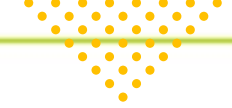




Welcome to the Early Years DSL Network 13th Nov 2024



Welcome!



NOTTINGHAM CITY
Safeguarding
Children
PARTNERSHIP

Kathryn Bouchlaghem

Head of Early Years

Jesse Keene

NCSCP Officer



Nottingham





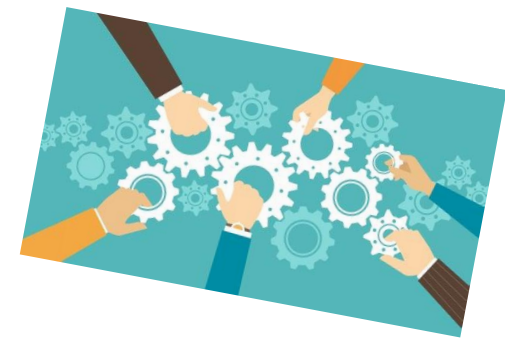
TAKE CARE OF YOURSELF

DSL Network Aims and Purpose

- To promote connectivity with the Nottingham City Safeguarding Children Partnership, other key local authority departments and Designated Safeguarding Leads across the city
- Act as a conduit for policy updates
- A network which demonstrates professional behaviours and mutual support
- Sharing of pertinent local and national updates focusing on safeguarding priorities and emerging trends across the city of Nottingham

Today's objective:

To raise awareness and understanding of.....



Agenda

Time	Agenda Item	Presenter
9:30am – 9:40am	Welcome and Introductions	Kathryn Bouchlaghem Jesse Keene
9:40am – 10:20am	For Baby's Sake	Judith Rees
10:20am- 10:30am	Local Safeguarding updates	Jesse Keene
10:30am – 10:45am	Child Neglect Strategy and Toolkit	Jesse Keene
10:45am – 11am	Equation	Sue
11am	Questions and close	Kathryn Bouchlaghem



For Baby's Sake: Breaking the Cycle of Domestic Abuse

Judith Rees, Director of Operations



www.forbabysake.org.uk

The scale of domestic abuse

1 in 5 children in the UK experience domestic abuse, often when still in the womb.

A third of all parents (33%) have experienced a partner using abusive behaviour towards them.

40% of parents who experienced domestic abuse said it occurred during their baby's first 1001 days from pregnancy until the baby's second birthday.

40% of those parents who experienced domestic abuse during their baby's first 1000 days didn't feel able to seek professional help at the time, and a third (33%) said they didn't know where to begin to look for help. Only 10% received professional help at the time.



We estimate that approximately 187,750 babies are present at police callouts for domestic abuse annually



How we work

We work with the whole family

Our parents want to co-parent their baby. They are often motivated by the desire for their baby to have a better childhood than they experienced themselves. We work with those that experience domestic abuse, and those that use abusive behaviour.

We prioritise safety

Our parents each have a separate Therapeutic Practitioner. Our Practitioners work together to monitor levels of risk, participate in group case management, and are supported through clinical supervision. Most of our referrals are from children's social care, and we always work with a team around the baby. This means if we receive a self-referral, we will make contact with local services.

We build deep therapeutic relationships

We work with expectant parents ideally before 28 weeks in pregnancy and offer support up until the baby's second birthday. We measure outcomes along the baby's timeline, providing interventions and outcomes during this critical time in the child's development.





Focus on Conception to 2 years

The first 1001 days are crucial in a baby's life

Experiencing domestic abuse impacts life chances for babies and children. Evidence suggests that exposure pre-birth and until the baby's second birthday can have the greatest impact.

30% of domestic abuse begins in pregnancy

Interventions at this stage can prevent years of abuse and harm.

Offering support during pregnancy and in the early years can harness parents' motivation to protect and care for their baby and make the changes necessary to give their child a good life.

Parent voices are central to our work





Criteria

Expectant parents (ideally before 28 weeks in pregnancy), a commitment to co-parent (**no expectation** to be in or stay in a relationship), a history of domestic abuse and consent to participate in a long-term therapeutic intervention with a willingness to seek help and change.

Referral pathways

- Social care teams, midwives, health visitors, GPs, self-referrals

Delivery mechanism

- Virtual (video and telephone calls) or face-to-face

Programme Modules

Each parent is given individual and separate support. The Therapeutic Practitioner takes each parent through a series of modular content, which wraps around their needs and those of the wider family. This includes:

- Getting started – comprehensive trauma-informed assessment phase
- Attachment-focused parenting – from pregnancy to nurture sensitive, attuned parenting, NBO & VIG
- Healthy expression of feelings – processing guilt, shame and dissociation
- Inner child – the trauma-informed therapeutic core of the programme
- Building self-esteem, healthy adult relationships

Our trauma-informed approach

Our **trauma-informed approach** offers parents the opportunity to reflect on their own childhood experiences, make links between the past and the present and make sense of their unconscious world and the motivations that drive their behaviours.

Feelings are validated, encouraging an **understanding of the trauma** they have suffered, its impact on their sense of self, that it was not their fault, they are not fundamentally flawed and, they do not have to be defined by it.

This approach, operating within a **multi-agency recovery framework**, offers parents a unique pathway to overcoming their unresolved trauma.



