



**Safeguarding
Adults Board**
LEICESTERSHIRE & RUTLAND



**Safeguarding
Children Board**
LEICESTERSHIRE & RUTLAND

Safeguarding MATTERS

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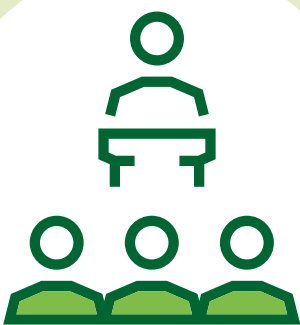
Adult Reviews

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Self Neglect, Domestic Abuse,
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PLEASE SHARE

in Supervision, 1-1, Team Meetings and Unit Meetings as a prompt for discussion and support to learning and development activities



This edition of the Safeguarding Boards Publication 'Safeguarding Matters' has been produced to share the important messages from the reviews conducted by the Leicestershire and Rutland Safeguarding Children and Adult Boards



The reviews have involved the death, or significant harm of a child or vulnerable adult. As some of the reviews are not in the public arena we are unable to share specific details of those involved.

Each case review looks at the involvement of agencies and the quality of the work undertaken

in particular the multi-agency aspects. The aim of any review is to continue to develop best practice to promote welfare and protect those who are vulnerable.

The information in this edition is relevant to all staff whether your focus is adults or children, front line or practice supervisor/manager.



CHILDREN'S REVIEWS

Injuries to babies, Internet grooming, Emotional abuse, Child Sexual Exploitation

Procedures and Guidance

Staff should be familiar with Procedures and Guidance that support the work they undertake

Thresholds

Staff should be familiar with the Children's Threshold Guidance as it is important in determining whether circumstances have changed in a way that moves concern into one of Child Protection from Child in Need

<http://lrsb.org.uk/uploads/view-the-lr-lscb-thresholds-for-access-to-services-for-children-and-families-in-leicester-leicestershire-rutland.pdf>

Child Protection Plans

In contributing to discussion regarding Child Protection Plans it is vital that the category of harm for children reflects the fundamental risks and is not changed without sufficient consideration and evidence.

Make sure the specified category of harm does not limit focus, emphasis and decision making.

Strategy Meetings

The importance of having a clear plan when a suspected non accidental injury has taken place.

In the initial stages where cases may involve different agencies undertaking enquires including medical everyone should be aware of the status of the enquiry (S47) and contingency planning.



Recording

The process of undertaking any review will involve scrutiny of records to elicit a chronology of events, work undertaken, voice of the child and family, analysis, assessment of risk, evidence of decision making and management oversight.

In a number of reviews recording has been of poor quality and whilst discussions with staff have provided information this needs to be reflected in the records.

Good quality case recording is essential in ensuring:

- Continuity of service to children and families when staff are unavailable or change, or when a service resumes after a period of time;
- Effective risk management practices to safeguard the well-being of children, especially in emergency situations;
- Effective partnerships between staff, children, their families, their carers, other agencies and service providers;

- Clarity of information for everyone involved in the planning and delivery of services, and in the event of investigations, inquiries, or audits;
- Adequate information for staff and managers to ensure the best possible utilisation of available resources;
- As a means by which to ensure accountability and adherence to procedures and statutory responsibilities.

Procedures 3.3 Underlying Policy, Principles and Values Point 6 Case Recording

http://lrsb.proceduresonline.com/chapters/values.html?zoom_highlight=Case+recording

CHILDREN'S REVIEWS

Recognising & Responding to the abuse of babies

Staff should be aware of the particular vulnerability of babies to harm and abuse (including premature babies).

You must ensure the correct referral process is followed when injuries are to a baby (pre-mobile).

Where a baby or child presents with what appears to be 'medical symptoms' these should be investigated but not to the exclusion of a referral for potential non-accidental causation.

Definition

3.1 Pre-mobile Baby

A baby who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes **all babies under the age of six months** and most infants aged 0-1 years. The younger the child the more likely it is that the bruising/injury is non-accidental. Please be aware that pre-mobile babies are not able to roll independently.

