



Safeguarding  
Children Partnership  
LEICESTERSHIRE & RUTLAND

**Leicester**  
Safeguarding  
Children Partnership Board



Safeguarding  
Adults Board  
LEICESTERSHIRE & RUTLAND

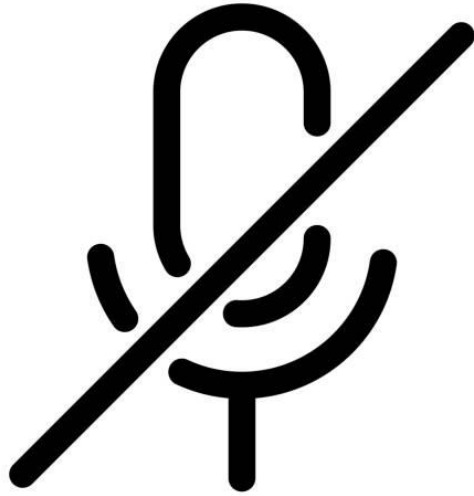
Leicester  
**Safeguarding**  
Adults Board  
WORKING IN PARTNERSHIP  
TO KEEP ADULTS SAFE

# Safeguarding Matters Online Briefing

## 22<sup>nd</sup> June 2022 9.30-11.30

Welcome to everyone from across the Multi-Agency partnership who support Children, family's, adults and carers

Helen Pearson  
Safeguarding Partnership Officer  
Leicestershire and Rutland



Please Mute  
Please use the chat for questions which we will follow up after the session  
Please give feedback

# This Session will cover:

## **9.30 Welcome**

The Role of the Safeguarding Children Partnerships (SCP) and Safeguarding Adult Boards (SAB)  
What is Safeguarding Matters? - Helen Pearson

**9.45-10.10 Missing Protocol** - Sergeant Angela Ruston Missing Prevention and Reduction Unit,  
Leicestershire Police

## **10.00-1030 Resources to support learning**

Professional curiosity – Liz Dunn

Financial Abuse – Jo Reed

**10.30.10.50 Fabricated and induced Illness** - Dr Alun Elias-Jones Consultant Paediatrician /  
Designated Doctor Safeguarding Children

**10.50-11.30 Procedure Updates /Useful Links and Upcoming events** – Helen Pearson

**11.30 Session ends**

# The Role of the Safeguarding Children Partnerships (SCP) and Safeguarding Adult Boards (SAB)

Members from across the statutory, independent and voluntary sector work in partnership to provide strategic leadership to ensure that there are coordinated, effective working arrangements to safeguard children and safeguard adults with needs for care and support across Leicester, Leicestershire and Rutland - We do this through:

- ▶ Reviews - Child Safeguarding Practice Review, Safeguarding Adult Review and Domestic Homicide Reviews
- ▶ Audits
- ▶ Procedures and Guidance
- ▶ Training/Tools to support Practice
- ▶ Engagement
- ▶ Communication's

[Leicestershire and Rutland SCP and SAB](#) [Leicester City SCP](#) [Leicester City SAB](#)



# Safeguarding Matters

► Safeguarding Matters is the quarterly newsletter of the Leicestershire & Rutland Safeguarding Children Partnership (SCP), the Leicestershire & Rutland Safeguarding Adults Board (SAB), the Leicester Safeguarding Children Partnership Board (SCPB) and the Leicester SAB.



► The newsletter contains updates regarding the work of the Safeguarding Partnerships and Boards, including developments and resources and learning from Child Safeguarding Practice Reviews (CSPR) and Safeguarding Adults Reviews (SAR)

► From time to time a 'Special Edition will be published

► If you would like to be added to our Safeguarding Matters mailing list and receive alerts when issues are published, please contact [LRSPBO@leics.gov.uk](mailto:LRSPBO@leics.gov.uk)



Leicestershire  
**Police**  
Protecting our communities

**missing  
people**  
Registered charity in England and Wales (1020419)  
and in Scotland (SC047419)



Sergeant Angela Ruston

Missing Prevention and Reduction Unit, Leicestershire Police

[mpru@leics.police.uk](mailto:mpru@leics.police.uk)

► Philomena Protocol:

<https://proceduresonline.com/trixcms1/media/12315/philomena-protocol-form-april-2022.docx>

► Joint Missing Protocol:

[jnt\\_pr\\_missing.pdf \(proceduresonline.com\)](#)



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# Professional Curiosity

Liz Dunn

Safeguarding Learning Project  
Development Officer. (Leicester,  
Leicestershire & Rutland)



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# Financial Abuse

Joanne Reed  
Board Officer  
Leicester City  
Safeguarding Boards Office



# Financial Abuse

▶ The Care Act 2014 definition:

“Abuse” includes financial abuse; and for that purpose “financial abuse” includes—

- (a) having money or other property stolen,
- (b) being defrauded,
- (c) being put under pressure in relation to money or other property, and
- (d) having money or other property misused.

