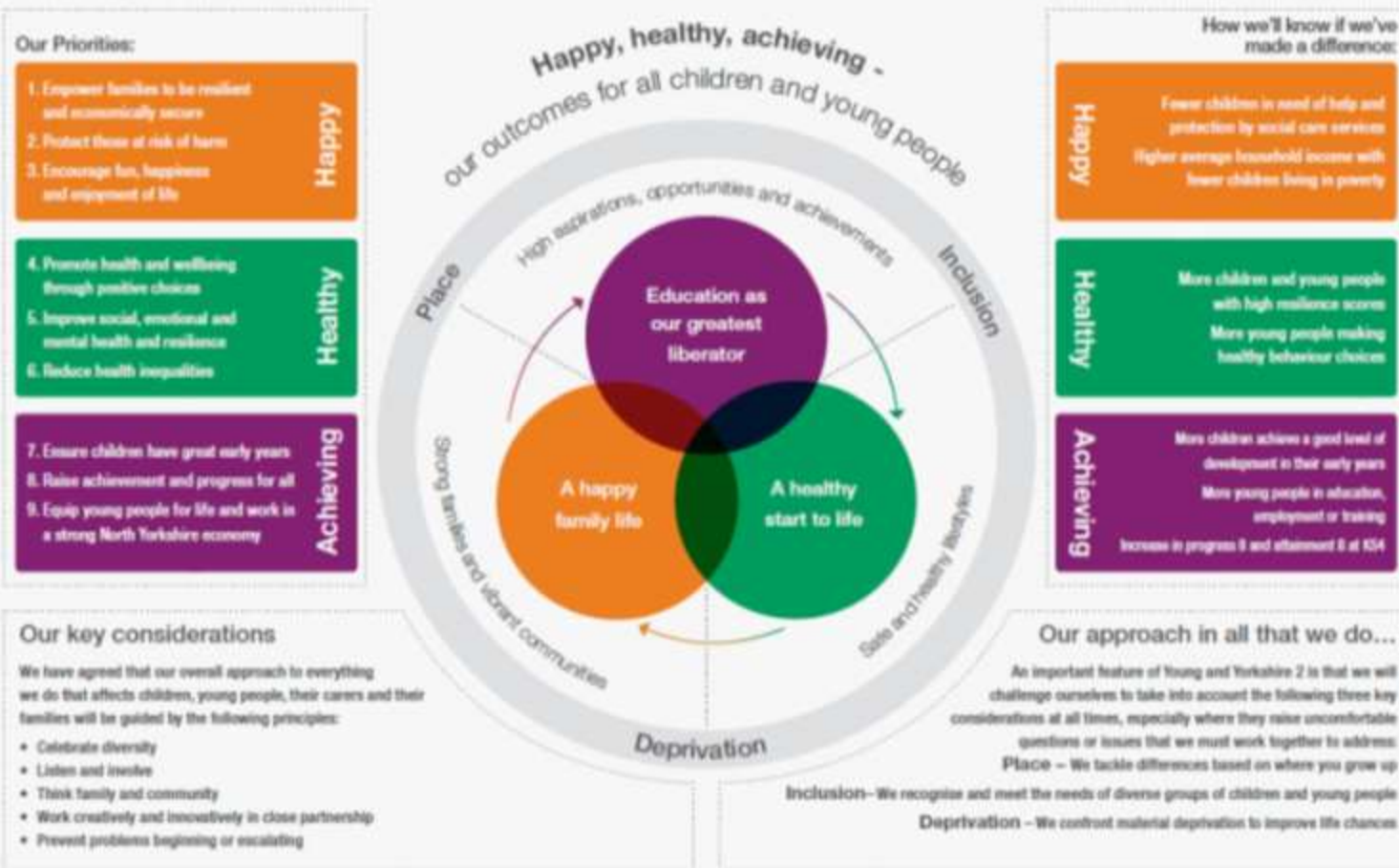
The plan for all children,
young people and
their families living
in North Yorkshire



North Yorkshire
County Council

Our Children & Young Peoples Plan, Young & Yorkshire 2 sets out our Vision for Children (See Fig.1): -

A place of opportunity where all children and young people are happy, healthy and achieving



Early Help Key Outcomes

Priority 1 – Happy

- Empower families to be resilient and economically secure
- Protect those at risk of harm
- Encourage fun, happiness and enjoyment of life

Priority 3 – Achieving

- Ensure children have great early years
- Raise achievement and progress for all
- Equip young people for life and work in a strong North Yorkshire economy

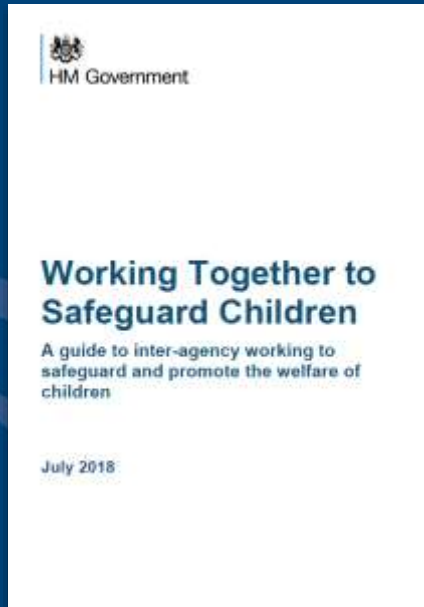
Priority 2 – Healthy

- Promote health and wellbeing through positive choices
- Improve social, emotional, mental health and resilience
- Reduce health inequalities

Early Help Services

Safeguarding and promoting the welfare of children is **everyone's** responsibility, so early help is also **everyone's** responsibility.

