Watch this space

A new campaign plans to raise awareness of Private Fostering

What is Private Fostering?
If a child is living with, and being cared for by someone who is not a close relative, this arrangement is called private fostering.

This happens for a number of reasons:
- Parental Illness
- Family difficulties
- Parents living abroad
This arrangement may be short or long term

As a professional, if you think a child is being looked after by someone else, you should talk to Children's Services at your local authority.

Two new leaflets will be out shortly for staff and the public.

Welcome to the July Edition of Safeguarding Matters.
Safeguarding Matters is designed to raise awareness of issues relating to Safeguarding Children and Adults. Please read it from cover to cover as it is applicable to everyone both professionally and personally.

On Page 6 are the priorities for the Safeguarding Boards Priorities that we are all working together to achieve. We all need to reinforce the message that Safeguarding is everyone’s responsibility.

Children and Young People missing from home or care

On Friday, 20th June, Leicestershire Police hosted a partnership event to refresh and update the 2014 joint protocol. The event was well attended by police personnel, social workers, care home staff and foster carers. The speakers included Neil Dodds from the Child Exploitation and Online Protection Centre whose expertise was in missing and abducted children. Neil expressed how refreshing it was to see how well the work in this area has developed across Leicester Leicestershire and Rutland. Over 200 copies of the protocol were handed out to attendees and is available on the Leicestershire and Rutland Safeguarding Boards Website.

Finding the right Care Home - Checklist

To support individuals, families and carers to find care home provision Age UK provide a Care Home Checklist with the key things to consider when making a visit to a care home to see if it is suitable.

The Age UK Website also offers a number of factsheets and information on a variety of topics including:

Protecting Yourself
www.ageuk.org.uk/health-wellbeing/relationships-and-family/protecting-yourself/

Home Safety
Safeguarding Adults - Care Act 2014 – Draft guidance out for consultation

The Care Bill received Royal Assent on 14 May and has now been passed into law as the Care Act 2014 and will come onto effect from April 2015. The Act introduces major reforms to the legal framework for adult social care, to the funding system and to the duties of local authorities and rights of those in need of social care. The Act is divided into four parts: Part One reforms the adult social care system. Part Two relates to care standards, providing the Government’s legislative response to the Francis Inquiry into the failings at Mid-Staffordshire hospital. Part Three establishes new non-departmental bodies. Part Four contains technical matters.

It is Part One that outlines the responsibilities of local authorities and other partners in relation to safeguarding adults, including a new requirement to establish Safeguarding Adults Boards in every area.

Although local authorities have been responsible for safeguarding for many years, there has never been a clear set of laws or regulations behind it. As a result, it has often been very unclear who is responsible for what in practice.

The Care Act aims to put this right by the creation of a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree on how they must work together and what roles they must play to keep adults at risk safe.

Safeguarding Adults Boards

The Care Act requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear basis in law for the first time and the SAB must include:

- The local authority,
- The NHS
- The police

The Boards should meet regularly to discuss and act upon:

- Local safeguarding issues
- Develop shared plans for safeguarding
- Working with local people to decide how best to protect adults in vulnerable situations
- Publish their safeguarding plan
- Report to the public annually on the plan’s progress, so that different organisations can make sure they are working together in the best way.

Safeguarding Enquiries by Local Authorities

The Care Act also requires local authorities to make enquiries, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed. This applies whether or not the authority is actually providing any care and support services to that adult.

Safeguarding Adult Reviews

Safeguarding Adult Boards must arrange a Safeguarding Adults Review in some circumstances – for instance, if an adult with needs for care and support dies as a result of abuse or neglect and there is concern about how one of the members of the SAB acted.

Supply of information

It is important that organisations share information relating to abuse or neglect with SABs. Not doing so could prevent them from being able to tackle problems quickly and learn lessons to prevent them happening again.

The Care Act is therefore clear that if a SAB requests information from an organisation or individual who is likely to have information which is relevant to SAB’s functions, they must share what they know with the SAB.

Consultation on draft regulations and guidance for implementation of Part 1 of the Act in 2015/16 – Closing date 15th August 2014

Forced Marriage

New Powers under the Anti-social Behaviour, Crime and Policing Act 2014

Some facts:
- Last year, the Government’s Forced Marriage Unit dealt with 1,302 cases
- 82% of victims were female and 18% male while 15% were under the age of 15.
- The cases involved 74 different countries with 43% relating to Pakistan, 11% to India and 10% to Bangladesh.