# Indicators of Financial Abuse

Indicators of Financial Abuse can include:

- ▶ change in living conditions
- ▶ lack of heating, clothing or food
- ▶ inability to pay bills/unexplained shortage of money
- ▶ unexplained withdrawals from an account
- ▶ unexplained loss/misplacement of financial documents
- ▶ the recent addition of authorised signers on a client or donor's signature card
- ▶ sudden or unexpected changes in a will or other financial documents

This list is not exhaustive.

# Types of Financial Abuse

Types of Financial Abuse can include:

- ▶ Theft, fraud and exploitation
- ▶ Scams – telephone banking scams, email ‘phishing’ scams, text scams, relationship scams and door-to-door scams
- ▶ Coercion in connection with an adult’s financial affairs, including wills, property inheritance, financial transactions, property, possessions and benefits.
- ▶ Withholding money or the unauthorised or improper use of a person’s money or property

This list is not exhaustive.

# The Office of the Public Guardian

- ▶ The Office of the Public Guardian (OPG for short) is a Government agency which is responsible for the following:
  - ▶ taking action where there are concerns about an attorney, deputy or guardian
  - ▶ registering lasting and enduring powers of attorney, so that people can choose who they want to make decisions for them
  - ▶ maintaining the registers of attorneys, deputies and guardians
  - ▶ supervising deputies and guardians appointed by the courts, and making sure they carry out their legal duties
  - ▶ looking into reports of abuse against registered attorneys, deputies or guardians

# Resources in collaboration with the Office of the Public Guardian

- ▶ The Leicester, Leicestershire and Rutland (LLR) Safeguarding Adults Boards have worked together with the OPG to produce some videos. These include:
  - ▶ how safeguarding across LLR links in with the OPG.
  - ▶ How the OPG investigates allegations of financial abuse by registered Attorneys
  - ▶ a question and answer video, where the OPG answers questions put forward by local practitioners and social care staff.
- ▶ The videos are currently in the process of being edited and will be published on the Boards YouTube channel.

# Information Held by the Office of the Public Guardian

- ▶ The Office of the Public Guardian (OPG) holds a register of everyone who has:
  - ▶ a lasting power of attorney (LPA)
  - ▶ an enduring power of attorney (EPA)
  - ▶ a deputy acting for them
- ▶ This can be searched to find the contact details of those involved.
- ▶ Local authorities, police and NHS staff can find out about the information the OPG holds on its registers in England and Wales by asking for it.

# Urgent enquiries/Rapid Register searches: check if someone has an attorney or deputy

- ▶ To request information to help with urgent enquiries:
  - ▶ Please email [OPGurgent@publicguardian.gov.uk](mailto:OPGurgent@publicguardian.gov.uk) using the email template accessed via this link: [Urgent enquiries: check if someone has an attorney or deputy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/urgent-enquiries-check-if-someone-has-an-attorney-or-deputy)
  - ▶ Please include the subject line 'Initial safeguarding enquiry' or 'Urgent enquiries', as appropriate
- ▶ The email must be sent from an accredited email address. These are the kind used by the NHS, police and local authorities (e.g. @nhs.uk, @police.uk, @gov.uk).
- ▶ See more details using this link: [Urgent enquiries: check if someone has an attorney or deputy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/urgent-enquiries-check-if-someone-has-an-attorney-or-deputy)

# Information that the Office of the Public Guardian Can Disclose

- ▶ If you make an enquiry via the agreed process, the OPG will tell you whether there is a Lasting Power of Attorney, Enduring Power of Attorney or deputyship court order in place. If there is, you will be told:
  - ▶ if it is for health and welfare (some relate only to property and finances)
  - ▶ the date it was registered (LPA or EPA) or the date of the court order
  - ▶ names and contact details of attorneys or deputies
  - ▶ if there are restrictions on the powers of the attorney or the court order
  - ▶ if an attorney has authority over life-sustaining treatment for the donor
  - ▶ how the attorneys or deputies are appointed to act, where there is more than one
  - ▶ if the LPA, EPA or deputyship has been registered, cancelled, revoked or expired
  - ▶ the expiry date of any court order



