Northamptonshire Safeguarding Children Board

ANNUAL CONFERENCE 2017

Online Safety and the Risk of Exploitation

Part Two

Northamptonshire Safeguarding Children Board

The Emotional Impact of Online Abuse Upon Children and Young People

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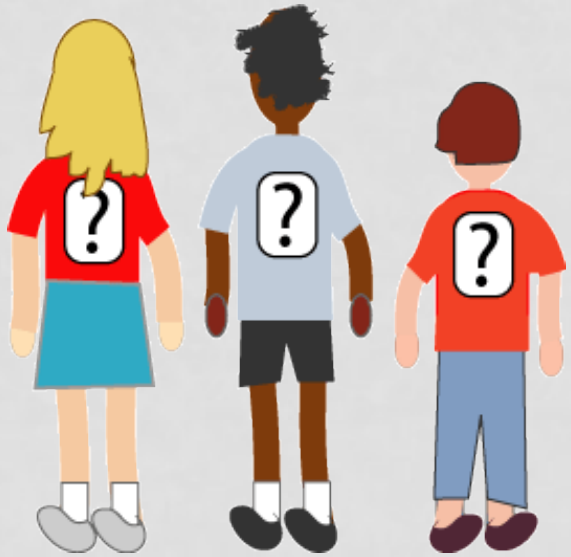
Child Sexual Exploitation Specialist Nurse
Specialist School Nurse

***Young people are very influenced by peers – due to social media this now includes people they have met online.**

***Online peer pressure can result in children acting in ways they would not think of doing by themselves or in the offline world.**

***Peer pressure doesn't just affect behaviour – it can also affect how someone feels about themselves**



One in three children have been a victim of online bullying

PHYSICAL AND EMOTIONAL IMPACT

:

- Poor sleep
- Bedwetting
- Physical complaints - stomach pains, headaches
- Loss of confidence, low self esteem, feeling worthless
- Anxiety, depression, self harm, suicidal thoughts
- Social anxiety

CASE STUDY 1 – "LUKE"

- 10 year old boy
- Complaining of stomach pain, leg pain and nausea
- Disturbed sleep, getting in parents bed at night for comfort.
- Withdrawing from social activities
- Anxiety

CASE STUDY 2 – "MOLLY"

- 14 year old girl
- Shared explicit photos with same aged boyfriend who then shared them on social media.
- Contacted and groomed by male who saw photos online, agreed to meet him and was raped by him.
- Self harm
- Disturbed sleep
- Poor school attendance
- Low mood and irritability
- Social anxiety
- Missing episodes

BUILDING STRONG RESILIENT CHILDREN

- Internet safety awareness
- Developing emotional awareness
- Improving achievement and building self esteem
- Understanding of healthy relationships
- Promoting healthy behaviours
- Supporting parents and carers
- Building trusting relationships
- Professional curiosity
- Voice of the child

ACTIVITY:

On-line Safety in Your Day to Day Role

Simon Aston
Online Safety Officer,
Northamptonshire County Council; and

Kevin Johnson
Project Officer, Northamptonshire Safeguarding Children Board

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Online Safety Drama “Add Me”

Written and performed by Sixth Form Students from Rushden Academy

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Serious Case Reviews (SCRs)

National Cases / Local Learning

Sean Carter

Strategic Manager, Safeguarding and Quality Assurance Service

Northamptonshire County Council

Working Together 2015

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Regulation five of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1)(e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

- 5(1)(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
- (2) For the purposes of paragraph (1)(e) a serious case is one where:
    - (a) abuse or neglect of a child is known or suspected; and
    - (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

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Working Together 2015

SCRs and other case reviews should be conducted in a way which:

- recognises the complex circumstances in which professionals work together to safeguard children;
- seeks to understand precisely who did what and the underlying reasons that led individuals and organisations to act as they did;
- seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight;
- is transparent about the way data is collected and analysed; and
- makes use of of relevant research and case evidence to inform the findings.

