







WORKING TOGETHER

# Safeguarding Issue 25 FEBRUARY 2021 MATTERS

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## **Welcome** to the latest edition of Safeguarding Matters

As usual all the articles in this edition highlight current issues for Safeguarding Children and Adults from a local and national perspective.

Please use this edition to inform yourself of the issues related to your practice and that of others.

#### **CORONAVIRUS**

## PROTECT YOURSELF & OTHERS

### Contact us

Leicestershire and Rutland Safeguarding Children Partnership and Safeguarding Adults Board

The Safeguarding Partnerships Business Office, Room 100, County Hall, Glenfield, Leicestershire, LE3 8RF. Telephone: 0116 305 7130 Email: |rspbo@leics.gov.uk

## **Adolescent Neglect**

### **Neglect Toolkit Update and Training**

'Long term corrosive neglect causes cumulative harm to children's developmental and emotional wellbeing. It is often at the onset of adolescence that this unaddressed neglect causes most harm'

The 2014-2017 Triennial analysis of Serious Case Reviews takes a subsample of 32 cases for qualitative analysis where extreme neglect was the primary cause of serious harm. Of that sample 11 (33%) were adolescents. It finds that:

"Adolescents living in situations of neglect may be particularly vulnerable to having their needs, and the risks they face, overlooked."

Neglect Toolkit – Independent Consultant Jane Wiffin, who was instrumental in developing the Neglect Toolkit which was adapted for use across Leicester, Leicestershire and Rutland, has reviewed it to include Adolescent Neglect and the revised toolkit will be available soon.

Jane began delivering online training sessions in November 2020 and the final session was delivered in January 2021. The training has been very popular, and a session has been recorded as a webinar so that the learning can be shared more widely.

All multiagency training delivered through the Safeguarding Children Partnership can be found by following these links:

<u>Leicestershire and Rutland</u>
<u>Safeguarding Partnerships</u>
<u>Business Office - Upcoming</u>
<u>Events (Irsb.org.uk)</u>

or LSCPB | Training (lcitylscb.org)



## **Concealed/Denied Pregnancy**

#### 7 Minute Briefing -

Please use the briefing to familiarise yourself with the issues related to a Concealed and Denied pregnancy, identification, impact and the need to follow multi-agency guidance.

## Concealed /Denied Pregnancy and COVID 19 – the need to remain alert as cases have risen

Maternity Services have seen a significant increase in the number of women presenting with a concealed/ denied pregnancy during the Covid 19 pandemic. To understand the factors behind the increase a 'deep dive' case audit was undertaken.

25 Concealed/Denied cases identified 14 women who knew they were pregnant but for a variety of reasons did not seek antenatal care.

Only 2 of the 14 women reported the reason for not accessing ante-natal care was fear of Covid-19

Many of the women were vulnerable and known to services. This finding aligns to a reduction in notifications by professionals to Midwifery services during Covid-19, informing them that women might be pregnant but not accessing ante – natal care. This may be due to the lack of face to face contact and limited opportunities to identify and ask a woman whether she is pregnant and requiring help.

Therefore, the message to all workers is to consider that particularly in situations where there are additional risk factors that a concealed/denied pregnancy may be a possibility.

The importance of early antenatal care cannot be overemphasised supporting women to make informed choices about their pregnancy, in the prevention or identification and treatment of conditions that may threaten the health of the fetus /new born and/or the mother. Also to ensure women receive the social and emotional support to help women approach pregnancy and birth as positive experiences.

If a woman refuses to seek care then a discussion should take place with the Midwifery Safeguarding Team Contact on **0116 2586432** 

Please also ensure that Multi-Agency Concealed/Denied Pregnancy Guidance are followed <a href="https://llrscb.proceduresonline.com/files/concealed\_preg.pdf">https://llrscb.proceduresonline.com/files/concealed\_preg.pdf</a>



### 7 Minute Briefing Concealed/Denied Pregnancy



#### 01 Purpose of the Briefing

The purpose of this briefing is to share the key learning from a Case Review concerning a Concealed Pregnancy and can be used in a variety of ways: Supervision, Team discussions

For the definition of Concealment and Denial refer to the Multi Agency Guidance

#### 07 Embedding the Learning

Discussion topics:

Why might a woman conceal/deny her pregnancy?

What indicators would alert you to a potential concealed or denied pregnancy

What would you do?

Consider how you might have that 'difficult conversation' with the mother/family

Are you familiar with the Multi Agency Guidance?

Multi Agency Guidance

### 02 01 03 Concealed Denied Pregnancy 04 05

#### 02 Risks associated with Concealed Pregnancy

Denied/concealed pregnancies present a high risk to the babies, particularly at the time of birth, and have statistically significant worse outcomes.

