

# Safeguarding MATTERS

**Issue 26**  
JUNE 2021

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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.

### Partnership and Board Priorities for 2021/22

The priorities for the coming year are agreed following analysis of information provided through:

- The voice and lived experience of children, young people and adults
- Multi-Agency Audits
- Case reviews
- Data
- Agency Assurance



**Leicester  
Safeguarding  
Children Partnership Board**  
WORKING TOGETHER  
TO KEEP CHILDREN SAFE

The priorities are:

- Safeguarding Babies
- Child Mental Health and emotional well-being
- Domestic Abuse and safeguarding children
- Harm outside the home / Contextual safeguarding
- Safeguarding children from diverse backgrounds



**Leicester  
Safeguarding  
Adults Board**  
WORKING IN PARTNERSHIP  
TO KEEP ADULTS SAFE

The priorities are:

- Understanding and responding to hidden harm e.g self-neglect/mental ill-health and/or learning disabilities/domestic abuse
- Supporting effective safeguarding in Care Homes

### Covid-19 – Shared Priority

The Partnerships will, together review the response to and forward implications of Covid-19 and recovery work specifically with regard to safeguarding and the welfare of children and adults with care and support needs. In addition, the impact and implications of the pandemic will be considered within each of the Partnerships' and Boards' priorities.

The SABs and SCPs will be communicating learning, key messages and changes to safeguarding systems, policies and procedures on these matters throughout the year, in addition to seeking views of those working to safeguarding children and adults to support effective improvement.

### Business as usual

In addition to the priorities identified for this year the partnerships will continue to operate business as usual to improve safeguarding of children and adults with care and support needs and meet its statutory obligations. Work continues through engagement activities and the the following groups:

- Review
- Procedures
- Audit
- Training
- Performance Assurance

# Domestic Abuse Act 2021

Legal developments summarised by **Kye Herbert**,  
Barrister and Team Leader, Leicestershire County  
Council Legal Services

## A major legal development in Domestic Abuse legislation was passed into law in April 2021

Whilst some view these developments as not going far enough, all will unarguably raise the profile of Domestic Abuse on the political agenda and add to the toolset of all practitioners working in a multi-agency forum to protect child and adult victims of Domestic Abuse.

The law:

- extends the controlling or coercive behaviour offence to cover post-separation abuse
- recognise children as victims if they see, hear or experience the effects of abuse (as well as if they are directly physically or emotionally harmed because of treatment directed to them)
- establishes in law the office of Domestic Abuse Commissioner and set out the Commissioner's functions and powers
- places a duty on local authorities in England to provide support to victims of Domestic Abuse and their children in refuges and other safe accommodation
- provides that all eligible homeless victims of Domestic Abuse automatically have 'priority need' for homelessness assistance
- places the guidance supporting the Domestic Violence Disclosure Scheme ("Clare's law") on a statutory legal footing



## Landmark case in the Court of Appeal dealing with the treatment by the Family Court of allegations of Coercive Control.

The judgment in *Re H-N and Others (Children) (Domestic Abuse: Finding of Fact Hearings)* (30.03.2021) makes clear that:-

- the statutory guidance published by the Home Office pursuant to Section 77 (1) of the Serious Crime Act 2015 which identified paradigm behaviours of controlling and coercive behaviour is relevant to the evaluation of evidence in the Family Court.
- The child can be harmed in any one or a combination of ways for example where the abusive behaviour is directed against, or witnessed by, the child, causes the victim of the abuse to be so frightened of provoking an outburst or reaction from the perpetrator that she/he is unable to give priority to the needs of her/his child, creates an atmosphere of fear and anxiety in the home which is inimical to the welfare of the child, or risks inculcating, particularly in boys, a set of values which involve treating women as being inferior to men; but
- the definition of Domestic Abuse makes reference to patterns of behaviour not only in respect of Domestic Abuse refers to a 'pattern of incidents' not only in relation to coercive and/or controlling behaviour but to all forms of abuse including physical and sexual violence.
- But it is equally important to be clear that not all directive, assertive, stubborn or selfish behaviour, will be 'abuse' in the context of proceedings concerning the welfare of a child; much will turn on the intention of the perpetrator of the alleged abuse and on the harmful impact of the behaviour.

**The Home Office has updated their factsheets on the Domestic Abuse Act now that the Bill has been enacted. The factsheets provide information about the provisions of the Act.**

Read the factsheets: [Domestic Abuse Bill 2021: factsheets](#)

# Responding to peer on peer abuse

You will be aware of the recent media attention surrounding allegations of peer on peer abuse in educational establishments and the testimonies posted online.

On 31st March the Government announced the launch of a national helpline. The helpline will be run by the NSPCC to both support potential victims and provide advice to children and adults.

The Report Abuse in Education helpline can be reached on 0800 136 663, on Monday to Friday 8am - 10pm, or 9am - 6pm at weekends.

