

# Safeguarding Matters Online Briefing

## Wednesday 6<sup>th</sup> December 2023

### 9.30-12.00

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

Please complete the Registration Form it's in the chat

<https://forms.office.com/e/jGfcwEqJ6T>



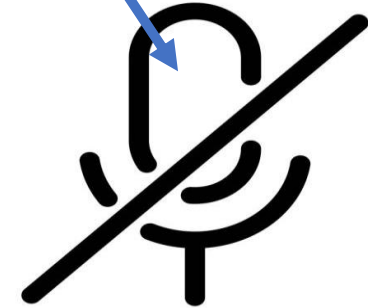
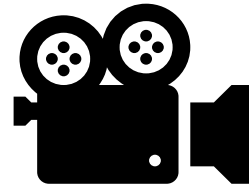
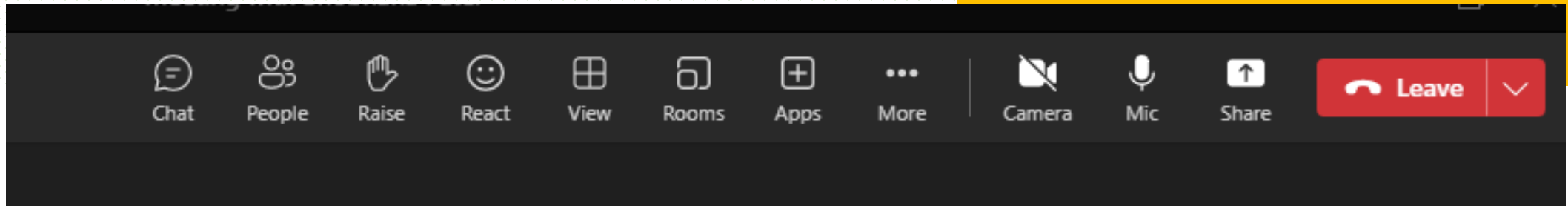
Safeguarding  
Children Partnership  
LEICESTERSHIRE & RUTLAND

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

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



Safeguarding  
Adults Board  
LEICESTERSHIRE & RUTLAND



Please Mute

Please use the chat for questions, pick up links and answer poll questions  
Please register and fill out evaluation at the end.  
In the chat will be a link to the page where you can find the PowerPoint  
from today's session- it will be available from tomorrow.

# Agenda



Safeguarding  
Children Partnership  
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1. Role of the Safeguarding Boards/ Board Priorities
2. Feedback from Adult Safeguarding Week
3. Feedback from Festival of Learning: Safeguarding Bumps and Babies
4. Mental Health – Children’s & Adults MH – link to resource - Heidi
5. Jacqui Brown– MCA
6. Safer Sleep Tool
7. David O’Hanlon-Ribbins – Serious Violence Duty
8. Rochdale & Lewisham SAR – Jo Reed
9. Alison Taylor-Prow
10. Staff Survey?

# The Role of the Safeguarding Children Partnerships (SCPs) and Safeguarding Adult Boards (SABs)

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 Adults Review and Domestic Homicide Reviews**
- **Audits**
- **Procedures and Guidance**
- **Training/Tools to support Practice**
- **Engagement**
- **Communications**



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



Safeguarding  
Children Partnership  
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# Leicester, Leicestershire & Rutland (LLR) Safeguarding Children Partnerships (SCPs) Business Priorities 2023-25

- Safeguarding Babies
- Child Mental Health, Emotional Wellbeing and Safeguarding
- Keeping Adolescents Safe / Supporting Safe Adolescence
- Safeguarding Children from Diverse Backgrounds
- Effective Safeguarding in Independent and Out of School Settings
- Transitional Safeguarding



## Leicester, Leicestershire & Rutland Safeguarding Adults Boards Business Plan Priorities 2023-25:

- Self-Neglect (VARM guidance being updated)
- Mental Capacity Act\*
- Domestic Abuse

\* Learning will be shared with the SCPs as mental capacity assessments should be completed, where required, with individuals aged 16+.



