

June 2017

Issue 18

Welcome to the summer edition of the NSCB newsletter. This edition contains feedback on the NSCB fabricated and induced illness training, an introduction to the new Notts. police CSE disruption team, a new NSCB/NCSCB safer sleeping risk assessment tool and information about the new healthy families teams as well as the usual summary of multi-agency audit activity and an update as to the Serious Case Review activities and findings in the county. I trust you will find the content both interesting and informative.

Chris Few  
Independent Chair



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

### Supporting staff to identify and address neglect

Last year approximately 800 staff attended face to face learning events specifically on or including the issue of neglect. The NSCB has also offered e learning since 2007, in particular the ACAN course: Awareness of Child Abuse & Neglect and Introduction to Safeguarding Children. Last year 2609 staff completed these courses. Training and support currently available:

**Face to face training events.** See our website for more details:  
<http://www.nottinghamshire.gov.uk/nscb/training/upcoming-courses-and-events>

**E Learning:** Awareness of Child Abuse & Neglect and Introduction to Safeguarding Children. To access all our e learning courses log on at:

<https://nottinghamshirescb.safeguardingchildren.co.uk/>

**Inter-agency Safeguarding Children Procedures:** guidance to staff in all organisations in understanding safeguarding roles and responsibilities.

<http://nottinghamshirescb.proceduresonline.com/>

**Local Practice Guidance on Child Neglect.** This includes a list of assessment tools/activities that practitioners can use when assessing children & families:

[http://nottinghamshirescb.proceduresonline.com/local\\_resources](http://nottinghamshirescb.proceduresonline.com/local_resources)

**The Green Card** – Indicators of possible child abuse: a pocket guide for practitioners:

<http://www.nottinghamshire.gov.uk/nscb/resources>

### Also in this issue

Fabricated and induced illness training

CSE disruption team

Domestic violence and abuse update

Safer sleeping risk assessment tool

SCR and audit updates

Healthy families teams

Health for teens





## Fabricated and Induced Illness Training

Targeted training has been incorporated into the NSCB Training Programme since 2014-15 following the identification of FII by front line practitioners as an emerging safeguarding theme.

The training is delivered by partners from health, social care, police and NCC legal services. Events have been extremely well attended and the feedback has been very positive.

...best training I have been on in 15 years. I am just amazed at how much I didn't know about F11. This course should be mandatory.

Figures show an increase in the identification of FII as an issue, since the training was launched, from 1 or 2 children a year to the identification of 33 children since August 2014. Consultations have also taken place with staff from a agencies regarding concerns about specific children they are working with.

This indicates that the training has led to a greater awareness and identification of this form of child abuse. Legal interventions have resulted for some of the children identified whilst others have been subject of an Initial Child Protection Conference. As a result some of these children have moved to the care of close relatives.

Two further dates are available for this training this year; 14<sup>th</sup> September and 5<sup>th</sup> December. To book onto this course or any of our other courses please visit the training page on our website:

[www.nottinghamshire.gov.uk/nscb](http://www.nottinghamshire.gov.uk/nscb)

## The CSE disruption team, Nottinghamshire Police.

This team was formed in April this year with the intention of addressing areas of concern which fall short of the requirement to deploy specialist investigators but which provide an opportunity to disrupt the activity of perpetrators before a child comes to any harm. Most of the information acted upon originates from the Concerns Network Group (Op. Striver): that bit of information, that hunch that people get when they know something isn't quite right.

The team comprises of a number of Special Constables, Sergeant and Inspector who volunteer every week and are tasked by the Sexual Exploitation Investigation Unit with Public Protection at Nottinghamshire Police. Some of their tasks involve directly targeting suspected perpetrators. They will visit suspect addresses and introduce themselves, get to know suspects and let suspects know that we know!

They will rigorously check bail conditions of those perpetrators who have crossed the threshold for arrest who are released pending further enquiries. The team pay attention to CSE hotspot areas and will give CSE information awareness talks to staff and the public aimed at raising awareness and spotting the signs of CSE. The team work tirelessly often clocking up over 100 hours work individually each month.

The team have had some remarkable success, they play a significant role in ensuring the vulnerable are protected and the perpetrators are disrupted. They have recently played a significant role in identifying a child sex offender and bringing him to justice. The victim of his crimes is now receiving specialist support and care.

The team are flexible and experienced enough to deal with any incident they come across during their duties, only last month they arrested suspects with a substantial amount of class A drugs and a firearm.

Overall this has been a real success and is something that we are looking to build upon by increasing the size of the team. Other forces in the region have seen the benefits of such a team and are looking to replicate in their own areas.