The mother will have 'missed out' on months of ante-natal care, as well as of emotional and practical preparations for the birth and for caring for a baby.

Lack of ante-natal care means that the health of the mother and baby have not been monitored and any potential risks to either have not been detected

#### 03 The Mother

Concealment or denial may indicate uncertainty towards the pregnancy, immature coping styles and a tendency to disassociate and this, together with the mother being psychologically, emotionally and practically unprepared to care for a new baby, can lead to difficulties in the attachment and bonding process

Importance of consideration of psychiatric assessment of mothers' mental health needs post birth in recognition of the shock and trauma that can be experienced.

#### **06 Family Perspective**

For some families 'a concealed pregnancy, can be a traumatic and shocking experience for the mother, the father and their families'

'Concealed pregnancies 'are not normal' and should not be treated as such'

'This should be acknowledged, and support offered'

#### **05 Difficult Conversations**

It is important that practitioners are equipped and prepared to have sensitive conversations with parents.

Managers should ensure that the necessary support and advice is available for practitioners.

#### **04 A Multi Agency Response**

Need for coordinated multi-agency action following a concealed or denied pregnancy and unassisted birth ir line with Leicestershire & Rutland's Concealment and Denial of Pregnancy guidance, 2020.

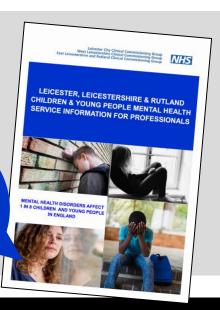
A child protection referral should immediately be made to CSC and a Strategy Meeting convened.

Discharge should not be agreed until the meeting has been held and a plan agreed.

### Leicester, Leicestershire & Rutland Children & Young People Mental Health Service Information for Professionals

The purpose of this <u>guide</u> is to assist professionals in considering a choice of support available to access emotional, mental health and wellbeing services across Leicester, Leicestershire and Rutland for the children, young people and families you work with.

Mental Health disorders affect 1 in 8 children and young people in England

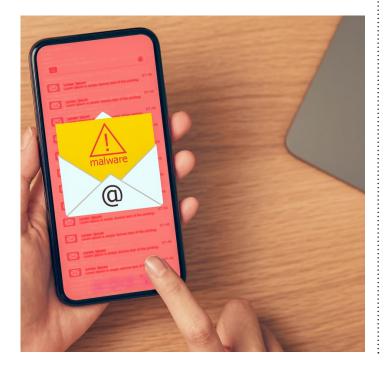


### **Financial Abuse**

During the pandemic there has been a rise in financial abuse and risk of scams. Below is information to inform your practice in working with Financial Abuse.

## Safeguarding Adults Multi-Agency Policy and Procedures

www.llradultsafeguarding.co.uk/abuse/#64\_Financial\_or\_material\_abuse



### **Action Fraud**

#### Who they are:

Action Fraud is the UK's national reporting centre for fraud and cybercrime where you should report fraud if you have been scammed, defrauded or experienced cyber crime in England, Wales and Northern Ireland.

They provide a central point of contact for information about fraud and financially motivated internet crime.

#### How to report a fraud to them:

You can report fraud or cyber-crime using their <u>online</u> <u>reporting service</u> any time of the day or night; the service enables you to both report a fraud and find help and support.

You can also call the Action Fraud contact centre on 0300 123 2040.

When you report to them you will receive a police crime reference number. Reports taken are passed to the National Fraud Intelligence Bureau. Action Fraud **DOES NOT** investigate the cases.

You only need to report fraud to Leicestershire Police if:

- 1. There is a confirmed named suspect and they live within Leicestershire
- 2. The crime is in progress

### **Information on Scams**

You can find a useful list of different types of scams here: <a href="www.actionfraud.police.uk/a-z-of-fraud">www.actionfraud.police.uk/a-z-of-fraud</a>





## Losing Mental Capacity – Making your choices count

## The Role of the Office of the Public Guardian (OPG).

The best way to make sure your choices count if you lose mental capacity is to make and register a Lasting Power of Attorney (LPA). This can be for Property/Finance decisions or Health/Care decisions, or both.

Having an LPA gives you peace of mind knowing people you trust will manage your affairs should you need them to now or in the future.

If you lose capacity to make decisions, the Court of Protection will appoint a Deputy.

Both the LPA and Deputy have the same role; to safeguard the donor's interests.

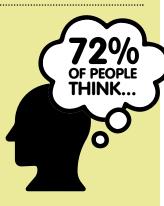
https://powerofattorney.campaign.gov.uk/



If a couple have a joint bank account and one person can't make decisions for themselves, their partner can legally make decisions for them both.

This is untrue. An LPA will, however, give you consent to access joint funds to pay and monitor financial aspects of a joint account.