# Feedback from Safeguarding Adults Week.

The LLR Engagement and Communications Subgroup contributed to 2023 Safeguarding Adults week with the production of a short video about Domestic Abuse in Older People, one of the business priorities for the LLR SABs. The video, 'Hidden Harms – Domestic Abuse Against Older People' can be accessed using the following link: <https://youtu.be/5XddD7Xgr7c>

The group also:

Held two What is Safeguarding? online awareness sessions during the week

Produced a safeguarding adults resource pack for organisations to use during the week

Distributed an information pack to communication leads to enable them to share information about Safeguarding Adults week on social media channels



**Leicester, Leicestershire & Rutland  
Safeguarding Adults Resources for  
National Safeguarding Adults Week**

**20th - 24<sup>th</sup> November 2023**





# See something,

# Say something.

If you have any concerns about an adult being abused or neglected, including yourself, call:

LEICESTER - **0116 454 1004**

LEICESTERSHIRE - **0116 305 0004**

RUTLAND - **01572 758 341**

POLICE - **101** or in an emergency - **999**

DOMESTIC ABUSE AND SEXUAL VIOLENCE HELPLINE - **0808 80 200 28**

Leicester  
**Safeguarding**  
Adults Board

WORKING IN PARTNERSHIP  
TO KEEP ADULTS SAFE



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Adults Board  
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# Feedback from the festival of learning

- There were 15 sessions
  - Over 300 people attended
  - Several sessions were over-subscribed and we are looking to repeat them in some way
  - All the learning we can share is here on the Safeguarding Children Partnership websites:
- [LSCP | Festival of Learning : Safeguarding Bumps and Babies 1-7 November 2023 \(lcitylscb.org\)](https://lscpb.org.uk)
  - [Festival of Learning : Safeguarding Bumps & Babies - Leicestershire and Rutland Safeguarding Partnerships Business Office \(lrsb.org.uk\)](https://lrbp.org.uk)

## Festival of Learning: Safeguarding Bumps & Babies



### PROGRAMME

*1<sup>st</sup> November - 7<sup>th</sup> November  
2023*

The link below will take you to a whole host of Mental Health Resources- Children's & Adults  
Some are available to download in different languages.

<https://www.leicspart.nhs.uk/mental-health/helpful-documents/>



**Mental health and wellbeing support**

Scan the QR code below for information on services across Leicester, Leicestershire and Rutland that provide support for your mental health and wellbeing



[www.leicspart.nhs.uk](https://www.leicspart.nhs.uk)

Better Mental Health For

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

**NHS**

# صحة النفسية

الم المناسب لك أو لأي شخص تهتم به في ليستر وليسترشاير وروتلاند

اتصل بعيادة طبيبك العام من الساعة 8 صباحاً حتى الساعة 6:30 مساءً، من يوم الاثنين إلى الجمعة.  
اتصل على الرقم التالي: 0330 094 5595

غير طارئة  
عم فيما يخص  
صحة

\*اتصل بالهاتف المجاني الخاص بمركز الصحة النفسية على الرقم: 0808 800 3302 على مدار الساعة طوال أيام الأسبوع.  
اتصل بهيئة الخدمات الصحية الوطنية على الرقم 111 بخصوص أية أمور متعلقة بالصحة الجسدية والطبية والنفسية.  
قم بزيارة مقهى الأزمات (Crisis Café). القائمة الكاملة بالمواقع متوفرة على موقعنا على الإنترنت: [www.leicspart.nhs.uk/service/crisis-cafes](http://www.leicspart.nhs.uk/service/crisis-cafes)

طارئة  
مساعدة فيما  
صحة النفسية

اتصل بالرقم 999 إذا كان هناك تهديد جسدي لحياتك.

طارئة جداً  
صحية جسدية

# Mental Health

Where to find the right support in Leicester, Leicestershire & Rutland for you or someone you care about

Non-Urgent  
I need support for my mental health

Contact your GP Practice from Monday to Friday.  
Call 0330 094 5595 for VitaMinds therapy service).

