

Developments in Safeguarding: Virtual Mini Manager Masterclass

April 2021

- *Please put your name and organisation in the chat, feel free to use this for questions*
 - *Please mute your mic and turn off your camera *Recorded**
 - *Make a brew, sit back and soak up the learning!*
 - *We will start at 12pm and finish at 1pm*

OVERVIEW OF THE MASTERCLASS

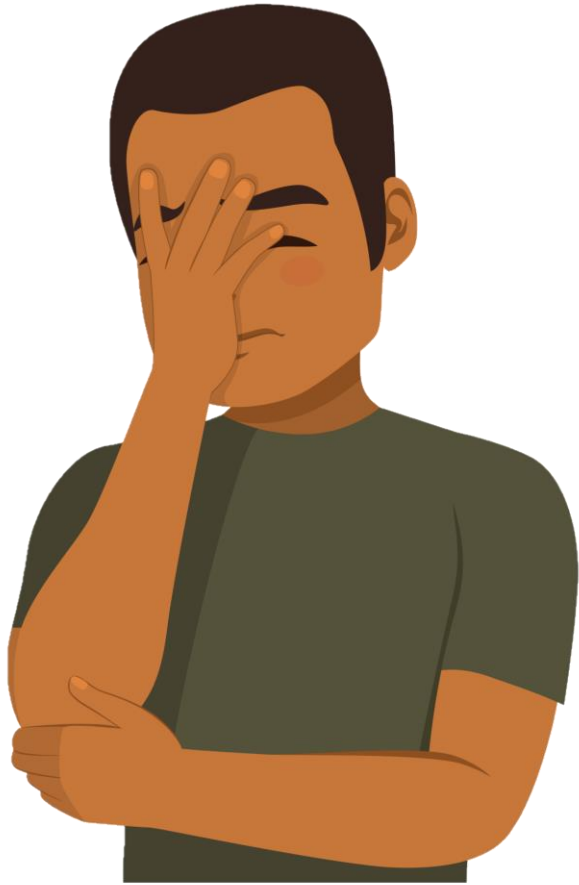
Safeguarding Practice Review Learning	James Parkes, Partnership Manager
Audits, Future Themes , learning	Haydn Rees Jones, Policy and Development Officer
MACE - BeAware and Partnership Intel	Emma Phillips, Policy and Development Officer
ICON – Infant crying	Elaine Wyllie, Designated Nurse
Hidden Harm Identifiers, podcast launch.	Haydn Rees Jones, Policy and Development Officer

Multi Agency Learning

NYSCP Safeguarding Practice Review Group



Child A - Child Criminal Exploitation



- **16 year old boy**
- **Subject to Child Criminal Exploitation**
- **Lots of agencies working together to try and meet his needs**
- **Despite this he died of drug overdose alone in an adult hostel**

Key learning points


- Signs of Exploitation
- Involvement of Parents
- Action planning
- Alert to the impact of grooming behaviours
- Disengagement or is it?
- Supporting young people who report suicidal feeling
- Accommodation



Baby B - Possible Non Accidental Injury

- **4 day old baby**
- **Floppy Arm**
- **Child Protection Medical found fractured arm, fractured skull and bleeds into the brain**




- 
- Liaison between Mental Health and Midwifery
 - Liaison between Midwifery and Obstetrics
 - Capturing information from partner or other household members
 - Recording
 - Undressing and handling the babies



Baby J - Probable non accidental injury

- 5 month old baby
- Found to have multiple fractures including partial dislocation of spine thought to be of different ages
- In 3 months leading up to this discovery Baby J had had 18 face to face consultations with health professionals



- 
- Professional Curiosity
 - Face to Face primary birth visits
 - Handle Babies
 - Supervision
 - Fathers



Next Steps

For each case key points of learning are established and disseminated:

- Immediate actions identified
- Parents/carers engagement
- All actions are shared with NYSCP Subgroups.
- Learning is disseminated 7 Point Briefings are developed

Missing from Home and Care Audit

- Purpose
 - Quality assure multi-agency working
 - Identify areas for improvement
 - Test the new Missing from Home and Care Joint Protocol



Common understanding

The College of Policing (2017) Missing People Authorised Professional Practice (APP) defines a missing episode as:

‘Anyone whose whereabouts cannot be established will be considered as missing until located and their well-being or otherwise confirmed. All reports of missing people sit within a continuum of risk from ‘no apparent risk (absent)’ through to high-risk cases that require immediate, intensive action.’