The Home Office says a forced marriage “is one in which one or both spouses do not consent to the marriage but are coerced into it” by means including “physical, psychological, financial, sexual and emotional pressure”. It says that “in the cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced”.

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical, including threats, actual physical violence and sexual violence, or emotional and psychological for example, when someone is made to feel like they’re bringing shame on their family. Financial abuse, taking your wages or not giving you any money can also be a factor.

The Act which came into force on the 16th June 2014 makes it a criminal offence to force someone to marry. This includes:
- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence

The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted.

Penalties:
- Forcing someone to marry can result in a sentence of up to 7 years in prison
- Disobeying a Forced Marriage Protection Order can result in a sentence of up to 5 years in prison

Information and practice guidelines for professionals protecting, advising and supporting victims
www.gov.uk/forced-marriage

Child Death Overview Process

The review process undertaken when a child dies

It is a statutory requirement that the Local Safeguarding Children Board review the death of every child and young person. By doing this it is hoped, wherever possible, to be able to prevent future deaths, and to ensure that the professionals who are involved with a child work together effectively and provide families with appropriate support.

This process is undertaken by the child death overview panel.

To enable the panel to understand why a child has died they will need to review records that are held by all agencies who were involved with the child/family.

Where the death was unexpected a home visit may be undertaken. Professionals from the CDOP team and a police officer acting on behalf of the coroner will meet with the family.

All information gathered is treated with the deepest respect and strictest confidence.

Families are offered a follow-up call by the Child Death Review Manager after 6-8 weeks. This gives them the opportunity to address any concerns they may have.

In addition to the follow-up call families are given the opportunity put forward any views/questions they wish to share with the panel, by writing to or speaking with the Child Death Review Manager, who will ensure panel receive the information.

Once all the information, including the post mortem, has been received the child death overview panel will meet and consider all the information with a view to identifying recommendations to improve local services for children and their families. All cases that are taken to panel are anonymised.

Further information can be found on the www.gov.uk and type in Child Death Overview Panels.
Housing staff have a key safeguarding role to play, alongside their colleagues in social care, health and the police, in keeping people safe. They are well placed to identify people with care and support needs, share information and work in partnership to coordinate responses.

The guides published by Social Care Institute for Excellence (SCIE) aim to raise awareness about safeguarding in the housing sector, at management and frontline levels, for all housing staff, not just those in sheltered or supported housing. SCIE have produced the guide in three versions – each written for a specific audience. You can use the version that most closely links to your role. Guidance for frontline housing staff and contractors; Guidance for Housing Managers; and Guidance for Local Authority Social Care Staff

The modernisation of care legislation will in time change practice, attitudes and terminology. This guide includes terminology currently used by the various sectors involved in safeguarding adults, so that people can find and understand the information they need. Following the implementation of the Care Act, we will update the guide to reflect new and shared language.
Claire Turnbull

Job Title
Designated Nurse for Looked after Children (LAC) for Leicester City, Leicestershire & Rutland (LLR)

Organisation
Families, Young People and Children’s Services, Leicestershire Partnership NHS Trust

How long have you been in this role?
I have been the Designated Nurse for Looked after Children since September 2013. It is a very interesting and demanding role which I very much enjoy.

Tell us about a typical day
There is no such thing as a typical day I start early at 7.30 when the office is quieter! I follow up issues about individual children and young people. For example, where they have moved to; how nurses can support them; and liaison with other services. I am often involved in practice and policy issues currently guidance for Looked after Children moving in and out of Leicester City, Leicestershire & Rutland and revising relationship and sexual health guidance. I regularly audit the work the health visitors and specialist nurses do with Looked after Children. I work closely with colleagues in Social Care and maintain links with children through the children in care councils. I also work with the ‘Named Doctor’ and the ‘Named Nurses’ to maintain standards and respond promptly to health issues.

Tell us about your responsibilities or duties
I manage a staff of 8 specialist Looked after Children nurses who assess the health needs and support children in care in LLR from the age of 5 to 19 years. The health assessment and support for pre-school children in care is undertaken by health visitors across LLR. I provide ‘Looked After Children’ training for health visitors and students at De Montfort University.

There are over 1,000 children in care across Leicester City, Leicestershire and Rutland (LLR) aged 0 -19. The majority of Looked after Children live with Foster Carers but they are also accommodated in residential care, specialist schools and some live with their families. The health of Looked after Children is likely to be poorer than that of their peers.