Urgent  
I need help with my mental health now

Call the Mental Health Central Access Point Freephone 0808 124 24 hours a day, seven days a week.  
Call NHS 111 for physical, medical and mental health issues.  
Visit a Neighbourhood Mental Health Centre. Full list of venues on our website: [www.leicspart.nhs.uk/service/neighbourhood-mh-cafes](http://www.leicspart.nhs.uk/service/neighbourhood-mh-cafes)

\* Please note, this service can be busy and you may have to wait for your call

Emergency  
I have a health emergency

Call 999 if there is a threat to your life or someone else's

# Caafimaadka Maskaxda

Halka laga helo kaalmada saxda ah ee Leicester, Leicestershire & Rutland oo aad u baahantahay ama qof aad daneysid u baahantahay

Aan Deg-deg ahayn  
Waxaan kaalmo uga baahanahay caafimaadka maskaxdeyda

La xiriir Rugtaada GP 8am-6:30pm Isniin ilaa Jimco.  
Kawac VitaMinds 0330 094 5595 (la hadlida adeega daweynta).

Deg-deg ah  
Waxaan kaalmo uga baahanahay caafimaadka maskaxdeyda hadda

\*Ka wac lambarka bilaashka ah ee Xarunta Dhexe ee Caafimaadka Maskaxda, todoba beri asbuucii.  
Ka wac NHS arrimaha la xiriira caafimaadka maskaxdeyda.  
Booqo Crisis Café. Liiska buuxa ee goobaha caafimaadka maskaxdeyda ee ka eeg: [www.leicspart.nhs.uk/services/crisis-cafes](http://www.leicspart.nhs.uk/services/crisis-cafes)

Arrin Deg-deg ah  
Waxaan qabaa arrin caafimaad oo jirka ah oo deg-deg ah

Wac 999 haddii ey jirto khatar oo nololaha soo wajahda.





Leicester, Leicestershire and Rutland Health and Wellbeing Partnership



# Carers Pack



Are you looking after a partner, family member, child or friend who couldn't manage without your help?

V1 MAY 2023



Leicester, Leicestershire and Rutland Health and Wellbeing Partnership



# In your area... Leicester City



V1 MAY 2023



Leicester, Leicestershire and Rutland

# Neighbourhood Mental Health Cafés

Drop in support for when you're struggling to cope

Leicester, Leicestershire and Rutland



Neighbourhood Mental Health Cafés



Getting Help in Neighbourhoods

Mental Health and wellbeing fund

Leicester, Leicestershire and Rutland

# Mental health and wellbeing support

Scan the QR code below for information on services across Leicester, Leicestershire and Rutland that provide support for your mental health and wellbeing



[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)



Leicester, Leicestershire  
and Rutland  
Health and Wellbeing Partnership



# মানসিক স্বাস্থ্য এবং সুস্থতায় সহায়তা

আপনার মানসিক স্বাস্থ্য এবং সুস্থতার জন্য সহায়তা প্রদানকারী লেস্টার, লিচেস্টারশায়ার এবং রুটল্যান্ড জুড়ে পরিষেবাগুলির তথ্যের জন্য QR কোড স্ক্যান করুন



[www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)



Leicester, Leicestershire  
and Rutland  
Health and Wellbeing Partnership



# Free 24-hour Mental Health Helpline

Telephone  
**0808 800 3302**

If you, or someone you care about, need urgent advice or support for your mental health, you can call our Mental Health Central Access Point 24 hours a day, seven days a week free of charge and in confidence.

**We're here to get you the support you need.**

Please note, this service can be busy at certain times and you may have to wait for your call to be answered.



## In an Emergency

If you are concerned about an immediate risk of harm – either to yourself or someone else – phone 999.

# Darmowa infolinia ds. zdrowia psychicznego darmowa i całodobowa

Telefon  
**0808 800 3302**

Jeśli Ty lub bliska Ci osoba potrzebujecie pilnej porady lub wsparcia w zakresie zdrowia psychicznego, możecie dzwonić na naszą poufną i bezpłatną infolinię Mental Health Central Access Point 24 godziny na dobę, siedem dni w tygodniu.

