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The Learning Institute



Intellectual Output

01 Erasmus Project

**2018-1-UK01-
KA201-047962 ACEs High**

About the Programme

Rationale

Research shows that the quality of how professions work together affects outcomes for children and young people who face adversity at home or in their communities. The effectiveness of collaboration between professions is influenced by individual and organisational issues. This programme aims to enhance knowledge of the values, ideas and relationships within and across professional sectors in order to improve the outcomes for children and young people. By training professionals from different disciplines together this programme aims to define competencies, share knowledge and understand different skills and attitudes in order to remove barriers to collaboration. Exploration of new ways to combine expertise from different professions will allow strategies to improve the support for children living with adverse childhood experiences. The programme requires participants to have an understanding of the effects of toxic stress in children and young people, and how their experiences of adversity can lead to stress.

Intended learning outcomes for Pre tasks and lead session

1. Understand the particular needs of children and young people experiencing adversity and the impacts of toxic stress resulting from this adversity
2. Explore commonality and difference in the values and beliefs systems, and professional goals and structures for individuals and organisations working to support children and young people
3. Identify potential barriers to effective inter-professional working and propose solutions

Intended learning outcomes or optional sessions*

4. Develop a critical understanding of issues faced by different professional contexts, based on the acquisition of current, coherent and detailed knowledge.
5. Explore solutions to improve the outcomes for children and young people experiencing adversity [through a multi-agency approach?]
6. Understand and use basic methods of data collection in a small-scale practitioner-based systematic enquiry.
7. Identify and reflect upon the ethical issues associated with practitioner-based enquiry.

*Please note these can only be facilitated by a higher education organisation

Pre-session task

View individually or in work-based pairs/ groups online presentation on ACE and the impacts of toxic stress.

Outline of Session

- Participants will have a basic introduction to adverse childhood experiences and the impact they may have in later life.
- If reading from the resource list is undertaken a wider understanding of the current narrative about adverse childhood experience and trauma informed working.

Lead Session Outline of Session

Participants should be:

- formed into inter-professional working groups. They will be informed about the structure and content of the lead session, and about the optional sessions and any accreditation available.
- introduced to the ways that inter-professional working can have a positive or a negative impact on outcomes for children experiencing adversity.
- informed about research into barriers to effective inter-professional working, and will explore ways of over-coming them.
- introduced to a model for personal and organisational auditing/action planning to help identify and set targets for effective practice.

Optional session(s) for further steps

Basic guidance is given for those wishing to undertake deeper enquiry into inter-professional working. This part must be led by a tutor who is experienced in small-scale, practice-based enquiry in the research and ethical frameworks of relevant professions. No data collection or analysis should take place which involves direct contact with children or young people, or which accesses their data improperly.

Outline of Sessions

Participants will be:

- formed into inter-professional working groups relevant to their work context and the focus of their case studies will be defined.
- introduced to relevant ethical frameworks and professional protocols for collecting and sharing data on their chosen case studies.
- introduced to data collection methods best suited to their chosen case studies.
- guided by online tuition through the data collection and preparation for reporting of the case studies.

A case study may focus on the history of a particular young person, a sub-group of young people and a type of intervention used to support them. It will consider the intended input from relevant professions and identify the potential barriers to providing positive outcomes for young people. It will conclude with guidance for best practice.

Presentation

Participants should be given guidance in forming their case study into a presentation (or other means of dissemination) to share with colleagues within their own profession and with other relevant professionals.

Part 1 Adversity and toxic stress

Intended Learning Outcomes

- Understanding the needs of children and young people experiencing adversity and the impacts of toxic stress resulting from this adversity.

Note: The following makes reference to current knowledge and research about childhood adversity and the impacts of toxic stress. This may change over time. Research has particularly focussed on a set of 10 ACEs that are associated with increased risk to physical and emotional health and wellbeing in later life. ACEs have also been associated with poorer adult outcomes in employment, housing and crime. There has been an increase in organisations offering “trauma informed care approaches” which have the potential to improve the quality of practice, however caution must be taken if it is being used as “sufficient response” to the complex problems of childhood adversity. Therefore the current enthusiasm for understanding childhood adversity should be part of a comprehensive set of strategies that include universal, selected and targeted interventions. The aim of this training is to provide a universal understanding of the ACE narrative and recognise current limitations to preventing and responding to childhood adversity.