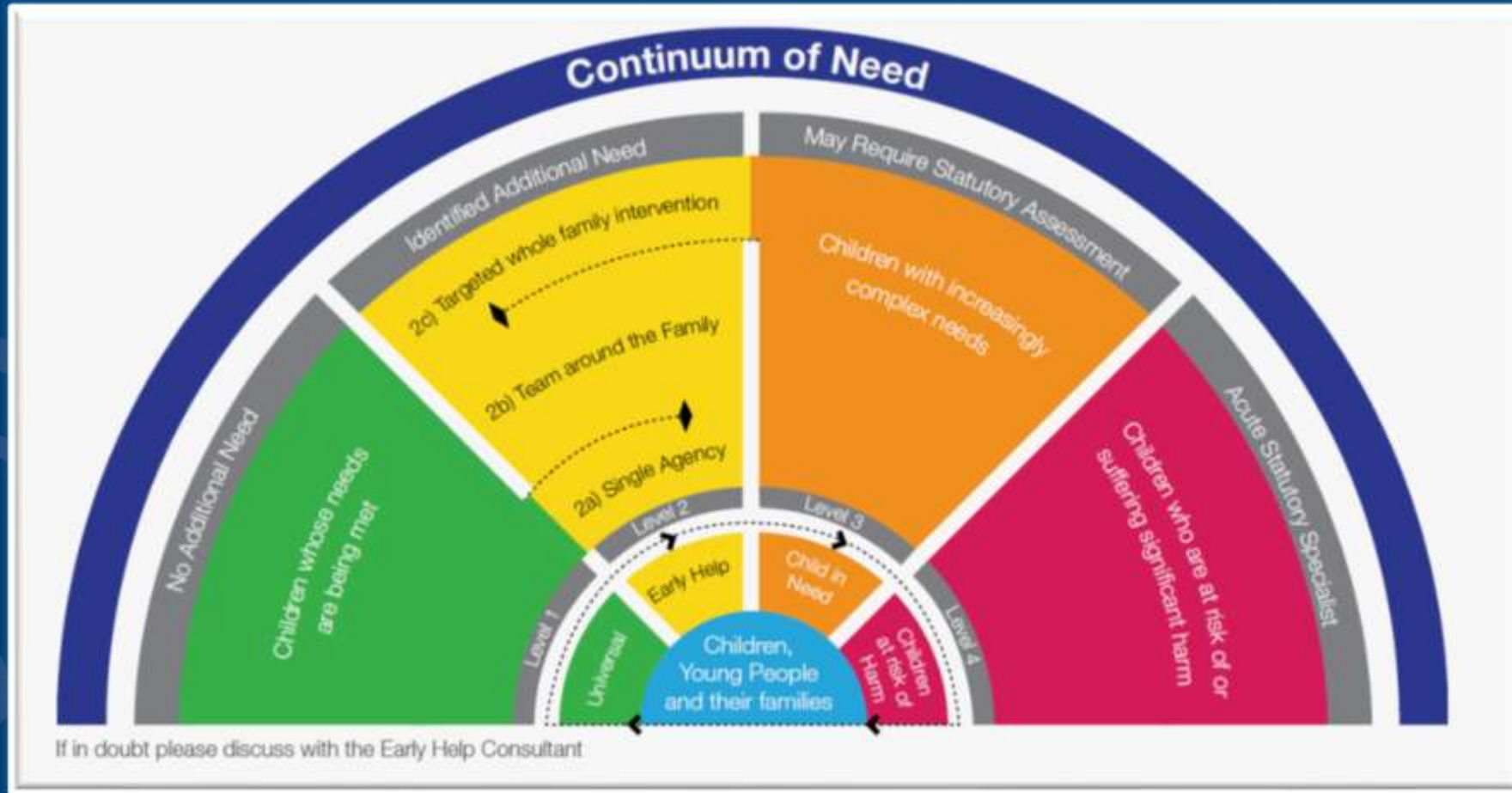


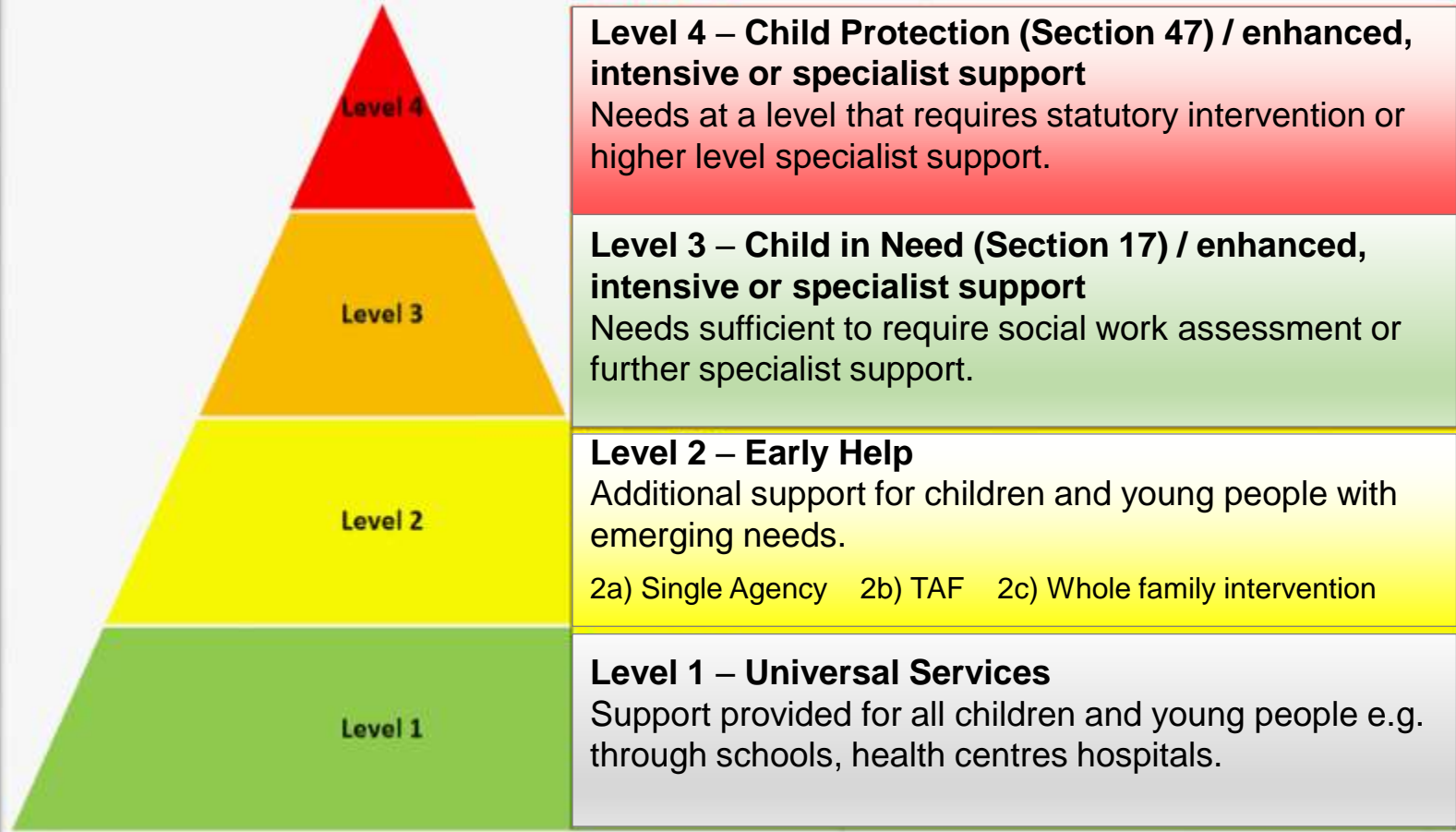


Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child





Early Help Champions

Early Help Champions are professionals from across the children's workforce (for example schools, health, police, housing, etc.) who through strong and resilient relationships with children and their families, identify and respond to need at the earliest opportunity.

They complete Early Help Assessments and deliver enhanced support to address assessed needs.

Where necessary the Early Help Champions will co-ordinate Team Around the Family (TAF) meetings, which ensure an appropriate multi-agency response to escalating needs.

Early Help Champions can be supported in their role by dedicated Early Help Consultants.

Early Help Champion

An Early Help Champion is someone who is a 'champion' for a child or family. It is not a job role for one person within an organisation.

An Early Help Champion should therefore be someone who:

- Has a positive relationship with the child and family
- Understands the issues the child/family are facing
- Wants to make a difference

Early Help Assessment

- SOS (Signs of Safety) model
- Strength based approach
- Can be used as referral

Section D: Reason for Early Help Assessment

Please give as much and concise evidence based information as possible to help us in our assessment.

Reason for Assessment	
What are you worried about? Please separate the information into: Worries and Complicating Factors in the stories – say what has happened in the past that worries us about the child or young person and their family. Be specific and factual – give examples. Say what impact this is having or could have on the child, young person and their family. Complicating Factors are anything that makes the problem harder to deal with.	
What is going well for the child and their family? (What support is currently in place?) Please separate the information into: Existing Strengths and Existing Wellbeing . Strengths are good things that are happening in the family for the child/ young person. Existing Wellbeing is how well the family feel about: they can meet the child's needs when the problem is happening. This can also include other people who are helping.	
What needs to change or would help this child and their family? Say what the next steps are to start to build the child and young person the child is safe and well. This might include getting some people together who can support the family and be part of their network.	

Scaling - Having discussed what life is like for this child right now, how worried are we?
0 1 2 3 4 5 6 7 8 9 10
Extremely worried No worries

Early Help Assessment (Signs of Safety)

- What are you worried about?
- What is going well for the child and family?
- What needs to change or would help this child and family?
- What are the child's/young person's views?
- What are the parent's/carer's views?
- What needs to happen?

Early Help Assessment

Child's Voice – The Three Houses

House of Worries	House of Good Things	House of Dreams



What's On

29th April 2019 to 30th August 2019

Children and Families: Early Help
Selby

Time	Activity	More Information	Where
10:00am - 11:00am Please book	Baby Yoga 3rd June - 1st July	7-week course. To book call Anne Myles on 01937 265144 or email anne.myles@nycc.gov.uk Age 18 weeks - £30 per course	Sheffield Children's Centre
10:00am - 11:00am Free only	Building Blocks for Language 3rd June - 15th July	Communication programme for children identified by a Speech and Language Therapist. Health Visitor or Early Years Setting. Age 2 to 3 years	Selby North Children's Centre
10:30am - 11:30am Free only	Childminder Drop In (first 10 of the month)	Childminders and play leaders for childminders and their children.	Brotherton Children's Centre
10:30am - 11:30am Free only	Mums in Mind (MIM) 12th May - 8th July (including 27th May)	Weekly programme for women who are pregnant or soon to be released. For mums & children under 2 years	Selby South Children's Centre
10:00am - 11:30am Free only	SEHD Support Group	A parent group offering support & information (issues relating to Special Education Needs & Disabilities). For families with a child awarded or already diagnosed & is supported by the Early Help & CAMHS	Selby North Children's Centre
10:00am - 11:30am	Baby Massage 3rd June - 1st July	7-week course to learn baby massage. Age 6 weeks to 6 months. £10 per course (payment to be made prior to the start date)	Sheffield Children's Centre
11:00 - 12:00pm Please book	Breastfeeding Cafe	A group for new or expecting mums to meet other breastfeeding mums and get help with breastfeeding issues.	Selby - Venue to be confirmed
1:00pm - 2:30pm Drop in	Girls Group 3rd June - 1st July	A 6-week course for girls focusing on a range of topics including confidence, body image, positive choices, etc. Age 11 - 13 years	Sheffield Children's Centre



What's On

Monday 15th April - Friday 19th July 2019

Children and Families: Service: Early Help
Hambleton Area (Covering Northallerton, Bedale, Stokesley,
Great Ayton, Thirst, Easingwold and surrounding areas)



Follow us on Facebook for updates, additional activities and activities:
www.facebook.com/hambletonwhatson/

Time	Activity	More Information	Where
10:00am - 11:00am	Words & Monkey Music Weekly (including 1st)	Themed sessions exploring stories through songs & nursery rhymes. Parents are expected to participate & engage their child with developing vocabulary & language skills through fun.	Thirst Children's Centre YO7 1DS
10:00am - 11:00am	Singing with Jasmine Weekly (including 22nd Apr, 19th, 12th & 27th May, 30th Jun & 1st Jul)	A fun, theory and interactive session supporting areas of communication and language and physical awareness with the link of rhythm, lyrics, prose and rhyme.	Northallerton Children's Centre DL6 1RD
10:00am - 11:30am	Stay and Play Weekly	Stay and Play in an informal and friendly atmosphere to meet and support other parents and carers. Delivered by The Hub with friendly support from Children & Families staff.	The Hub, RAF Leeming DL7 9WJ
10:00am - 11:30am	Mini Multiples Drop-in 12th May, 3rd Jun, 10th Jul	For parents and carers of twins, triplets and more, offering support and advice on practical activities. This is a parent-led group.	Northallerton Children's Centre DL6 1RD
10:00am - 11:30am	Mini Multiples Drop-in 17th Jun & 10th Jul	For parents and carers of twins, triplets and more, offering support and advice on practical activities. This is a parent-led group.	Thirst Children's Centre YO7 1DS
10:00am - 11:30am	Child Clinic Drop-in 12th May, 19th Jun, 10th Jul	Child clinic with the Health Visiting Team. Opportunity to weigh your child and discuss your child's health and development in an informal and friendly atmosphere.	Thirst Children's Centre YO7 1DS
10:00am - 11:30am	Child Clinic Drop-in 17th Jun, 10th Jul	Child clinic with the Health Visiting Team. Opportunity to weigh your child and discuss your child's health and development in an informal and friendly atmosphere.	Northallerton Methodist Church DL7 9EG
10:00am - 11:30am	Child Clinic Drop-in 12th May, 19th Jun, 10th Jul	Child clinic with the Health Visiting Team. Opportunity to weigh your child and discuss your child's health and development in an informal and friendly atmosphere.	Thirst Children's Centre YO7 1DS

Contact Numbers

Division	Name
Central (Selby, Richmondshire, Hambleton)	01609 534829
East (Scarborough, Whitby, Ryedale)	01609 534852
West (Harrogate, Knaresborough, Ripon, Craven)	01609 534842