Your next of kin always gets the final say in treatment decisions at hospital, if you can't make them yourself. This is untrue. Medical decisions need the specific, agreed consent of the person involved, before a next of kin can make treatment or welfare choices on someone else's behalf.



OPG will investigate under the Mental Capacity Act (2005) if there is reports of suspected abuse of position by LPA or Deputy. They can refer to the Police.

#### **OPG Contacts:**

www.lastingpowerofattorney.service.gov.uk/home (make your online application for LPA)

#### 03004560300

opg.safeguardingunit@publicguardian.gov.uk

## **Legal Remedies to Safeguard Adults**



#### **Inherent Jurisdiction**

Inherent Jurisdiction applies in circumstances where there are concerns that an adult's decision-making is being coerced or unduly influenced.

#### What is Inherent Jurisdiction?

The term 'Inherent Jurisdiction' describes a power that the High Court has to make orders and grant injunctions in particular circumstances. Any person or body with legal standing can bring an application to the court. It applies where there is no power to intervene in a statute. For example, if a person lacks capacity under the Mental Capacity Act (MCA), then a decision can be made in their best interests using that Act. However, a person may not lack mental capacity under the MCA, or the remedy may not be available under that Act.

#### To whom does Inherent Jurisdiction apply?

It can be applied to adults who do not lack mental capacity, but who are considered, legally, to be 'vulnerable' because of some sort of abuse, neglect, undue influence, or coercion.

#### In the words of Lord Justice McFarlane:

"It is...targeted solely at those adults whose ability to make decisions for themselves has been compromised by matters other than those covered by the MCA 2005" (DL v A Local Authority, para. 53).

For an order under Inherent Jurisdiction, it is important to identify whether the person's decision making is being compromised by the undue influence, abuse, or coercion by another person; the 'Inherent Jurisdiction is only concerned with individuals who are vulnerable to influences that render them unable to make their own free choice.' (Wakefield Metropolitan District Council v DN [2019] EWHC 2306 (Fam) at para.45). It is this coercion, or abuse, that renders a person vulnerable.

#### What is the aim of Inherent Jurisdiction?

The aim of the jurisdiction is to ensure that the person being coerced or abused has the space to make their decisions more freely.

#### Key things to be aware of:

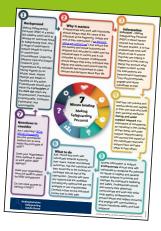
- Inherent Jurisdiction cannot be used without a court order. Only High
  Court judges have the power to make orders under Inherent Jurisdiction, so
  practitioners looking to intervene using Inherent Jurisdiction must always seek a
  court order through an application to the High Court.
- The order sought must be necessary and proportionate. This means that the measures sought must be reasonable and proportionate to the circumstances and not go beyond the minimum necessary in order to safeguard the person being abused. This often requires them to be directed towards the individual doing the abusing, or coercing, rather than the person being abused or coerced.
- Before an order under Inherent Jurisdiction is sought, other less restrictive alternative measures should be considered with the person being abused or coerced.

#### Resources:

- Research in Practice for Adults (RiPfA) -Inherent Jurisdiction practice leaflet
- Mental Capacity Law and Policy from A lex Ruck Keene – Inherent Jurisdiction Webinar



## Making Safeguarding Personal



Making Safeguarding Personal (MSP) is an initiative that aims to develop an outcomes focus to safeguarding work and a range of responses to support people to improve or resolve their circumstances.

### MSP 7 Minute Briefing from Nottinghamshire Safeguarding Adults Board

This short 7-minute briefing gives a helpful overview for team leaders to initiate discussion with staff and support learning. Please click <u>here</u> to access the Briefing.

## MSP Toolkit refresh & relaunch:

The Local Government Association (LGA) updated their MSP toolkit in January 2020. The updated toolkit comprises over 20 resources to support practice, exploring strengths-based and risk enabling approaches.

The toolkit outlines an approach to, and effective application of, safeguarding, alongside a range of resources and practice-based examples. The resources include case studies, a briefing addressing misconceptions, and a series of podcasts exploring some of the myths around Making Safeguarding Personal. The resources have been developed using an evidence-informed approach and have been peer reviewed by people working in practice. They can also be used individually or built into learning and development activities within organisations.

#### Case Studies:

#### **Podcasts**

The Ann Craft Trust have a number of podcasts related to Adult Safeguarding, with Episode 6 - Making Safeguarding Personal exploring the thinking behind the concept and considering how these principles might work in practice. Please click <a href="here">here</a> to access the podcast.

## Adult Safeguarding and Homelessness

In 2019/2020 four national workshops were organised on adult safeguarding and homelessness through the Care and Health Improvement Programme (CHIP).