UNIT 1

What are ACEs & why are they important?

1. Five of the adversity categories relate to harm done to children which is punishable by law eg: abuse and neglect and five represent forms of family dysfunction
2. There are biological and social processes which link ACEs to negative adult outcomes eg: toxic stress, latent vulnerability and epigenetic modulation.

3. Prevalence of ACEs is high however the extent to which predictions can be made about which ACEs lead to which outcomes is low. Challenging to identify the most vulnerable for targeted services
4. ACEs are not the only contributor to poorer adult outcomes other negative circumstances including poverty, racism or prejudice, community aspects for example gangs

UNIT 2

What do we know about current research?

1. Accurate collection about childhood adversity is complex and difficult and the methodologies used may not be the most appropriate See Early Intervention Foundation Summary February 2020
2. Routine screening raises concern about ethics
3. Trauma informed care approach raises awareness about complex issues, aims to reduce the stress associated with ACEs and to reduce practices that might re-traumatise a child or young person. However there are limitations including a lack of specificity in trauma informed care models and most have not undergone rigorous testing. Evidence based models are led by Public Health.
4. Effective working must be on a wider , whole system approach which includes national and local systems for prevention and intervention and includes strong services that have the resources to establish strong positive relationships with families



Follow this link for online programme:

<https://www.learninginstitute.co.uk/toxic-stress-and-aces>

Intended learning outcomes for lead session

- Explore commonality and difference in the values and beliefs systems, and professional goals and structures for individuals and organisations working to support children and young people
- Identify potential barriers to effective inter-professional working and propose solutions

Note: the content below makes reference to practice current in England. This is done only to provide a point of comparison. It does not indicate that this particular system is a model for effective safeguarding and well-being for children. Repeated serious case reviews in England indicate continuing weaknesses in practice largely where organisations and professions which are responsible for supporting children fail to follow guidance effectively.

UNIT 1

Purpose and context

1. Terminology

Different professions use different terms often for the same purpose: inter-professional working, inter-agency working, multi-agency working, integrated working, collaborative working, multi-professional working, multi-disciplinary working.

Questions:

- What other terms are used, and how do these terms translate into different languages and cultural/professional contexts?

- Are there differences in meaning for the terms we would choose to use?

2. Purpose

In the English system the purpose and structures for multi-agency working to keep children safe and to provide for their well-being comes from The Children Act 2004. These are developed in regularly reviewed guidance the most recent at time of writing being Working Together to Safeguard Children 2018. The basis for this guidance comes from past serious case reviews which consider the impact of inadequate multi-agency working.

Questions:

- What are the legal structures for safeguarding and ensuring the well-being of children which apply in participants' area?
- To what extent is effective inter-professional working required and/or encouraged in the guidance given?
- What do serious case reviews report on inter-professional working in the participants' area?

3. Context

A key feature of guidance in England is that all professions understand the role they should play and how that inter-relates with the roles of other practitioners. Three professions are defined as having a key role: local authorities (including social services and education), police and health authorities. Other professions are noted but the list is not intended to be an exhaustive one.

Questions:

- (a) Which professions/organisations/agencies have a stated responsibility for safeguarding and well-being of children in the participants' area? Which have no stated responsibility but could make a useful contribution?
- (b) It is important to be aware of the effect of using acronyms, especially when talking to children, young people and their families.

Who's who?

Depending on the situation, there are a variety of professionals and organisations that could be involved in supporting individual children and young people. This support may be given within an educational setting or separate from it. There is often a tendency to use acronyms (abbreviations formed from the initial letters of other words) to describe these. These are some acronyms used in the children's services in England:

- 1. SW
- 2. EWO
- 3. CAMHS
- 4. SALT
- 5. OT
- 6. VS
- 7. CWP
- 8. YOT
- 9. Ed Psych

This is a brief description of each of the roles. Can you match the role with the acronym?

- a. A specialist NHS service offering assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.
- b. Works with young people whose education is being affected by irregular attendance or absence from school.
- c. Offers short targeted and specific interventions for children with mild to moderate mental health difficulties. Usually

employed by CAMHS.