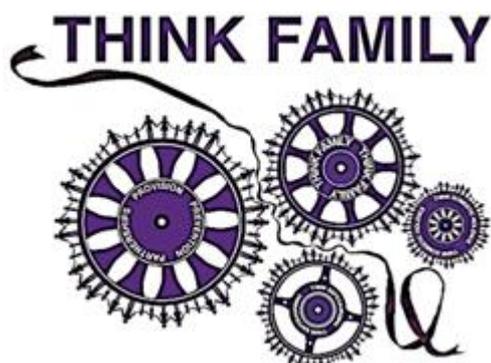
## Nottinghamshire Healthcare focus on Domestic Violence & Abuse

Following the success of the implementation of our Think Family strategy, we have now commenced a Trust-wide focus on domestic violence and abuse. We have refreshed our Domestic Violence and Abuse policy and have introduced a Workforce Domestic Violence Policy to assist managers in supporting staff who are suffering abuse.

Our activity was kick started by a Day of Action to raise awareness across all staff groups of Domestic Violence and Abuse. The event received very positive feedback with staff indicating that it had informed their future practice. We have also devised our own Domestic Violence and Abuse Training package - a full day designed to equip practitioners with the knowledge, skills and confidence to work effectively with patients, carers and staff who may be experiencing domestic abuse. We aim to build upon this with the development of a series of podcasts, the first of which will be based around domestic violence and abuse.

Our relaunched Domestic Abuse subgroup faces some exciting opportunities and challenges over the next twelve months as we aim to ensure that all relevant staff are aware of the DASH RIC assessment tool and that the use of routine enquiry is fully embedded within our practice.

Nottinghamshire Healthcare  Foundation Trust



## New NSCB/NCSCB Safer Sleeping Risk Assessment Tool.

On average 6 babies in Nottinghamshire die each year because of unsafe sleeping, despite receiving best practice advice from midwives and health visitors.

Safer sleep advice is given out to all new parents in pregnancy and the first few days and weeks of a baby's life by universal health services. To prevent further deaths we need everyone working with families in Nottinghamshire to help ensure safe sleep advice is followed.

To help tackle this a safer sleep risk assessment tool has been developed. The tool explains what safer sleep is and helps you identify risk factors for unsafe sleeping. It also provides information to help you support families and includes links to resources that you can download for parents.

The tool is recommended for use by colleagues from all sectors who work with families with babies and can be accessed by completing the NSCB safer sleep e learning package.

Please support NSCB in this important work to prevent future child deaths by:-

- Promoting the [NSCB safer sleep e learning](#) widely across your services, organisations and networks.
- Encouraging staff to utilise copies of the safer sleep risk assessment tool as part of their routine work with families with babies.
- Embedding this in mandatory training, induction or team meetings wherever appropriate.

*(Please note: this tool is not intended for use by maternity and health visiting services who should continue to assess and promote safe sleep via the usual processes).*

## Serious Case Reviews in Nottinghamshire

On 13<sup>th</sup> April 2017 NSCB published [NSCB SCR LN15](#) . The full report together with a [NSCB Learning and Improvement Bulletins](#) can be found on our website along with information about other Nottinghamshire Serious Case Reviews.

This case relates to a young boy who had long history of health involvement in connection with developmental delay. He attended mainstream school and was well supported by staff. Despite extensive investigations medical staff were not able to find a diagnosis for his condition and as he grew older mother disengaged from a number of services. A booking system was introduced at LN15's hospital which required parents to 'opt in' to appointments and this led to contact with the paediatric service coming to an end. His school attendance dropped appreciably in the weeks prior to his death. LN15 died aged 8 years as a result of pyelonephritis (kidney infection), which is normally a treatable condition.

### Key learning

- Children with a disability or additional health needs are a particularly vulnerable group as signs of abuse and neglect may be masked by, or misinterpreted as due to, underlying impairments.
- Non-compliance may be a parent's choice, but it is not the child's: 'Any non-engagement with services that are central to a child's welfare should be seen as carrying potential harm for the child'.
- A shift away from the term DNA (did not attend) to WNB (was not brought) would help 'maintain a focus on the child's ongoing vulnerability and dependence, and the carers' responsibilities to prioritise the child's needs.'
- Agencies should give due regard to safeguarding children during organisational change.
- Specialist health services should have a mechanism for reporting back to the service which made the initial referral.
- There is no legal requirement to register or re-register a child with a General Practitioner. It is therefore important that health organisations make 'routine enquiries' in relation to GP registration in order to identify those children with health needs who are not registered.

The issue of children who are not brought to medical appointments is also a feature of a recent Nottingham City Serious Case Review and we would recommend that you watch and share the NCSCB video animation [NCSCB Rethinking 'Did Not Attend'](#) which is a powerful reminder that children do not take themselves to appointments.