3.2 Not Independently Mobile

Children with a disability – older children who are not independently mobile by reason of a disability should be considered. Disabled Children may have a higher incidence of abuse whether or not they are mobile. This procedure does not apply to children with a disability who are independently mobile in a wheelchair and who can give a consistent plausible explanation for accidental bruising.

1.3.9 Bruising and Injuries in Babies and Children who are not Independently Mobile

http://lrs.cb.proceduresonline.com/chapters/p_bruising_inj_babies.html?zoom_highlight=babies

The impact of head injury

The impact of a head injury to a baby/young child is often immediately evident and life changing however it is important to consider that in some cases the impact may not become apparent until later. As the child develops physically, cognitively and emotionally we may witness the effect on emotional intelligence and behaviour. It is important when working with young people that this is taken into consideration when planning support.

I have seen an injury, bruising, suspicious mark/s!
This baby/child doesn't move independently!



REMEMBER

If they don't 'cruise' they don't 'bruise'



What should I do?



Does the child need emergency medical attention?



YES?

Call 999 and inform Children's Social Care

GPs must contact on call Paediatric Registrar at UHL and Children's Social Care/Police

NO?

Refer to Children's Social Care straight away who will

Set up a Strategy discussion/meeting with Police/Health to consider:

- Risk/Safety factors
- Child Protection Medical
- Criminal investigation



Recording

Always accurately record what you have seen, any explanation given and the action you have taken



Useful Telephone Numbers

Leicestershire **0116 305 0005** (24 hours a day)
Leicester City **0116 454 1004** (24 hours a day)
Rutland **01572 758 407** or
Out of hours **0116 305 0005**

CHILDREN'S REVIEWS

Assessment and Safety Planning

Assessment and Safety planning is a dynamic process and requires all agencies to provide good quality, evidence based, up to date assessments, the following points have come through our reviews:

- Weighting information 'the significance of observed positive behaviour' – Is the behaviour making the child safer? How? And can it be maintained?
- Making a full assessment on all individuals in family to

ensure safety plan – e.g. known information on a father regarding his anger management, emotional immaturity and mother's desire to be with him causing her to miss appointments and refuse to engage

- The involvement of fathers, particularly in parenting discussions, antenatal and postnatal care
- Harnessing the support provided by Grandparents and extended family

Advice for parents - Reducing the Risk of Harm to Children

[http://lrsb.org.uk/uploads/reducing-the-risk-of-harm-to-children-in-your-home-\(july-2017\).pdf](http://lrsb.org.uk/uploads/reducing-the-risk-of-harm-to-children-in-your-home-(july-2017).pdf)

Leaflet should be read with a parent as part of safety planning

Safe Sleeping

Reviews have highlighted the dangers of falling asleep with babies (in bed, armchairs or sofas).

Bed sharing also increases the chance of a Sudden Infant Death Syndrome (SIDS) and is particularly risky if the following points apply:

- Either partner smokes (even if they do not smoke in the bedroom)
- Either partner has drunk alcohol or taken drugs (including medications that may make them drowsy)
- similarly, bed sharing with a baby of low birth weight (2.5kg or 5 ½ lbs or less) or a premature baby (37 weeks or less) is strongly linked to an increased risk of SIDS.

Parents should be advised:

- never sleep together with the baby if they feel very tired.
- Be especially careful when giving feeds that they are not in a position where they could both fall asleep in the bed, an armchair or on the sofa together.
- Some parents choose to bed-share with their babies. This means that their baby shares the same adult bed for most of the night, and not just to be comforted or fed. It is important that they know of the circumstances in which this can be very dangerous.



www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/

CHILDREN'S REVIEWS



Other Issues affecting Parenting

Parents who were previously Looked After Children

The impact of a parent's care history and experience needs to be taken into consideration in assessing their capacity to parent; early identification by Health and Social Care Staff and opportunities for the parent to reflect on this is vital.

The pathway planning process for LAC includes a Leaving Health Care Summary and where the parent's

medical records include a Leaving Health Care Summary Midwives /Health Visitors can discuss and assess with the parents their requirement for additional intensive support to include Children's Social Care.