- d. Specialises in assessment and specialist support for speech and language needs.
- e. Supports children/young people and their families at difficult times focusing particularly on the safety of the child.
- f. Promotes the progress and educational attainment of children and young people who are or who have been in care
- g. Assesses and supports children and young people who are experiencing difficulties that hinder their successful learning and participation in school and other activities. These difficulties can include a range of learning difficulties including those related to social, emotional and mental health.
- h. Works with children or young people who are at risk of or who have committed a crime, to prevent them from reoffending.
- i. Provides intervention, support and/or advice to children and young people and their families, where there is disability or impairment which impacts on their performance and participation in everyday activities of life.

- (c) Life line - On a time line from pre-conception to age when deemed to be an adult, which of the groups above must or might have a role in supporting children? (See Annexe 1)

UNIT 2

Purpose, commonality and difference

1. Activity

Select three different professions/organisations/agencies from the time line in Unit 1(iii) and conduct either or both surveys below.

- (a) Paper/online survey

What material is published by each organisation on its policy, intentions and processes of ensuring the safeguarding and well-being of children?

(b) Interview survey

Finding opportunity for dialogue across different organisations is vital to improve inter-professional working. Current practitioners who work with children are the best source of information about effective ways of working together and the barriers to co-operation. Any survey which involves colleagues in one's own organisation or in other organisations must, however, be conducted within the research framework of the professions concerned.

Consider a set of interview questions such as:

- What contact do practitioners in your organisation have with children with ACEs?
- Which other organisations do you and your colleagues work with to help ensure the safeguarding and well-being of children?
- Note three aspects which show good inter-professional working with these other organisations, and two which you think need improvement.

Ideally an inter-professional group which wanted to review its own practice would co-design. How ready might all participants be to undertake the final task fully and honestly? The Further Steps section below provides guidance on how to go deeper. Participants can prepare their own questions and answers to review their own professional practice.

2. What are the principles that underpin effective multi agency/multidisciplinary working?

Reflect on your own experience of when multi-agency working has worked well and why you think this is. Now access the article The gender identity development service: Examples of multi-agency working, available at <https://gids.nhs.uk/eracleous-davidson-2009> Read the paragraph titled Multi-agency working as best practice which highlights three key documents that are still used to inform best practice in

England today. Briefly summarise what each document states needs to be considered to ensure multi-agency working is successful: 1. The Children's National Service framework (2004): 2. Every Child Matters (2003) 3. Children's Workforce network (2008).

Read the example case study below, taken from the same website.

"Alex is a biological female who at referral was aged fifteen and presented as being unhappy with his biological gender. He also experienced a low mood and difficulties at school including bullying. We used the name "Alex" and male pronouns throughout our work out of respect for his wishes. Alex moved between the homes of his grandparents and his separated parents in North Wales as his mother had limited space in her home and was waiting to be re-housed by the local authority. Alex's mother lived with her five young children in council accommodation. The families all lived nearby so that Alex had regular contact with both of his parents and two sets of grandparents."

Imagine you are coordinating a multi-agency support plan for Alex. How could you ensure the key principles identified in the documents you looked at are followed?

- Designing support that addresses Alex's needs as a whole rather than individual 'problems.'
- Empowering Alex to positively contribute to designing this support.
- Bringing in a diverse range of professionals whilst making sure they share the same values and their different strengths are used?



Revisit the article, available at

<https://gids.nhs.uk/eracleous-davidson-2009>, read the paragraph entitled Alex and compare your support plan with the one the Gender Identity Development Service (GIDS) put in place for Alex.

Barriers and solutions

1. What are the obstacles to successful multi-agency/inter-professional working?

In the context of child protection and safeguarding in England, multi-agency working is a legal requirement. Many of the obstacles to its success in this area can be applied to other types of multi-agency working too. Watch the video entitled Partnership Working in Child Protection, which was produced by the Social Care Institute for Excellence (SCIE) available at <https://www.youtube.com/watch?v=Etkc0LnIRPE> The video is 7 minutes long, but pay particular attention to the clip between 2.41 and 3.30. List all the barriers/obstacles highlighted in this clip.