Risks to young people



Income



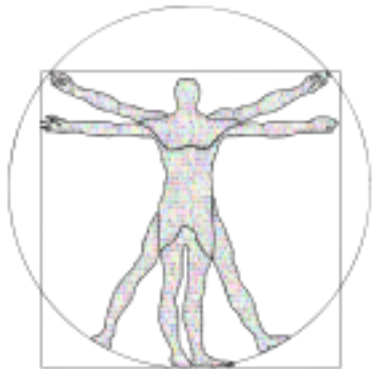
Drugs



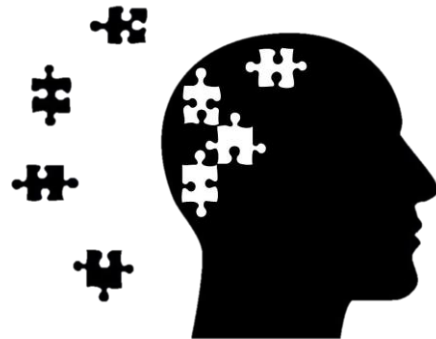
Alcohol



Crime



Physical Health



Mental Health



Education



Abusive, inappropriate,
manipulative and
exploitative relationships



Homelessness

Findings

Going Well

- ✓ Recognition of concerns
- ✓ Good Assessment Planning
- ✓ Sharing of Information and links to MACE meetings
- ✓ Joint working
- ✓ Impact of activities reduced repeated missing episodes

Concerned About

- Difficult to evidencing impact of actions
- Limited exploration of child exploitation in return interviews
- Some clarity about consent
- Not sharing relevant historic information

Needs to change

- ✗ Recording of dates for missing episodes
- ✗ Recording of information on local systems

So what?

- Recommendations have been identified as part of the audit
- Recommendations have been considered by the Learning and Improvement Subgroup (LIS)
- Updates will be monitored through the LIS Action Plan
- Seven Point Briefing is being finalised to share findings
- Learning from the audit is being shared across partners and in training



MACE - BeAware Video Partnership INTEL



Emma Phillips, NYSCP MACE Lead
Emma.Phillips@northyorks.gov.uk

MACE Operational Updates

Going Well

- MACE Level 2 and mapping meetings
- Good engagement from wide range of partners
- Trusted Relationships
- Creative engagement
- Effective information sharing
- Increased understanding of complex peer networks



MACE Operational Updates

Emerging areas

- Intelligence re MDMA, Edibles, Benzodiazepines
- Easing of lockdown increase in MFH (impact of Mental Health)
- Increasingly complex peer relationships facilitating drug supply
- Victim vs Perpetrator
- Online risk to children over lockdown



MACE Operational Updates

Next Steps

- Analytical support
- Review of Perpetrator Process
- Drug and Alcohol Partnership subgroup work
- National Referral Mechanism (NRM) Panel (NRM@northyorks.gov.uk)
- MACE Mapping (MACE@northyorks.gov.uk)
- Focus on Partnership Information Sharing



Partnership Information Sharing

- Value of partnership information in proactive disruption of exploitation (5WH)
- Positive cases
- Wider promotion of the Partnership information sharing form [NYSCP \(safeguardingchildren.co.uk\)](https://www.nyscp.org.uk/safeguardingchildren.co.uk)
- Please promote!



Partnership Intelligence Sharing Across North Yorkshire and the City of York

Chief Inspector Emma Aldred
Director of Intelligence, North Yorkshire Police

In collaboration with



The ICON message



ICON

Aims of this training session

- **ICON: 'Babies cry, you can cope'** is a programme developed to help parents understand and cope with normal infant crying and to prevent Abusive Head Trauma
- This brief session is designed to give a brief overview of the ICON message and Abusive Head Trauma
- Delivery of the ICON message takes place across health providers but can be used by **everyone** working with families who have young babies



What is Abusive Head Trauma?

- Abusive Head Trauma is a form of physical child abuse
- It is also known as 'Shaken Baby Syndrome'
- Abusive Head Trauma can result in catastrophic injuries:
 - Brain injuries
 - Bleeding behind the eyes
 - Bony injuries
- Abusive Head Trauma is the most common cause of death or long-term disability in babies
- Our goal for ICON is to communicate to parents/carers that they can expect crying, prepare for it and cope with it
- Our aim is to reduce the incidence of AHT triggered by crying
- <https://iconcope.org/parentsadvice/> - mechanism of AHT
- <https://youtu.be/aqCbREcduMA> - Ellis's story



Are some babies more at risk than others?