# Scams

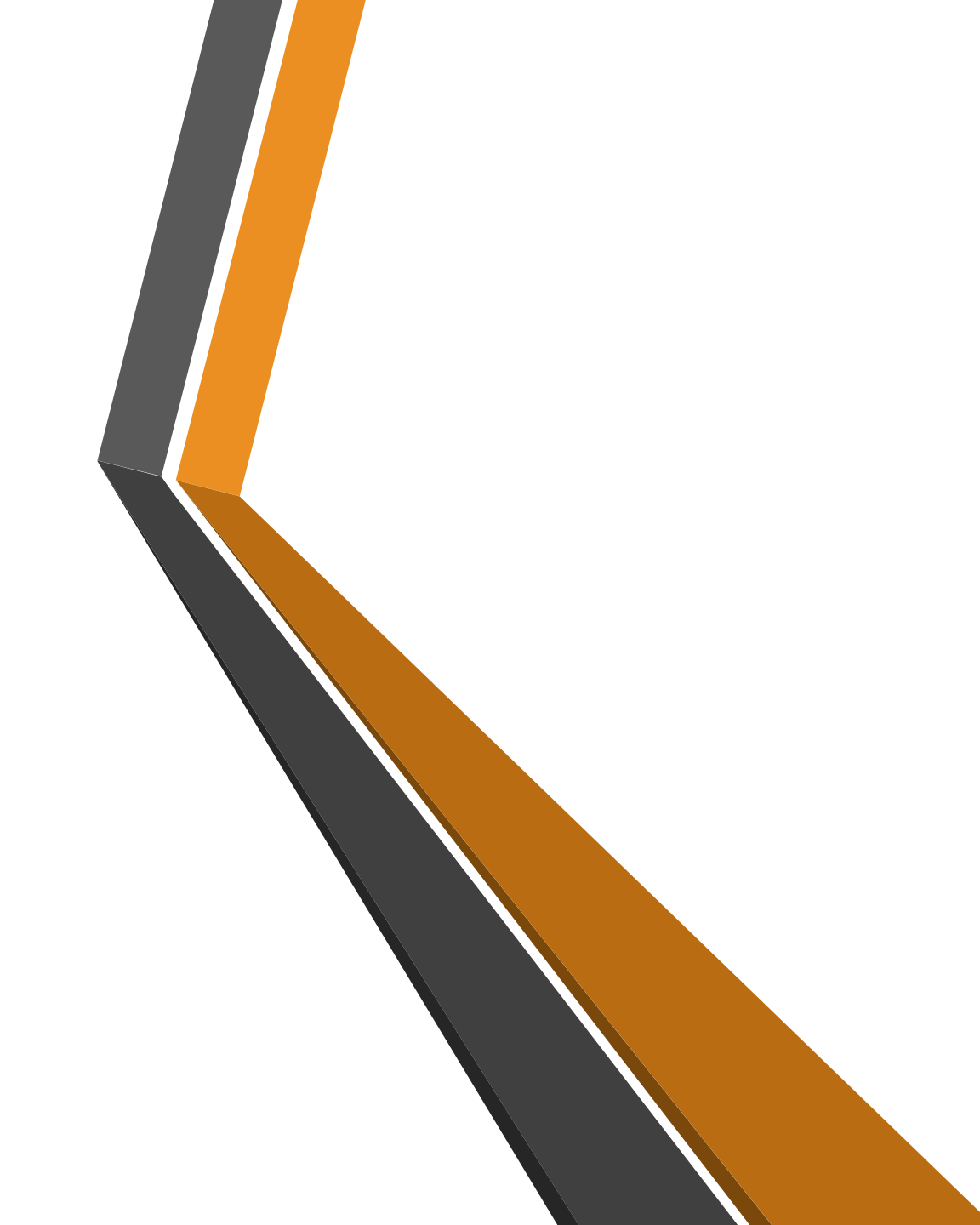
- A scam is a deceptive scheme or trick used to cheat someone out of something, especially money
- Scams can range from simple schemes to sophisticated, high value financial fraud.
- Commonly reported scams include:
  - Phishing emails to get the recipient to disclose personal details and passwords in order to access banking, shopping websites and utilities
  - Telephone scams where people pretend to be the receiver's bank in order to gain access to passwords and/or to attempt to commit courier fraud
  - Relationship fraud where the scammer cultivates a virtual relationship and then begins to ask for money
  - Door-to-door fraud promoting goods or services that are either never delivered or are of a very poor quality. Fraudsters may also bill for work that was not agreed.