Yorkshire and Humber Forensic CAMHS

Michael A.Taylor

Dr Paul Tiffin

Dr Oliver O'Mara

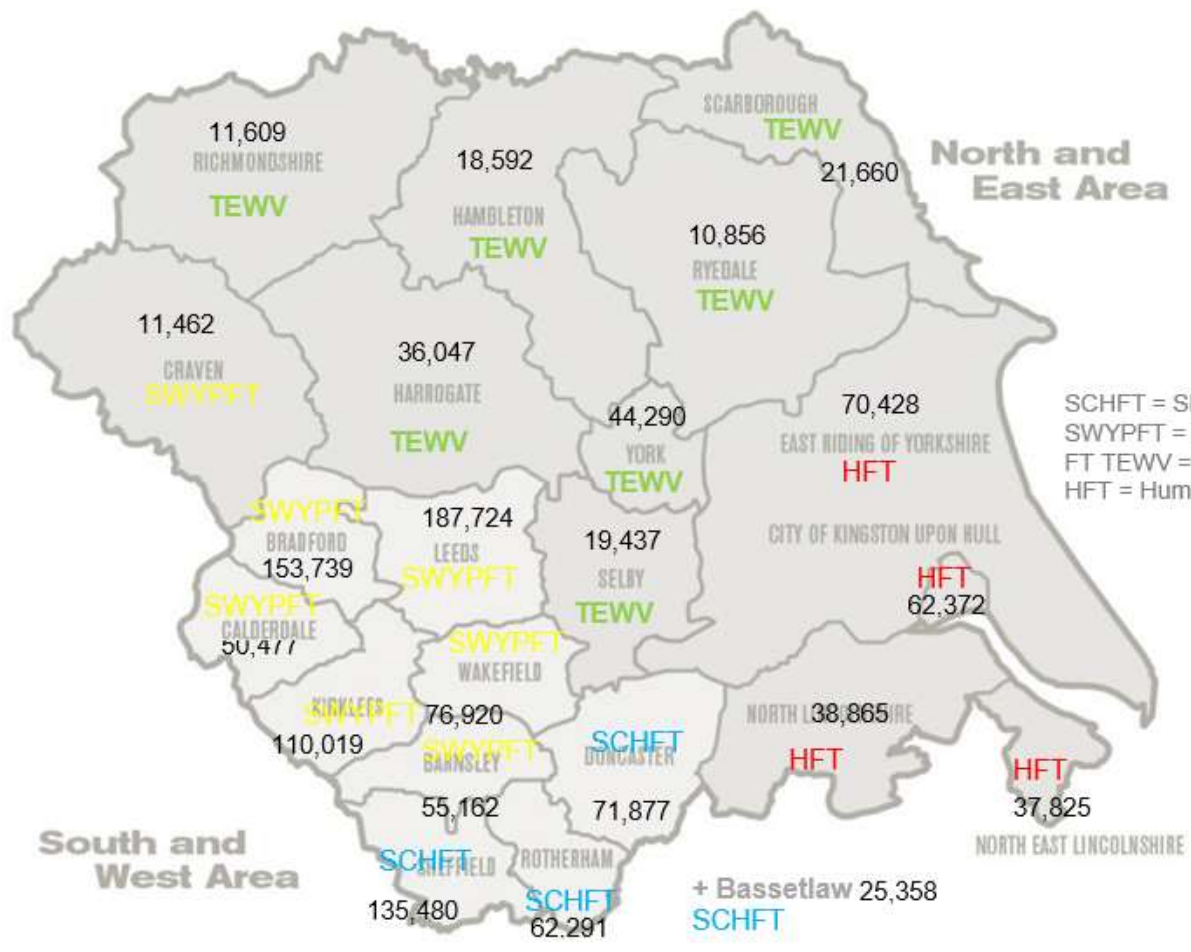
Last 10 yrs, 50% reduction in YP sentenced to custody & increase in YP with highly complex needs and high risk behaviours in community settings and frequently under the Children Act).

Growing need for consistent approach to mental health, risk assessment and guidance regarding the most appropriate form of intervention in high risk individual cases

Which require a secure mental health setting and which may be best managed elsewhere.

What is the service?

- The creation of a regional service is driven by NHS England's aim to improve access to FCAMHS across the country.
- A regional service that works with children and young people who present with high risk and/ or complex needs.
- The service is made up of four Trusts across Yorkshire and the Humber:
 - South West Yorkshire Partnership NHS Foundation Trust
 - Humber NHS Foundation Trust
 - Sheffield Children's NHS Foundation Trust
 - Tees, Esk and Wear Valleys NHS Foundation Trust



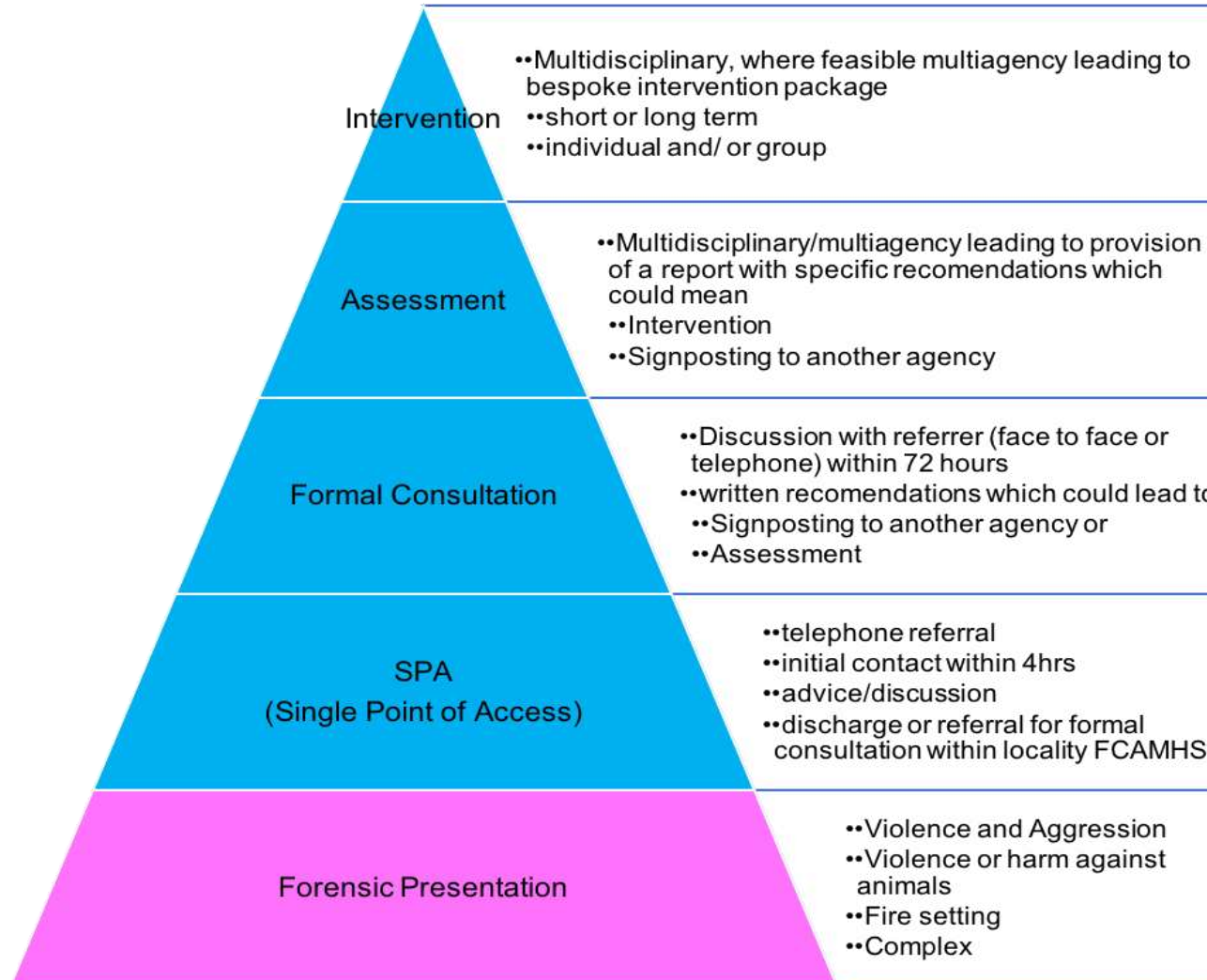
SCHFT = Sheffield Children's Hospital FT
 SWYFFT = South West Yorkshire Partnership
 FT TEWV = Tees, Esk and Wear Valleys Trusts
 HFT = Humber Foundation Trust

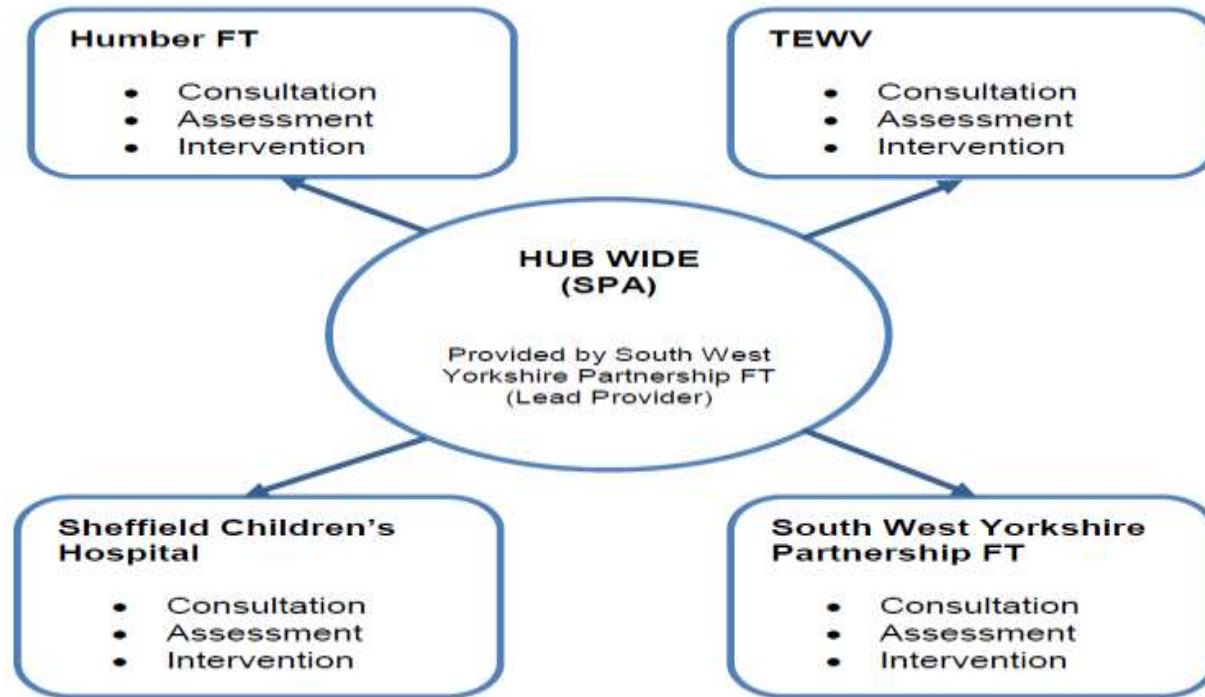
Population totals for 4 areas

Green	162,491 (12.4%)
Red	209,490 (16.0%)
Blue	295,006 (22.5%)
Yellow	645,503 (49.2%)

How does the service work?