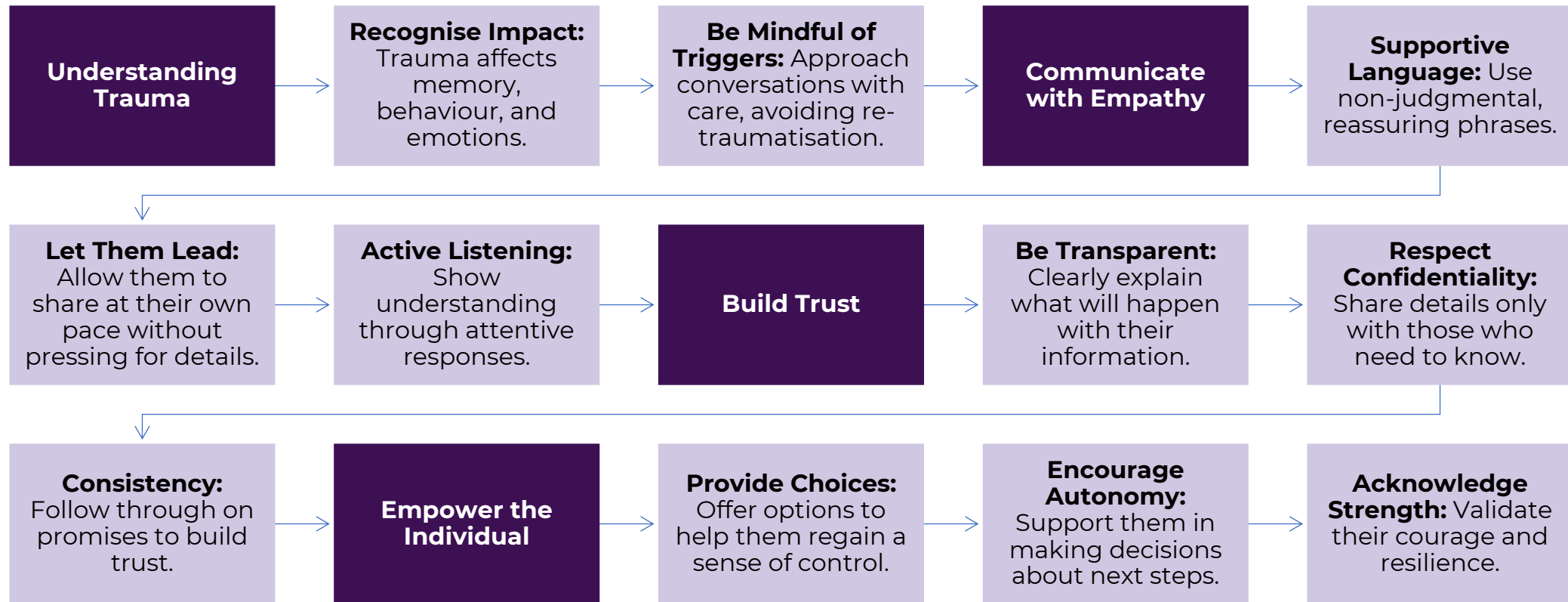


A trauma-informed approach: there is nothing that cannot be spoken

- It is widely recognised that most children will experience some trauma growing up to a greater or lesser extent – for many in the form of abusive or neglectful parenting for example and others from more routine, unexceptional situations like the death of a pet.
- When any trauma remains ‘unresolved’ and the individual hasn’t been able to process, express, explore and understand their own emotions connected to the events, this has the potential to impact how they parent and increase intergenerational trauma in families.
- Unresolved trauma is not stored as a memory and remains alive in a person’s head causing overwhelming triggers to re-occur unexpectedly.
- Unresolved parents project the trauma that they have experienced as an infant/toddler to their own baby by re-enacting the same abusive and neglectful parenting practices if not supported.

How to have a Trauma-Informed Conversation

Get the conversation started and implement effective support strategies if you are concerned someone is experiencing abuse or using abusive behaviours.



Parental Relationships Spectrum*



HEALTHY RELATIONSHIP

INTER-COUPLE/PARENTAL CONFLICT

DOMESTIC VIOLENCE/ABUSE

Respectful, equal, cooperative, happy

Mostly respectful, equal, cooperative (but experiencing difficulties)

Conflictual, non-communicative, non-violent

Situational couple conflict, abuse, violence both ways

Controlling/abusive behaviour

Coercive control and physical harm, fear of violence/death

SITUATION

All relationships have tricky moments, it's how they're experienced and resolved that matters

Children are experiencing constructive resolution of any arguments, characterised by mutual respect and emotional control

SITUATION

Lack of open and honest communication; difficulties are minimised, not recognised or addressed

Children beginning to be affected by conflict between their parents

ACTION
Early conversation initiated by Family Practitioner; direct to sources of self-help

SITUATION

Conflict is frequent, intense and poorly resolved; parents emotionally unavailable to their partner and children; lack of consistency in parenting; feeling isolated; toxic atmosphere

Children being adversely affected

ACTION
Family assessment; consider referral to local relationships support services

SITUATION

Day to day unresolved and unresolvable conflicts; no consistent pattern of 'victim' or 'abuser'

Children being adversely affected; children may show signs of distress and their mental health/behaviour may be affected

ACTION
Family assessment; contact your local helpline or the National Domestic Abuse Helpline for advice/access to services

SITUATION

Clearer 'victim' and clearer 'abuser'

Children being significantly adversely affected; children's mental health and/or behaviour being affected

ACTION
Family assessment; follow domestic abuse pathways/processes; refer to children's services

SITUATION

Clear 'abuser' and clear 'victim' who is at significant risk of harm

Children at risk of significant harm; children being traumatised

ACTION
Referral to specialist domestic abuse service(s); refer to children's services

CONTINUUM OF CHILDREN'S NEED

UNIVERSAL

TARGETED

SPECIALIST ASSESSMENT

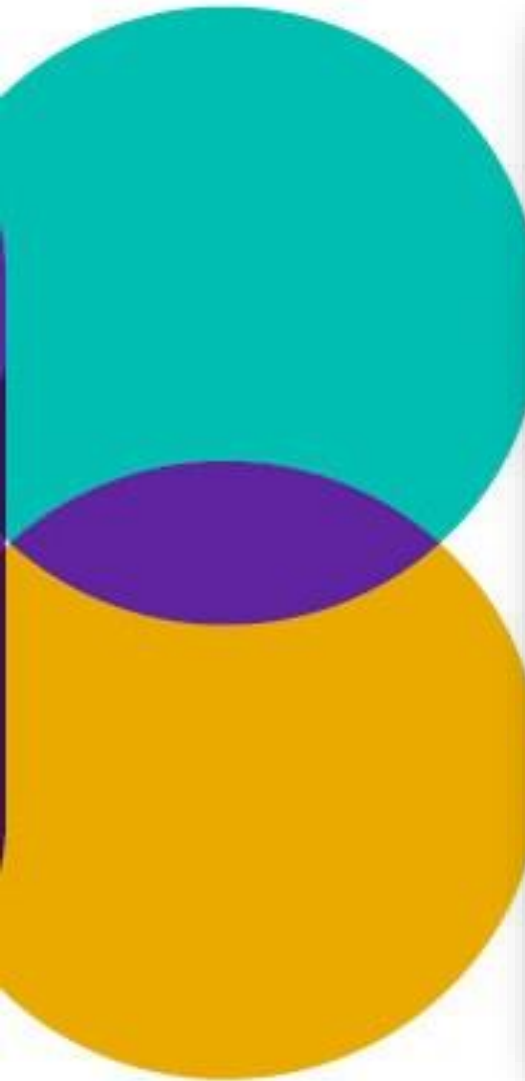
EMERGING NEEDS

INTENSIVE FAMILY SUPPORT

*Adapted by The For Baby's Sake Trust from the model developed by Dr Mark Farrall, Ignition Creative Learning Limited
www.Forbabysake.org.uk

February 2021





Where you are in contact with parents whose relationship is not healthy, use motivational interviewing and active listening techniques to explore whether they may be experiencing relationship conflict or domestic violence and abuse.

Consider asking some or all of the following questions to explore where on the spectrum diagram the relationship may sit.