2. How can these obstacles be overcome?

Access the nine minute video Partnership working in child protection:



Scunthorpe case study, available at

<https://www.scie.org.uk/socialcaretv/video-player.asp?v=partnership-working-in-childprotection-scunthorpe>

<https://www.scie.org.uk/socialcaretv/video-player.asp?v=partnership-working-in-child-protection>

Have a look at the table below. The first column identifies some of the key obstacles identified above. These obstacles can apply to other situations where multi-agency working is needed. Think about some of the situations you may experience in your setting.

Obstacle:

- Different professional approaches and perceptions of an issue (e.g. what constitutes maltreatment of children)
- Lack of training opportunities
- Poor communication between different agencies
- Lack of clarity about roles
- Misunderstanding and mistrust

How has each one been addressed in Scunthorpe case study?

How is each obstacle addressed in your setting?

3. Research into common barriers

In England a significant amount of research was undertaken in the period 2003-2010 as part of the then government strategy for England and Wales known as Every Child Matters. More recent research has tended to be from the point of view of single professions rather than trying to form a view across a wider group of children's services.

The following is a summary (adapted from Cheminais, R. (2009) Effective Multi-Agency Partnerships: Putting Every Child Matters Into Practice). Each point noted in the Scunthorpe case is in this list.

The challenges that are identified with multi-agency working arise largely as a result of the complexities involved when practitioners engage in collaborative ventures.

1. Funding concerns in relation to sustainability, for example, conflicts over funding within and between different agencies; a general lack of funding for multi-agency training and development work and to cover accommodation and on-costs for service delivery.
2. Time – only a finite amount of time is available to respond to many different priorities; some services have waiting lists, for example, Children and Adolescent Mental Health Service.

3. Communication – ensuring clear routes for two-way communication between any one setting and other agencies and practitioners in order to exchange information and improve joined-up, co-ordinated working.
 4. The danger of a lack of clarity arising about the roles and responsibilities of practitioners in a wider and more diverse children's workforce.
 5. Adapting to working in a new and different context, for example, for health staff in a school or children's centre, as opposed to a hospital environment.
 6. Competing priorities placing multiple demands and expectations on each setting and service, for example in repeated, changing government policy. Danger of initiative overload occurring if not well managed.
 7. The management of different professional and multi-agency service cultures, for example, staff recruitment and retention processes, disparities in status, pay, conditions of service, working hours and working conditions. For example a health service works 24 hours a day, seven days a week and education does not.
 8. Understanding each other's professional language and protocols.
 9. Territorial issues – overcoming the reluctance to share equipment and facilities, professional jealousy and inter-agency mistrust.
 10. Preventing too much 'referring on' or 'passing the buck' becoming too regular an approach being adopted to give the illusion of effective action having been taken.
 11. Finding mutually convenient times for managers and practitioners to meet.
 12. Problems of cross-authority working where health authority (primary care trust – PCT) and the local authority boundaries are different.
 13. Additional stress and pressures arising from unsuccessful or disappointing attempts at multi-agency working having an adverse affect on staff morale and turnover.
 14. The assumption that multi-agency partnership working must be adopted at all times, even when it may be inappropriate in some instances.
 15. Lack of coherence in the aims, intentions and joined-up thinking between different agencies, resulting in role overlap or duplication of services.
 16. Staff resistance to change both within any one setting and among multi-agency practitioners. A lack of understanding and appreciation about the reasons for change, and what the change process entails and the benefits it can bring to improving outcomes for children, young people and their families.
- Engaging the 'hard to reach' parents/carers, families, children and young people with multi-agency service provision, education and lifelong learning.
- Questions:
- (a) Were any of these issues raised in discussions in Unit 2(ii)?
 - (b) How many might apply to each participant's own profession or organisation?

4. Professional self-review

In England national guidance focuses on self-review at an individual, organisational and profession level to ensure that entrenched practices are recognised and questioned, and that evidence from research and other reports is used systematically to improve the service to children.

Questions:

- (a) What processes of self-review does your organisation/profession use?
- (b) What instances of change of practice through personal, organisational or profession level self-review can participants note/share?

5. Children's voice

In England a national Children's Commissioner informs public policy in all services that relate to children. The Children's Commissioner instructs all organisations, professions and agencies which support children to find ways of seeking the voice of the child to help guide their work.

Questions:

(a) What is the expectation of using children's voice in participants' organisation or profession?