**Jesteśmy tutaj, aby zapewnić Ci wsparcie, którego potrzebujesz.**

Pamiętaj, że ta poradnia może być znacząco obciążona w pewnych godzinach, co może wymagać oczekiwania na linii.

## W nagłych wypadkach

**Jeśli obawiasz się, że istnieje bezpośrednie zagrożenie dla Ciebie lub innej osoby – zadzwoń pod numer 999.**



VI LISTOPAD 2022 ROKU

# અમારી 24-કલાક વિનામૂલ્યે માનસિક સ્વાસ્થ્ય હેલ્પલાઇન

ટેલિફોન  
**0808 800 3302**

જો તમે, અથવા તમે જેની કાળજી રાખતાં હોવ તેવી કોઈ વ્યક્તિને, તમારા માનસિક સ્વાસ્થ્ય અંગે તાકીદ સલાહ કે ટેકાની જરૂર હોય તો તમે અમારા મેન્ટલ હેલ્થ સેન્ટ્રલ એક્સેસ પોઇન્ટને દિવસના 24 કલાક, અઠવાડિયાના સાતેય દિવસ વિનામૂલ્યે અને ગોપનીય રીતે કોલ કરી શકો છો.

**અમે અહીં તમને જે ટેકાની જરૂર છે તે અપાવવા માટે છીએ.**

કૃપા કરીને નોંધશો કે આ સેવા અમુક સમયે વ્યસ્ત હોઈ શકે છે અને તમારા કોલનો જવાબ આપી શકાય તે માટે તમારે રાહ જોવી પડી શકે.

## કટોકટીના સંજોગોમાં

**જો તમે - ક્યાંતો તમને પોતાને અથવા અન્ય કોઈને - કોઈ હાનિ થવાના ત્વરિત જોખમ અંગે ચિંતિત હોવ તો 999 પર ફોન કરો.**



VI NOVEMBER 2022





Leicester, Leicestershire  
and Rutland  
Health and Wellbeing Partnership



## Hey, how are you feeling?...

There are lots of things you can do to keep yourself well and feeling good, like:

- Getting a good night's sleep
- Doing something you enjoy like playing games
- Spending time with friends and family
- Exercising and eating well to look after your body
- Learning a new skill or taking on a challenge
- Helping other people
- Spending time outside in nature

... I feel great! I  
am happy and  
healthy



... I'm okay, but I  
sometimes feel a  
bit worried or sad

It's normal to feel this way. We all experience lots of emotions and these can change over time.

Try some of the things in the box above and talk to someone about how you're feeling. This could be your friends, a parent or carer - or a teacher or adult at school.



If you're struggling, it's important to speak to someone. People want to help you. If you need it, you or your parents or carer can support you to get professional help. A good place to start is by talking to a mental health and wellbeing lead or trusted adult at school, or your GP.

You can also find free and safe support on these websites:

- Kooth: [www.kooth.com](http://www.kooth.com)
- Health for Teens: [www.healthforteens.co.uk](http://www.healthforteens.co.uk)

... I am  
struggling and  
need some help

... I am so upset or  
overwhelmed that I  
need help now

If you need to speak to someone urgently, you or a parent or carer can call the Mental Health Central Access Point on 0808 800 3302 or NHS 111. The lines are open 24/7.

If there is an immediate or life-threatening emergency, call 999 or attend A&E. People are there and ready to help you now.



For more advice about mental health support  
for young people in Leicester, Leicestershire  
and Rutland, scan the QR code.



Leicestershire Partnership  
NHS Trust

## Mental Health and Emotional Wellbeing: The Young People's Guide







# Mental Health Support in Rutland

GUIDE FOR YOUNG PEOPLE

In this guide you will find information, advice and support on your feelings and mental health, from these Leicester, Leicestershire and Rutland services:

Health for Teens – [www.healthforteens.co.uk](http://www.healthforteens.co.uk)

ChatHealth – [www.chathealth.nhs.uk/start-a-chat](http://www.chathealth.nhs.uk/start-a-chat)

Kooth – [www.kooth.com](http://www.kooth.com)

Mental Health 11-19 Service Rutland – [www.bit.ly/3WH4YCd](http://www.bit.ly/3WH4YCd)

Autism – [www.bit.ly/3RIsLX5](http://www.bit.ly/3RIsLX5)

**ALWAYS REMEMBER:**

IT'S OKAY NOT TO BE OKAY, AND YOU ARE NOT ALONE.