Whilst every opportunity should be given to a parent to enable them to develop knowledge and skills, the desire to support a looked after child to be a good parent should not take the focus away from their 'child'.

Domestic Abuse

Professionals dealing with DV/DA must always be very mindful of the emotional impact and long term damage or effect this has on children and must be careful not to focus only on the parents' behaviour or needs.

The physical, psychological and emotional effects of domestic violence on children can be severe and long-lasting. Some children may become withdrawn and find it difficult to communicate. Others may blame themselves for the abuse. All children living with abuse are under stress.

That stress may lead to any of the following:

- Withdrawal
- Aggression or bullying
- Tantrums
- Vandalism
- Problems in school, truancy, speech problems, difficulties with learning
- Attention seeking
- Nightmares or insomnia
- Bed-wetting

- Anxiety, depression, fear of abandonment
- Feelings of inferiority
- Drug or alcohol abuse
- Eating disorders
- Constant colds, headaches, mouth ulcers, asthma, eczema

2.13 Procedures

http://llrscb.proceduresonline.com/chapters/p_dom_viol.html?zoom_highlight=Domestic+Abuse#the_child



CHILDREN'S REVIEWS

Voice of the Child and their lived experience

Practitioners failed to recognise the voice of the child (including the verbal and non-verbal voice of the Child) and understand the child's lived experiences and long term impact of abuse.

The importance of developing a consistent, therapeutic, relationship with a child or young person, it is important to gain an understanding of their lived experiences and wishes and feelings.

The child knows better than anyone about their lived experience.

- Keep children at the centre of what you are doing – listen and hear what they are saying.
- Recognise that a child's needs are not always the parents' highest priority and some parents may

knowingly seek to distract practitioners away from the needs of the child.

- It is important to gain the view of a child or young person's use of social media and online activity. What is their experience? What does it mean for the child? Practitioners should pursue this assertively.
- Practitioners to be persistent in their attempts to speak to a child or young person, following up on failed visits.
- Record the voice of the child in your records.
- Try walking in their shoes.



Young Carers

Young carers are children who help look after a member of the family, who is sick, disabled or has mental health problems, or is misusing drugs or alcohol.

Their day to day responsibilities often include:

- cooking
- cleaning
- shopping
- providing nursing and personal care
- giving emotional support.

With so many adult responsibilities, young carers often miss out on opportunities that other children have to play and learn. Many struggle educationally and are often bullied for being 'different'. They can become isolated, with no relief from the pressures at home, and no chance to enjoy a normal childhood. They are often afraid to ask for help as they fear letting the family down or being taken into care.

Barnardo's CareFree Project can help

- take time away from caring
- get the help the person you care for and your family need
- get out to activities
- find someone to talk to
- apply for a Young Carer ID card

Barnardo's CareFree Project

Phone or text: 0116 2867182

Monday to Friday, 9am to 5pm

Ask for help for a young carer

If you work with children professionally or you are a friend or family member of a young carer - you can get them help by:

For Leicestershire Young Carers support

- filling in the online request for services form
- telephoning First Response Advice on 0116 305 5500 (Monday to Friday, 9am to 4.30pm)

For Rutland Young Carers support

www.rutland.gov.uk/my-services/health-and-family/early-help/young-carers/



CHILDREN'S REVIEWS

Supervision

There is a need to develop good quality supervision in order that staff are professionally challenged and supported to develop Professional Curiosity

Supervisors should be alert to:

- Failure to recognise and report abuse
- Difficulties challenging other professionals
- Difficulties accessing safeguarding advice and supervision
- Difficulties experienced challenging parents
- Parental disguised compliance
- Workers accessing the background information of the family, and that this informs future assessments and interventions
- Good record keeping, with essential documents being uploaded onto a child's record.

Supervision, curiosity and understanding families

Eileen Munro's review of child protection championed the use of effective supervision as a means of improving decision-making, accountability, and supporting professional development. She also identified it as an opportunity to question and explore an understanding of a case.

