Lewisham Safeguarding Children Board

April 2019
Safeguarding Briefing

Working Together to Safeguard Children,
Because Safeguarding is Everyone's Business.

Working Together 2018

"Children are clear about what they want from an effective Safeguarding system. These asks from children should guide the behaviour of practitioners."

"RESPECT: To be treated with the expectation that they are competent rather than not."

Trauma Informed Approach

What is Trauma?

The word Trauma originates from the Greek word meaning a deep wound. Trauma is defined as a psychological, physical threat or assault to an individual, involving their physical integrity, sense of self, safety and survival. Such an experience results in an overwhelming amount of stress for an individual that can exceed the ability to cope or integrate the emotions involved with that experience.

The trauma informed approach umbrella's a number of traumatic events, such as rape, sexual assault, sexual exploitation, gang related violence, bullying, childhood abuse and neglect, domestic violence, and harmful practices such as female genital mutilation, and forced marriages etc.

Adverse Childhood Experiences (ACEs)

ACEs are stressful events occurring in childhood including:-

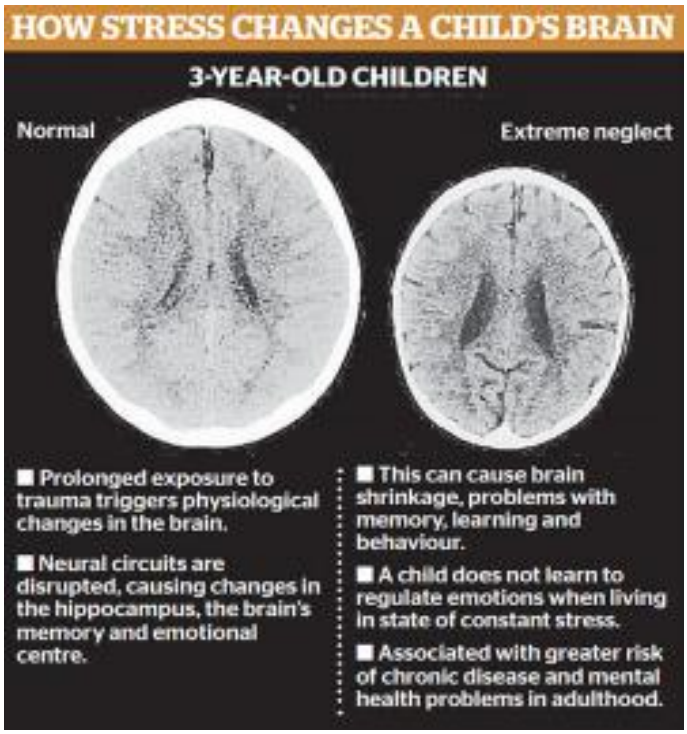
- Bullying / cyberbullying.
- Chaos or dysfunction in the home, such as domestic violence.
- Parental abandonment through separation or divorce.
- Death of a parent
- A parent with a mental health condition.
- Being the victim of abuse (physical, sexual, and/or emotional).
- Being the victim of neglect (physical and emotional).
- A member of the household being in prison.
- Growing up in a household in which there are adults experiencing alcohol and drug use problems.

ACEs have been found to have lifelong impacts on health and behaviour and they are relevant to all sectors and involve all of us in society.

Why would this be a model for responding to children who offend?

The Youth Offending Service are driving forward a whole scale Trauma Informed Approach in Lewisham which means approaching every element of policy and practice as a response to the trauma experienced by children and young people entering the criminal justice system. It is viewed as a biological imperative with a firm evidence base to respond to significant challenges like knife crime, violence and complexity. .

The gap between this 3 year and this three year old grows throughout childhood and adolescence when you add in structural disadvantage, other adversity such as domestic violence or parental substance misuse. All of our efforts and energies must be to try and narrow that gap.



Left – children who learn, who behave, maybe sometimes mess up but are able to reflect and learn
Right – children who are unable to regulate behaviour and talk about their feelings are often seen as bad, unmanageable, risky, gang members, serious youth violent- the labels go on and define the baby on the left. In fact the narrative is very important and we need to re-frame how we describe these children.

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'Fear without Solution'
The neuro-science and biology of trauma helps to explain why fear and stress are driving violence.