What aspects of your relationship trouble you?	
What would you change if you had the opportunity?	
How understanding is your partner?	
How safe do you feel at home and in your relationship?	Where the relationship is not healthy, this is a really important question to ask. If the parent clearly feels safe, this would tend to suggest they are experiencing parental conflict and may appreciate further discussion, information about sources of self-help and/or referral into local relationships support services. If the parent says they are scared or sometimes feel unsafe at home, this would tend to indicate that the parents are on the domestic abuse side of the spectrum (including on the domestic abuse side of 'situational couple conflict and abuse') so a referral into local domestic abuse pathways and processes might be appropriate
How confident do you feel about making decisions? How comfortable do you feel about expressing your own views and opinions? How much choice do you have about your own life and family life?	These questions might indicate the presence of coercive or controlling behaviour with the relationship.
Where is the joy in your life?	Those in an abusive relationship may feel the lack of joy in their life and start to see the reality of the situation.
What would your children say about life at home? What changes, if any, have you noticed in your children's behaviour?	These questions could lead to a discussion about the impact on the children who may be experiencing conflict or abuse between their parents.
What prevents you from asking for support?	This question may lead to a discussion about how the parent and/or family could be enabled to access the support they need.

More information and guidance on distinguishing between domestic abuse and harmful conflict can be found at <https://www.cafcass.gov.uk/grown-ups/professionals/ciaf/resources-for-assessing-harmful-conflict/>

Attachment-focused Parenting: Integrating VIG

- Children need to feel a sense of **safety, security, belonging** and to be understood
- **Regulates emotions** by soothing distress, creating joy and encouraging calm
- Offers **a secure base** from which to explore the world
- Provides a foundation from which **all future relationships** are based
- Feelings of safety result in **healthy self-awareness**, empathy, trust & an eagerness to learn
- Encourage the use of **PACE** – playfulness, acceptance, curiosity & empathy
- Enables parents to perceive their children beyond **any challenging or concerning behaviours**

Newborn Behavioural Observations (NBO) and Video Interaction Guidance (VIG)



Key assumptions on which the NBO are based:

- Infants are social beings ready to communicate
- Babies communicate through their behaviour
- Infants' communication is **not** random

Why does VIG work?

Sharing moments of attunement while experiencing attuned dialogue:

- Encourages sensitivity to the baby
- Opens the client to start thinking about themselves, their child, their relationship and the possibilities for change
- Promotes attunement, empathy and emotional regulation. It maximises the release of oxytocin to assist in achieving change in helping parents become more sensitive and attuned to their baby or child's emotional needs
- Enhances reflective function & enhances mind-mindedness
- Inspires hopefulness and joy, even in contexts of disadvantage



AViGuk
Association for
Video Interaction Guidance uk

VIG values and beliefs

Respect
Trust
Hope

Compassion
Co-operation
Appreciation

Connections
Empathy

- Everybody is doing the best they can at the time
- All people, even in adverse situations, have the capacity to change
- People have an innate desire to connect with others
- People must be actively involved in their own change process
- Affirmation and appreciation of strengths is the key to supporting change
- By recognising and having empathetic regard for what people are managing, we build a trusting relationship

When we integrate VIG

Antenatally, early post-natal period, to support bonding and attunement in family assessment units or foster placements and to support relationships with older children and/or step-children



The Inner Child The Inner Child module is the **therapeutic core of the programme** and reconnects us with the often-wounded element of ourselves: the child within, the first original self – fragmented, alone and confused.



This is where we can begin to discover the root of our fears, insecurities and, sabotaging life patterns and start the process of embracing, **understanding and healing our inner child**



Building blocks for resilience and hope

- *For Baby's Sake* actively supports the **development of resilience in families** to improve emotional regulation, achieve an increased sense of self and become the best parents they can be
- Resilience is **the process of adapting well** in the face of adversity, trauma, tragedy or threat
- Research has evidenced that **resilience is ordinary**, not extraordinary
- Resilience increases **self-esteem** – an internal sense of worth and competence
- A sense of **self-efficacy**: a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.
- Resilience is not an inherent trait that one has or doesn't have. It involves **behaviours, feelings, & actions** and can be developed

Sharing tools and resources

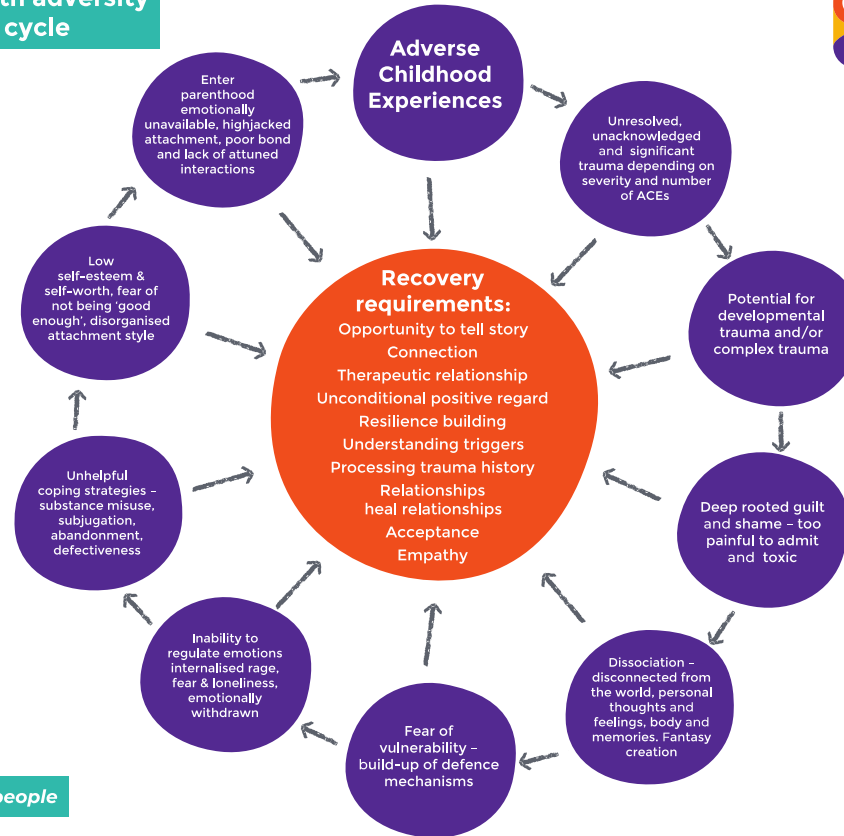
Our comprehensive range of **tools, guides, and information** covers topics such as mental health, parenting support, and domestic abuse.