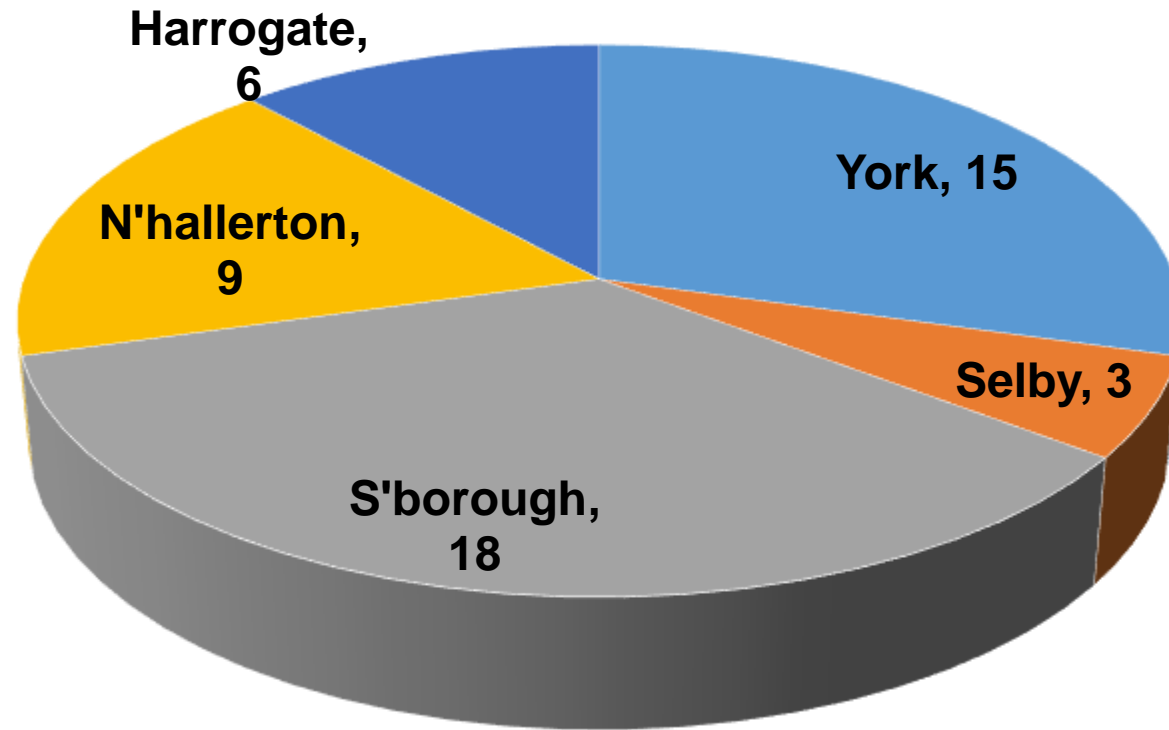
An overview



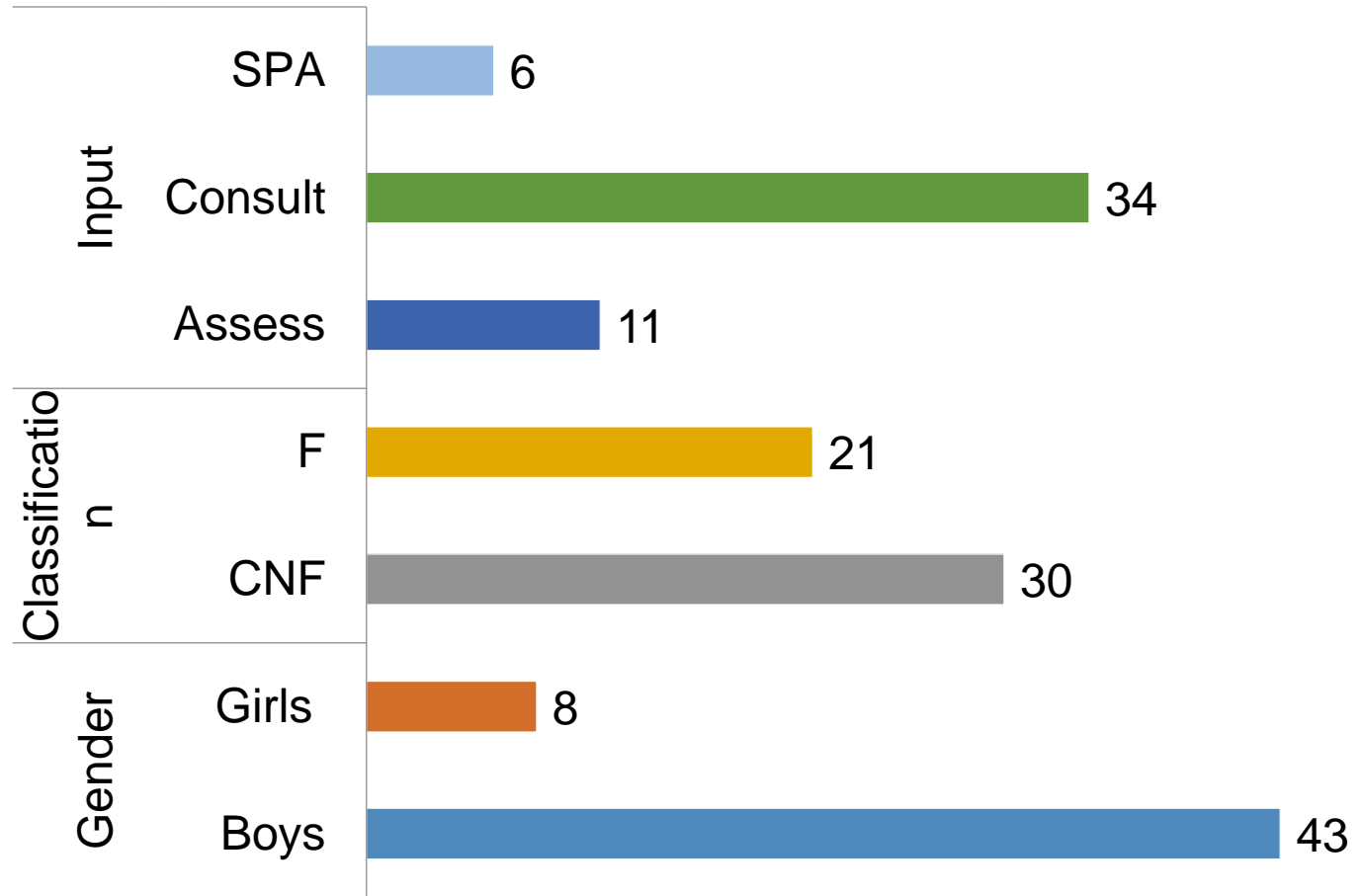


Michael Taylor	Associate Nurse Consultant	0.4wte
Paul Tiffin	Consultant Psychiatrist	0.2wte
Oliver O'Mara	Consultant Clinical Psychologist	0.2wte