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Process of a Serious Case Review

- Referral Stage
- Agreement of SCR
- Engagement of Family
- SCR Panel & Engagement of Practitioners
- Setting Terms of Reference
- Producing Individual Management Reports (IMRs) & Statement of Information's (SoIs)
- Overview Report
- Presentation to NSCB
- Practitioner Debrief Sessions
- Six Step Briefings
- Publication

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Child R (Lambeth)

- SCR covered 2011 (when J's mother was dying) – 2014 (when J died)
- J was a 14 year-old Black British girl in foster care, following her discharge from 4 months in-patient treatment in an adolescent psychiatric unit
- J had been in receipt of services from 3 different London Boroughs
- SCR records challenges of working with a young person who has chronic and acute emotional health problems with developing suicidal ideation

Child R (Lambeth)

- J had challenging experiences as a child from a family where there was a history of complex relationships and emotions, separations, parental mental and physical ill-health, along with allegations of abuse
- She experienced acute loss (age 12) through the illness and death of her single-parent mother who was in hospital for six months before being discharged home to die; her father was an absent parent
- J entered a period of acute and then chronic bereavement and further losses as she moved from care by one relative by running away to another relative and was then accommodated by the local authority

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Social Media/Internet Access

- From sight of J's diaries and agency records it is apparent J used the internet to review 'Pro-Ana' anorexia web sites; J also used Facebook to this end
- Information from J's diaries and agency records raises questions about how professionals understand young people's use of social media and the negative, but powerful, influence of sites such as 'Pro-Ana'
- The SCR tried to establish how J was guided on appropriate use of the web in order to help her make more informed sense of the information she accessed and in her safe use of social media sites

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Bereavement, Transitions and Losses

- Loss of attachment figures or key people (family member, a peer group, a carer or a professional with whom J had a relationship) was significant
- During the time considered by the SCR, J was entering adolescence, transitioning to secondary school and moving homes across administrative boundaries
- The significance of these compounded losses and transitions were not held in mind by the multi-agency professional group working with J

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Bereavement, Transitions and Losses

- J was seen as a 'bright, articulate & seemingly resilient child' who showed increasing signs of pre-occupation with her weight and eating control, self-harm, suicidal ideation and suicide attempts
- J's Aunt sought help from services with these matters
- J was of concern to universal agencies (schools and GPs) and specialist services as a child in need, a child in need of protection and finally as a looked after child
- She was also a child in need of specialised adolescent acute and community-based mental health services

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Assessments and Treatment

(including risk assessments and continuity of planning and treatment arrangements)

- J's psycho-social history was recorded across agencies and professionals but did not appear to adequately feature in treatment or assessments
- She was in grief after the death of her mother and experienced complex bereavement & continued losses of significant people - including family, carers, friends and professionals
- A period of neglect, after her mother's death, was not assessed as a child protection matter and allegations of sexual abuse were not followed up
- J appeared to be a bright, articulate and resilient child, possibly masking her emotional needs; she was seen, in the in-patient unit, as 'guarded' and intensively private, not trusting of staff

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Discharge Planning from the Adolescent In-Patient Unit

- J was an in-patient in a specialist adolescent psychiatric unit for several months where she had intensive supervision and support and was at times, in the initial period, on close watch for self-harm
- She appeared better on discharge, but there wasn't a smooth transition of treatment plans for her. She moved from a total care environment to a new family / different set of community services who were not consulted about local provision; neither were they aware that she was transferring to their care or of her level of need until she had arrived
- Non-health workers looked to mental health specialists for guidance in seeking appropriate arrangements for J's care; they were re-assured that the risk of self-harm or suicide had lessened

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Understanding the legal concept of Parental Responsibility and when young people can make decisions

- At times there was confusion about J's legal status after her mother's death; what was the role and responsibility of a testamentary guardian?
- There was confusion about the responsibilities and rights of someone with parental responsibility and whether J should have been made subject of a Care Order (or not)
- J was deemed to have been 'Gillick'-competent based on her age but assessment did not address her actual competency to make important decisions - given her life-experience and vulnerabilities; Children in Need processes or Looked After Children processes should have established these as early as possible

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Care Planning

(Child in Need, Looked After Reviews, Care Programme Approach & Multi-Disciplinary Work)

- Positive attempts were made to co-ordinate two formal planning and review processes for Looked After Children and children in receipt of mental health services through the Care Programme Approach (CPA)
- The statutory processes in place were not robust enough and did not achieve successful co-ordination and this mitigated against achieving an overall care planning approach that met J's complex needs

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Management Overview & Leadership

- J had complex, Tier 4 mental health needs and was a Looked After Child (LAC); her status and acute and chronic mental health needs required provision of multi-agency services and specialist resources - she presented significant challenges to practitioners and carers tasked with working with her
- Her needs resulted in the provision of expensive specialist resources
- Reflective supervisory thinking about J supported frontline practitioners within agencies, rather than conjointly across agencies in a ‘Team Around the Child’ approach