When faced with threat or perceived threat Fight, flight, freeze responses are activated unconsciously: freezing is when the brain literally closes off – it's a defence mechanism against further anticipated harm.
Hypervigilance, paranoia and extreme stress can result.
Disassociation is moving toward PTSD – defined as mental flight when physical flight or fight is not possible.

Trauma Recovery Model Based on Maslows hierarchy

Level of intervention determined by underlying need. Level 2 examples: Education setting if you create safety and nurturing environments the results will follow. If you start with the targets then inevitably those who do not meet cognitive threshold will fail.
In addition to the safe place and stable lifestyle – then the readiness to build relationships with adults can follow if trust and confidence are built.
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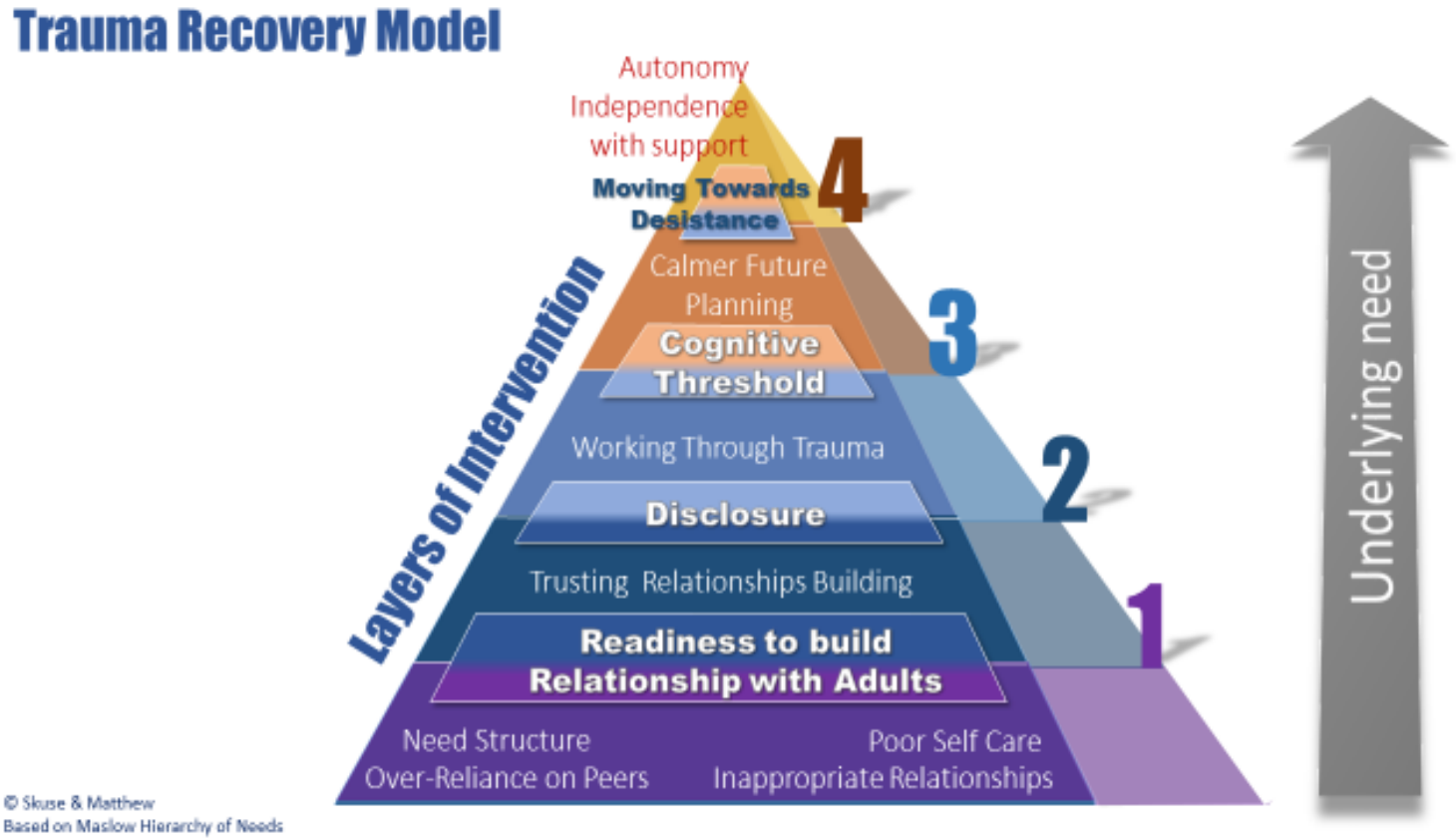
The difference between a well behaved child and a badly behaved child is that the well behaved child had their needs met before the school day started. For YOS and other children's services – interventions for cognitive behaviour, consequential thinking, victim empathy are proceeded by relationship building, trauma processing and disclosures as pathways to greater insight, awareness and ability to practice pro-social behaviour as a pathway to desistance and even post trauma growth.