# Reporting Scams

- Scams can be reported via the following routes:
  - Leicester City and Rutland:  
<https://www.citizensadvice.org.uk/consumer/scams/reporting-a-scam/>
  - Leicestershire: [Report type an issue to Trading Standards - Section 1 - Leicestershire County Council Self Service \(achieveservice.com\)](#)
- Action Fraud: to report scams and other types of fraud - <https://reporting.actionfraud.police.uk/login>

# Scams and Resources

- Scams advice and information from:
  - Citizen's Advice: <https://www.citizensadvice.org.uk/consumer/scams/check-if-something-might-be-a-scam/>
  - Leicestershire Police: <https://www.leics.police.uk/advice/advice-and-information/fa/fraud/useful-contacts-for-fraud-cyber-crime-advice/> and <https://www.leics.police.uk/advice/advice-and-information/fa/fraud/personal-fraud/internet-email-mobile-fraud/>
  - Leicestershire Trading Standards, who have a useful resources page about scams: <https://www.leicestershire.gov.uk/business-and-consumers/trading-standards/consumers/scams>
  - Rutland Trading Standards, who have a useful resources page aimed at Rutland residents: <https://www.rutland.gov.uk/my-community/trading-standards/scams/>
  - Action Fraud: <https://www.actionfraud.police.uk/>



# Medically Unexplained, Symptoms, Perplexing Presentations and Fabricated or Induced Illness (FII)

Dr Alun Elias-Jones

Consultant Paediatrician

Designated Doctor for Safeguarding Children for LLR  
BSc, MB ChB, DCH, DRCOG, FRCP, FRCPCH, MBA, LLM

# Essential Principles

- The importance of functional implications of diagnosis rather than the mere fact of the diagnoses.
- The essence of FII is the parents focus on convincing doctors about the parents' erroneous view of the child's state of health.
- Parental behaviour may or may not include deception.
- Parental behaviour may be motivated by anxiety and erroneous belief about the child's state of health and/or gain for the parent(s).
- There should be a move away the inability to appropriately challenge parents because of concern about FII except where challenging would put the child at immediate risk.

# Essential Principles

- Alerting signs for possible FII must be considered and investigated appropriately. The emphasis should be on the harms that are occurring to the child rather than the need to confirm evidence for FII, with the welfare of the child being at the centre of discussion.
- If there is a criminal investigation, then the needs of the investigation should be incorporated into the multi-agency response. If necessary, this may require senior managers to agree strategies that can be managed alongside the safeguarding response.
- Unless illness induction or deception are found, establishing FII depends initially on clarifying the actual state of health of the child  
and then gauging parental actions and response in the light of these findings

# Essential Principles

- There is often a need to independently observe what is reported
- The focus must be on the harm to the child rather than the perceived severity or type parental motivations, actions and behaviours.
- There is a need for professional curiosity across the multi agency partnership.
- Unless there is significant risk of immediate serious harm to the child's health or life, the need for sharing information between different professionals involved in the child's life should be discussed with the child/young person and their parents. This should be done in a non-confrontational manner, by discussing of the perplexing nature of some aspects of the child's presentation, and explanation of the usefulness of gathering information to inform care.

# Essential principles

- A Health and Education Rehabilitation agreed by professionals and families is an essential feature of management in all cases of FII, whether or not Children's Social Care are involved.
- An empathetic considered but boundaried approach is required. Honest communication professional concerns is important, unless this will place the child at risk of serious harm.
- Responsibility for the initial management, including collating of current health involvement, is with the responsible consultant.
- The responsible consultant should seek advice and support from senior colleagues and tertiary specialists when appropriate.



# The new terminology

- Medically Unexplained Symptoms. (MUS)
- The symptoms the child complains of are presumed to be genuinely experienced, are not fully explained by any known pathology.
- The symptoms are likely based on underlying factors in the child (usually of a psychological nature) and this acknowledged by both clinicians and parents. MUS can also be described by as functional disorders and are abnormal bodily sensations which cause pain and disability by affecting the normal functioning of the body.
- Parent and health professionals work collaboratively to achieve evidenced-based therapeutic work in the best interests of the child or young person.

# Perplexing Presentations

- The term Perplexing Presentations (PP) describes the commonly encountered situation when there are alerting signs of possible FII
- ( not yet amounting to likely or actual significant harm), when the actual state of the child's physical, mental health or neurodevelopment is not yet clear, but there is no perceived risk of immediate serious harm to the child's physical health or life. The essence of alerting signs is the presence of discrepancies between reports, presentations of the child and independent observations of the child, implausible descriptions and unexplained findings or parental behaviour.