It can also be contacted by email at

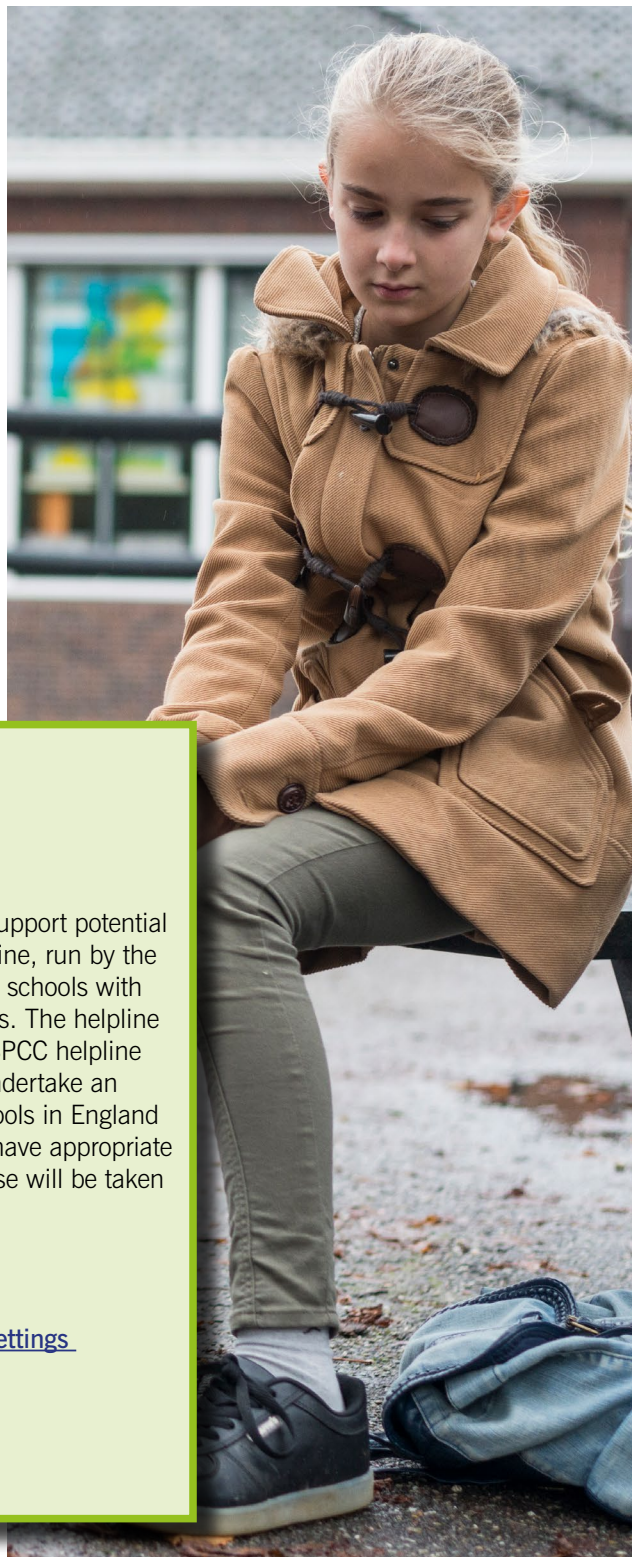
[help@nspcc.org.uk](mailto:help@nspcc.org.uk)

As a reminder the Safeguarding Children Partnerships for Leicester, Leicestershire & Rutland have safeguarding procedures you must follow if any allegation of abuse is made, sexual or otherwise:

<https://llrscb.proceduresonline.com/index.htm>

(For Adults with Care and support needs

[Safeguarding Adults Board](#) procedures apply)



**Sexual abuse in schools:** helpline and Ofsted review

**Source:** Department for Education. NSPCC Learning

**Date:** 31 March, 01 April 2021

The Department for Education (DfE) has announced a new helpline to support potential victims of sexual harassment and abuse in education settings. The helpline, run by the NSPCC, provides children and adults who are victims of sexual abuse in schools with support and advice including how to contact the police and report crimes. The helpline will also provide support to parents and professionals. The dedicated NSPCC helpline number is 0800 136 663. The government has also asked Ofsted to undertake an immediate review of safeguarding policies in state and independent schools in England looking at the extent and the severity of the issue and ensuring schools have appropriate processes in place to allow pupils to report concerns freely, knowing these will be taken seriously. The review will conclude by the end of May 2021.

Read the news story:

[Government launches review into sexual abuse in schools](#)

[Helpline for people who have experienced sexual abuse in education settings launched](#)

See also on NSPCC Learning

> [Protecting children from peer-on-peer sexual abuse](#)





Babies Cry, You Can Cope!



# Safeguarding Infants

## ICON is coming to Leicester Leicestershire and Rutland in 2021/22

The ICON Programme is an evidenced based approach to reducing abusive head trauma (AHT) in babies triggered by crying. AHT is the leading cause of death or long term disability in babies and children subject to abuse.

ICON is a pneumonic which stands for:

- I** = Infant crying is normal
- C** = Comfort methods can help
- O** = It's OK to walk away
- N** = Never, ever shake a baby

Recent Serious Case Reviews across Leicester, Leicestershire and Rutland (LLR) have involved serious injuries and in some cases fatalities of babies and young children.

In 70% of cases the perpetrator of AHT is male therefore the reinforcing of simple messages about how to cope with crying babies needs a clear and consistent approach which involves fathers, male carers as well as mothers and the wider community.

In order to establish a Steering Group the ICON programme has been presented to and discussed with a wide range of services across LLR including midwifery, the infant feeding lead, neonatal services, perinatal mental health, 0 – 19 services, Early Start, parent partners, GP's, Children's Social care, Early Help, Public Health, Local Safeguarding Children's Partnerships, CDOP and the voluntary sector.