Research shows that the most at risk babies are:

- baby boys
- babies under 6 months old
- babies born pre-term or at low birth weight
- babies who have previous involvement with child protection services

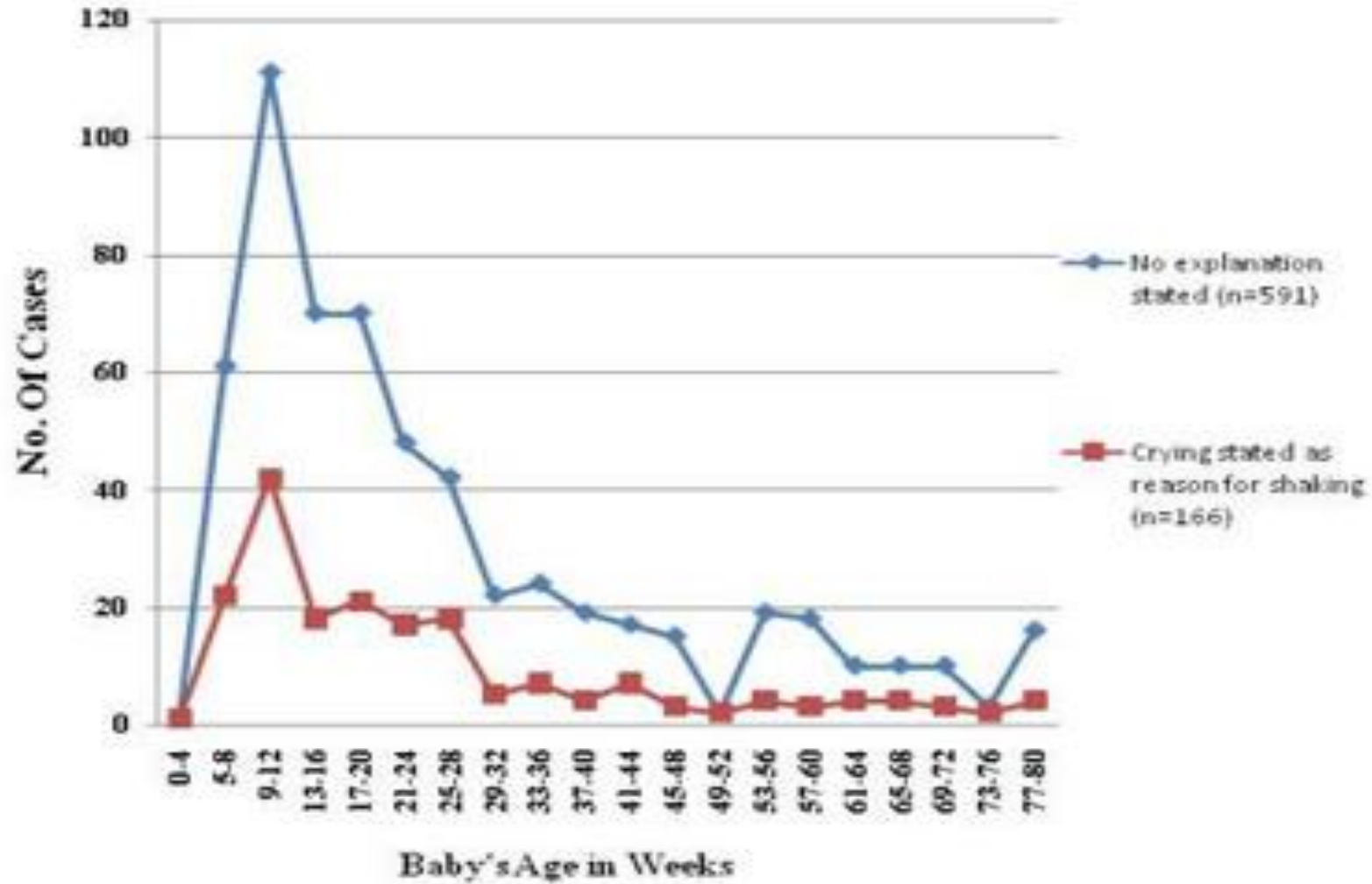


Who shakes and why?