forbabysake.org.uk/resources



Trauma Insight Tools

Growing up with adversity
- Breaking the cycle

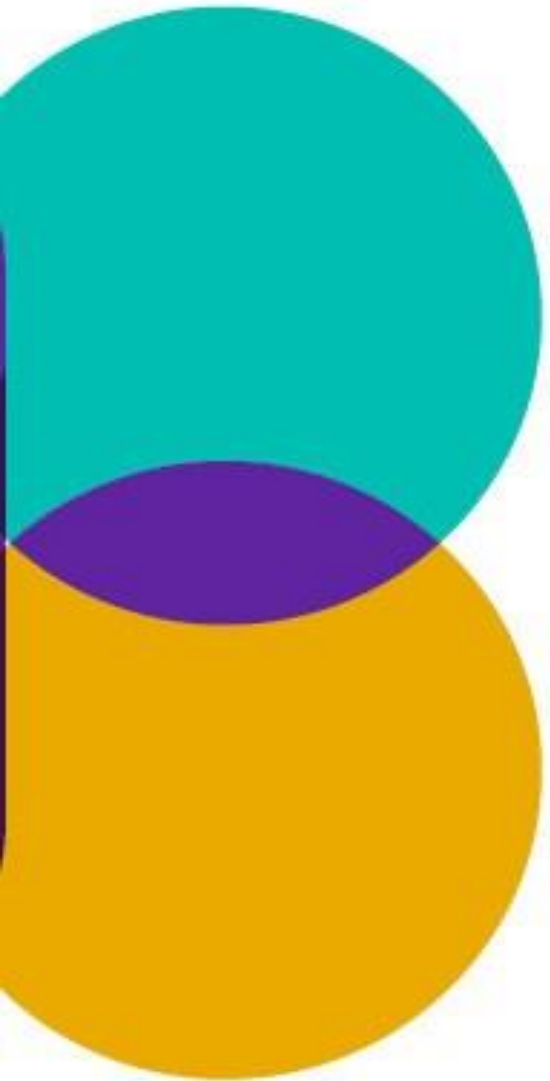


Hurt people, hurt people

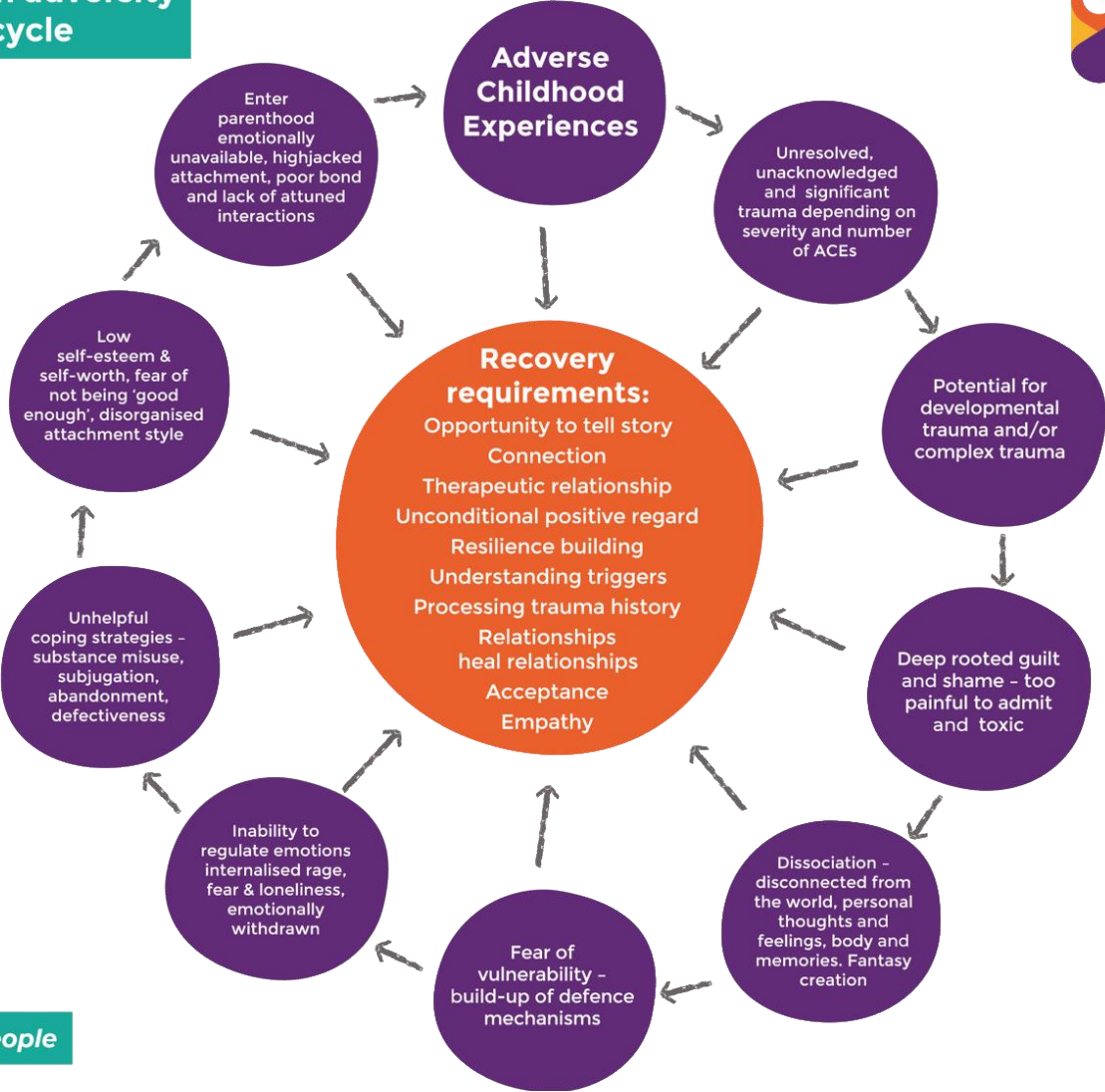


Adversity Wheel film





Growing up with adversity - Breaking the cycle



Hurt people, hurt people

Growing up with adversity – Breaking the cycle

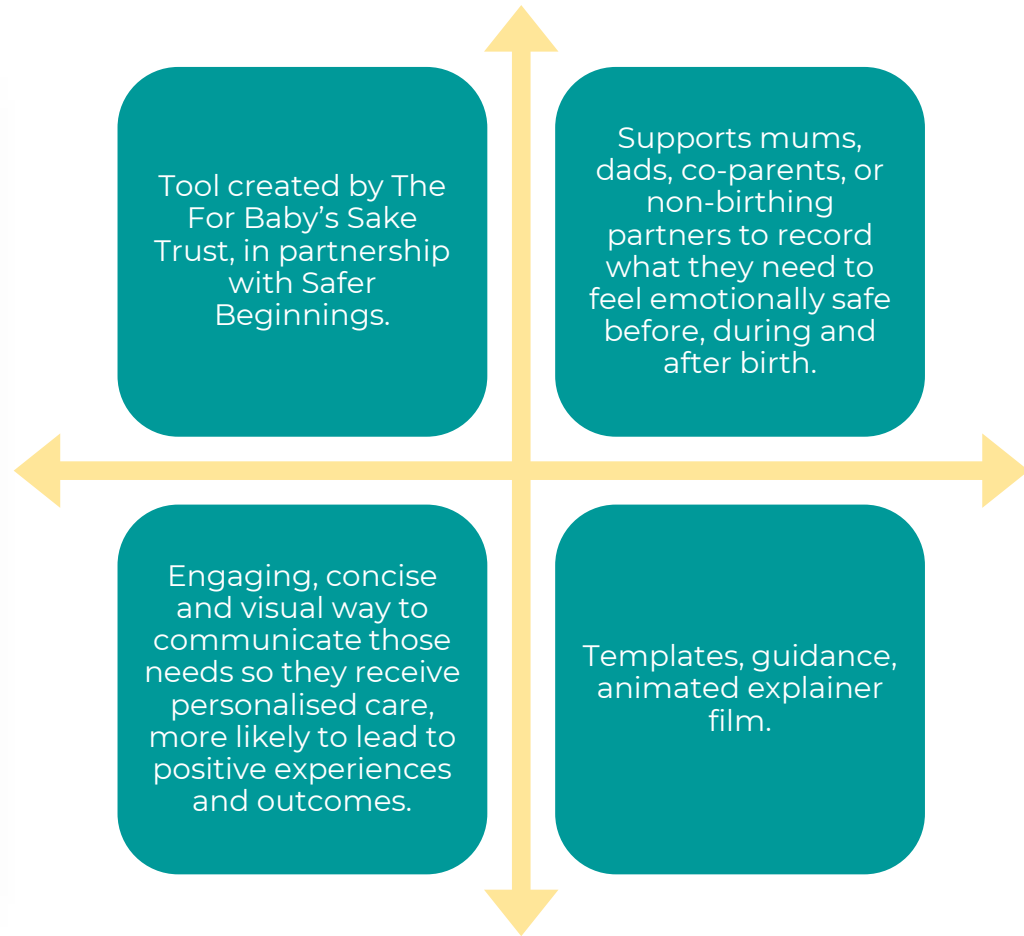
ACEs have the potential to impair all life chances and create a destructive pathway that enhances the possibility of their continuation from generation to generation. Look inward to discover what is required to support recovery, sustainable change and opportunity for future generations –break the cycle.

ACEs are stressful events occurring in childhood, including domestic abuse, parental abandonment through separation or divorce, having a parent with a mental health condition, being the victim of abuse (physical, verbal, sexual and/or emotional), being the victim of neglect (physical and emotional), a member of the household being in prison, growing up in a household in which there are adults experiencing problems with alcohol and drug use.

Unresolved, unacknowledged & significant trauma depending on severity & number of ACEs	Traumatic events of the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement, are often preserved lifelong. Time does not heal the wounds that occur in those earliest years, time conceals them. They are not lost, they are embodied.	Ask: what happened to you? What was your life like for you as a child?
Potential for developmental trauma and/or complex trauma	The root of many physical, mental and emotional conditions can stem from childhood. Experiencing complex trauma (exposure to multiple traumatic events (often of an invasive, interpersonal nature) will have implications on how an individual might live their life.	Ask: do you ever have thoughts, feelings or behaviour patterns that bother you, but you've been unable to figure out why?
Deep rooted guilt & shame – too painful to admit & toxic	Our behaviour, thoughts and feelings may be linked to these unacknowledged traumas and can create emotions such as shame, worthlessness, feelings of depression and anger.	Ask: how does this affect how you feel about yourself?
Dissociation – disconnected from the world, personal thoughts & feelings, body & memories.	Dissociation is a natural response to traumatic experiences. It happens more intensely in response to prolonged and repeated trauma when the brain disconnects from what is happening and to escape distress.	Ask: what are you scared might happen if you allow yourself to acknowledge what you feel or process what happened?
Fear of vulnerability – build-up of defence mechanisms	Emotional vulnerability for many people can bring up feelings of being exposed, judged, fear of being hurt, humiliated and shamed.	Ask: what does vulnerability mean to you?