### Some babies are more at risk of AHT these are:

Baby boys

Premature and low birth weight babies

Babies under the age of 6 months

Babies where there has been previous child protection services involvement.

There will be a multiagency approach to the embedding of ICON across LLR with key touch points where parents and carers will be given the ICON message:

1. Antenatal information from midwifery
2. Post birth before discharge home from the midwifery service
3. Community midwifery up to 10 days after birth
4. By the health visitor/public health nurse at the birth visit 10 – 14 days
5. A text message ICON reminder 3 weeks after birth
6. 8 week check by the GP

**(ICON information supported by Early Help, Early Start, Children's Centres, Neonatal Units, Home visiting nursing services, perinatal Mental Health services, Children's Social Care and targeted 0 – 19 services for some families)**

There are a good range of resources to share with parents and carers for example:

- Short videos and clips that share key messages on how to cope with babies crying
- The crying curve to explain crying
- A crying plan to help parents and carers plan how they will cope with crying
- Leaflets that explain ICON for full term and premature babies

The icon website is at [www.iconcope.org](http://www.iconcope.org)

All materials can be translated on the website and the "browse aloud" reads out the information in different languages.

The ICON project has been initiated and will initially be funded by Leicester City Clinical Commissioning Group

For further information please contact

Claire Turnbull

Designated Nurse Safeguarding Children and Adults

[Claire.turnbull@leicestercityccg.nhs.uk](mailto:Claire.turnbull@leicestercityccg.nhs.uk)

07795854433

# Safeguarding Procedures

It is important that you register for the regular Procedure Updates

## Safeguarding Children

[https://llrscb.proceduresonline.com/register\\_updates.html](https://llrscb.proceduresonline.com/register_updates.html)



### Updated Chapters

<a href="#">Responding to Abuse and Neglect</a>	The definition of safeguarding has been updated to reflect the latest amendments to Working Together to Safeguard Children. A note has also been added to the Early Help Section, highlighting that children with a parent or carer in custody may benefit from Early Help provision.
<a href="#">Referrals</a>	This chapter has been updated to reflect changes from the revised Working Together to Safeguard Children.
<a href="#">Assessment</a>	This chapter has been updated to reflect changes from the revised Working Together to Safeguard Children.
<a href="#">Child Protection Conferences</a>	This chapter has been updated.
<a href="#">Allegations Against Persons who Work with Children</a>	This chapter has been substantially updated and should be re-read.
<a href="#">Child Exploitation, CSE and Assessment of Risk Outside the Home (Contextual Safeguarding)</a>	A link to the Child Criminal Exploitation Procedure has been added to this chapter.
<a href="#">Children Living Away from Home (including Children and Families living in Temporary Accommodation and Private Fostering)</a>	This chapter has been updated. When a Looked After Child or young person with complex health needs and/or disabilities is moved out of the area. Liaison about the health needs of the child or young person needs to take place with the Looked after Health Team in Leicestershire Partnership Trust (LPT).
<a href="#">Fabricated or Induced Illness</a>	Flowchart 1 for Non-Medical Professionals has been updated.
<a href="#">Female Genital Mutilation</a>	This chapter has been substantially updated and should be re-read.

### New Chapters

<a href="#">Child Criminal Exploitation</a>	This procedure has been added to the manual.
<a href="#">Mental Health and Well Being CCG Website</a>	A link to this website has been added.

## Safeguarding Adults

[www.llradultsafeguarding.co.uk/home/register/](http://www.llradultsafeguarding.co.uk/home/register/)



### Updated Chapters

<a href="#">Deprivation of Liberty Safeguards</a>	This chapter was amended to add the note in the scope box regarding the timetable for the introduction of Liberty Protection Safeguards.
<a href="#">Types and Patterns of Abuse and Neglect</a>	Section 6.4, Financial or material abuse has been amended to include additional information about abuse by deputies and also action against fraud.
<a href="#">Stage 2: Lead Agency Decision using Safeguarding Threshold Guidance whether to proceed to Referral</a>	Section 5, Roles and Responsibilities has been updated to include information about reporting suspected crimes to Leicestershire Police.
<a href="#">Safeguarding Adults Reviews</a>	A link was added to Local Guidance and Templates, as above, where additional SAR guidance has been added.

### New Section

<a href="#">Quick Reads and Audios</a>	A quick read and audio summary about <a href="#">Ordinary Residence</a> has been added.
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## Leicestershire Trading Standards

# Scam Awareness raising on Facebook and results



17 posts about current scams and how to stay safe resulted in over 20,000 engagements. One post warning of rogue traders operating in a particular area had over 14, 000 engagements alone and the most popular posts in relation to distance scams were in relation to callers purporting to be Trading Standard Officers advising residents they had been overcharged fees by their bank and scam Amazon Prime and DVLA e-mails.

If you have any concerns in relation to scams here are the contact details:

### Leicestershire

Trading Standards Duty Officer  
Phone: 0116 305 8000  
Email: [tradingstandards@leics.gov.uk](mailto:tradingstandards@leics.gov.uk)  
[www.leicestershire.gov.uk/business-and-consumers/trading-standards](http://www.leicestershire.gov.uk/business-and-consumers/trading-standards)

### Rutland

The Citizens Advice Consumer Service can be contacted by phoning them on 0808 223 1133 during office hours on weekdays or by visiting their website at [www.citizensadvice.org.uk/consumer](http://www.citizensadvice.org.uk/consumer) where an online form is available

### Leicester

Use the [Citizen's Advice online enquiry form](https://www.citizensadvice.org.uk/citizensadvice/leicester) or call 03454 04 05 06.