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Guiding Principles of Trauma-Informed Care, 2014.

"A **trauma-informed** service system and/or **organisation** is one in which all components of the system have been reconsidered and evaluated in the light of a basic understanding of the role that violence and **trauma** play in the lives of people seeking or referred to services.

Lewisham YOS aims to adopt the following principles and apply to organisations throughout the borough:

- ✓ **Safety** – creating spaces where people feel culturally, emotionally and physically safe
- ✓ **Transparency and Trustworthiness** – full and accurate information about what's happening and what's likely to happen next
- ✓ **Choice** – an approach that honours an individual's dignity
- ✓ **Voice** – creating the opportunity where the individuals views, opinions and feeling are heard and acknowledged
- ✓ **Collaboration and mutuality** – healing happens in relationship and partnerships with shared decision making
- ✓ **Empowerment** – Recognition of an individual's strengths. These strengths are built on and validated.

To achieve these outcomes the following is needed:

- ❖ **Realising the prevalence** of trauma through a consistently applied training program
- ❖ **Recognising and supporting** how stress and fear affects all individuals involved with the program, organization or system, including its own workforce
- ❖ **Resisting re-traumatisation,** labelling and re-victimisation
- ❖ **Responding** by putting this knowledge into practice. The Trauma Recovery Model responds to readiness of intervention to underlying need.
- ❖ **Restorative:** Using conflict or an incident as an opportunity to repair harm and heal relationships

Relevant Guidance & Research

- Good Practice Briefing (when working with survivors of gender based violence – The London VAWG Consortium
- The National Child Traumatic Stress Network – systems of approach and resources.

The impact of Trauma on the brain

There is considerable research available (noted in "Relevant Guidance" of this briefing) explaining how the brain responds when a state of trauma.

Traumatic reactions can include a variety of responses, such as intense and ongoing emotional upset, depressive symptoms or anxiety behavioural changes, difficulties with self-regulation, problems relating the others or forming attachments, regression or loss of previously acquired skills, attention and academic difficulties, nightmares, difficulty sleeping and eating, and psychological symptoms, such as aches and pains. Older children may use drugs or alcohol, behave in risky ways, or engage in unhealthy sexual activity. Pre-school children may be jumpy or startle easily or display trauma in their play or drawings.

When a child is suffering traumatic stress, reactions interfere with the child's daily life and ability to function and interact with others. At no age are children immune to the effects of traumatic experiences. Even infants and toddlers can experience traumatic stress. The way traumatic stress manifests will vary from child to child and will depend on the child's age and developmental level.

Risk and Protective Factors

Fortunately, even when a child experiences a traumatic event, they don't always develop traumatic stress. Many factors contribute to symptoms, including whether the child has experienced trauma in the past, and protective factors at the child, family, and community levels can reduce the adverse impact of trauma, some factors to consider include:-

- **Severity of the event**. How serious was the event? How badly was the child or someone they love physically hurt? Did they or someone they love need to go to the hospital? Were the police involved? Were children separated from their caregivers? Were they interviewed by a Principal, Police Officer, or Counsellor? Did a friend or family member die?
- **Proximity of the event**. Was the child actually at the place where the event occurred? Did they see the event happen to someone else or were they a victim? Did the child watch the event on the television? Did they hear a loved one talk about what happened?

Relevant LSCB Training

Training will be advertised on this subject in the near future.

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