Referrals : Apr 2018 – March 2019



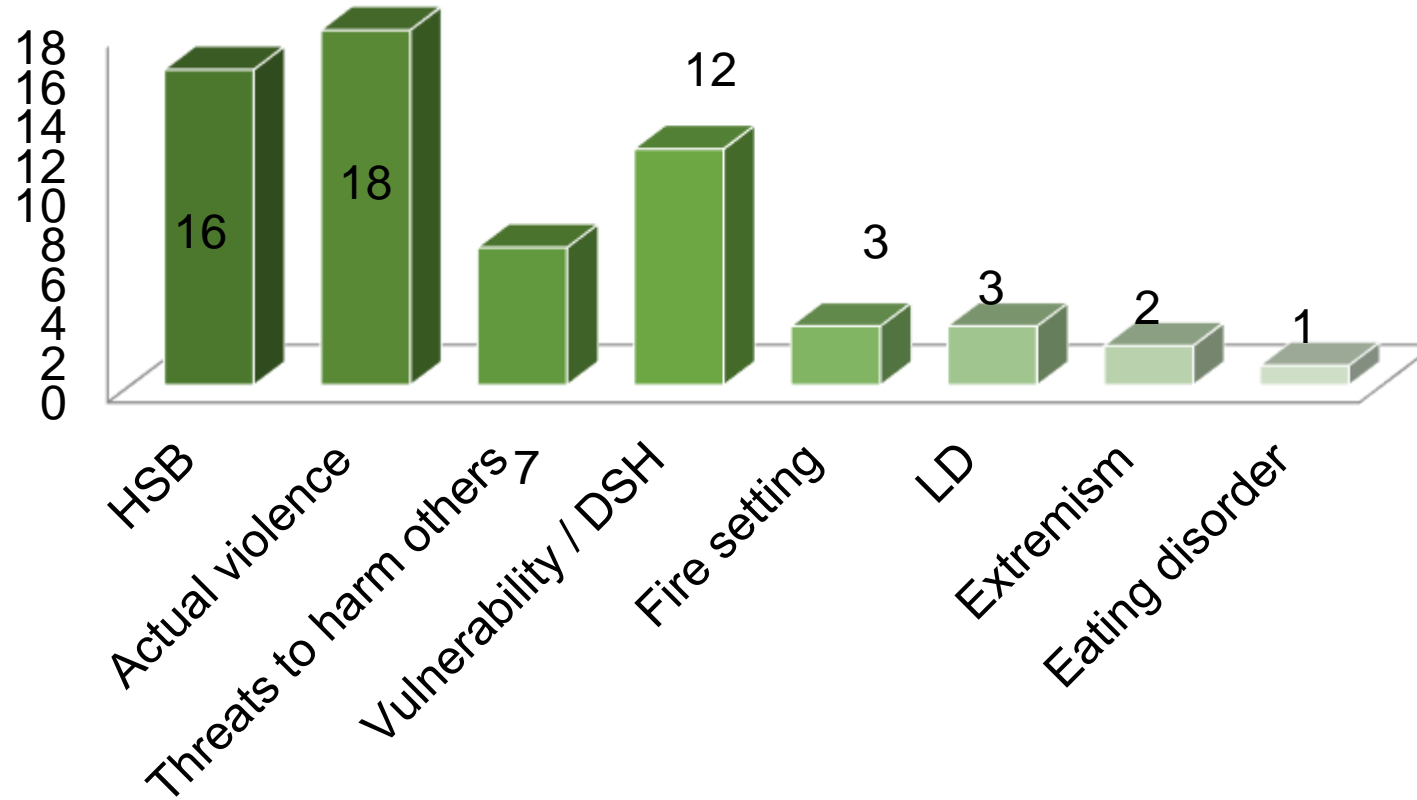
Demographics



AGE

	<13	13-15	16-18	Missing	Total
Referrals (n=)	56	97	86	0	239

Presenting Problem



HSB & FCAMHS

- What are we commissioned to do?
- What does the specification say?
- What is happening nationally?

FCAMHS National Service Specification

- What is the population covered by this specification?
 - Criteria;
- under 18 years old at the time of referral (no lower age threshold for access to the service although most referrals will be for 10 to 18 year olds)
- presenting with severe disorders of conduct and emotion, neuropsychological deficits, or serious mental health problems and/or neurodevelopmental disorders (including learning disability or autism) with/without learning difficulties or where there are legitimate concerns about the existence of such disorders
- usually involved in dangerous, high-risk behaviours whether they are in contact with the youth justice system or not. This will include young people who present a high risk to others through such behaviours as fire setting, physical assault and sexual offending.
- in exceptional cases, are not high risk (not primarily dangerous to others) but have highly complex needs (including legal complexities) and are causing major concern across agencies

Areas Of Concern (NSPCC website)

Behaviours that are very different to the 'norm' for the child's age or developmental stage

having sexual knowledge beyond what would be expected at their age / stage of development

interactions between children of significantly different ages / developmental stages

being made to do something they don't want to do or are not sure about

sexual behaviours that are accompanied by force, aggression or coercion

behaviours that affect other areas of the child's life, for example their achievement or attendance at school

compulsive behaviours (something the child can't stop doing).

http://www.nspcc.org.uk/help-and-advice/for-parents/talking-about-sex/sexual-behaviour-of-children/child-sexual-behaviour_wda96782.html#normal

Role Models?

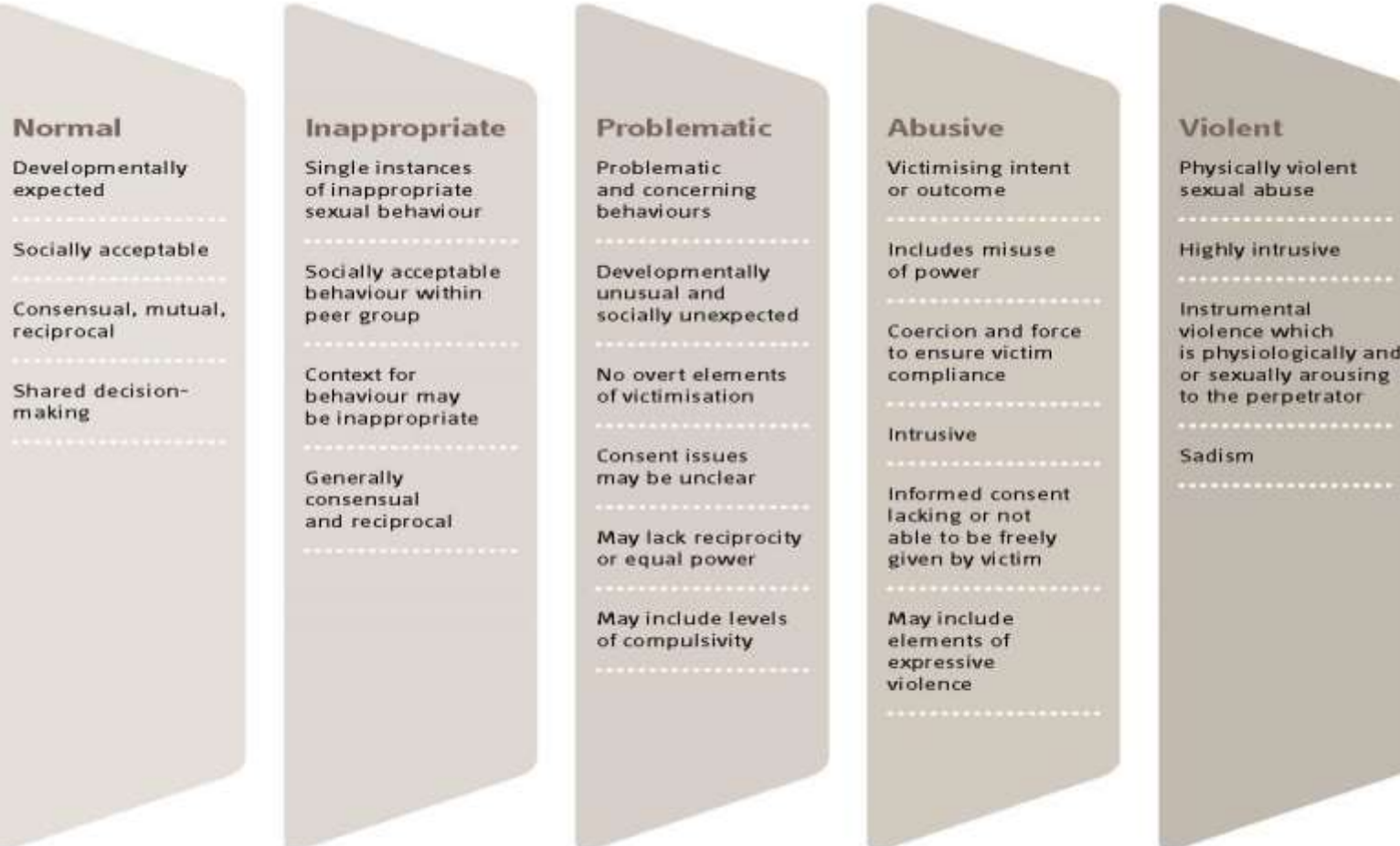


sex
gang
children



GMA EXCLUSIVE
MOM GIVES 8-YEAR-OLD BOTOX
DEFENDS DAUGHTER'S INJECTIONS

HSB & FCAMHS



<https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>



5-9 yrs old

Green	Orange	Red
<p>feeling and touching own genitals</p> <p>curiosity about other children's genitals</p> <p>curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships</p> <p>sense of privacy about bodies</p> <p>telling stories or asking questions using swear and slang words for parts of the body</p>	<p>questions about sexual activity which persist or are repeated frequently, despite an answer having been given</p> <p>sexual bullying face to face or through texts or online messaging</p> <p>engaging in mutual masturbation</p> <p>persistent sexual images and ideas in talk, play and art</p> <p>use of adult slang language to discuss sex</p>	<p>frequent masturbation in front of others</p> <p>sexual behaviour engaging significantly younger or less able children</p> <p>forcing other children to take part in sexual activities</p> <p>simulation of oral or penetrative sex</p> <p>sourcing pornographic material online</p>

9-13

Green	Orange	Red
<p>solitary masturbation use of sexual language including swear and slang words having girl/boyfriends who are of the same, opposite or any gender interest in popular culture, e.g. fashion, music, media, online games, chatting online need for privacy consensual kissing, hugging, holding hands with peer</p>	<p>uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing verbal, physical or cyber/virtual sexual bullying involving sexual aggression LGBT (lesbian, gay, bisexual, transgender) targeted bullying exhibitionism, e.g. flashing or mooning giving out contact details online viewing pornographic material worrying about being pregnant or having STIs</p>	<p>exposing genitals or masturbating in public distributing naked or sexually provocative images of self or others sexually explicit talk with younger children sexual harassment arranging to meet with an online acquaintance in secret genital injury to self or others forcing other children of same age, younger or less able to take part in sexual activities sexual activity e.g. oral sex or intercourse presence of sexually transmitted infection (STI) evidence of pregnancy</p>

13-17 yrs old

Green	Orange Behaviours	Red behaviours
<p>solitary masturbation</p> <p>sexually explicit conversations with peers</p> <p>obscenities and jokes within the current cultural norm</p> <p>interest in erotica/pornography</p> <p>use of internet/e-media to chat online</p> <p>having sexual or non-sexual relationships</p> <p>sexual activity including hugging, kissing, holding hands</p> <p>consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability</p> <p>choosing not to be sexually active</p>	<p>accessing exploitative or violent pornography</p> <ul style="list-style-type: none"> • uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing • concern about body image • asking and sending naked or sexually provocative images of self or others • single occurrence of peeping, exposing, mooning or obscene gestures • giving out contact details online • joining adult- only social networking sites and giving false personal information • arranging a face to face meeting with an online contact alone 	<p>exposing genitals or masturbating in public</p> <ul style="list-style-type: none"> • preoccupation with sex, which interferes with daily function • sexual degradation/humiliation of self or others • attempting/forcing others to expose genitals • sexually aggressive/exploitative behaviour • sexually explicit talk with younger children • sexual harassment • non-consensual sexual activity • use of/acceptance of power and control in sexual relationships • genital injury to self or others • sexual contact with others where there is a big difference in age or ability • sexual activity with someone in authority and in a position of trust • sexual activity with family members • involvement in sexual exploitation and/or trafficking • sexual contact with animals • receipt of gifts or money in exchange for sex