### Safe Traders

Kirsty Draycott Trading Standards Officer Cambridgeshire & Peterborough Trading Standards highlights two approved trader schemes:

[www.buywithconfidence.gov.uk/](http://www.buywithconfidence.gov.uk/)  
[www.safelocaltrades.com/](http://www.safelocaltrades.com/)

## Anti-Bullying Websites for parents and carers

Many parents and carers worry about their child being vulnerable to bullying both at school and in other environments.

Parents and carers are a vital piece of the puzzle in tackling bullying, having a unique role to play in guiding and supporting children through their school years.

Just a few of the many places to get help & information include:

- Leicestershire's own anti-bullying online hub: [www.beyondbullying.com](http://www.beyondbullying.com)
- Kidscape parent advice line: [www.kidscape.org.uk](http://www.kidscape.org.uk)
- Family Lives [www.familylives.org.uk](http://www.familylives.org.uk)
- Parent Zone (digital family life) [www.parentzone.org.uk/home](http://www.parentzone.org.uk/home)
- YoungMinds (for support with mental health) [www.youngminds.org.uk](http://www.youngminds.org.uk)
- Papyrus UK (suicide prevention support) [www.papyrus-uk.org](http://www.papyrus-uk.org)
- Childnet International (for cyberbullying and online harms) [www.childnet.com](http://www.childnet.com)
- Anti-Bullying Alliance: Parent and Carer Online Tool [www.anti-bullyingalliance.org.uk/parenttool](http://www.anti-bullyingalliance.org.uk/parenttool)





## Learning from Case Reviews

# Understanding the purpose of Multi-Agency Meetings

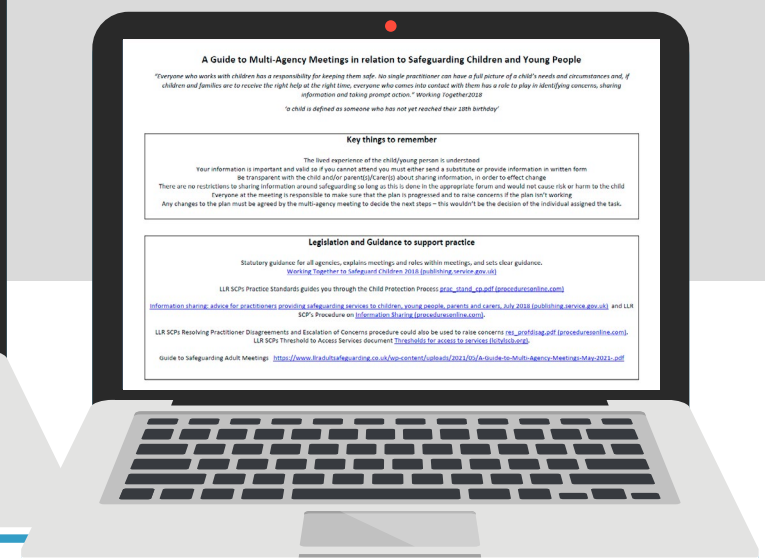
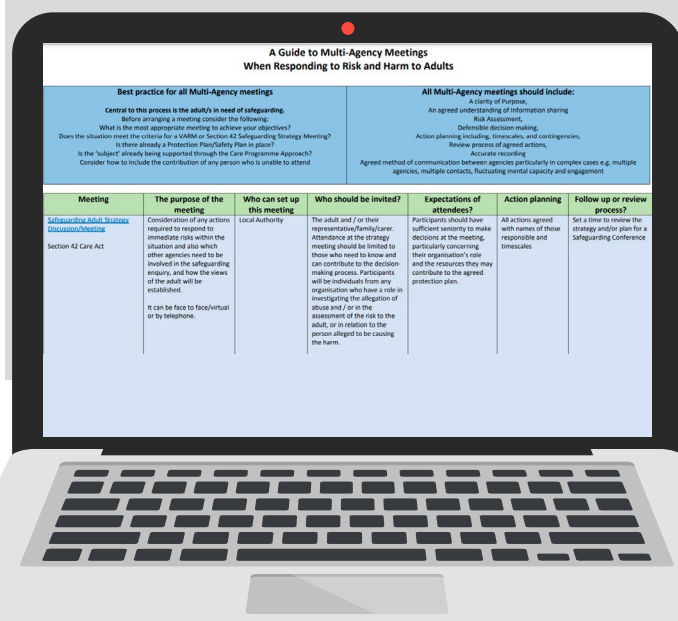


In order to work together effectively to understand risk, agree plans to protect it is important that when agencies come together the purpose of the meeting is understood and the expectations of participants.