However Looked after Children and young people have the same needs and aspirations as their peers and do not wish to be seen as different. The role of my team is to assess their health needs, advocate for them and ensure that they have the best health possible. Staff training, supervision and clinical support are my responsibility. We are currently increasing our knowledge of neuroscience, Child Sexual Exploitation (CSE) and improving the mental health of young people.

I have a strategic role in working with partners in Social Care to ensure appropriate services are commissioned to provide individualised care for Looked after Children and improve their health outcomes. I link with three local authorities by attending their separate Corporate Parenting Boards, contributing to Local Safeguarding Children Boards’ Child Sexual Exploitation, Trafficking & Missing Subgroup and making links with appropriate services. For example:
- Children in Care Councils (CICC)
- Virtual heads for Looked after Children
- Independent Review Officers (IROs)

In addition I am responsible for reporting on the health and well-being of Looked after Children on a regular basis to local authorities, commissioners and the trust. The team also carry out health training for foster carers and attend any event where Looked after Children are the focus like celebration events and launch events for the pledge to Looked after Children.

What are your safeguarding best practice top tips?
My top tip is to be clear that Looked after Children do not want to be seen as different to any other children but, due to their circumstances, they may need more support offered in an understanding and respectful way.

What one thing would you find most beneficial to help you in your safeguarding role?
The most beneficial thing re safeguarding would be for other professionals working with children and young people who are looked after have an appreciation of how important their health is and how good involvement of health colleagues enhances good outcomes relating to health education and placement stability.
I am pleased to present the Safeguarding Children (LSCB) and Safeguarding Adult Board (SAB) priorities for 2014/15. The priorities are supported by our Business Plan which sets out what the Boards wish to achieve to ensure that children, young people and adults in Leicestershire and Rutland are safe.

This year we have an integrated Business Plan since there are a number of priority issues that are common to both Children’s and Adults’ Boards.

The formulation of the Business Plan priorities have been undertaken with the engagement of members of both Boards and other stakeholders. It aims to articulate the key improvement objectives that will underpin our work in the period 2014/15 and, most importantly, to set out specific actions that will be taken to address these priorities.

Focussing on outputs, outcomes and impact that the Boards intend to achieve. This, we believe, will strengthen our ability to better quality assure, performance monitor and risk manage the work of the Boards and their impact on safeguarding service delivery and on safeguarding outcomes for children, young people and adults.

The priorities in the Business Plan have been identified against a range of national and local drivers including:

- National policy drives to strengthen safeguarding arrangements and the roles of LSCBs and SABs
- Recommendations from regulatory inspections;
- The outcomes of Serious Case Reviews and Serious Incident Learning Processes (SILPs) – emerging from both national and local reports;
- Evaluations of the impact of previous Business Plans and analysis of need in Leicestershire and Rutland;
- Priorities for action emerging from Quality Assurance and Performance Management arrangements operated by both Boards;
- Responses to the views of stakeholders including the outcomes of engagement activities;
- Best practice reports issued by Ofsted, Association for Directors of Children (ADCS) and Adult Services (ADASS)

Having considered these matters members of the Boards have agreed to reflect the five priorities within our performance management framework. These priorities are:

**Priority 1:** To be assured that ‘Safeguarding is Everyone’s Responsibility’

**Priority 2a:** To be assured that children and young people are safe

**Priority 2b:** To be assured that adults in need of safeguarding are safe

**Priority 2c:** To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe

**Priority 3a:** To be assured of the quality of care for any child not living with a parent or someone with parental responsibility

**Priority 3b:** To be assured of the quality of care for any adult supported by registered providers

**Priority 4:** To be assured that our Learning and Improvement Framework is raising service quality and outcomes for children, young people and adults

**Priority 5:** To be assured that the workforce is fit for purpose

Safeguarding is everyone’s responsibility. Never has it been more critical for LSCBs and SABs to show strong, robust and effective leadership in securing the safeguarding and well-being of our communities. In future editions of SafeGuarding Matters there will be an update on the work of the boards in a section entitled Board Matters.

**Contact us**

Leicestershire and Rutland Safeguarding Local Children Board and Safeguarding Adults Board

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**Next Edition**

Child Death Overview Panel – Sharing the messages

Female Genital Mutilation (FGM)

Leicester, Leicestershire and Rutland Task and Finish Group chaired by Public Health seeks to ensure a coordinated approach to identify and respond to this issue