# Fabricated or Induced Illness (FII)

- FII is a clinical situation in which a child is or is very likely to be harmed due to parent(s) behaviour and action, carried out to convince doctors that the child's state of physical and/or mental health and neurodevelopment is impaired (or more impaired than is actually the case). FII results in physical and emotional abuse and neglect as a result of parental actions, behaviours or beliefs and from doctors' responses to these. The parent does not necessarily intend to deceive, and their motivations may not be initially evident.
- Illness induction, fabrication of symptoms or deliberate induction of illness in a child is physical and emotional abuse and considered as FII if there is evidence of parent's motivation for harming the child is to convince doctors about the purported illness in the child and whether or not there are recurrent presentations to health and or other professionals, particularly in cases of suffocation or poisoning.
- This includes harm/illness caused by medical examination or treatment.

# FII cases Dr A Elias-Jones has dealt with

- St Mary's London
- Girl of 4 years with FH of inflammatory Bowel disease presents with abdominal pain and rectal bleeding
- Mother provides evidence of rectal bleeding with several pairs of girl's knickers stained with blood.
- Clinical examination unremarkable although doesn't like abdominal palpation
- Nurses never see any PR bleeding on ward
- Girls underwear analysed and not stained with child's blood group
- Identified as mother's blood group. Using saved menstrual blood

# Further case from LRI

- Child who previously had epilepsy now off medication
- Collapsed with respiratory arrest in cubicle on children's ward.
- Resuscitated with CPR successfully
- No obvious cause for arrest
- Urine toxicology found high doses of anti convulsants
- Hospital had stopped medications, but mother got continuing supply from GP practice.
- Result. GP's to be alerted asking for confirmation that letter informing medication stopped had been acted on by the practice.

# Further case of FII at Nottingham QMC

- Baby aged 3 months with alleged reflux and failure to thrive
- Investigations for reflux were normal including barium swallow and 24 hour oesophageal pH monitoring
- Baby in patient on baby ward.
- Milk feeds prepared by hospital nursing and dietetic team fails to gain weight despite normal feed volumes
- Full milk bottles analysed, had osmolality 50% of expected
- Mother challenged and admitted to watering down pre-prepared feeds
- Baby discharged on Child Protection Register as Munchausen by Proxy
- Baby re-admitted as emergency 3 months later as query cot death
- Post-mortem showed evidence of Suffocation
- Mother charged with Infanticide. Admitted guilt only on first day of trial.

# Further case from Brighton

- Girl of 4 years admitted with hypothermia. No cause found
- Girl then presented with Narcolepsy. Treated with Modafonil (Stimulant)
- Repeated episodes of collapse despite adequate treatment
- Initial urine toxicology screen was normal, but child remains sleepy
- Further sample of urine taken when mother not on ward found to have diazepam not prescribed for the child
- GP records of mother showed she had been prescribed for night sedation.

# Possible cases of Perplexing Presentations

- Children said to have seizures but only witnessed by single carer
- Children presenting with lethargy with suggested CFS (chronic fatigue syndrome) but at school not thought to lack energy.
- Children with reported ADHD symptoms or Autistic Spectrum Disorder, but normal behaviours observed at school.
- Children collecting diagnoses that are difficult to confirm which might include headaches, abdominal pain, vomiting, cyanotic episodes.
- Also Ehlers-Danlos Syndrome, Sensory Processing disorder, ARFID,
- Regional Pain Syndromes, Joint Hypermobility



# The Health and Education Rehabilitation Plan Meetings (H&ERP)

A) Parents are informed about and invited to the meetings.

B) Purpose of the meeting(s) to define:

- (1) The child's current state of health
- (2) Areas of continuing uncertainty
- (3) The nature and level of harm to the child.

C) The meeting(s) will agree at any point

- (1) Whether to refer to Children's Social Care
- (2) Whether to commence a chronology
- (3) Date of next review meeting
- (4) The requirement for Specialist Psychological Therapy the parent(s) and the child(ren).

D) Information given to professionals by parents/carers outside the H&ERP needs to be clarified with other Health agencies

# If parents do not support the H&ERP

- Refer to Children's Social Care because the child's functioning and development is being avoidably impaired by the parent's behaviour
- Parent(s) to be informed of the referral.