Attachment behaviour and sexual behaviour,

Attachment behaviour	Sexual behaviour
<ul style="list-style-type: none"><input type="checkbox"/> Holding / Hugging<input type="checkbox"/> Gazing<input type="checkbox"/> Sucking<input type="checkbox"/> Reaching<input type="checkbox"/> Touching<input type="checkbox"/> Caressing<input type="checkbox"/> Kissing<input type="checkbox"/> Following	<ul style="list-style-type: none">Holding / Hugging<input type="checkbox"/> Gazing<input type="checkbox"/> Sucking<input type="checkbox"/> Reaching<input type="checkbox"/> Touching<input type="checkbox"/> Caressing<input type="checkbox"/> Kissing<input type="checkbox"/> Following<input type="checkbox"/> Genital contact

NICE 2016

- A comprehensive assessment of the child or young person's family and social context. This includes: their placement (for example, home, foster care, residential care, secure children's home or other custodial settings).
- Developmental stage, gender, learning ability, culture and religion.
- Factors that may have contributed to the harmful sexual behaviour, such as their background, past care or any trauma they may have experienced.
- The harmful sexual behaviour itself.
- Consider including the following elements:
 - safety planning to reduce the risk they pose to others and themselves
 - engagement and working that takes account of their denial of the behaviour
 - sex and relationships education including consent, boundaries and social and moral considerations
 - empathy development
 - how to make good choices to keep themselves and others safe sexually
 - emotional and self-regulation
 - life story work
 - understanding of their harmful sexual behaviour
 - victimisation
 - peer and social relationships
 - community reintegration for those who have spent time in residential or secure units
 - support to make future plans.

NICE Guidance – HSB (NG55)

Recommendations

[1.1 Multi-agency approach](#)

[1.2 Named safeguarding leads in universal services](#)

[1.3 Early help assessment](#)

[1.4 Risk assessment for children and young people referred to harmful sexual behaviour services](#)

[1.5 Engaging with families and carers before an intervention begins](#)

[1.6 Developing and managing a care plan for children and young people displaying harmful sexual behaviour](#)

[1.7 Developing interventions for children and young people displaying harmful sexual behaviour](#)

[1.8 Supporting a return to the community for 'accommodated' children and young people](#)

[Terms used in this guideline](#)

Section 1.4 – Risk Assessment for HSB

Members noted that the AIM model for under-12s is used to assess:

- children under 12
- children between 10 and 12 whose harmful sexual behaviour needs a criminal justice response (10 being the age of criminal responsibility in England).

Members noted that AIM2 is used mainly to assess males aged 12 to 18 and:

- Focuses on factors linked to the risk of harmful sexual behaviours.
- Brings together elements from the more general approach outlined in the [Framework for the assessment of children in need and their families](#)^[6] (Department of Health) and the [Youth Offending Asset assessment](#) (Youth Justice Board for England and Wales) now [AssetPlus](#).
- Takes into account clinical factors.

AIM – initial assessment framework

1) Offence specific

Nature of abuse, attitude to victim, degree of planning, threats offending behaviour history, professional involvement, motivation to engage.

2) Developmental

Resilience, health, history of abuse, domestic violence, quality of life experiences, history of behavioural problems, sexual development and interests.

3) Family/carers

Level of functioning, attitudes and beliefs, boundaries, competence.

4) Environment

Access to vulnerable others, opportunity to offend, community attitudes to young person and family, supervision and support network.

High concerns
Low strengths

High concerns
High strengths

Low concerns
High strengths

Low concerns
Low strengths

To inform nature of level of interventions

Section 1.4 cont. . .

Evidence for effectiveness

The committee considered the evidence of effectiveness for various risk assessment tools in terms of predicting sexual and non-sexual re-offending. It noted that 10 of the 11 quantitative studies in the evidence review were based on adolescent boys with a mean age of 15 who had been convicted of sexual offences.

Only 1 study included girls and a younger age group (boys 12.3 years and girls 11.9 years) who had recently begun to display harmful sexual behaviour [ES2.3]. All the studies were from North America, which may limit their applicability in the UK. They were all at risk of bias from the methods used.

The committee considered:

- J-SOAP-II (5 low to moderate quality studies on future sexual re-offending). The evidence was inconsistent: 3 predicted sexual re-offending, 2 did not [ES2.3].
- ERASOR (Evidence for effectiveness quality studies). Three predicted sexual re-offending, 1 did not [ES2.5].
- Adapted AIM and AIM2 (2 moderate quality studies on future sexual re-offending). Both studies predicted that adolescents with and without learning disabilities who were previously known to sexually offend would reoffend [ES2.2].

Young people with a Learning disability

Young people with SHB and learning disabilities may be more repetitive and habitual in their choices of victims, location and frequency of their behaviour

social and cognitive functioning, shorter attention spans, learning based more upon experience, cautious use of language & repetition of messages

Interventions systemic, addressing safeguarding, MDT and part of wider care plan and time frame and transitions

Repetition and reinforcement, simplified language and clear messages

Basic skills training eg. listening, keeping calm, behaviour in group, anger management, masturbation

Life story narrative

Sex education, behavioural strategies, consent to sex

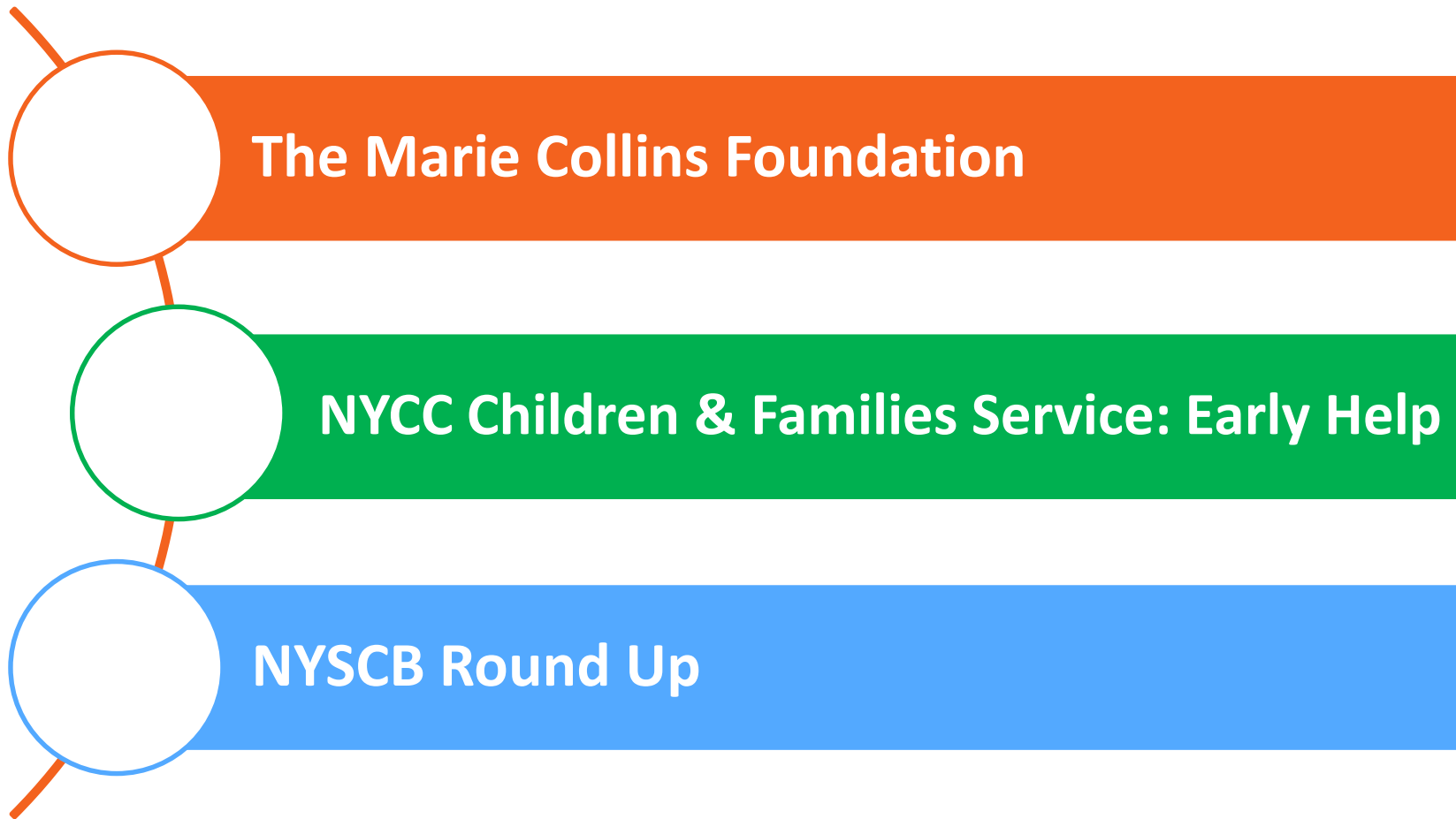
CBT 'stinking thinking' and 'safe thinking', psychodynamic to increase mentalisation and attachment basis

Any questions?

SPA – 01924 316071

BREAK







Multi Agency Screening Team

Danielle Johnson, Head of Safeguarding

Jess Markwart, Team Manager

This briefing will cover:

- Overview of the work of the Multi Agency Screening Team (MAST)
- Domestic Abuse and Child Exploitation process
- Outcomes
- Consent
- What makes a good referral
- Developments

What is the Multi-Agency Screening Team?