NSCB has 3 other reviews which are nearing completion/publication and we anticipate reporting on the learning from these reviews in our Christmas newsletter. Please note also that we are awaiting publication of revised statutory guidance which will provide details of new arrangements for serious case reviews resulting from the provisions of the Children and Social Work Act 2017.

## NSCB audit update

Since the Christmas edition of the newsletter 3 multi-agency audits have been completed by NSCB member organisations.

**The strategy discussion audit** reported to the March Board. A random sample of 11 strategy meetings were audited from those held in a four week period November/December 2016. More than two thirds of the strategy discussions took place within the required timescale. Further work is required to ensure that all strategy discussions are compliant with procedural expectations and promote positive outcomes for children and young people. Health professionals were only involved in 2 of the 11 cases audited. Normal practice appears to be that a strategy discussion is considered as a conversation between an operational children's social care team manager and MASH police. This means that crucial information for the decision making process is likely to be missed. Multi-agency work is planned to improve the timeliness and the inclusivity of the strategy discussions.

**The harmful sexual behavior organizational audit** also reported to the March Board. Children's Social Care, Police, Health, Community Services and Early Help Services audited their practice using the NSPCC Harmful Sexual Behaviour Audit Tool. Some areas of good practice were identified and also scope for development in terms of working together across organisations. The need for better data and a needs assessment was identified, and as a result of the audit it was agreed that Brook Sexual Harm Traffic Light tool should be promoted. This has been included in the Pathway to Provision update and also in the programme for What's New in Safeguarding over the next year.

The review of the **S11 audit** was completed and reported to the June Board. Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The S11 audit is a summary with commentaries of the self-assessments of relevant organisations in Nottinghamshire of how they are discharging their functions in this regard. In March 2017 agencies were asked to review their 2016 self-assessments in terms of the areas which had been identified for improvement. Performance improved in the vast majority of standards and for the first time 100% of organisations assess themselves as fully compliant in the areas of leadership and organisational accountability and safer working practices. There were also significant improvement in the standard of policies and procedures, supervision and also training. Further work has been identified by organisations going forward. The S11 self-assessment audit evidenced that steady progress is being made against objectives.

## New offence of sexual communication with a child introduced 3 April 2017

The NSPCC has welcomed this new legislation which will allow earlier intervention against adults who attempt to groom children by the use of mobile phones and social media.

Adults who communicate with children using sexual language can now be sentenced to two years in prison and be automatically placed on the sex offenders register

## New Healthy Families public health programme for Nottinghamshire

April 2017 saw the launch of new look public health services for 0-19 year olds across Nottinghamshire County. In October last year Nottinghamshire Healthcare was awarded the new 'integrated 0-19yrs public health nursing' contract which brings together Health Visiting, School Nursing, Family Nurse Partnership, National Child Measurement Programme and Breast Feeding Support Services under one service offer .

The new contract requires the delivery of an integrated public health nursing approach by teams who are able to work together to address the public health needs and provide integrated and seamless support to the 0-19 year's population in their local area.

The new service is called the '**Healthy Families Programme**' and will feature 20 new '**Healthy Family Teams**' working in local areas across the County.

These skill mixed teams are being led by Specialist Public Health Practitioners (former Health Visitors and School nurses) working with other practitioners and support staff to ensure that routine reviews and targeted support is provided seamlessly across the 0-19yrs age range. Teams will also retain close links with other child and family related services in their local areas (such as GPs, midwives, Children Centres, schools) and develop even better links with other local agencies so that the public health needs of local communities can be addressed.

As part of the development of the new model pathways have been reviewed and developed, named links and interface with primary care, education, social care, local 3<sup>rd</sup> sector organisations etc. maintained and strengthened and the establishment of a multi-disciplinary team approach for families where additional needs identified.

Some of the key benefits of new model include the removal of the transition between 0-5 and 5-19 services; improved patient pathways and access to services for CYP and families; enabling local needs to be identified and addressed by local community with the local community; better engagement with local service users in delivery and ongoing improvement

## HEALTH FOR TEENS

The [Health for Teens website](#), developed by Nottinghamshire County Council Public Health in partnership with Nottinghamshire NHS Healthcare Trust, is now available for young people to access support for their emotional and physical health and wellbeing. The NSCB jointly funded the project and contributed to the consultation during its development and members of the Board are now asked to help raise awareness of the website within their organisations.

The website links young people to appropriate local health and wellbeing services, and supports young people to manage their health and wellbeing. It features interactive content, films and quizzes written by experts and includes topics as wide ranging as exam stress to anger management, and from spots to alcohol.

Please raise awareness of the website with colleagues who have a role with young people and ask them to familiarise themselves with it, and signpost to it where appropriate.

<http://www.healthforteens.co.uk/>