# Mental Health Support in Leicestershire

GUIDE FOR YOUNG PEOPLE

In this guide you will find information, advice and support on your feelings and mental health, from these Leicester, Leicestershire and Rutland services:

Health for Teens – [www.healthforteens.co.uk](http://www.healthforteens.co.uk)

Kooth – [www.kooth.com](http://www.kooth.com)

Autism – [www.bit.ly/3RIsLX5](http://www.bit.ly/3RIsLX5)

Mental Health 11-19 Service Leicestershire – [leicestershire.gov.uk/teen-health](http://leicestershire.gov.uk/teen-health)

**ALWAYS REMEMBER:**

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# Mental Health Support in Leicester City

GUIDE FOR YOUNG PEOPLE

In this guide you will find information, advice and support on your feelings and mental health, from these Leicester, Leicestershire and Rutland services:

Health for Teens – [www.healthforteens.co.uk](http://www.healthforteens.co.uk)

ChatHealth – [www.chathealth.nhs.uk/start-a-chat](http://www.chathealth.nhs.uk/start-a-chat)

Kooth – [www.kooth.com](http://www.kooth.com)

Autism – [www.bit.ly/3RIsLX5](http://www.bit.ly/3RIsLX5)

**ALWAYS REMEMBER:**

IT'S OKAY NOT TO BE OKAY, AND YOU ARE NOT ALONE.



# Mental Capacity Act in practice.

Jacqui Brown  
Safeguarding & Transition Lead  
Rainbows Hospice

[Jacqui.Brown@rainbows.co.uk](mailto:Jacqui.Brown@rainbows.co.uk)



ental Capacity Act



Rainbows Journey to becoming  
100% compliant with the  
Mental Capacity Act (MCA  
2005)  
& Deprivation of Liberty  
Safeguards (DoLS 2009)