- **70% perpetrators are males – fathers/male surrogates**
- One of the key triggers for babies being shaken is crying
- Persistent crying can lead to increased parental stress, depression, relationship problems, and feelings of guilt, inadequacy and helplessness
- Coping with crying can feel like living on a cliff edge - caregivers lose control and shake the baby to stop it crying
- Demonstrable relationship between the normal peak of crying and babies subject to AHT



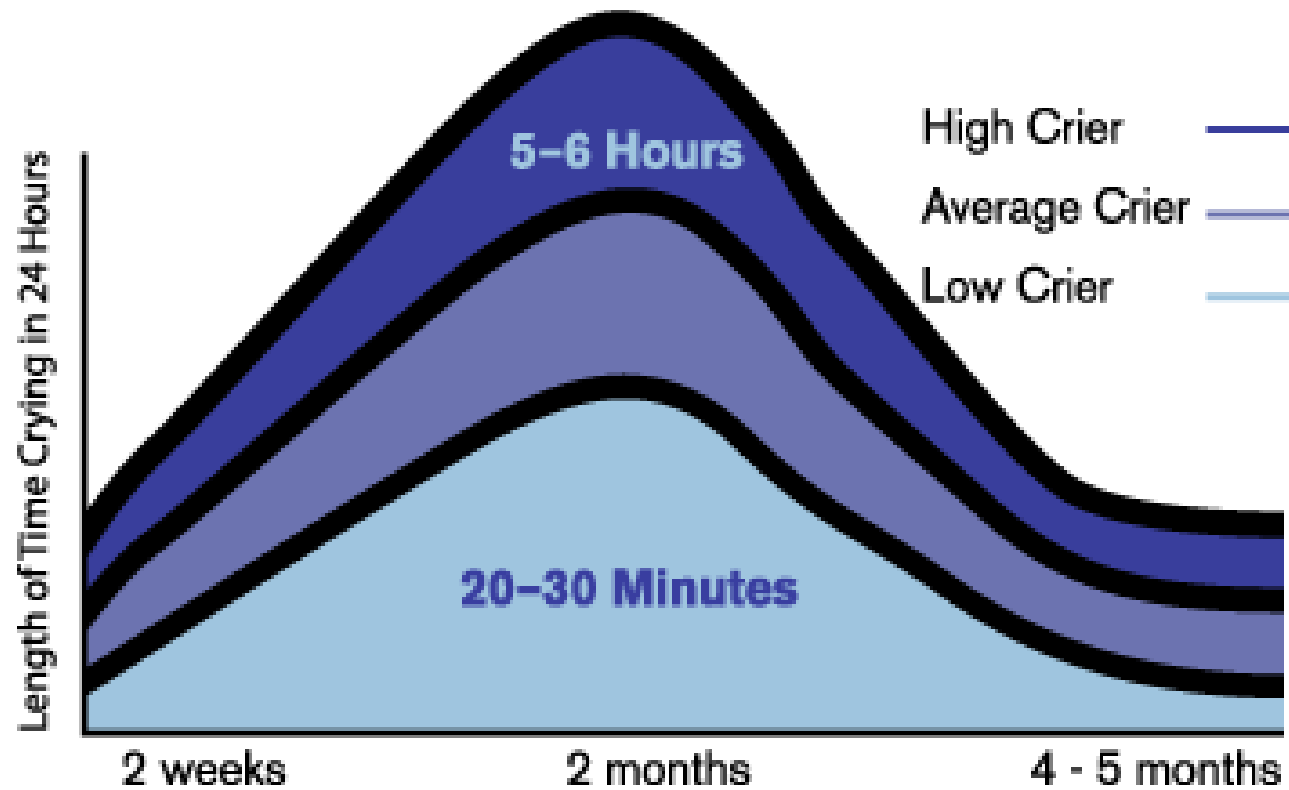
Cases of AHT



Normal Crying curve

(Barr 1990)

Curves of Early Infant Crying 2 Weeks to 4 - 5 Months



Preventing Abusive Head Trauma

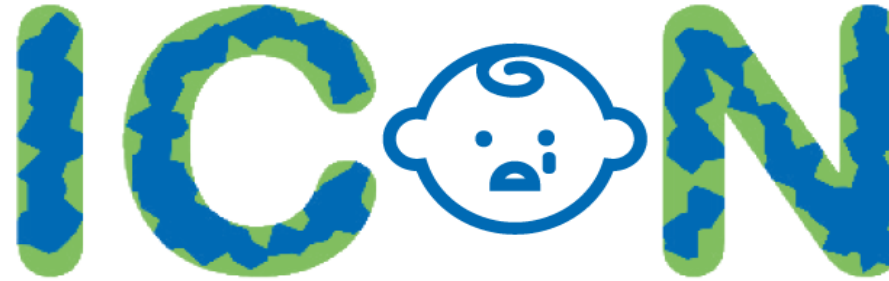
- Evidence shows that coordinated approaches to the prevention of Abusive Head Trauma can be successful in reducing the incidence
- ICON was developed from a firm evidence base and focuses on helping parents understand why their baby might be crying and supporting them through it

Support *through* the problem rather than *solving* it



What is ICON?