The outcome was a published briefing on adult safeguarding and homelessness, published by the Local Government Association and the Association of Directors of Social Services. The seminars below have been developed to take this work forward, and to inform a further briefing on adult safeguarding and homelessness, including the impact of Covid-19.

Details of all the webinars in this series are available here:

Monday 15 February 2021, 10.00am – 12.00pm, Legal literacy: safeguarding people experiencing homelessness

**Tuesday 23 February 2021, 2.00pm – 4.00pm,** Governance: adult safeguarding and homelessness

Monday 1 March 2021, 10.00am – 12.00pm, Tackling specific issues: safeguarding people experiencing homelessness

Monday 8 March 2021, 2.00pm – 4.00pm, Making Every Adult Matter and Every Contact Count: safeguarding people experiencing homelessness



## Prevent – Business as usual during COVID

## A message from Leicestershire Police

"Following the recent Government announcement around the new COVID restrictions, we wanted to take this opportunity to reassure you that we are still accepting referrals on a "business as usual" basis.

When dealing with our referrals, we are taking every precaution to ensure that we are as safe as possible during the COVID pandemic.

Since the COVID-19 social distancing measures were enacted, many people have become less visible, meaning partner agencies now have less contact with the public. Consequently, we have seen the number of Prevent referrals reduce in some areas.

However, we feel that the risk of vulnerable people being drawn into terrorism still very much remains.

Whether you are working from home or are in a more public facing working environment, you are our eyes and ears when it comes to highlighting any concerns around radicalisation. If you wish to make a referral about someone you are worried about, please use the link to our online referral form below.

www.leics.police.uk/PreventReferral

There is also a link to the new ACT Early website that can be used as a one stop shop for information about any radicalisation concerns you may have.

www.actearly.uk



## **Child Criminal Exploitation**



Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual.

Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. (Home Office, 2018) The following link takes you to our webpage <a href="https://lrsb.org.uk/criminal-exploitation">https://lrsb.org.uk/criminal-exploitation</a> with a links to a new film produced locally called Are You Listening.

Funded by Leicester, Leicestershire and Rutland's Violence Reduction Network, the film entitled 'Are You Listening' aims to raise awareness of the issue of CCE, some of the signs that could indicate a child is in danger and where you can go for help and support. It is important we all play an active role in tackling this issue.

**For further information on the film, and to view it**, please follow this <u>link</u> to the Leicestershire Police webpage, which includes signs to look out for.

Criminal exploitation and gangs – NSPCC have advice:

'We have advice about how to spot the signs of criminal exploitation and involvement in gangs and what support is available for children and young people'

www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/gangs-criminal-exploitation/

Merseyside Violence Reduction Partnership has produced a useful pocket guide called 'What you need to know about Child Criminal Exploitation' which they have made available to download here <a href="https://www.merseysidevrp.com/media/1134/eyes-open-mvrp-education-pocket-guide.pdf">www.merseysidevrp.com/media/1134/eyes-open-mvrp-education-pocket-guide.pdf</a> they emphasise in the leaflet that different terms may be used but they amount to the same thing, these include Child Criminal Exploitation = County Lines = Child Abuse

The Home Office has published a 'Child Exploitation Disruption toolkit:

The toolkit is primarily aimed at frontline staff, including law enforcement, social care, education, housing and the voluntary sector, working to safeguard children and

young people under the age of 18 from sexual and criminal exploitation. Additionally, it is intended to help all Safeguarding Partners to understand and access existing legislative opportunities at their disposal and to target specific risks and threats.



#AreYou



The Home Office has created a new campaign, 'Something's Not Right', to help secondary children in England who suffered a range of harms, such as sexual and physical abuse, during lockdown.

'Something's Not Right' has been developed in close collaboration with the NSPCC, Barnardo's, The Children's Society, Internet Watch Foundation and the Marie Collins Foundation.

Anything you feel you can do to support this campaign may be enough to make a difference so please be proactive in sharing and advertising. If you click on the campaign portal link there are some good downloadable posters and short animations.

If you have officers/staff who work closely with schools, they may be able to support the campaign through their contacts within the schools they work with so please circulate further as you feel is appropriate among your teams.

For more information about the campaign, please email the campaign team on somethingsnotright@homeoffice.gov.uk

## Social Care Institute for Excellence (SCIE) video, 'Have we learned the lessons from Steven Hoskin's murder?

www.scie.org.uk/safeguarding/adults/practice/lessons-learnt/steven-hoskin-ten-years-on

In 2006, Steven Hoskin, aged 39, was murdered. Steven had learning disabilities and had been befriended by the group of people who killed him.