Inability to regulate emotions – internalised rage, fear & loneliness, emotionally withdrawn	Infancy and early childhood are developmental periods when emotional development is particularly malleable and highly affected by trauma exposure.	Ask: how good are you at noticing your emotional states? What clues you into the fact that you are feeling one way or the other? What did you learn about emotions growing up?
Unhelpful coping strategies – substance misuse, subjugation, abandonment, defectiveness	Unhelpful coping strategies may be adopted to deal with unresolved issues resulting in feelings of worthlessness, loneliness and a fragile sense of self.	Ask: how do you deal with the stresses in life? What role have substances played in tolerating feelings?
Low self-esteem & self-worth, fear of not being good enough, disorganised attachment style	Fear of being unlovable is a shame-based fear of being unworthy of love. A coping mechanism for not feeling worthy of love would be to distance ourselves from loving relationships of any sort.	Ask: do you find it difficult to form relationships? Do you put other people's needs before your own? How does emotional closeness make you feel?



Emotional Safety Plan: Empowering mothers, fathers and partners



Emotional Safety Plan Printable Resource

EMOTIONAL SAFETY PLAN RESOURCE FEELING SAFE BEFORE, DURING AND AFTER BIRTH

The Emotional Safety Plan is a tool for anyone preparing for the birth of a baby. You can record what you may need to feel listened to, including preferences about how you are spoken to, or how options and choices are explained, so you can process, recognise and manage your feelings to feel safe before, during and after birth.

The tool can be used by expectant mums, dads, co-parents, or non-birthing partners, individually or together, making support available to the whole family.

We know that it's a time when expectant parents can feel like they are on an emotional rollercoaster and we want to help you think about and share what you need to help you, especially if you've had difficult or traumatic experiences in the past, or on the way to becoming a parent.

It differs from a birth plan in that its focus is on how to keep yourself emotionally safe, including how the journey may evoke difficult feelings and how professionals can be supportive by their words and actions. This also includes being mindful of how the environment may also impact on how you are feeling, such as by thinking about the lighting or noise levels.

The three available Emotional Safety Plan templates will be available for you to choose a design of your choice, download and print it from the Baby Buddy app and The For Baby's Sake Trust website. You can fill it out as you choose, writing words or drawing symbols. Page 2 of the template has ideas and suggestions to help you think about what might be important to you.



You can record how you would like to be supported, including feeling heard, seen and having your needs met through the verbal and non-verbal communication by professionals (and others around you) before, during and after birth. It can also include information about the physical environment and any items that you do or do not want to be nearby.