(b) What ethical and practical barriers are there to seeking children's voice?

Part 3 Further steps

Individuals working with children may use the review and research frameworks accepted in their professions to undertake deeper personal study of some of the issues raised in their programme. Approaches to work-based research differ in different professions and countries. For example in England health professionals, police and teachers use different ethical frameworks. There will not always even be agreement on what such a process is called or on how it should be undertaken.

This final section has a simple approach to personal reflection which is best undertaken with support from the participant's manager, and an outline of a formal evidence gathering process which should only be approached with guidance from research managers in the professional context relevant to the participant.

Reflective Practice

Overview

Research shows that reflection is an important way of supporting effective practice in a number of settings including education and health. Most settings have some form of performance management which requires reflection such as strengths and areas for

development. Also, most roles in children's services entail supporting others to reflect on their learning and their practice. This task seeks to support practitioners by helping them to understand some key principles of effective reflection and how a model of reflection can be applied.

Introduction

Very often in your role you may be required to reflect on what went well and what did not go so well. Such reflective practice helps you to become a better practitioner as you can build on your strengths and work on the points that need developing. In addition, your role may involve supporting others to reflect on their practice. This model aims to aid reflection and also focuses on evaluating feelings and emotions as well as practice. It is intended to help reflect on current practices and show ways to make reflection an effective learning experience for a formal performance management process or for your own personal and professional development.

Objectives

- To understand the practice of reflection
- To know a model to help reflection
- To support personal reflection in the workplace

Resources

- Pen and paper for note taking
- Internet access to following:



University of Hull Skills Team

Reflective writing [video] available at:

<https://www.youtube.com/watch?v=Qol67VeE3ds>



Expert Program Management (EPM)

Gibbs' reflective cycle explained [video] available at:

<https://www.youtube.com/watch?v=-gbczr0lRf4>

TASK 1

Understanding the main principles of reflection

This unit will help you to understand the main principles of reflection.



Watch this short film clip

to gain an introductory understanding of reflection, produced by the Skills Team at the University of Hull, available at:

<https://www.youtube.com/watch?v=Qol67VeE3ds>

(running time 6:07)

Make notes on the following key points:

1. Why is it helpful to write down your reflections?
2. What are the 3 main parts of reflection?
3. Why is it important to reflect on other past events as well?
4. What are some of the questions that you can ask yourself in order to put your reflections into context?
5. Why is it important to go beyond just describing an event?
6. What questions help you to move beyond description to a more critical reflective style?

7. Why is this type of reflection empowering?
8. How could you use this reflective practice in your own work setting?

TASK 2

How can Gibbs' model of reflection help you to become a more reflective practitioner?

This unit will give you an example of a model that you can use to help structure your reflections.



Watch the short film clip

on Gibbs' (1988) Model of Reflection produced by Expert Program Management (EPM), available at:

<https://www.youtube.com/watch?v=-gbczr0lRf4>

(running time 8:46)

Make notes on the following key points:

1. What are the 6 main steps in this model?
2. What is the aim of the first 3 steps?
3. What is the aim of the second 3 steps?
4. What are some of the advantages of this model?
5. What are some of the disadvantages of this model?

TASK 3

Applying Gibbs' model of reflection

Choose an event that you wish to reflect on e.g. something that has happened in your place of work.

Now go through each of the 6 stages of the model as set out in the video (description, feelings, evaluation, analysis, conclusion, action plan).

Evaluate how helpful you found Gibbs' (1988) model of reflection. Look again at the advantages and disadvantages identified in the video clip.

Do any of these apply to your own evaluation of the model?

TASK 4

Reflection on learning

Note down your responses to the following questions:

1. What knowledge did I already have that has been refreshed by this?
2. How has this approach developed my knowledge and understanding?
3. How can I apply what I now know to my practice?

Sources



**Expert Program Management (EPM)
(2019) Gibbs' reflective cycle explained.**

Available at:

<https://www.youtube.com/watch?v=-gbczr0lRf4>

(Accessed: 11 May 2020) Gibbs, G. (1988) Learning by doing: a guide to teaching and learning methods.



Oxford: Further Education Unit.