The original Safeguarding Adult Review report into Steven's death describes Steven as 'a kind hearted, generous and understanding young man' whose life revolved around a small number of key relationships – his mother, the owner of the local farm and people at a coal merchant where he helped from time to time, and, importantly, his dog Sue. He loved his rural life and he especially enjoyed taking his dog for walks in the local woods. He was very fond of music, especially the sounds of the 1960s, and would play it as loudly as possible, not understanding that this impinged on others. Steven did not read and was described as being 'very vulnerable' and liable to be taken advantage of.

Steven was keen to make friends and was befriended by Darren Stewart. The report explains that 'within weeks of becoming a tenant, Steven's bedsit was not his own. Once Darren and his girlfriends moved in, and young people began to 'hang around' there, Steven literally had nowhere within his own home to which he could retreat.'

### The police reported Steven's circumstances in the months preceding his murder as follows:

'Steven Hoskin had lost all control of his own life within his home. He had no say, choice or control over who stayed or visited the flat. He had no voice or influence over what happened within the premises. Darren Stewart had recognised the clear vulnerability of Steven Hoskin and had 'moved in' on him...he recognised the opportunity for accommodation and removed from Steven Hoskin the little ability he had to make his own choices and decisions. Darren Stewart was fully aware of Steven's vulnerability and learning difficulties and took advantage of those facts to control both Steven and the premises'.

Darren began to allege, to his girlfriends, that Steven was 'a paedophile' and 'a known sex offender'. The allegations were unsubstantiated and Steven had no convictions for sex offences and had not been the subject of any police investigations. Even so, without foundation, it was determined by Darren and friends that Steven should die and graffiti to this effect was written on a wall in Steven's bed-sit. Steven was subsequently abused and murdered.

Fourteen years on from Steven's murder, the Social Care Institute for Excellence (SCIE) has created a video, 'Have we learned the lessons from Steven Hoskin's murder?' featuring contributions from experts who indicate that, although we have moved forward, many of the problems from the time of Steven's death still persist.

#### **Key messages for practice include:**

#### At a case level:

- Ensure a case worker and lead officer are appointed
- Agree a plan and a contingency
- Put the person at the centre of everything you do

#### At a front-line level:

- Raise awareness about safeguarding among frontline workers, people using services, carers and the public
- Encourage vigilance, ensure everyone knows how to spot abuse and neglect
- Publicise the contact details and ways of reporting concerns

#### At an operational level:

- Encourage an open culture in organisations
- Promote positive working relationships and joint working across key sectors
- Ensure managers understand information sharing law to enable them to share information with the right people at the right time

#### At a strategic level:

- Develop local joint working strategies to enable effective information sharing and coordinated responses
- Ensure accountability is clear and a named lead officer is appointed in each key organisation
- Support from the Safeguarding Adults Board for lead officers to ensure compliance with partnership duties across sectors



## **Cuckooing** – Guidance for Working with Adults at Risk of Exploitation

www.llradultsafeguarding.co.uk/guidance-for-working-with-adults-at-risk-of-exploitation-cuckooing/

This chapter seeks to provide front line professionals with a multi-agency framework to facilitate effective working with adults who are at risk due to cuckooing.

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds.

#### There are different types of cuckooing:

- using the property to grow, deal, store or take drugs;
- using the property to undertake sex work;
- using the property to store weapons;
- taking over the property as a place for them to live;
- taking over the property to financially abuse the tenant.

The most common form of cuckooing is where drug dealers or gang members take over a person's home and use it to store or distribute drugs.

They may begin by befriending the adult at risk – gangs will select members who are charming and manipulative in order for them to quickly build a rapport.

They will then offer the adult at risk something of interest to them, this could be a relationship, friendship, drugs and / or alcohol, money or clothing.

In exchange they may ask to 'borrow' a room, to store something or meet other 'friends' at the property. In some cases, the gang may make it clear that this is for criminal purposes, i.e. drug supply, or they may use an excuse as to why they want to use the property.

Gradually the 'benefits' will reduce and may eventually come to an end, and more and more people will come and go from the address.

The gang members / drug dealers may threaten the adult at risk verbally or physically if they try to put a stop to their criminal activity. They will also discourage family / friends and support workers from visiting the vulnerable adult's address.

The promotion of a person's human rights should also be at the forefront of our practice within health and social care, and there should be strong professional commitment to autonomy in decision making and to the importance of supporting the individual's right to choose their own way of life. However other value positions, such as the promotion of dignity, or a duty of care are sometimes also advanced as a rationale for interventions that are not explicitly sought by the individual (SCIE Report 46, 2001).

This process should not affect an individual's human rights but seeks to ensure that the relevant agencies exercise their duty of care in a robust manner and as far as is reasonable and proportionate.

The guidance should be used flexibly and in a way that achieves best outcomes for adults at risk. It does not, for example, specify which agencies need to be involved in the process, or prescribe any specific actions that may need to be taken as this will be decided on a case by case basis.