*Version 5 updated 19/02/2018



Babies Cry, You Can Cope!



Infant crying is normal and it will stop!

Babies start to cry more frequently from around 2 weeks of age.

The crying may get more frequent and last longer.

After about 8 weeks of age babies start to cry less each week.




Comfort methods can sometimes soothe the baby and the crying will stop.

Think about are they:

- hungry
- tired
- in need of a nappy change

Try simple calming techniques such as singing to the baby or going for a walk.



It's  ok to walk away if you have checked the baby is safe and the crying is getting to you.

After a few minutes when you are feeling calm, go back and check on the baby.



Never, ever shake or hurt a baby.

It can cause lasting brain damage or death.

If you are worried that your baby is unwell contact your GP or call NHS 111.

Speak to someone if you need support such as your family, friends, Midwife, Health Visitor or GP.

© Hampshire Clinical Commissioning Groups Safeguarding Children Services



The ICON Touchpoints

The ICON message will be discussed at several “touch-points” throughout pregnancy and in the post-natal period:

1. **During pregnancy** (Community midwives and Health Visitors)
2. **Following delivery** (Hospital midwives – this should be to **both** parents)
3. **Post-natal home visit** (Community midwives)
4. **New birth visit** (Health Visitor)
5. **3 week phone text from HV**
6. **6 week baby check** (GP)



How can professionals help parents?

- Make a positive effort to engage with male caregivers
- Help parents/carers understand that crying is a normal part of development – all parents can feel like this
- Reassure parents/carers that babies are not doing this on purpose
- Support parents/carers in coping with their own emotions and stress
- Remind parents/carers about safe sleep messages
- Encourage parents/carers to share the ICON information with anyone who cares for their baby





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Babies Cry You Can Cope

For professional and parents

[ABOUT](#)

During this challenging time stress levels at home may be increased. Please follow the ICON guidance for coping with crying. [Please see our page with specific Covid19 information.](#)

ICON Follow us on Social Media!



<http://iconcope.org/>



<https://www.facebook.com/iconcope/>



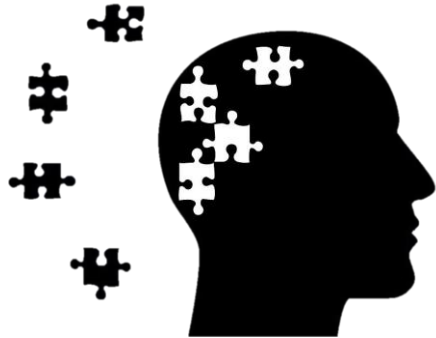
https://twitter.com/ICON_COPE

Thank you!



NOT PROTECTIVELY MARKED

What is hidden harm?



Mental Health



Child Exploitation



Online Abuse



Domestic Abuse



Substance Misuse

Possible indicators

- Where is the child?
- How are they when you have contact?
- Visual signs
- Fabricated and induced illness or Female Genital Mutilation (FGM)



Unusual or changes in behaviour

- Social skills
- Aggressive behaviour
- Attention



- Risk taking behaviour
- Change in friends
- Inappropriate or harmful sexual behaviour

Other indicators

- Mental health
- Self worth
- Avoidance



- Over or lack emotions
- Extremism
- Illnesses

What should I do if I have a concern?



- Safeguarding is everyone's responsibility
- Are changes normal relating to age or concerning?
- What you already know about the child?
- Professional curiosity
- Follow organisation procedures
- ***#TellUsYourConcerns***

[Visit the our campaigns page for more information](#)

[Visit our What is Hidden Harm Page](#)



Want to know more?

want to know
more?