Group supervision and Reflective Practice Groups can be even more effective in promoting curiosity and respectful uncertainty, as workers can use these spaces to think about their own judgements and observations of a family. It also allows teams to learn from one another's experiences, and the issues considered in one case may have echoes in other workloads.

Tips for practice:

- Play 'devil's advocate'
- Present alternative hypotheses
- Present cases from the child or another family member's perspective
- Talk to families about supervision — "I talked about how to help you with my team last week and they thought that ..."

Disguised compliance

Professional Curiosity or Respectful Uncertainty is keenly needed when working with families who are displaying Disguised Compliance.

Disguised compliance involves parents giving the appearance of cooperating with child welfare agencies to avoid raising suspicions and allay concerns. There is a continuum of behaviours from parents on a sliding scale, with full co-operation at one end of the scale, and planned and effective resistance at the other. Showing your best side or "saving face" may be viewed as "normal" behaviour and therefore we can expect a degree of Disguised Compliance in all families, but at its worst superficial cooperation may be to conceal deliberate abuse, and many case reviews highlight that professionals can sometimes delay or avoid interventions due to parental disguised compliance.

When there are child welfare/protection issues, a failure to engage with the family may have serious implications and non-intervention is not an option. The following principles will help front line practitioners deal with this more effectively.

- Focus on the needs, voice and "lived experience" of the child
- Avoid being encouraged to focus too extensively on the needs and presentation of the adults — whether aggressive, argumentative or apparently compliant
- Think carefully about the "engagement" of the adults and the impact of this behaviour on the professionals' view of risk
- Focus on change in the family system and the impact on the lives and wellbeing of the child/children — this is a more reliable measure than the agreement of adults in the professionals plan
- There is some evidence that an empathetic approach by professionals may result in an increased level of trust and a more open family response leading to greater disclosure by the adults and children
- Professionals need to build close partnership style relationships with families whilst being constantly aware of the child's needs and the degree to which they are met

There is no magic way of spotting Disguised Compliance other than the discrepancy between adult's accounts and observations of the needs, wellbeing and accounts of children. The latter must always take precedent.



CHILDREN'S REVIEWS

Did Not Attend (DNA) to Was Not Brought (WNB):

In a number of SCRs nationally where the child died of a medical cause, there was evidence of poor parental engagement with health and social care services. Parents who do not engage present a challenge to professionals, but this challenge also provides an opportunity for protection.

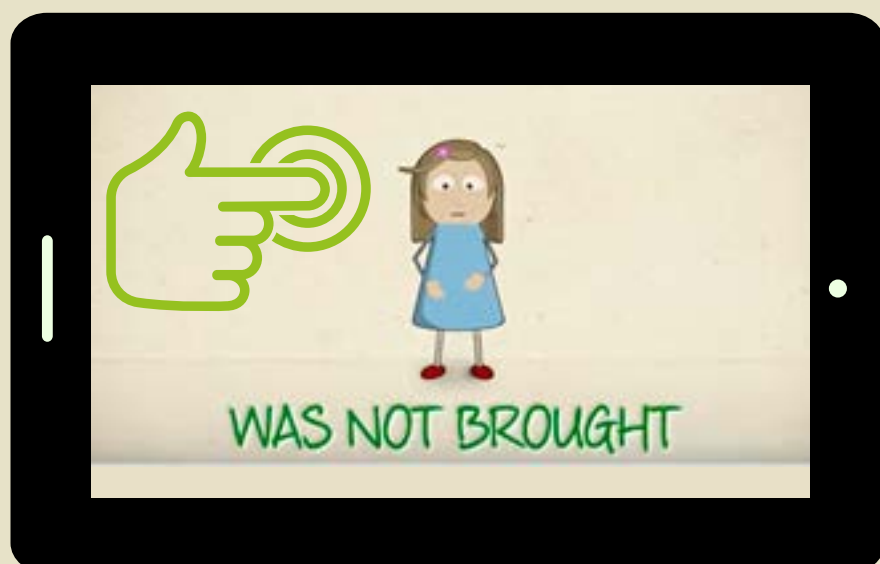
When working with vulnerable families, health practitioners and services should maintain 'consistent support for the family' and curiosity and vigilance towards meeting children's needs — and be persistent in pursuing non-engagement.