SkillsTeamHullUni (2014) Reflective Writing. 3 March. Available at:

<https://www.youtube.com/watch?v=QoI67VeE3ds>

(Accessed: 11 May 2020)

Further reading



**Bolton, G. and Delderfield, R. (2018)
Reflective practice**

Writing and professional development. 5th edn.
London: Sage.

First chapter available at:

<https://in.sagepub.com/sites/default/files/upmbinaries/90765>



**Professional Association for Childcare
and Early Years (2016) Developing Self
Reflective Practice.**

Available at:

<https://www.pacey.org.uk/Pacey/media/Website-files>



**Sellers, M. (2017) Reflective practice for
teachers. 2nd edn. London: Sage.**

First chapter available at:

https://uk.sagepub.com/sites/default/files/upmbinaries/59229_Sellers.pdf

Formal research

Further enquiry using formal data gathering methods with colleagues in a participant's own organisation or in other organisations should only be undertaken under the research framework for each profession and with full and formally agreed consideration of ethical guidelines. This is to ensure that no child or adult is harmed by the process of collecting or subsequently using data.

This project is based on participants from different children's services professionals co-designing and collecting data on a case study of ways of working. It should not be used to collect data relating to any specific person or group of people.

This project must be delivered by a tutor experienced in small-scale, practice-based enquiry in the relevant professions.

Intended learning outcomes

- Develop a critical understanding of issues faced by different professional contexts, based on the acquisition of current, coherent and detailed knowledge.
- Explore solutions to improve the outcomes for children and young people experiencing adversity [through a inter-professional, multi-agency approach]
- Understand and use basic methods of data collection in a small-scale practitioner-based systematic enquiry.
- Identify and reflect upon the ethical issues associated with practitioner-based enquiry.

Case study

Outline

Participants will:

- form into inter-professional working groups relevant to their work context and the focus of their case studies will be defined.
- be introduced to relevant ethical frameworks and professional protocols for collecting and sharing data on their chosen case studies.
- be introduced to data collection methods best suited to their chosen case studies.
- be guided by face-to-face and/or online tuition through the data collection and preparation for reporting of the case studies.

Rationale:

This module aims to develop the knowledge, skills and understanding necessary to complete a small-scale practitioner-based enquiry. This is an opportunity for participants to explore an issue relevant to their own context with a view to explore this in relation to effective multi-agency working. In these sessions practitioners will be introduced to the purpose and practices of practitioner-based enquiry through the development of knowledge contextualised within, and about, their work environment.

Practitioners should be supported in their understanding of effective small-scale practitioner-based enquiry and how this may be effectively contextualised in their own workplace through three main sections that are outlined below.

1. Ethical considerations

Participants will explore the ethical issues associated with practitioner-based enquiry in their working contexts. They will be introduced to relevant ethical frameworks and professional protocols for collecting and sharing data on their chosen case studies.

2. Methods of data collection and analysis

Participants will be introduced to key concepts that influence practitioner enquiry and explore research methods that could be used to collect primary data for their chosen area of enquiry. The effective analysis and interpretation of this data will also be explored.

3. Application to practice

Participants will design a case study relevant to their work context with a focus on inter-professional

working. For example, a case study may identify potential barriers to effective inter-professional working and propose solutions or focus on the history of a particular young person, a sub-group of young people and a type of intervention used to support them. It will consider the intended input from relevant professions and identify the potential barriers to providing positive outcomes for young people. It will conclude with guidance for dissemination of best practice.

Presentation

Participants will be given guidance in forming their case study into a presentation (or other means of dissemination) to share with colleagues within their own profession and with other relevant professionals.

UK Child timeline

	Before conception	Conception to birth	0-2 years	2-5 years	5-11 years	11-16 years	16-18 years	18-25 years	25 years +
Health services	-----	----- <small>If known to the state</small>	-----	-----	-----	-----	-----	-----	-----
Education			-----	-----	-----	-----	-----	-----	-----
Police		-----	-----	-----	-----	-----	-----	-----	-----
Social Services		-----	-----	-----	-----	-----	-----	-----	-----
Other					10 yrs = criminal responsibility		16 yrs = sexual activity. Marriage with parental consent 17 yrs = driving licence	18 yrs = alcohol, smoking, voting 18 yrs = marriage without parental consent	25 yrs = vulnerable young person

Mandatory action

Action by need

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