# Parents support and adhere to the H&ERP

- Long-term monitoring to be agreed
- If parents fail to adhere to the plan, refer to Children's Social Care on the basis that the child's functioning and/or development is being avoidably impaired by the parent's behaviour.
- At any stage if new information come to light to suggest that is currently suffering from harm, referral to Children's Social Care and/or  
the police must be made

The urgency with which this done and whether or not parents are informed about the referral before a professional multi-agency discussion will vary according to the circumstances of each case.

# Possible perceived difficulties with New Protocol

- Identifying the responsible lead paediatrician
- Finding time to prepare unified health chronologies
- Arranging Health and Education Rehabilitation Plans (E&HRPs)
- Chairing the E&HRP Meetings
- School holidays and generally organising multi-professional meetings
- Identifying and funding the required psychological support
- Engaging parents in accepting offered psychological support



Thank you for listening

Updated Multi Agency Procedure

Fabricated or Induced  
Illness

Any questions in the chat will be responded to  
after the event

# Safeguarding Adult Multi-Agency Policies and Procedures (MAPP)

<b>Chapter</b>
<u><a href="#">Information Sharing</a></u>
<u><a href="#">Working with Adults Affected by Child Sexual Exploitation and Organised Sexual Abuse</a></u>
<u><a href="#">Safeguarding Adults Thresholds Guidance</a></u>

Leicester and the Leicestershire and Rutland Safeguarding  
Children Partnerships Procedures Manual

Updated Chapters	
Chapter Name	Details
<u>Children and Families Moving Across Local Authority Boundaries</u>	This chapter has been updated.
<u>Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children</u>	This chapter has been amended throughout and should be reread.
<u>Fabricated or Induced Illness</u>	This chapter has been updated.
<u>Children and Young People go Missing from Home or Care</u>	The 'Children and Young People who go Missing from Home or Care Joint Protocol' has been updated.

# Reading to support/influence future delivery of services

## [Liberty Protection Safeguards \(LPS\) SCIE Briefing](#)

For health and social care staff an overview of the Liberty Protection Safeguards (LPS), which will replace the Deprivation of Liberty Safeguards (DoLS). It summarises LPS and describes what is going to change, what is going to stay the same, and what health and social care staff can do to prepare for the changes. The briefing will be particularly useful to people working with individuals with cognitive impairment including frontline health and social care practitioners, those providing education for people over the age of 16 and commissioners, providers and managers

## [Arthur Labinjo-Hughes and Star Hobson](#)

The review attempts to understand how and why the public services and systems designed to protect them were not able to do so. That is the primary purpose of this review, which has been undertaken by the national independent Child Safeguarding Practice Review Panel (the Panel).

## [‘The independent review of children’s social care: final report’](#)

This moment is a once in a generation opportunity to reset children’s social care. What we need is a system that provides intensive help to families in crisis, acts decisively in response to abuse, unlocks the potential of wider family networks to raise children, puts lifelong loving relationships at the heart of the care system and lays the foundations for a good life for those who have been in care.



# Multi Agency Safeguarding Adult Learning

## ▶ [Leicestershire Social Care Development Group \(LSCDG\)](#)

The training plan consists of fully funded courses, such as

Moving & Handling

Autism

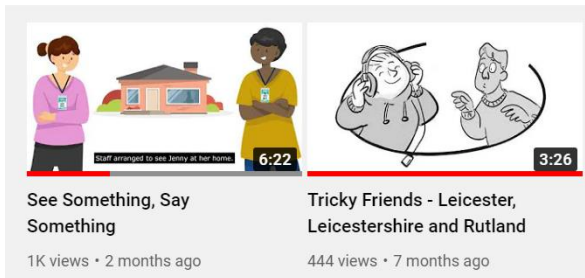
Dementia Education Programme

Safeguarding Adults

Mental Capacity Act

Leadership Modules

## ▶ [LLR Safeguarding Adults Boards YouTube](#)



Planning - Advocacy, Role of IMCA

# Multi Agency Safeguarding Children Training

## A selection of what is available:

- ▶ In September/October building on the experience of last year, another Festival of Learning with a theme of 'Back to Basics'
- ▶ Programme of training delivery around Families Affected by Imprisonment
- ▶ Core Awareness in Safeguarding Children and Young People - monthly sessions
- ▶ Designated Safeguarding Lead training for those outside of the school environment
- ▶ Child Exploitation
- ▶ ICON Awareness Sessions

All events are accessible through this link:

[LLR Safeguarding Children Partnerships Events | Eventbrite](#)

Thank You  
See you again