If there are any associated concerns about the exploitation of children then these should be referred immediately to children's social care and the police. Please find below guidance in relation to this. <a href="https://llrscb.proceduresonline.com/p\_ch\_exp\_context.html">https://llrscb.proceduresonline.com/p\_ch\_exp\_context.html</a>

## Multi Agency Referral Form (MARF)

The 'Working Together to achieve an effective referral training' is going to be delivered virtually. This training looks at the relationship between the Threshold document and the Multi Agency Referral Form (MARF). The session will involve pre-work and be followed by a virtual case discussion where application of the thresholds and completion of the MARF can be practiced in a safe environment. Participants can only attend the virtual session if they have competed the pre-work.

The first sessions are booked March 2021 and there will be more to follow in the new financial year: Please **click** to register/ see all the dates and the times of our current programme.





#### Was Not Heard

Following on from the launch of the Was not Heard Video two new videos have been released where we hear the voices of the young people involved in the project sharing what being listened to means to them. Take the opportunity to look at the videos and us them to prompt discussion.

#### Interviews with Young People





https://youtu.be/D5U-WmrN5Dc

https://youtu.be/D\_bgfSSqYaQ

### Working Together to Safeguard Children 2018

The Government has made what have been described as factual changes to <u>'Working Together to Safeguard Children 2018'</u> in relation to information sharing, homelessness duty and references to domestic abuse.

Here is a summary of the most relevant changes which are presented below (with permission from tri.x).

- In the definition of safeguarding, impairment of children's health has been changed to children's mental and physical health.
- IIn the section on Early Help, 'has a parent/carer in custody' has been added to the list of children in need of potential help and they have added a new paragraph. In schools it is important that staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem, however school staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic Adverse Childhood Experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that school staff are aware of how these children's experiences can impact on their mental health, behaviour and education.
- Added further details on lawful processing under GDPR and the steps practitioners should be aware of as well as expanding the description of agencies response within Early Help arrangements especially effective assessment of the need for early help.
- Added a new section on the Homelessness Duty and the duty to refer.
- Change of terminology from Contextual Safeguarding to Assessment of Risk Outside of the Home and also adds teenage relationship abuse as a factor.

- Local Protocol for assessment should also consider the needs of children in mental health inpatient settings.
- In the section People in Positions of Trust, they have added behaved or may have behaved in a way that indicates they may not be suitable to work with children. This was added earlier this year to Keeping Children Safe in Education to capture concerns around transferable risk; for example where a person who works with children is involved in a domestic abuse incident at home and this may have implications for their suitability to work with children.
- They have made changes to the term domestic abuse in a number of places in the document to include controlling and coercive behaviour, with an emphasis on practitioners being able to recognise it especially in the context of children who are being exploited.
- Under the referral process where a child or young person is admitted to a mental health facility, practitioners should consider whether a referral to local authority children's social care is necessary has been added.
- In the section on Relevant Agencies, it now says the Safeguarding Partners should set out in their published arrangements which organisations and agencies they will be working with to safeguard and promote the welfare of children, previously it said must set out

The government are consulting on <u>Keeping Children Safe in Education:</u>
<u>Proposed Revisions 2021.</u>

The deadline for responding to consultation is 4th March 2021.

## Mental Capacity Act Training

#### Mental Capacity and Children and Young People

The understanding of the Mental Capacity Act 2005 within the Children's Workforce is varied even though it applies to those aged 16+. Therefore, those working with young people **must** understand the premise of mental capacity particularly as we move towards the introduction of the new Liberty Protection Safeguards (LPS).

To support this understanding the Safeguarding Partners have commissioned some training from Edge called 'The Mental Capacity Act and Children and Young People', and there are 2 courses comprising 2 half day sessions 25th/26th March and 30th/31st March Please click to register/ see all the dates and the times of our current programme.

#### Mental Capacity Act (MCA) Masterclasses

The Leicester, Leicestershire and Rutland Safeguarding Adults Boards are offering the following free multiagency training

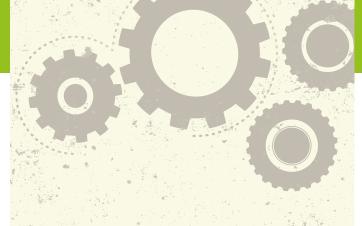
- Refusing medical treatment and the Mental Capacity Act
- Mental Health Act and the Mental Capacity Act interaction
- Safeguarding Adults and the Mental Capacity Act
- Fluctuating and borderline capacity in substance misuse and the Mental Capacity Act

The Masterclasses are aimed at practitioners who already have a good working knowledge of the MCA and would like to expand their knowledge in more complex areas of MCA practise. Each topic consists of two half day sessions so attendees will need to ensure that they can commit to both sessions to complete the training.