A guide to meetings in response to Adults At Risk has been developed. To access the full document follow this link

[www.lradultsafeguarding.co.uk/wp-content/uploads/2021/05/A-Guide-to-Multi-Agency-Meetings-May-2021-.pdf](http://www.lradultsafeguarding.co.uk/wp-content/uploads/2021/05/A-Guide-to-Multi-Agency-Meetings-May-2021-.pdf)

A guide to meetings in relation to Children and Young People has been developed. To access the full document follow this link <https://lrsb.org.uk/guidance-to-multiagency-meetings>



# National Safeguarding Adult Review (SAR) Analysis Report

**Authors:** Michael Preston-Shoot, Suzy Braye, Oli Preston, Karen Allen and Kate Spreadbury

## Background

The report was commissioned by the sector-led Care and Health Improvement Programme (CHIP), co-produced and delivered by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) in England

The report contains analysis of the findings of 231 Safeguarding Adults Reviews (SARs) completed from April 2017 – March 2019 along with

## Report summary

The experiences of 263 people, with an average age of 55 years, were reviewed in the SARs completed, with 81% of the people having died. Self-neglect was the most prevalent type of abuse and was found to be present in 45% of reviews, followed by neglect/omission (37%), physical abuse (19%) and organisational abuse (14%).

Quantitative data on SARs' observations on good and poor practice and the recommendations they make for improvement of services is presented and provides a rich source of information. Report sections on Good Practice, Poor Practice and Recommendations present the findings of the qualitative thematic analysis to support the quantitative analysis, providing examples and evidence from specific SARs.

The learning presented from the SARs analysed is grouped into four key areas:

- direct work with the individual(s)
- inter-agency working
- organisational features within the agencies involved
- SAB governance

From the analysis, the report sets out 29 priorities for sector led improvement in safeguarding adults, with some examples listed below:

- The national SAB network should engage with DHSC, ADASS, NHS England and Improvement and other national bodies responsible for services whose roles include adult safeguarding to reinforce agency and service compliance with their duties to cooperate and share information.

- This research highlights the need for better recording of ethnicity in SARs. Terms of reference for all SARs must include consideration of how race, culture, ethnicity and other protected characteristics as codified by the Equality Act 2010 may have impacted on case management, including recognition of unconscious bias.
- Consideration should be given to the dissemination of briefings on good practice regarding all forms of abuse and neglect but especially those newly highlighted by the Care Act 2014 within adult safeguarding, such as domestic abuse, modern slavery and discriminatory abuse (hate and hate crime).
- In light of the reporting by SARs of poor practice in direct work with adults at risk, SABs should review (in local, regional and national discussion) how they seek assurance on practice standards and contribute to improvement across their partnerships. Based on SAR findings, priorities for attention include:
  1. How needs and risks are assessed and met (addressing specific forms of abuse and neglect; responding to gender, race, sexuality, learning disability; assessing, planning and reviewing intervention; risk and safeguarding; factors such as finances, housing, health, mental health, mental capacity; key processes such as hospital discharge and transition; working with families and significant others; recording);
  2. Making Safeguarding Personal (securing engagement; relationship-based practice; knowledge and understanding of history; promoting participation and voice; personalising intervention);
  3. Practitioner attributes: Improving knowledge, skills, confidence, legal literacy and professional curiosity.

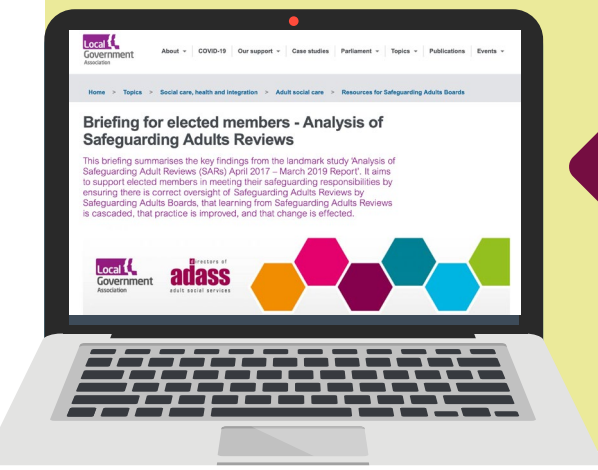




## [Analysis of Safeguarding Adults Reviews: April 2017 - March 2019 – full report](#)

### [Executive Summary – Analysis of Safeguarding Adults Reviews](#)

Six short targeted briefings have been developed to enable easier access to the information and guidance arising from the analysis report. The briefings summarise findings from the report most relevant to these audiences and identify key messages for taking the learning and improvement work forward.



These have been developed for:

[Elected members](#)

[Senior leaders,](#)

[Practitioners](#)

[Safeguarding Adults Board \(SAB\) chairs and business managers](#)

[Safeguarding Adults Review authors](#)

[Individuals and their families](#)

Initial work has started locally to consider the improvement priority areas which may be relevant to the LLR SABs and to address and take forward required improvements.

## Child safeguarding in England

**Source:** NSPCC Learning

**Date:** 24 May 2021

NSPCC Learning has published a news story pulling together highlights from four newly published reports about child safeguarding reviews and multi-agency arrangements in England. NSPCC Learning has also produced two briefings summarising in more detail the findings from two of these reports: the Child Safeguarding Practice Review Panel's annual report for 2020 and the annual review of Local Child Safeguarding Practice Reviews (LCSPRs) and Rapid Reviews.