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J's diaries / consulting with J and establishing her views

- J appears to have become de-sensitized to normal psychologically healthy drivers to survive – these could have counteracted thoughts to harm herself or take her own life
- The 'Gillick competency' test was applied to J, but only applies only to young people being competent to make a decision, without parental consent, about their medical treatment
- J thought about ending her life on repeated occasions, over a protracted period
- J evidenced continual and detailed mental pre-occupation with anorexia, self-harm and ending her life in her writing, without supportive challenge from carers or practitioners; this appears to have served to psychologically prepare her for the final event
- Were practitioners sufficiently professional curious about what J was accessing / writing and how this could have been raised with her?

NSCB Annual Report 2016-17 and Board Priorities for 2017-18

Keith Makin

Independent Chair
Northamptonshire Safeguarding Children Board

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Annual Report

Overview of work undertaken during 2016-17

- Promotion of a single assessment tool to support the identification of neglect - including the Neglect Toolkit and the Graded Care Profile;
- Continued awareness raising of Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM);
- Provision of a wide range of learning and development opportunities;
- Creation of a multi-agency task and finish group to support professionals working with homeless families and 16-17 year olds;
- Raising awareness of Private Fostering;
- Improving information sharing mechanisms across the partnership, particularly in relation to Child Protection Conferences;
- Engagement work with children and young people across the county; and
- Review and restructure of the NSCB Sub Groups and the Integration of the business office functions for NSCB and NSAB.

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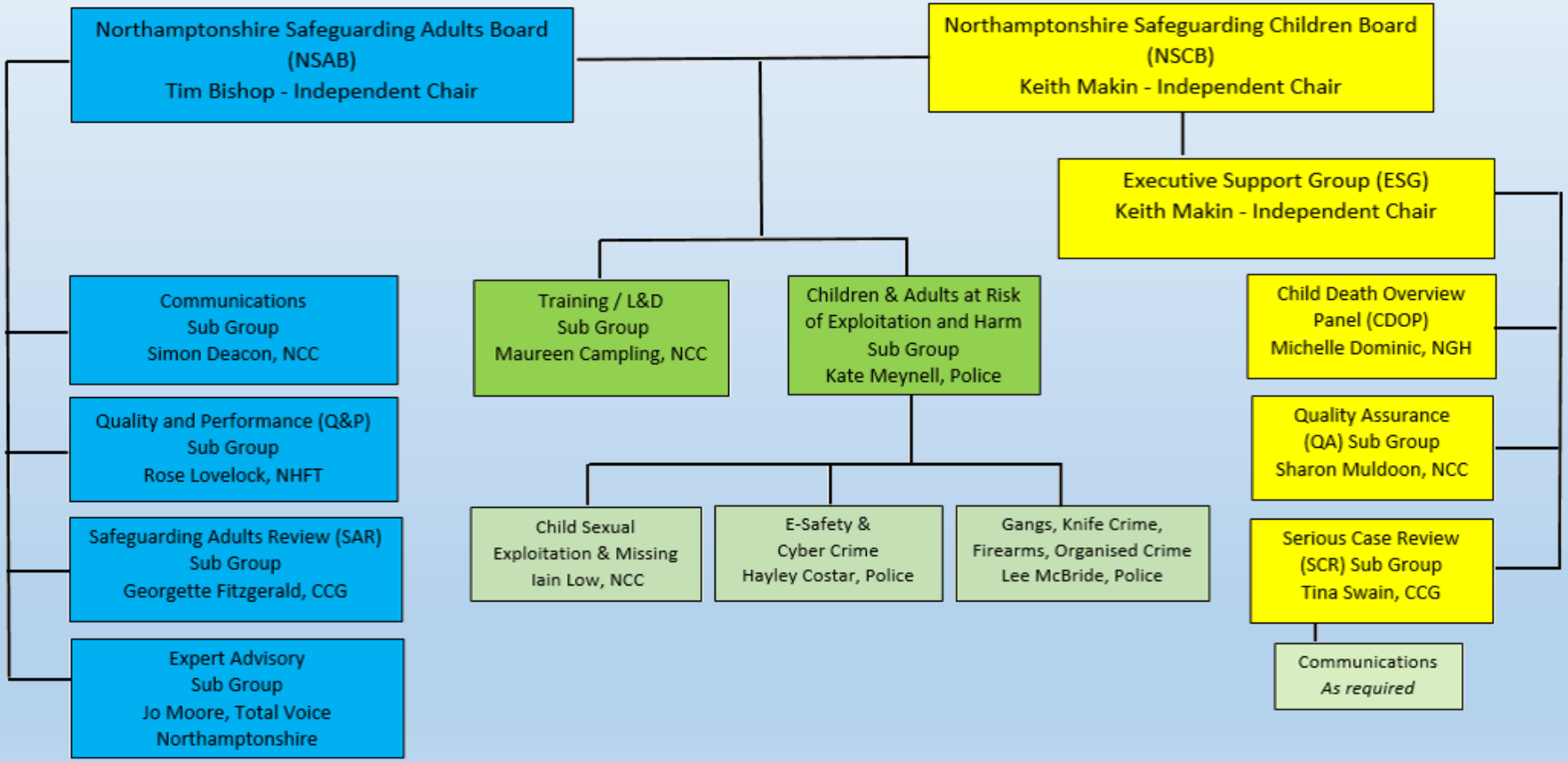
NSCB Review and Restructure