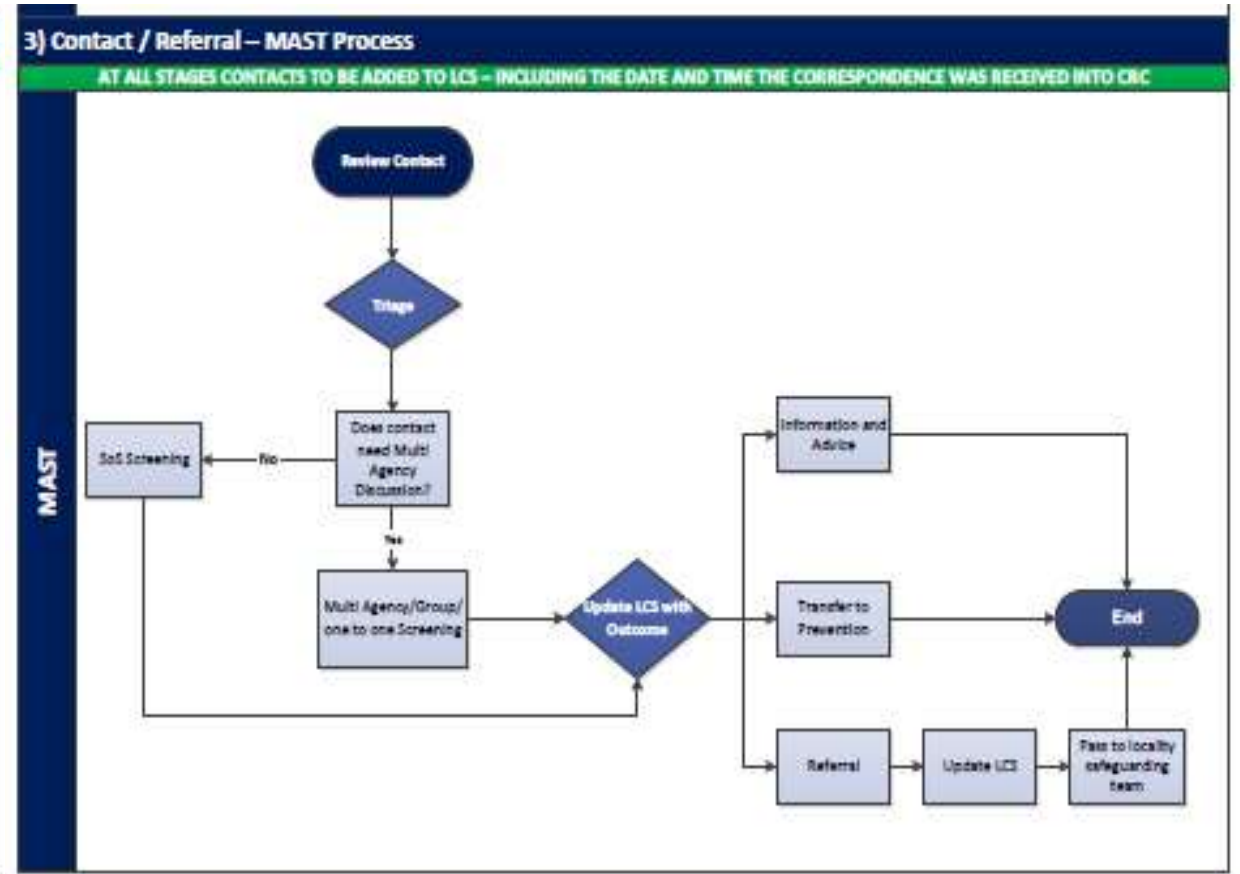
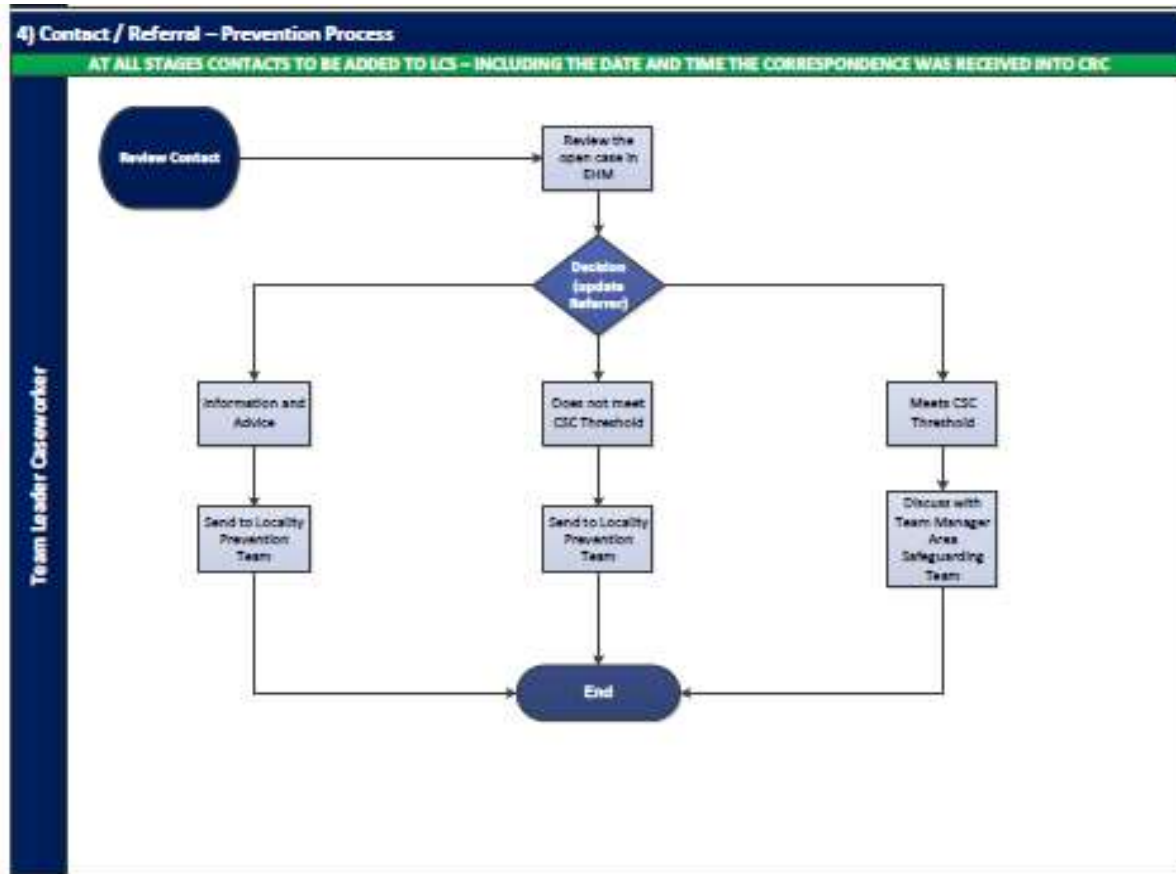
- Single point of contact for requests for service for:
 - Children's Social Care
 - Disabled Children's Service
 - Early Help
 - Healthy Child Programme
- Requests for service are screened by a qualified social worker and allocated to the appropriate service
- Multi-agency screening takes place on a daily basis using SOS
- Team also receives domestic abuse notifications from the police and supports the exploitation pathway

The Team...

MAST was a team of five when we started, which has grown to numbers of 14 in the past three years, consisting of:

- ❖ Social work managers
- ❖ Social workers
- ❖ Detectives and intelligence officers from North Yorkshire Police
- ❖ Safeguarding Nurse Child Protection/Health Child
- ❖ Prevention managers
- ❖ Business support.

MAST workflow



SOS template

Social Worker Signs of Safety Screening

Referral from

Address

Details of child and others living at address

What are you worried about?

Summarise/bullet point

What is working well?

Summarise/bullet point

What are the complicating factors?

Summarise/bullet point

Consent?

Yes/No

Is information proportionate to share/obtain information with multiagency, why?

CWD flag details?

Has s17 assessment been considered/offered due to entitlement? child has a disability, DCS do not feel her needs require an assessment by DCS team. Therefore as child is CIN she is entitled to a s17 CIN assessment, to be carried out by area safeguarding team.

HDFT checks and professional views

Not required for decision making

Not available

Police Checks and professional views

Not required for decision making

Not available

LCS

Most recent history first

Date, action (assessment/info advice), the/issue and outcome.

Copy Danger statement if needed

EHM

Most recent history first

Date, action (assessment/info advice), the/issue and outcome.
Copy Danger statement if needed

Danger statement

Safety goals

What referrer feels needs to change or would help this child

Scaling. On a scale of 0-10; 0; without immediate intervention there would be significant concerns for the child/young person's safety and wellbeing, 10; everything is happening and in place to ensure the child/young person is safe and their care needs are being satisfactorily met, where do you place this child/young person?

Next steps

Decision –

Rationale –

Actions –

Strat

MAST do not feel the concerns meet thresholds strategy meeting at this point as information is untested and discussions have not yet taken place with the child or their family to clarify the worries. Should concerns about significant harm be raised during the initial visits or assessments, strategy meeting to be held.

Domestic Abuse and Child Exploitation

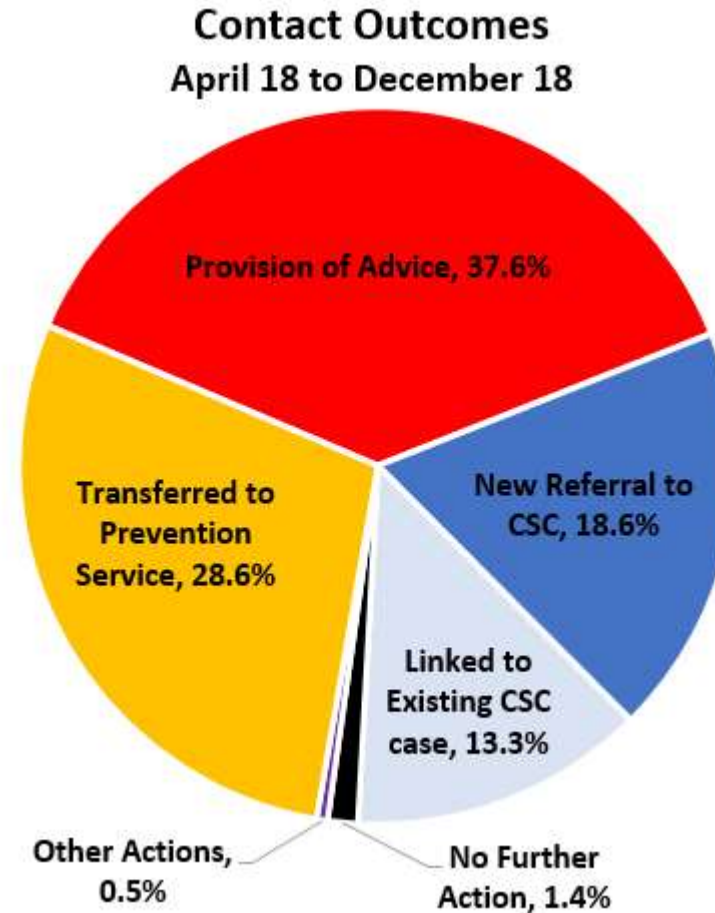
Domestic Abuse – Daily Meeting to discuss 253 notifications, share information and ensure information is shared appropriately on cases that are open to the Children and Families and ensure the right decision at the right time.