### **Read the news story:**

[Four new reports published about child safeguarding reviews and multi-agency arrangements in England](#)

See also on NSPCC Learning

- > [Annual review of LCSPRs and rapid reviews: CASPAR briefing](#)
- > [Child Safeguarding Practice Review Panel annual report 2020: CASPAR briefing](#)



# 7 Minute Briefing – Male 17 years old

## 01 Background

The subject was a young man who was 17 years old at the time he stabbed his brother who was aged fifteen

Two key services were involved in his care; the first was the Child and Adolescents County Community services. The second service involved, is the Adult Mental Health, Intensive Care unit.

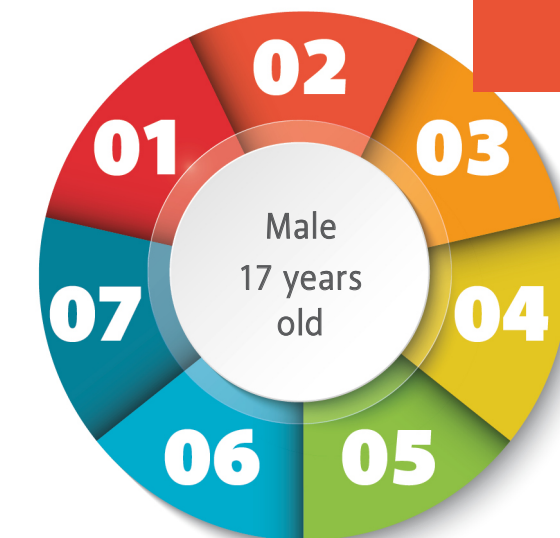
His clinical presentation involved thoughts of extreme violence and harming his younger brother

**07 Finding 5:** All agencies to be aware of the potential impact on a young person with complex Mental Health needs when professional relationships are disrupted, for example due to extended sickness or leave.

In this case, he had a good relationship with his CAMHS worker. However, when the CAMHS worker was absent from work for a long period of time, his Mental Health began to deteriorate and agencies were not able to 'plug' the gap but he also refused to engage with any replacement CAMHS worker.

**06 Finding 4:** When support for a Young Person with complex Mental Health needs is stepping down, workers from other universal / targeted services including Early Help should be considered to support this transition

When closing involvement in a case, agencies should consider whether other universal or targeted services can be used as a step down. In this case, after the case was stepped back up to CSC, Early Help felt that they could have still provided some further ongoing support to him as part of a Multi-Agency package of support in the form of identity work, behavioural work, building positive relationships, anger management and criminal justice work etc.



**05 Finding 3:** Agencies to ensure that relevant staff have a clear understanding of the process and practicalities of mental health assessment for children/young persons including the potential impact of assessments being undertaken out of hours.

When an assessment is requested and falls into the out of hours timeframes, all relevant information may not be available, as well as potentially there being issues around bed availability. In this case, different agencies had different powers under the Mental Health Act (MHA) and yet no one used said powers after he was released from Police custody and then taken to a family members house.

## 02 Good Practice identified

- The GP showed good practice in that they were in regular contact with his mother about the care and treatment of him. This ensured that the GP had a good insight into the family's lives.
- Given the complexities of his mental health, it is good practice that CAMHS often sought advice regularly from Specialist Forensic CAMHS in relation to how they could best support him.
- The school provided good pastoral support. The meetings with PREVENT took place within the school.
- Before the case was stepped back up to CSC, an Early Help worker who was pending allocation to the case did seek advice from CAMHS, which shows good information sharing and communication between agencies.
- Voice of the child: When CSC completed a Single Assessment in October 2018, they spoke to both children

**03 Finding 1:** When a Young Person has complex Mental Health needs, consideration should always be given to implementing Multi-Agency planning processes

In this case it became clear that there was an overreliance on the CAMHS agency being able to meet this young person's needs when broader multi-agency intervention may have provided better coordination of his support.

If a young person is being supported by CAMHS and has complex mental health needs, consideration should be given to a multiagency planning process being applied and a CSC assessment should be considered to inform the tier of that intervention.

**04 Finding 2:** Any agency which is coordinating support for a Young Person with Mental Health needs should always consider the Young Person's educational setting as an important partner in any planning process

When dealing with a child / young person with complex mental health needs, there should be close liaison and information sharing with the school. Schools reported that they felt it would have been useful for their record keeping, to receive updates from agencies involved, especially once that involvement ceased as typically this would mean the school would then keep a more watchful eye on the child. This is crucial so that schools know whether they in turn need to step up the level of pastoral care provided.

**As a result of Learning from the review in relation to the 17 year old young man guidance has been produced to increase understanding of the Mental Health Act.**

# Guidance on requesting a Mental Health Act assessment

## What is a Mental Health Act (MHA) assessment?

A MHA assessment is a formal process to make a decision whether or not a person requires assessment and/or treatment in hospital for their mental health.

It usually involves an Approved Mental Health Professional (AMHP) and two Dr's one of whom should be a psychiatrist trained and approved to carry out such assessments under the MHA. (MHA Sec 12) Where possible one of the Dr's should have previous acquaintance with the person.

The assessing team should consider all available information and look at alternatives to admission where possible, such as community support. Where there are less restrictive options to safely manage risk, these should be used.

MHA assessments can end with formal admissions under the MHA (sometimes termed Sectioning). However, admissions can also be made with the agreement of the person if they are willing/able to consent. Also sometimes using best interest decisions outlined in the Mental Capacity Act or in the case of children parental consent is also an option.