The completed template can be kept separately or in your midwifery hand-held records to share with healthcare staff at antenatal appointments when you are in labour or in the post-natal period.

You can complete a joint one with your partner or complete individual ones. We know that it's important for both parents to feel supported to express how you are both feeling and ask for what you need to process, recognise, and manage your feelings. Supporting you in pregnancy means less stress on the baby in the womb, at birth and in the post-natal period.

For the templates and information on services and resources that can support you, please visit our website www.forbabysake.org.uk



How professionals can use the Emotional Safety Plan



The emotional safety plan for professionals and carers tool can help you to acknowledge your own emotional safety needs so you can support those using your services or receiving your care to feel safe.



For example, complete and use the Emotional Safety Plan to support you in your reflective supervision or as a debriefing tool following a difficult or emotionally challenging labour or period of care.



Focus on emotional safety and reflection on emotional needs aligns well with recent research and guidance on perinatal care.



Safer Beginnings: Domestic Abuse films

Safer Beginnings resources include a suite of films on the theme of safer relationships, covering domestic abuse:

- Is my relationship abusive?
- Who should I tell?
- What will happen if I tell someone?
- Is my behaviour abusive?

Informative, sensitive and powerful films including the voices of mothers and fathers, sharing their stories

Available via the Baby Buddy app and The For Baby's Sake Trust website.



Evidence-based and addressing national and local priorities

- King's College London evaluation (2020): *For Baby's Sake* is 'first known programme' to address limitations of whole family DA work
- '*Rapid Review of Interventions Improving Outcomes for Children with Child Protection Concerns Who Have Been Exposed to Domestic Abuse*' (Foundations, 2023): *For Baby's Sake* one of three programmes nationally with promising evidence for whole-family working
- *For Baby's Sake*: cited in National Child Safeguarding Practice Review Panel report on working with fathers ('Myth of Invisible Men') - and in its guidance on DA and multi-agency safeguarding. Panel advocates four core principles for practice: whole-family; trauma-informed; domestic abuse-informed; intersectional
- Model and outcomes closely aligned to the DA Core Outcome Set.

Our Impact

Supported 2,000 people in around 550 families since 2015. Among the families we've been supporting in the past couple of years:

- Over **90% of babies** achieve **one-year developmental milestones** for communications and emotional and social development
- Around **80-90%** of parents experienced four or more adverse childhood experiences and most of them experienced six or more
- Of the babies in the 32 Hertfordshire and Bedfordshire families who most recently exited *For Baby's Sake*, 90% had been supported by Children's Social Care at some stage, reducing to 28% at exit.

'A key learning from *For Baby's Sake* is that interventions aimed at breaking the continuity of violence should focus on the development of emotion regulation... and therapeutic empowerment in children's psycho-development to help parents better attune to the needs of their children and to understand the impacts of the family environment on children's development' Taccini, Domoney et al, 2024

Feedback from professionals

“If I know *For Baby’s Sake* are involved, it puts my mind at rest” – Health Visitor

“If these parents have a fighting chance of keeping this baby, it will be with the support of *For Baby’s Sake*” – Child Protection Conference Chair

“We need you - *For Baby’s Sake* is likely the only thing that can save these families long term” - Social Worker



Feedback mothers

“I trust you and I am comfortable to talk about all of myself. Perinatal have helped but For Baby’s Sake is my main counselling for heavy feelings, you help me a lot to release the heavy feelings. You understand me very well even with the language barrier.” - Mother

“For Baby’s Sake - I love it! I don’t have the words! It’s so eye opening as there’s a lot you don’t think about – I’m learning a lot and finding it really helpful.”

– Mother

*“I’m smashing parenting – I never thought I’d have this chance to parent”
- Mother*

“The sessions helped me to see I had lost myself, the original me. I just wanted me back. I couldn’t find myself. After medication, exercise, being more productive and concentrating on myself now I can manage everything and find me, think more positively. I am in a much happier mood now I am looking after myself.

– Mother

Feedback from fathers

“Sense of getting things off my chest, comfortable talking about things, positive when talking about things. Have found learning things about babies has been really helpful. Feel refreshed after sessions. – Father

“I can talk about anything in sessions - you give off a vibe that makes me feel I can trust you. I’ve always been able to ask questions if I don’t understand and you explain things to me.” – Father

“Talking about my childhood has helped me be able to speak about it more. It’s a relief being able to talk about certain things from my past.” - Father

“Learning that our unborn baby is learning from before she is born has been helpful and thinking that she will pick up stuff before she’s even here – I found this fascinating but also helpful to know we need to minimise my partner’s stress levels. Helpful to know the different types of stress such as toxic stress.” – Father

the impact

Thank you

For more information email Judith Rees: judithrees@forbabysake.org.uk

Connect with us on social



Sign up to our mailing list



<https://bit.ly/forbabysakesignup>



Jesse Keene- NCSCP Officer



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Who are the three key strategic partners in the Nottingham City Safeguarding Children Partnership?



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Nottingham City Safeguarding Children Partnership (NCSCP) 2023 – 2024 Annual Report



Nottingham City Safeguarding Children Partnership (NCSCP) Business Plan Priorities 2024–2026



NOTTINGHAM CITY
Safeguarding
Children
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Safeguarding Children and Young People – Our Vision –

Children and Young People are safe from harm inside their home, outside their home, and online

Children and Young People have access to the right help at the right time

There is effective partnership working to improve safeguarding outcomes for children, young people, and their families

PRIORITY 1 Exploitation

overarching
Neglect

PRIORITY 2 Making the system work

PRIORITY 4 Domestic Abuse

Voice of the child
Underpinning

PRIORITY 3 Enhancing cultural competency and confidence



NOTTINGHAM CITY
Safeguarding
Children
PARTNERSHIP

2023 – 2024 Snapshot



- 416 children were the subject of a child protection plan. This is a 30% decrease from 593 on 31st March 2023.
- There were 201 Initial Child Protection Conferences (ICPC) held which is a 53.5% decrease from 433 held as of 31st March 2023.
- There were 5,467 Early Help contacts made, which is a decrease of 22.5% from 7,055 made as of 31st March 2023.
- There were 23,018 contacts to the Multi-Agency Safeguarding Hub (MASH) compared to 16,122 (from July 2022 – 31st March 2023).
- 673 children were in our care compared to 721 in 2022 – 23. Decrease of 48 or 6.7%.
- Despite the high numbers of contacts to the MASH, assessments completed to time were 84.6% (within 45 days) compared to 76.6% for 2022/23.
- Proportion of repeat referrals within 12 months rose from 24.9% in 22/23 to 32.6% in 23/24.
- Child Protection (CP) visits by social work teams were 86.4% as of March 2024.
- ICPC's (Initial Child Protection Conferences where a child is made subject to a Child Protection Plan (CPP)) held within fifteen working days was 73.2% - down from 81.1% in 22/23.
- As of March 2024, 81% of children cared for by Nottingham City were placed within twenty miles of their home address.
- 461 referrals into the LADO service compared to 431 in 2022 – 2023.
- 189 permanent school exclusions across primary and secondary aged pupils. Up from 137 in 2022 – 2023.