Developments for 2017-18

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Closer working links with Northamptonshire Safeguarding Adults Board

Seven Key Principals:			
• Empowerment	• Prevention	• Proportionality	• Partnership
• Protection	• Accountability	• Think family	

Ten Key Priorities:	
Alcohol and Substance Misuse *(joint priority with NSAB)*	Child Sexual Abuse
Domestic Abuse *(joint priority with NSAB)*	Electively Home Educated Children
Housing and Homelessness *(joint priority with NSAB)*	Female Genital Mutilation
Mental Health *(joint priority with NSAB)*	Modern Slavery *(joint priority with NSAB)*
Neglect	Prevent *(joint priority with NSAB)*

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Developments for 2017-18

Quality Assurance

- Review of the QA function undertaken Q3 2016-17.
- New Chair and structured QA programme now in place, including:
  - Robust Section 11 audit of schools, partnership, voluntary and community sector, faith groups and early years settings:
    - Schools launched late spring - 90% return to date
    - Partnership audit launched – deadline Friday 13th October
      - Peer to Peer Scrutiny panel – Late November/early December
    - VCS, faith groups and early years - launch Q3
- Analysis will inform Board of gaps in safeguarding and training needs and support schools with Ofsted inspections.
- More robust multi-agency case audit (MACA) in place.
  - Shared learning via 6 Step Briefings across the partnership.

Developments for 2017-18

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Board Structure

- Revised structure to quarterly Board meetings;
- Increased scrutiny of partner activities linked to the Board priorities, such as alcohol and substance misuse, domestic abuse, neglect; and
- Joint quarterly meetings and shared priorities with Safeguarding Adults Board.

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Areas of Concern for 2017-18

- The very high and increasing number of Looked after Children;
- Timeliness of Single Assessments;
- The rise in the number of children on second or subsequent Child Protection Plans;
- Reducing the number of referrals into Tier Four by increasing the take up of Early Help;
- The need to improve identification of privately fostered children;
- The need to increase use of the Neglect Toolkit amongst professionals; and
- The irregular attendance and timeliness of reports at Child Protection Conferences.

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Future Challenges

- Children and Social Work Bill;
- Revised Working Together – Due for consultation autumn 2017;
- Agency resource pressures; and
- Funding pressures across the partnership

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Online Safety Awareness Training

FREE Online Safety Awareness Session run by UK Safer Internet Centre.

Friday 1st December - 9:30am – 11:30am or 2:30pm – 4:30pm

One Angel Square, Northampton, NN1 1ED

Book your space via the event page of the NSCB website.

Don't forget wide range of training available via the NSCB website.

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Public Health SHEU Survey

- Public Health (PH) has a commitment to improve the health and well-being of our children and young people in Northamptonshire;
- Survey launched in March 2017 to all Secondary Schools in the county;
- Poor response received;
- Survey will be re-launched in Autumn.
- Information collected through the survey will help Public Health build a picture of health related behaviours of children and young people in the county and in turn inform PH work and help them develop and improve local services;
- We encourage you to support this survey in your schools.

QUESTIONS FOR THE PANEL

Northamptonshire
Safeguarding Children Board

CLOSING ADDRESS

Keith Makin

Independent Chair

Northamptonshire Safeguarding Children Board