**NOTE: When assessing Children and Young Person's where possible one of the assessing Dr's should have experience of working with this age group.**

## Who can request a MHA assessment?

Anyone can request a MHA assessment. However, the AMHP would usually expect/prefer that the person had been seen by a MH or medical professional (such as GP) prior to the request being made.

Requests made by the Nearest Relative (in the case of young people usually [but not always] the eldest parent) have to be formally considered and responded to by the Local Authority. With reasons given in writing if an assessment does not take place or does not end in a formal admission.

## When to request a MHA assessment?

If there is a concern that a person's mental health is placing them or others at significant risk and they likely require a period of time in hospital for assessment and/or treatment which cannot be safely be managed in the community. Then a MHA assessment may be appropriate.

As stated above where at all possible the AMHP would prefer that a person has been seen by a medical and/or MH professional. If a person is open to a Mental Health Team then advice from that team should usually be sort in the first instance. If a person is not open to MH services then advice can be sort from the GP. Further advice can be obtained from Leicestershire Partnership Trust's Mental Health Hub or where matters are more urgent people can self-present at A&E (locally this is Leicester Royal Infirmary) where they would also be seen by MH professionals. These measures should be used where it is possible and safe to do so. MH professionals and GP are also able to make requests for MHA assessments when appropriate. They also may advise the person to make a request themselves.

In certain situations, the above actions may not be possible, or practicable. If there is an immediate risk of serious harm support should be sort from ambulance/police services. Where there the requests are less urgent the local AMHP or Emergency Duty Team service should be contacted. (Details in the panel on the right).

## Information required when making a MHA request

The caller should expect where possible to give the following information:

- The Patients name, D.O.B/age, usual address and phone number
- Details of person making the request and their relationship to the patient.
- Current location of the patient, including who is currently with the patient
- Details of any involvement with Health/Social care Teams. – Including details of Psychiatrist/CPN/Social Worker if involved.
- Current concerns and presentation.
- Medical history (if known)
- Risk details including potential risks to visitors
- Nearest Relative Details (if known) and Next of Kin details if different.

**Note: All of this information may not be available but try and give as much as possible.**

## Who to call

### During daytime (8.30 – 5pm Monday - Thursday, 8.30 – 4.30pm Friday)

If the person is with the boundaries of (or well known to) Leicester City

Leicester City Council Contact and Response – 0116 454 1004

If the person is in (or well known to) Leicestershire County

Leicestershire county Council Customer Service Centre 0116 305 0004

### Out of Hours from 5.00 Monday to Thursday and 4.30 Friday till 8.30 am, plus weekends and bank holidays:

Emergency Duty Team 0116 255 1606 Option 2/1/1 – EDT cover City County and Rutland.

Make it clear that you wish to make a request for an assessment under the MHA.

**Note: More information and access to the services are available to assessing teams during office hours. Assessments can also take many hours to arrange and complete, if you are considering a request under the MHA please do this as promptly as possible. If the situation is not likely to remain safe discuss this with the call taker and consider use of 999 services.**

The caller should expect a call back from the AMHP who will explain the process further



# Safeguarding Adults

## What you need to know

### Basic Awareness Briefing Paper



# Training Resources

## Social Care Institute for Excellence (SCIE):

- SCIE ran a [Liberty Protection Safeguards \(LPS\) webinar](#) on 26 April 2021, looking at the key changes under LPS, the journey and progress to date and how SCIE will be working with the sector to support this transition. A recording is now available for you to watch.
- SCIE has a recording available from its 24 March [Delivering safe, face-to-face adult day care webinar](#) which looked at the safe delivery of day care services by highlighting key guidance, providing practical examples, supporting connections with other providers and responding to key questions from the sector. The webinar follows the [SCIE Delivering safe, face-to-face adult day care guide](#).
- SCIE has a recording available from its 25 March [Supporting adult carers webinar](#) looking at supporting social care providers and commissioners to identify adult carers by working collaboratively with health and other services, how practitioners can conduct carer-centred, personalised assessment, supporting service providers to give the right information and support

to adult carers, including access to short breaks and respite care, how NICE guidelines are developed and how NICE guidance can be implemented locally.

- SCIE is offering a free [Reablement for care workers e-learning course](#) – registration with SCIE is required if you are not already subscribed.

SCIE is offering a free [Infection Control e-learning course](#) for care providers in care homes and home care – again, registration with SCIE is required if you are not already subscribed.

## Research in Practice for Adults (RiPFA):

- RiPFA has published its [Delivery Programme for 2021 – 2022](#), focusing on applying theory and practice, digital social care, domestic violence and/or abuse, equality, diversity and inclusion, legal literacy and thinking beyond the pandemic. Resources will be released at regular intervals.

# Multi Agency Training

Leicester Safeguarding Children Partnership Board and Leicestershire & Rutland Safeguarding Children Partnership work together to provide safeguarding learning. The learning supports all who work to safeguard and promote the welfare of children & young people.

Learning, development and training opportunities can support individuals, managers and organisations in understanding and undertaking their safeguarding roles and responsibilities in a confident, competent and committed manner.

The responsibility for organising safeguarding learning belongs to individual organisations. However, there are a range of



specialist safeguarding events and other related learning that can support multi-agency safeguarding across Leicester, Leicestershire & Rutland. Please note that when you book through these pages we might use some of the information you provide to invite you to upcoming events, and/or use this information to provide statistics for your Local Authority.