Resources

- [Nottingham City Safeguarding Children Partnership website](#)
- [Interagency Safeguarding Procedures](#)
- [Threshold of Needs](#)
- [Multiagency Safeguarding Children Hub \(MASH\)](#)
- [Neglect Toolkit](#)
- [Safer Sleep Toolkit](#)
- [Learning Briefs](#)
- [Latest Newsletter](#)
- [Video Resources](#)





Child Neglect Strategy and Toolkit



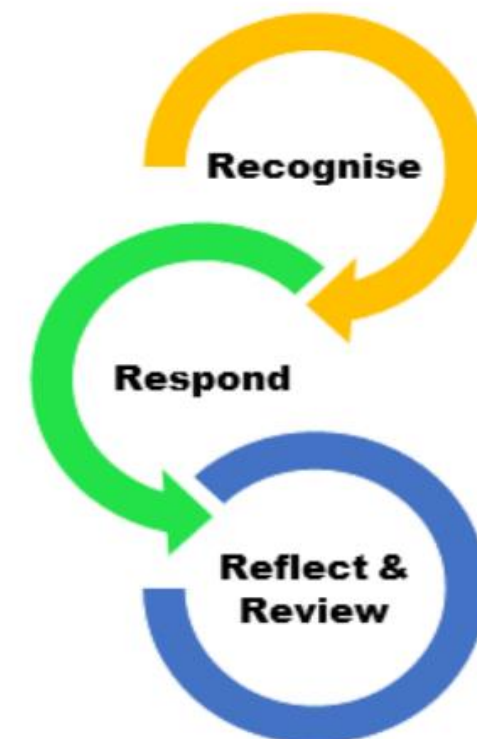


**NOTTINGHAM &
NOTTINGHAMSHIRE**
CHILD NEGLECT STRATEGY

Recognise – ensuring that neglect and the impact of neglect on children is understood and identified.

Respond – ensuring that good quality, multi-agency support and intervention is available and makes a difference for children experiencing neglect.

Reflect and Review – ensuring that we work together with children, families and communities to continue to monitor the impact of our work and continue to develop our partnership response.



PRIORITIES: Recognise Neglect

- Work with parents/carers and communities to raise awareness of neglect and its impact
- Train and develop the workforce to ensure that all practitioners can identify neglect and know the pathways of support available for families
- Prioritise early identification and intervention by all services – to ensure children get the right help at the right time



PRIORITIES: Respond to Neglect

- Embed **strength-based approaches** across the partnership
- Develop and launch an **engagement strategy**
- Raise awareness of **trauma informed practice**
- Recognise links between **sudden unexpected death** in infants and neglect, particularly in regard to **unsafe sleeping practice**
- Embed use of **child neglect toolkit**



PRIORITIES: Reflect & Review - NEGLECT TOOLKIT

To be used when there is concern that the needs of a child are being neglected:

- Work in partnership with parents to assess concerns and strengths
- Work with young people to help them to understand their lived experiences
- Identify priority areas for professionals to focus on for change
- Enables honest conversations with families



Are you aware of the
Neglect Toolkit?

Have you ever used the
Neglect Toolkit?



CONTENTS

CONTENTS

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- 1.2 Quality of housing
- 1.3 A stable home
- 1.4 Clothes and footwear
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- 2.1 Sleeping arrangements
- 2.2 Seeking advice and help
- 2.3 Disability needs

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- 3.1 Safety awareness and prevention of harm
- 3.2 Supervision of the child/young person
- 3.3 Care of a baby
- 3.4 Care by others
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- 4.1 Parents/carers' response to the child
- 4.2 Boundaries
- 4.3 Young carers and home responsibilities
- 4.4 Positive values

5. IMPACT OF ADULT BEHAVIOURS

- 5.1 Mental health
- 5.2 Parental conflict
- 5.3 Alcohol and substance use
- 5.4 Meeting the needs of unborn children.

6. STIMULATION AND EDUCATION

- 6.1 0-2 years
- 6.2 2-5 years
- 6.3 School
- 6.4 Physical activities and leisure
- 6.5 Friendships
- 6.6 Addressing bullying

7. PARENTS/CARERS' ABILITY TO ACHIEVE CHANGE

- 7.1 Acceptance of issues
- 7.2 Taking responsibility
- 7.3 Sustaining changes

1.6 Hygiene			
<p>The child/young person is clean and is either given a bath/washed daily or given encouragement appropriate to their age and ability.</p>	<p>The child/young person is reasonably clean, but the parents/carers do not bath/wash the child/young person regularly.</p>	<p>The child/young person looks unclean, is only occasionally bathed/ washed or encouraged to wash and brush teeth in an age-appropriate way.</p>	<p>The child/young person looks dirty. They are not bathed or washed or encouraged to do so.</p>
<p>The child/young person is consistently encouraged/supported to brush their teeth.</p>	<p>The child/young person is not consistently given encouragement to wash or brush their teeth appropriate to their age and ability.</p>	<p>There is evidence that the child/young person does not brush their teeth on a regular basis and is not supported to do this. The child may suffer from tooth decay.</p>	<p>The child/young person does not brush teeth or cannot do this independently and is not supported to do this. There is tooth decay, and the child may need tooth extractions.</p>
<p>Head lice, skin complaints, nappy rash etc. are treated appropriately.</p>	<p>Head lice and skin conditions including nappy rash and other medical needs are inconsistently treated, and correct medication is not always used, but parents/carers treat it if given encouragement and advice.</p>	<p>Head lice and skin conditions including nappy rash are not treated appropriately and parents/carers are indifferent to concerns expressed by others.</p>	<p>Head lice and skin conditions including nappy rash are not treated and become chronic and parents/carers are resistant to concerns expressed by others.</p>