Non-compliance may be a parent's choice, but it is not the child's. Health service administrators and practitioners should treat repeated cancellations and rescheduling of appointments with curiosity and with the same degree of concern as repeated non-attendance. In doing so, it is essential to recognise families' vulnerabilities and be flexible in accommodating their needs.

A shift away from the term DNA (did not attend) to WNB (was not brought) would help 'maintain a focus on the child's ongoing vulnerability and dependence, and the carers' responsibilities to prioritise the child's needs'.

Nottingham City Council, NHS Nottingham City CCG and the NCSCB have jointly commissioned a video animation to encourage practitioners to identify children as 'Was Not Brought' as opposed to 'Did Not Attend' when referring to them not being presented at medical appointments.

www.youtube.com/watch?v=EfxnqkAR3B4



Complex Families

There are challenges for practitioners and their managers in working with large, complex families and individualising the children's needs.

It is important to establish a clear communication strategy when so many workers are involved as in one particular case the family had three Social Workers, Support worker, Parenting Assessment Worker, Health Visitor, GP, Teachers, Independent Housing Provider, links to neighbouring authorities.

The complexity is often exacerbated by changes in personnel.

With so many workers involved at one time it is vital that any plans made are shared and understood.

Genograms and Ecomaps are tools for developing a broad view of family. A genogram is a tool for creating a visual display of the child's family tree. The ecomap is a visual display of the informal and formal systems in the child/family's life.

Supervision, including multi-agency supervision which provides the opportunity for reflection, can support workers with these challenges.

Multi-Agency Working

In a number of reviews there is evidence that key people were not present at meetings such as Strategy, Child Protection Conference and Core Groups.

- Staff are reminded that all the relevant people are invited to participate
- If you are unable to attend then a report should be provided

CHILDREN'S REVIEWS

Staying Safe Online

Top tips for staying safe online for Children & Young people - <http://lrsb.org.uk/staysafeonline> E-Safety - Advice for Parents and Carers to keep children and young people safer online, resources <http://lrsb.org.uk/e-safety> Keep safe online - leaflets aimed at adults – can be printed off from this page - <http://lrsb.org.uk/leaflets>



Child Sexual Exploitation

The importance of understanding a child/young person's underlying vulnerability to child sexual abuse and exploitation and of the recognition of early indications of CSE for these children. This should immediately trigger the use of the [CSE Risk Assessment Tool](#) (RAT) and a referral to the CSE Team, which can provide consultation and advice and consider the need for a CSE Strategy Meeting.

Staff should familiarise themselves with the relevant Guidance

2.6 Safeguarding Children and Young People from Child Sexual Exploitation

http://lrsb.org.uk/proceduresonline.com/chapters/p_sg_ch_y_p_sex_exploit.html?zoom_highlight=CSE

Parents who first language is not English

Agencies supporting families whose first language is not English should in any assessment ensure that they are able to effectively seek emergency services should the need arise.

If calls are made to any of these numbers the operators should be able to access interpretation services.



999 – The main emergency number - This is the emergency number for police, ambulance, fire brigade, coastguard, cliff rescue, mountain rescue, cave rescue, etc. Note the important word **'EMERGENCY'**. This number should be used only when urgent attendance by the emergency services is required – for example someone is seriously ill or injured, or a crime is in progress.

Supporting Parents with Learning Disabilities

One the of the reviews highlighted the importance of ensuring that parents with additional needs are supported to understand and take part in meetings, and that reports and communications are tailored to ensure understanding. Wherever possible, information should be produced in an easy read format.

Working Together with Parents Network (WTPN)

The Network supports professionals working with parents with learning difficulties and learning disabilities and their children. Promoting the welfare of these children is paramount to all organisations and individuals within the network. The WTPN:

- Provides a UK-wide network for professionals sharing positive practice including four regional groups in England and country-wide networks in Scotland and Wales
- Seeks to engage with key stakeholders from social care, health and children's sectors to work towards a common vision and joint ways of working.

www.bristol.ac.uk/sps/wtpn/

Joining the Network is free.