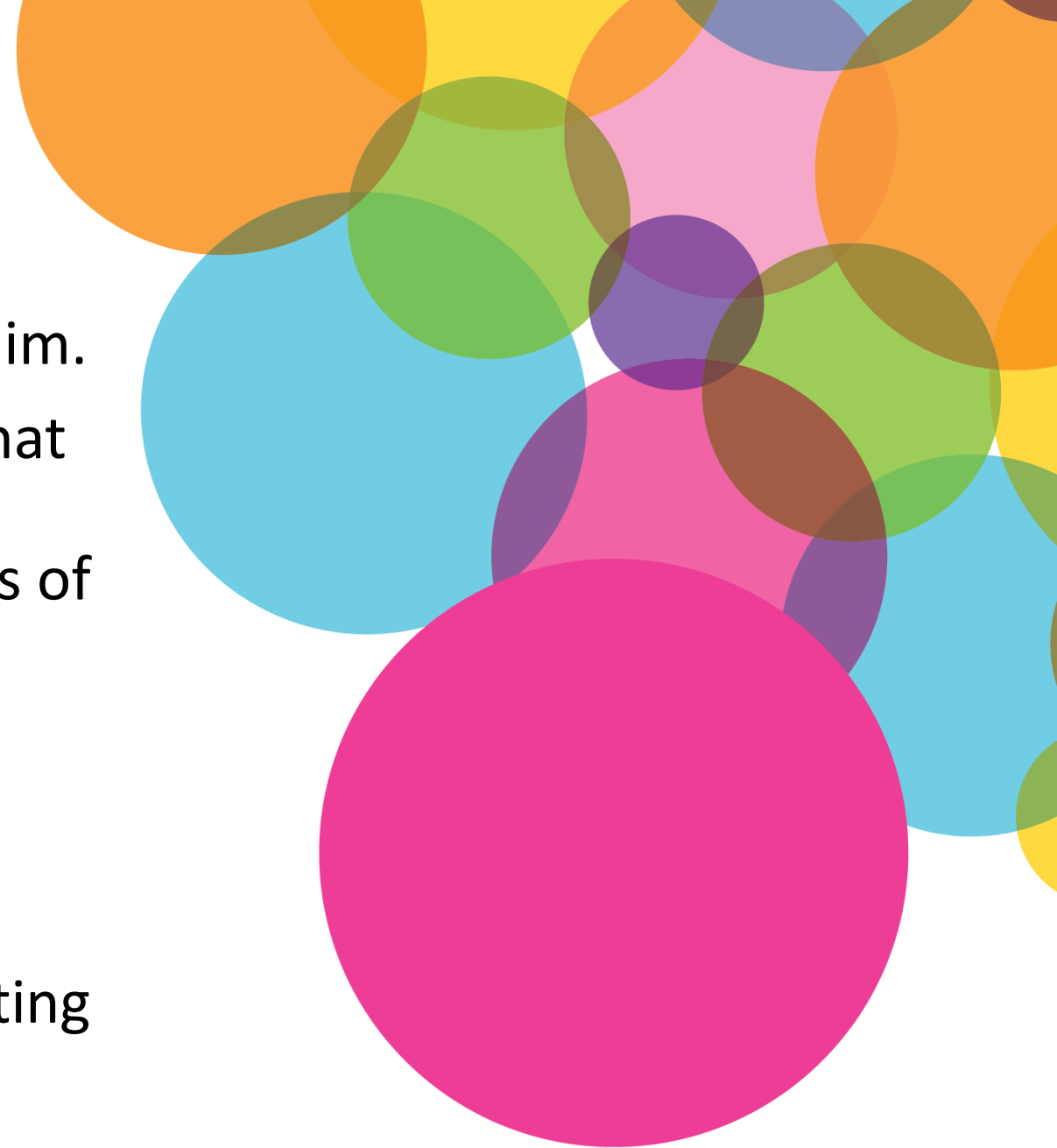
# Rainbows

- East Midlands only hospice for babies, children and young people up to the age of 25
- Life-limiting / life threatening condition
- Family support, short stays and end of life care.



# A Cultural Shift

- Compliance is the result but not the aim.
- Instilling the belief that (no matter what our role) we are responsible for protecting and championing the rights of those we care for.
- Validating present good practice.
- Be mindful of barriers (time; fear of change; lack of confidence)
- Empowering, motivating, and supporting staff so practice becomes 'habitual'.





# Basic Human Rights

<https://www.youtube.com/watch?v=PgQnLXazdSg>



# Rainbows Process

- Pre-admission assessment
- Is the young person an adult?
- What are their care needs; likes and dislikes?
- Are they able to provide informed consent to their stay and/or treatment?
- How do they communicate?
- What are the views of those who know them best? MCA explained.





**MENTAL CAPACITY ASSESSMENTS AND BEST INTEREST DECISIONS**

It is believed that \_\_\_\_\_ may be unable to consent to the following areas of care and requires assessments to be carried out to determine best interest. Admission date \_\_\_\_\_ time \_\_\_\_\_

- Bladder Washouts
- Blood Pressure Monitoring
- Catheter Care
- Chest Clearance (CPT)
- Clinical Photography
- Complementary Therapy
- Covert Medication
- C-POS (Research Study)
- Deprivation of Liberty Safeguards (DoLS)
- Feeds via a gastrostomy / PEG
- Generic Assessment Form
- Hydrotherapy
- Information Sharing
- Insertion of a Catheter
- Medication (oral)
- Moving, Handling & Positioning
- Music Therapy