## Mental Capacity Act (MCA) Awareness Ahead of Liberty Protection Safeguards

One way that organisations can begin to prepare for the implementation of the Liberty Protection Safeguards (LPS) is to ensure that relevant staff have a good understanding of the Mental Capacity Act and Best Interests decision making. The Training Sub Group of the Leicester, Leicestershire and Rutland Safeguarding Adults Boards is offering awareness sessions aimed at practitioners who may need basic Mental Capacity Act training.

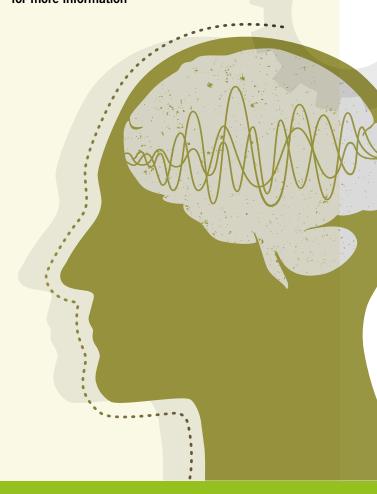
- Do you feel that you would like to know more about the principles of the MCA with a particular focus on Human Rights, Capacity and Best Interests decision-making?
- Safeguarding Leads or Team Leaders: are there staff members in your organisation or service who would benefit from additional awareness of the MCA? Staff who may have missed your organisation's training sessions, or require a refresh prior to the implementation of LPS?



#### Course content:

- Adults: consent and the Mental Capacity Act
- Overview of the Act who, when, where and why?
- The principles of the Act
- How the Act works capacity > best interest > restraint > DoLS
- When and why to use the Act?
- Assessing mental capacity the four-point assessment detail
- Case study the Act in general use
- Best Interests why and how
- Practice issues locked doors, personal care, covert medication, escorted out
- Covid-19 consent and the MCA in practice
- CQC guidance and expectations

Contact <u>LSAB-events@leicester.gov.uk</u> for more information





## **Training**

## The Impact of Adverse Childhood Experiences (ACEs) and Trauma on Children and Young People'

A new session called 'The Impact of Adverse Childhood Experiences (ACEs) and Trauma on Children and Young People' has been commissioned through the Violence Reduction Network from Warren Larkin Associates. This will be delivered by a pool of trainers across the children's safeguarding partners of Leicester, Leicestershire, and Rutland.

The session has proved to be very popular with the initial dates already full. However, there are spaces available and more dates will be added in the new financial year.

You can access these dates and other training on the Multi Agency Programme through the link below:

Please <u>click</u> to register/ see all the dates and the times of our current programme.

## Safeguarding Adults Review (SAR) Policy, Guidance and Templates

The Leicester, Leicestershire and Rutland Safeguarding Adult Boards have produced Policy, Guidance and Templates to support 'Conducting Safeguarding Adults Reviews in Leicester, Leicestershire and Rutland under Section 44 of the Care Act 2014'

One of the core duties of a Safeguarding Adults Board (SAB) is to review cases in its area (in this instance Leicester, Leicestershire and Rutland) where an adult with needs for care and support:

- Has died and the SAB knows or suspects that the death resulted from abuse and neglect, or
- Is alive and the SAB knows or suspects that they have experienced serious abuse or neglect

Importantly, Safeguarding Adults Reviews are about how agencies worked together to safeguard adults; they are in their nature multi agency reviews. For a review to be mandatory in legislation, there must be reasonable cause for concern about how the SAB, its members (or others with relevant functions) worked together to safeguard the adult.

www.llradultsafeguarding.co.uk/safeguarding-adults-reviews/

## Children's Safeguarding Practice Review (CSPR) Procedures

The Children and Social Work Act 2017 introduced a new legal framework in respect of local safeguarding arrangements for children.

Responsibility for how a system learns lessons from serious child safeguarding incidents now rests at a national level with the Child Safeguarding Practice Review Panel and at a local level with the three Safeguarding Partners (Clinical Commissioning Group, Police and Local Authority) and other partner agencies. They will need to consider whether to conduct a local Child Safeguarding Practice Review in cases where abuse or neglect of a child is known or suspected, and the child has died or been seriously harmed.

The two Safeguarding Children Partnerships in Leicester and Leicestershire & Rutland have Case Review Groups (CRGs) made up of representatives from the Safeguarding Partners in their area along with any relevant safeguarding experts from partner agencies. The CRGs undertake Rapid Reviews when Local Authority notifications of serious incidents are made to the National Panel. They also consider other cases referred to them by partners agencies and have the responsibility of commissioning and overseeing any resulting local Child Safeguarding Practice Reviews or other learning reviews. This include monitoring case progression, quality assurance and publication of final reports, and ensuring effective oversight of the implementation of learning. This work takes place under the local framework for undertaking case reviews which has been revised in line with Working Together 2018.