Areas of need	Level of Concern	Examples of impact on child/young person, with analysis	Child/young person's views	Parents' views				
1: PHYSICAL CARE	<table border="1"> <tr> <td style="background-color: green;">1</td> <td style="background-color: yellow;">2</td> <td style="background-color: orange;">3</td> <td style="background-color: red;">4</td> </tr> </table>	1	2	3	4	Click here to enter text.	Click here to enter text.	Click here to enter text.
1	2	3	4					
1.1 Food	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1.2 Quality of housing	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1.3 A stable home	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1.4 Child's/young person's clothing/footwear	<table border="1"> <tr> <td style="background-color: green;"><input type="checkbox"/></td> <td style="background-color: yellow;"><input type="checkbox"/></td> <td style="background-color: orange;"><input type="checkbox"/></td> <td style="background-color: red;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1.5 Animals	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1.6 Hygiene	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2: HEALTH		Click here to enter text.	Click here to enter text.	Click here to enter text.				
2.1 Sleeping arrangements	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2.2 Seeking advice and intervention	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2.3. Disability needs	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3: SAFETY AND SUPERVISION		Click here to enter text.	Click here to enter text.	Click here to enter text.				
3.1 Safety awareness & prevention of harm	<table border="1"> <tr> <td style="background-color: green;"><input type="checkbox"/></td> <td style="background-color: yellow;"><input type="checkbox"/></td> <td style="background-color: orange;"><input type="checkbox"/></td> <td style="background-color: red;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.2 Supervision of the child/young person	<table border="1"> <tr> <td style="background-color: green;"><input type="checkbox"/></td> <td style="background-color: yellow;"><input type="checkbox"/></td> <td style="background-color: orange;"><input type="checkbox"/></td> <td style="background-color: red;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.3 Care of a baby	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.4 Care by others	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.5 Responding to adolescents	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4: LOVE AND CARE		Click here to enter text.	Click here to enter text.	Click here to enter text.				
4.1 Parents'/carers' response to the child/young person, warmth and care	<table border="1"> <tr> <td style="background-color: green;"><input type="checkbox"/></td> <td style="background-color: yellow;"><input type="checkbox"/></td> <td style="background-color: orange;"><input type="checkbox"/></td> <td style="background-color: red;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4.2 Boundaries	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4.3 Young carers and household responsibilities	<table border="1"> <tr> <td style="background-color: green;"><input type="checkbox"/></td> <td style="background-color: yellow;"><input type="checkbox"/></td> <td style="background-color: orange;"><input type="checkbox"/></td> <td style="background-color: red;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4.4 Positive values	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**Why is Saira still in nappies at 3...
with nappy rash too?**

**And why have her parents not been
in touch about changing picking up
routines?**



LEARNING FROM AUDITS & RAPID REVIEWS



NOTTINGHAM CITY
Safeguarding
Children
PARTNERSHIP



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Learning from Audits: NEGLECT 2023

Cross authority Neglect audit 2023 looked at partnership responses to child neglect for ten children whose child protection plans for neglect had ended in the summer.

Areas of strength were identified as follows:

- Good identification of neglect pre-birth for 4 children
- Good identification of need for 9 out the 10 children audited
- Good work by schools, prompt referrals and good support to children
- Good work by police, involvement in strategy discussions, information sharing and Initial Child Protection Conferences.
- Good partnership working in terms of communication and coordination



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Learning from Audits: NEGLECT 2023 cntd.

Identified learning:

- Further work with partners to encourage the early and frequent use of the neglect toolkit as part of the assessment process and then as part of ongoing work with families. This is likely to help professionals to focus on the impact of neglect on the child and encourage progression in the work to assist the family.
- Any continuing barriers for the involvement of GPs in child protection processes to be addressed, both at S47 stage and in terms of child protection conferences.
- Some issues with the flagging of children's child protection plans on health records were noted and processes are to be reviewed.
- The contribution of 0-19 services to child protection meetings to be clarified and improved

Learning from Rapid Reviews



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Children
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- There is a statutory requirement on safeguarding partners to conduct a 'Rapid Review' when serious child safeguarding cases are identified.
- The reviews should be completed within 15 working days and a report provided to the National Child Safeguarding Practice Review Panel (NCSPRP).
- The NCSCP remains committed to gathering as much learning as possible during the rapid review process and to only progressing to a Local Child Safeguarding Practice Review (LSCPR) where necessary.



RAPID REVIEW 1: Circumstances



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- A 3-year-old child presented to hospital having been found to be unresponsive by a sibling. They had been playing out in the sun throughout the day, but not drinking or eating. EMAS were concerned and alerted Social Care.
- The child had an altered conscious level, was dehydrated and severely malnourished and blood tests revealed their sodium level was extremely high at >180 (should be between 135-145) indicating extreme dehydration. It was felt that this was a near fatal event.
- Child was admitted to the intensive care unit, and noted to be underweight, weighing less than 6.5kgs at the age of 3 years and 3 months (as opposed to 14kg average for their age). Child was wearing 9-month-old clothing, and it was observed that they were not mobile or able to communicate in line with development for a child of that age.
- Due to the above concerns, the Paediatrician referred to social care and Nottinghamshire Police, and subsequently the parents were arrested for Child Neglect.
- A strategy meeting was held. Several professionals including the paediatrician were in agreement, that regardless of the cause for their weight and general presentation, parents had not sought medical attention for their child over many months and that this represented extreme neglect.
- The child was part of a child in need plan (CIN) at the time of admission and came from a large family group (10 + children). Some of the siblings had speech and language delay. Review highlighted that many of the children had a number of missed appointments were noted and neither the faltering growth nor the Was Not Brought/non-attendance policy were followed appropriately. The child was not seen as an individual and was seen as part of a collective group, leading to child's individual needs being missed.

RAPID REVIEW 1: Partnership Learning Points



- Review working arrangements when working with large families to ensure that the needs and lived experience of each individual child are captured and inform practice
- Professionals working with children need to understand key developmental milestones to inform assessments.
- Health organisations and the wider partnership need to explore their current processes regarding the NCSCP Was Not Brought/non-engagement guidance to understand the blocks in implementing this consistently as a matter of priority.
- Maternity services across the health systems should review if their organisation's guidance or policy for late bookings of maternity care alerting them to consider a safeguarding response.
- Revision of the Faltering Growth Policy and linking to key areas of neglect work and child development to include partner agencies.
- Explore what the barriers are to agencies using the neglect toolkit and make relevant amendments to the cross-authority toolkit and associated training, ensuring it covers working with large families.
- Promotion of the revised Nottingham city threshold of needs will highlight times when early intervention services should be considered in order to prevent escalation of needs.

LEARNING & DEVELOPMENT UPDATE



NOTTINGHAM CITY
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- Safeguarding Together briefing next dates
Friday 21st February 2025
Friday 16th May 2025



Contact us



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Children
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Email



safeguarding.partnerships@nottinghamcity.gov.uk



Telephone



0115 876 4762

Training Dates

Course	Date	Time	Venue	Fee
Prevent Duty	Monday 25 th November 2024	10.00am- 11.30am	Online	Free of Charge
Designated Safeguarding Leads Training	Wednesday 30 th June 2025	9.15am- 12.30pm	Castle Cavendish	£30
Safer Recruitment in Early Years	Thursday 23 rd January 2025	10am-12pm	Loxley House	£30

Questions



Next DSL network :

**Wednesday 26th February
2025**

**Start time 9:30am
Online**