ADULT REVIEWS

Self Neglect, Domestic Abuse, Alcohol Misuse, Mental ill Health, Refusal of services



‘Better Conversations’

Staff in all agencies to be reminded of the importance of ‘Better conversations’ at the point of referral so they result in:

- A shared understanding of what the concerns are (seeing, hearing, smelling)
- When we use the term ‘vulnerable’ or ‘vulnerability’ what do we mean?
- Do you really understand ‘short hand’ ‘acronyms’ e.g. detox, DoLs? What does this mean for the service user’s day to day living?
- Making Safeguarding Personal – What is the service user’s desired outcome?
- Use the [Thresholds Guidance for Safeguarding Adults](#)
- Why did you make a referral? What do you think another agency can offer? Are you contacting the right agency? What are **you** going to do?
- Conversations need to end with an understanding of next steps
- Be proactive in seeking feedback or [escalating concerns](#)

‘Service users reluctant to engage’

This can be a very complex and challenging area for staff to deal with. Staff should consider the following:

- Convening a multi-agency meeting
- Making Safeguarding Personal – What is the service user’s desired outcome?
- Identifying who is actually supporting the adult, those who are able to gain access, formal or informal e.g. neighbours, shopkeeper, family and friends
- Using the [VARM](#) risk assessment tool to consider creative solutions and contingency planning

Vulnerable Adult Risk Management (VARM) Guidance

Any professional can organise a VARM meeting

This guidance seeks to provide front line professionals with a framework to facilitate effective working with adults who are at risk due to self-neglect, where that risk may lead to significant harm or death and the risks are not effectively managed via other processes or interventions. The VARM guidance

is used when the adult refuses to engage with services and yet the risk is significant. It is essential to note that the adult must be considered to have a potential need for care and support as well as self-neglect. If the risk from self-neglect is not at the level which may lead to significant harm or death then the VARM process would not be followed.

This guidance is only to be used where the adult has the mental capacity to understand the risks but continues to place themselves at risk of serious harm or death. Where the adult lacks capacity the Mental Capacity Act should take over and action should be taken under Best Interests.

ADULT REVIEWS

‘Understanding Mental Capacity’

Staff should have knowledge of the Mental Capacity Act relevant to their role however remember in practice staff are supporting decision making all the time

When discussing issues of capacity the following needs to be clear:

- Who is accessing capacity?
- Capacity to understand, retain information and consent is subject specific
- Capacity is assumed unless there are indicators to the contrary
- Impact of coercive and controlling behaviour
- Shared understanding of the impact of Mental Health on daily living