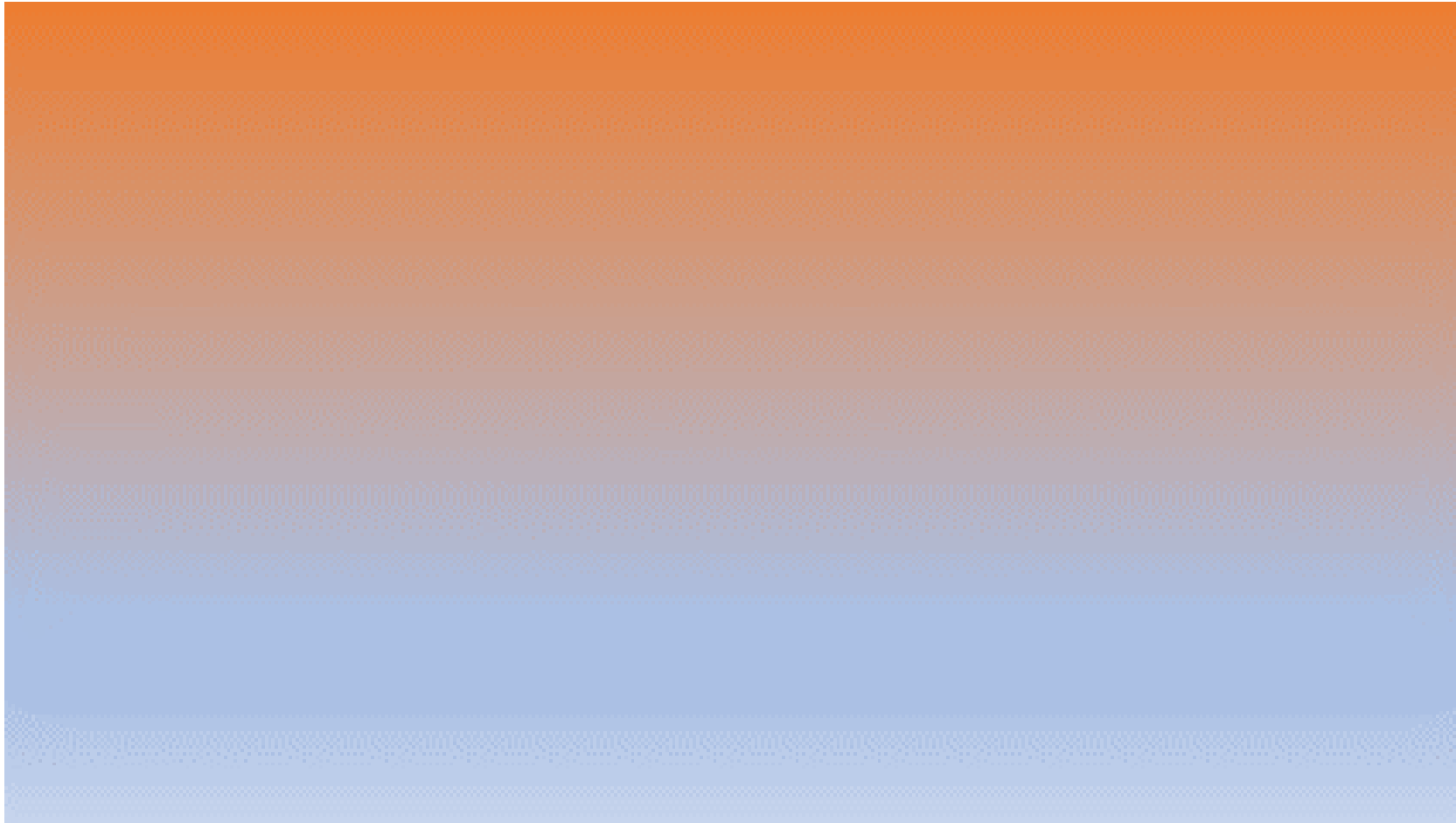


COMING SOON





Any Questions?



Keep up to date with NYSCP

North Yorkshire
Safeguarding Children Partnership

NYSCP e-Bulletin

To keep up to date with developments in safeguarding children in North Yorkshire sign up below to receive our NYSCP e-Bulletin.

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Thank You

Explore the learning that has come out of a NYSCP Child Suicide Prevention task and finish group.

Understanding how we can support the mental health of children, young people and professionals and exploring how you can support the Suicide Prevention work in North Yorkshire

- Relaunch of the Suicide Prevention and Self harm Pathway
- The Voice of the parent (Pat Sowa Starfish)
- Available support services in North Yorkshire
- Practical takeaways for your teams and organisations identified by the Task and Finish group

Friday 28th May 2021

[NYSCP Developments in Safeguarding Mini Masterclass | North Yorkshire Education Services \(nyestraining.co.uk\)](https://nyestraining.co.uk)