Further information on the Child Safeguarding Practice Review process can be found at the following link:

https://llrscb.proceduresonline.com/p\_child\_sg\_review.html#

## **Learning from Reviews**

### **Sexual Harm reduction**

A recent case review involving a young adult, highlighted concerns about safety from sexual abuse whilst on a hospital ward.

As a result Leicestershire Partnership NHS Trust (LPT) are piloting a sexual harm reduction programme and staff are receiving communications to support their recognition that, when a patient is vulnerable and is at risk of being sexually harmed, they are to "think safeguarding" and obtain advice from the LPT Safeguarding Team.

## Disclosure of Historical Abuse

In connection with the same case review, Leicestershire Children's Social Care is working on an internal process for adults who disclose historical abuse as a child so that they are offered appropriate support, there is potential for a Police investigation and it is checked that the perpetrator is not in a position of trust currently and not in a position to harm children or an adult at risk

Leicestershire Partnership NHS Trust (LPT) is awareness raising regarding non-recent abuse.

Here are some useful links to the Leicester, Leicestershire and Rutland Safeguarding Children's procedures:

**Historical Abuse** <a href="https://llrscb.proceduresonline.com/files/hist-abuse-alleg.pdf">https://llrscb.proceduresonline.com/files/hist-abuse-alleg.pdf</a>

Safeguarding Adults Thresholds document re sexual abuse <a href="https://www.llradultsafeguarding.co.uk/thresholds/">www.llradultsafeguarding.co.uk/thresholds/</a>

### Recording, Information Sharing, Family impact of Physical/Mental ill Health

Whilst Safeguarding Matters regularly features learning from Safeguarding Adults Reviews (SARs), not all referrals for a SAR meet the criteria for a review.

There can, however, still be some important learning highlighted from information provided by agencies to support the decision-making process. A recent SAR referral received by the Leicester Safeguarding Adults Board, that did not progress to a case review, highlighted the following points for practitioners to consider/reflect upon:

- Where adult safeguarding disclosures are made or identified and the adult is not able to express their views and wishes, or give more information at the point of disclosure/identification, do you ensure that the safeguarding concerns and any actions taken are clearly documented in line with your organisation's record keeping guidance?
- Are relevant staff aware of any need to follow up?
- Does your agency/service have robust means of communication in relation to safeguarding concerns/risk?
- When you are working with adults with mental and/or physical health concerns, are you considering known or potential impact on any children or adults at risk in the household or wider circle, and referring as appropriate?
- Do you ensure a holistic view of an individual regardless of mental or physical health diagnosis?

To support your reflections please make sure you have access to and consider the guidance contained in the Multi-Agency Procedures for Safeguarding Adults and Children

Children <a href="https://llrscb.proceduresonline.com/index.htm">https://llrscb.proceduresonline.com/index.htm</a>

Adults www.llradultsafeguarding.co.uk/



### IF YOU ARE STILL CONCERNED

Where an agency makes a decision to cease offering a service to a person, and you feel there are outstanding safeguarding concerns that have still not been addressed, they must be referred back to the appropriate agency.

The escalation procedures should also be considered where issues are not being resolved satisfactorily

Children <a href="https://llrscb.proceduresonline.com/files/res-profdisag.pdf">https://llrscb.proceduresonline.com/files/res-profdisag.pdf</a>

Adults www.llradultsafeguarding.co.uk/resolving-professional-disagreements-2/

## Raising Awareness of Informal Carers and the support available to them

### Adult Social Care (ASC) has a statutory duty to assess carers.

The type of information and advice available covers a range of areas such as finance, guidance or signposting to other support agencies e.g. carer's support groups, Dementia groups, Alzheimer's Society and LAMP.

Unpaid Carers are invaluable, and this year's situation has really highlighted the need to ensure they know where they can access advice and information or support.

Across Leicester, Leicestershire and Rutland we continue to encourage all unpaid carers to come forward for support which could include an assessment of their support needs. Carers over the age of 18 who look after adults can submit their assessment online at any time of day, which has proved a huge success.

Carer Passports, launched in November across Leicester, Leicestershire and Rutland, encouraging identification and recognition of carers have been well received and the scheme continues to grow with plans for the passport logo to be added to the young carers ID card. This will encourage recognition and link the support from young carer to adult carer.

Lots of information for unpaid carers can be found on the looking after you pages below.

www.leicestershire.gov.uk/adult-social-careand-health/looking-after-someone

www.rutland.gov.uk/my-services/health-and-family/adult-social-care/carers/

<u>www.leicester.gov.uk/health-and-social-care/</u> <u>adult-social-care/support-for-carers/</u>