Understanding Legal powers of access

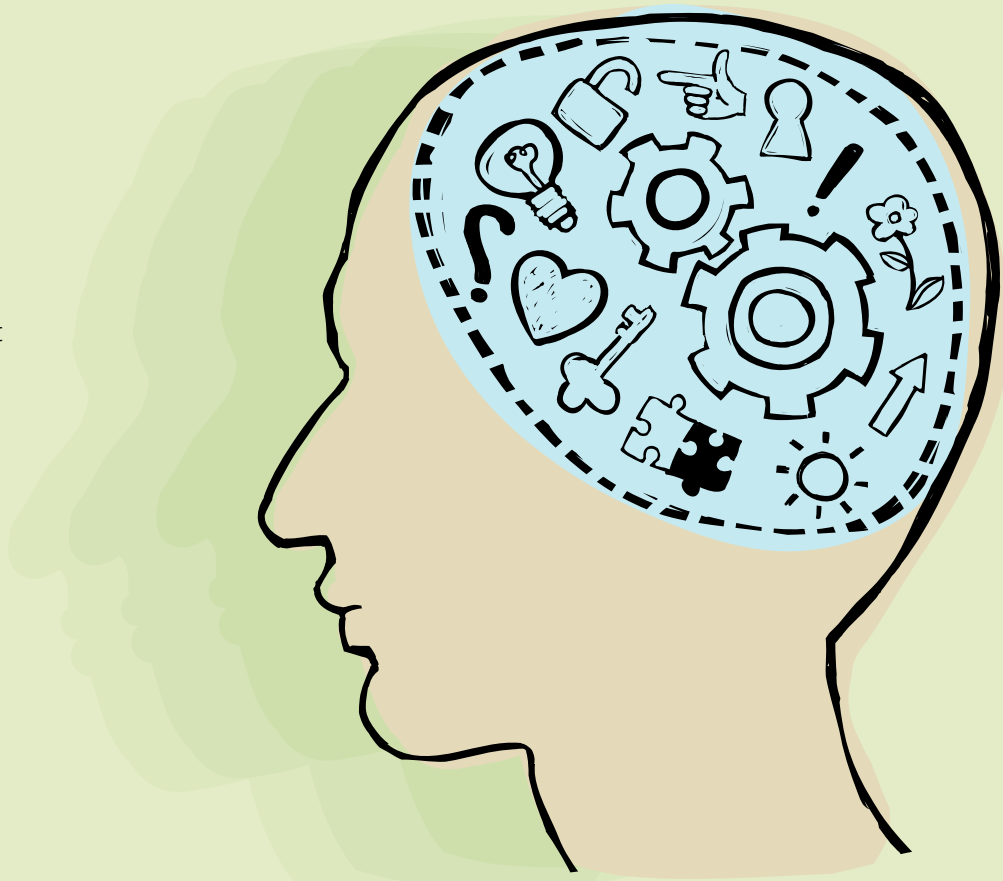
At some point during the making of enquiries by the local authority, legal powers may be required to gain access to the person known or suspected to be experiencing, or at risk of, abuse or neglect.

The following legal powers may be relevant, depending on the circumstances:

- If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare: the Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.
- If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely: the inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue

influence, duress or coercion) in any circumstances not governed by specific legislation or rules.

- If there is concern about a mentally disordered person: Section 115 of the MHA provides the power for an approved mental health professional (approved by a local authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care.
- If a person is believed to have a mental disorder, and there is suspected neglect or abuse: Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises using force if necessary and if thought fit, to remove a person to a place of safety if there is reasonable cause to suspect that they are suffering from a mental disorder and (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves.
- Power of the police to enter and arrest a person for an indictable offence: Section 17(1)(b) of PACE.
- Common law power of the police to prevent, and deal with, a breach of the peace. Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace.
- If there is risk to life and limb: Section 17(1)(e) of PACE gives the police the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. This represents an emergency situation and it is for the police to exercise the power.



ADULT REVIEWS

'The impact of Alcohol misuse'

Supporting people who misuse drugs and alcohol can be challenging, complex and unpredictable. The issues are closely linked to 'reluctance to engage and mental capacity'. Staff should additionally consider:

- Seeking expert advice – [Turning Point Telephone : 0330 303 6000](tel:03303036000)
- How are you going to access resources for the service user



Understanding Domestic Abuse and having Difficult Conversations

Staff to be reminded that in assessing Domestic abuse situations they consider:

- Vulnerability due to age related conditions
- The dynamics of parent/child relationships even if the 'child' is an adult
- The impact of coercive and controlling behaviour
- Carers may attempt to control the situation
- Safe contact (not writing introductory letters), speaking to 'victim' alone
- What is your evidence that this is a safe/unsafe environment?
- Use the Thresholds Guidance for Safeguarding Adults

UAVA have published a guide called 'WRONG' for people who think their friend, relative, neighbour or colleague may be in an abusive relationship:



'Get help for someone else. It can be difficult to know what to do if you know or suspect someone is, or has been, a victim of domestic abuse or sexual violence. Our helpline staff can also offer advice to friends and family on what options are available to the victim and to you. Download our family and friends booklet for advice and guidance':

www.uava.org.uk/wp-content/uploads/2016/11/UAVA-friends-family-booklet.pdf you can also report things anonymously by using the CrimeStoppers online form <https://crimestoppers-uk.org/give-information/give-information-online/> or calling them for free on 0800 555 111

Contact us

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