Child Exploitation - A meeting 4 x per week to consider all new assessments and assessment reviews to:

- Share information
- Multi- agency oversight
- Challenge and agree risk status across the partnership

What are the outcomes?

- Over 22,000 contacts each year
- More than 1 in 3 do not result in a child or family receiving a service or intervention
- So far in Jan 2018/19, over 6,700 contacts have been closed after the referrer was given information or advice
- This is potentially over 6,700 unnecessary contacts



Consent; our starting point is to always work with consent.

Consent to share information – contact

Consent to complete assessment – area team

Even where significant harm has been identified the family need to be informed before concerns are discussed unless:

- Informing the family would increase the risk of harm
- It would prejudice the prevention, detection and prosecution of a serious crime or
- Lead to an unjustified delay in making enquires about allegations of significant harm to a child or serious harm to an adult

Consent continued.

Relational work with families – working WITH rather than doing TO

‘human beings are happier, more cooperative and more productive and more likely to make positive changes in their behaviour when those in authority do things with them rather than for them or too them.’ (www.iirp.edu)

What makes a “good” referral

Accurate information about the family (DOB, address, names of family)

Consent to share information.

Family and child's voice recorded

Concise information about the concerns.

Strengths based approach – what is working well that can be built upon?

What support is already in place?

Referrers opinion on what needs to change to help the child/young person/family.

New developments

- Consultation line – trial in the East of the county
- Online referral form – consistency
- Dashboard
- Quality Assurance

- Questions?



The
Marie Collins
Foundation

Child Safeguarding and Digital Media NYSCB Masterclasses 2019

Tink Palmer MBE

CEO

Marie Collins Foundation

June 2019



The Marie Collins Foundation

Our vision

All children who suffer sexual abuse, both offline and via the internet and mobile technologies are enabled to recover and live safe and fulfilling lives

Our Aim

To ensure that the response to children and their families who have suffered harm via the internet and mobile technologies is based on sound, evidence based practice

Our Principle:

If you place the needs of the child victim and their family at the centre of any investigation or professional intervention you are likely to better safeguard the child and to achieve a proportionate and appropriate response within the criminal justice system

What we do

The MCF works in partnership with police, health, children's services, NGOs, education personnel, industry members, government departments and those working in the legal profession and judiciary. We

- offer direct services to children and their families affected by abuse offline and online
- provide training for professionals
- work alongside those assisting children in their recovery,
- influence national policies and strategies regarding appropriate responses to children harmed online
- Engage in research projects
- engage the media in responsible and informed debate.

Tina

age 14 years (2007)

Tina

- “The internet is a weird version of the real world where you can do everything
- Groomers don’t have to worry about seeming suspicious
- Children can act like adults
- I used people online to make me feel good
- Girls use groomers to make them feel mature – groomers use girls for sex – it’s mutual using of one another
- Girls get involved with men because nothing much seems to be happening when you’re 12-14 but you want to be older
- The most talkative (girls) online are the quietest offline
- The most normal (man) online is a real weirdo offline
- We rarely talk about our behaviour online – kind of embarrassing

Ben

Features of the new technology which facilitate the sexual exploitation of children 2003 - 2010

- Easily accessible
- Hidden activity
- Eases communication – both on a national and international level
- It's quick
- Disinhibits
- Acts as a conduit between ATP – Trafficking – Abuse online
- Joined up thinking
- 2010
 - Growth, sexualisation of children (Popadopolous review), children's views of online/offline, divide between children and adults re: knowledge and workings of New technology

Abuse via the internet and mobile technologies

- Internet,
- Cell phones, smart phones
- Tablets
- Games
- Desk tops
- Lap tops
- Audio visual materials – such as digital cameras
- LBSs – location based services
- SNS
- Television
- Record and upload videos
- *Video chat (SKYPE), SNS messaging, e mailing, texting*
- Apps

Five key considerations

- **Young people's communication online – normalisation**
- Discovery v disclosure
- Grooming
- Impacts
- Resolution

- Marie Collins Foundation Video 1 from NYSCB Manager's Masterclass in June 2019:
- https://youtu.be/xBc_sEdZRxo

Young people's communication online

- Normalisation
 - Sexualised language
 - Images
 - Initial engagement
 - A language of their own?

Five key considerations

- Young people's communication online – normalisation
- **Discovery v disclosure – not going to tell**
- Grooming
- Impacts
- Resolution

Discovery v disclosure

“they are not going to tell”

- If its normal, why report it?
- Feel complicit in the abuse - seen as complicit in the abuse
- What they have been doing can be seen
- Fearful of repercussions from the perpetrator
- Discovery by someone else rather than disclosure – *denial, minimum info, implications for evidence*

Jane aged 14 years

“ I would never have told anyone if the police hadn't come knocking at our door. It turned out that they had arrested the bloke I was friends with online and had traced me through examining his computer. First off, I said they'd got the wrong person....I was terrified my mum and dad would know what I had been talking about....you don't even talk to your friends about what you say online....somehow it seems a different world....one in which I can act like I'm 22 when I'm actually only 14”

Discovery v disclosure

- Seeing the signs - asking the question
 - What if I ask the question? What if you don't?

“If only I had asked that question I believe I would have saved him from all the abuse he suffered, but I didn't and I will live with the guilt of not asking for the rest of my life.” **Ben's mother**

- **Never under-estimate the impact of disclosure**
- **Never under-estimate the impact of being informed that your abuse has been discovered**

Five key considerations

- Young people's communication online – normalisation
- Discovery v disclosure
- **Grooming**
- Impacts
- Resolution

Grooming

- Is the process different online? If so why and how is it different?

Grooming

- Ways in which it is different online
 - Nb. Normalisation
- **Types of grooming scenarios**
 - Societal grooming
 - Fear inducing
 - Love/romance
 - “I’m the only one who understands you”

Ben's Grooming

- Grooming – I'm the only one who understands you

Grooming using technology

- Marie Collins Foundation Video 2 from NYSCB Manager's Masterclass in June 2019:
- <https://youtu.be/VBPSO1yXvwo>

Ben's Grooming

- 2 scenarios
 - Grooming using threats
 - Grooming using romance

Grooming using threats - romance

- Marie Collins Foundation Video 3 from NYSCB Manager's Masterclass in June 2019:
- <https://youtu.be/Hu7BKI5ZhB4>

Five key considerations

- Young people's communication online – normalisation
- Discovery v disclosure
- Grooming
- **Impacts**
- Resolution

The uniqueness of each child's experience

The degree of internalisation of sexually abusive experiences is unique to each child and dependent on factors such as:

- The nature of the abuse
- The circumstances in which it occurred
- The modus operandi of the abuser
- The nature of the child's previous life experiences
- To whom the child disclosed, how many attempts?
- The degree of support within the family
- The child's natural "in-built" resilience

Impacts

It's not so much what was done to me but what it did to my head that matters.....”

- Implications for assistance with recovery
- Relating online behaviours to offline

- Marie Collins Foundation Video 4 from NYSCB Manager's Masterclass in June 2019:
- <https://youtu.be/XP1x2Jv7qcs>

Resolution

- Long haul
- Multidisciplinary team work
- Lack of models to assist the professional network
- Lack of confidence amongst professionals
- **CLICK: Path to Protection**

- Young people's communication online – normalisation
- Discovery v disclosure
- Grooming
- Impacts
- **Resolution**

Resolution

Click: Path to Protection

- Putting the needs of children and their families at the very centre of any intervention
- Participants taken on the journey using the story of Ben
 - The need to take parents concerns seriously
 - How to respond to a discovery as opposed to a disclosure
 - How to unpick the grooming process and therefore how to support Ben to get to a place whereby he can disclose
 - How to work with each other and the family to develop protection around Ben
 - How to safeguard the child and ensure successful prosecution
- Tri-partite model
 - THINK
 - ACT
 - MANAGE



NYSCB Round Up

NYSCB Business Unit



Website

North Yorkshire Safeguarding Children Board

Home | About Us | Learning & Improvement | Children & Young People | Professionals | Parents & Carers | Resource Library

Information for Children and Young People

[Click here](#)

Worried about a child? | Has something happened? | e-Safety online | Worried about a friend?

Welcome to the North Yorkshire Safeguarding Children Board's Website

Multi-Agency Procedures | Children & Young People | For Professionals



NYSCB... Keep updated

- Are you on Twitter? @NYSCB



The image shows a sign-up form for the NYSCB e-Bulletin. At the top left is the North Yorkshire Safeguarding Children Board logo with the tagline 'working together to safeguard children'. The title 'NYSCB e-Bulletin' is centered. Below the title, a short paragraph explains the purpose of the bulletin. There are four input fields: 'Email Address', 'First Name', 'Last Name', and 'Organisation'.



NYSCB E-Bulletin:

<http://www.safeguardingchildren.co.uk/professionals/nyscb-e-bulletin>



Resources

- **NYSCB Procedures**
<http://www.safeguardingchildren.co.uk/multi-agency-procedures>
- **NYSCB Practice guidance**
<http://www.safeguardingchildren.co.uk/professionals/practice-guidance>
- **NYSCB One Minute Guides**
<http://www.safeguardingchildren.co.uk/professionals/omg>
- **NYSCB Training**
<http://www.safeguardingchildren.co.uk/training>
- **NYSCB Resource Library**
<http://www.safeguardingchildren.co.uk/resources>





Any Questions?

Thank you for attending...
Have a safe journey