Please click [here](#) for our learning materials to support your development.

You can also now follow us to see our professional learning videos and news



on YouTube:

[LLR Safeguarding Children Partnerships - YouTube](#)



and Twitter: [LLR SCPs Training](#)

# New mental health and wellbeing guide for children, young people and families



**A new guide targeting children, young people and families with emotional, mental health and wellbeing needs is now available online. <http://bit.ly/mentalhealthLLR>**

The directory provides information on a range of general and specialist NHS mental health services for young people, including online and telephone support, together with top tips for children and families and details of youth groups as well as support available from local councils.

Produced by Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs), the directory is intended to encourage and support young people to get the help they need.

Dr Damian Roland, Head of the Children's Emergency Department at UHL, explains: "During the Coronavirus pandemic, many young people have had their normal routines disrupted by not having their usual contact with family and friends. This may be contributing to feeling low, lonely and struggling to cope with daily activities.

*"In Children's A&E, the number of children and young people attending due to mental health concerns has almost doubled, in comparison to pre-pandemic. This demonstrates the impact that the pandemic and its associated challenges are having. However, it is vital that people are aware of the range of excellent mental health and wellbeing support available locally, so that they can access it at an early stage and feel better."*

***"The new directory provides details of local support available and I encourage anyone who needs it to get in touch with the relevant support service. Your local NHS and councils are here to help, so please don't put off getting in touch."***

Dr Graham Johnson, GP and clinical lead for children and young people's mental health with the three Leicester Clinical Commissioning Groups, added: "We want to make it as easy as possible for young people and their families to know about the range of services that are available. Not all mental health services require a referral from a professional, there is plenty of support which can be accessed directly by children, young people and their families.

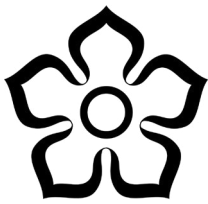
*"For example, Kooth Online Counselling Service offers a range of support, such as discussion boards, chat with the Kooth community, themed forums, direct messaging and live chat with online counsellors, and the Harmless service offers support with the underlying causes of self-harm."*

*"We hope that our new guide will help young people to get the right support at the right time. However, please remember that your GP practice is also here for you, and if you cannot find the help you need through our guide, or you need reassurance please do speak to your GP practice."*

The directory complements the existing award-winning local NHS health promotion websites for children and young people, which host a range of information and advice around physical and mental health, including details of local services and organisations for support. You can find these on [www.healthforkids.co.uk](http://www.healthforkids.co.uk) and [www.healthforteens.co.uk](http://www.healthforteens.co.uk)



# My Role

<b>Name</b>	Jude Atkinson	 <b>Leicester City Council</b>
<b>Job title</b>	Local Authority Designated Officer (LADO)	
<b>Organisation</b>	Leicester City Council	

## How long have you been in this role?

Since August 2017

## Tell us about your role/team

I am based in the Safeguarding and Quality Assurance Unit, which is part of Social Care and Early Help. I'm line managed by the service manager for the unit and am part of a team which otherwise consists of independent conference chairs, independent reviewing officers (IROs) fostering Independent Reviewing Officers, safeguarding in education officers and the Independent visitor scheme. The LADO role is supported by 2 colleagues from these services on 2 – 3 days a week....and also great back up from our business support colleagues.

## Tell us about a typical day

Alongside lots of my colleagues across agencies I am working at home at the moment, making sure that LADO services have been consistently provided throughout the pandemic. So a typical day begins with me starting work in the comfort of my own front room at 8.30am – on 3 days a week I start the day with a team catch up or team meeting with my colleagues via TEAMS call. Then it's on to taking referrals by phone or email, progressing referrals, attending strategy discussions, chairing or setting up LADO meetings (also taking place online just now), writing up meeting minutes, and liaising throughout with partner agencies such as the police and social care. Work finishes at 5 but it's a busy job so that's not always guaranteed!

## Tell us about your responsibilities or duties

I lead on the management of allegations of harm by persons working or volunteering with children. These could be staff

from education, residential settings, early years settings, foster carers, taxi drivers, faith, sport or other community activities. So, a majority of the LADO time is spent on "casework", sharing information and planning alongside relevant partner agencies so that everybody who needs to be is involved. Also, that when an allegation or concern is evident everyone is clear about how to safeguard the child or children involved as well as about potential harm or risk from the adult concerned in their workplace. It's really important to understand the views and experiences of children in this role so there is a big emphasis for us on hearing the child's voice and feeding back to them directly about how our LADO processes have concluded.

I also spend time promoting the role and LADO processes through targeted training, attend regional and national LADO networking opportunities and undertake QA work with my counterparts across Leicester, Leicestershire and Rutland

## What is your safeguarding best practice top tip?

Be curious and listen and contact the LADO if you are not sure.

## What one thing would you find most beneficial to help you in your safeguarding role?

More hours in the day!

The role of the LADO is set out in HM Government guidance Working Together to Safeguard Children (2018) Chapter 2 Paragraph 4 and is governed by the Authorities' duties under section 11 of the Children Act 2004

Allegations Against Persons who Work with Children ([proceduresonline.com](https://proceduresonline.com))

# 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: [lrspbo@leics.gov.uk](mailto:lrspbo@leics.gov.uk)