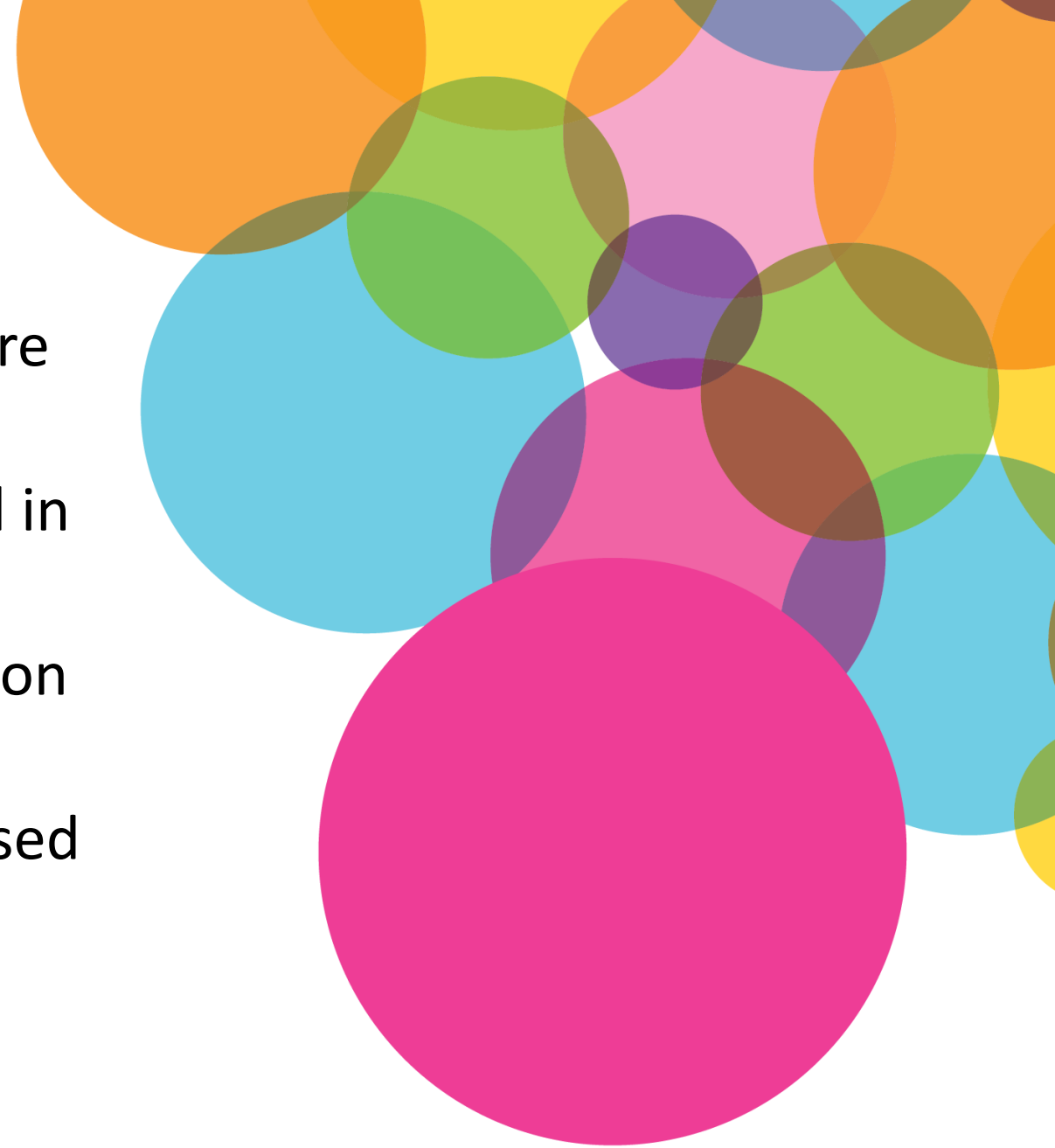
- Nutrition & Hydration
- Oxygen Therapy
- Personal Care
- Physiotherapy
- Play Activities
- Pressure Area Care
- PR Medications
- Suctioning
- Syringe Driver
- Temperature Monitoring
- Ventilation
- Video Monitoring
- 
- 
- 
- 
- 
- 

Please return this completed form to Jacqui Brown or the Shift Coordinator.



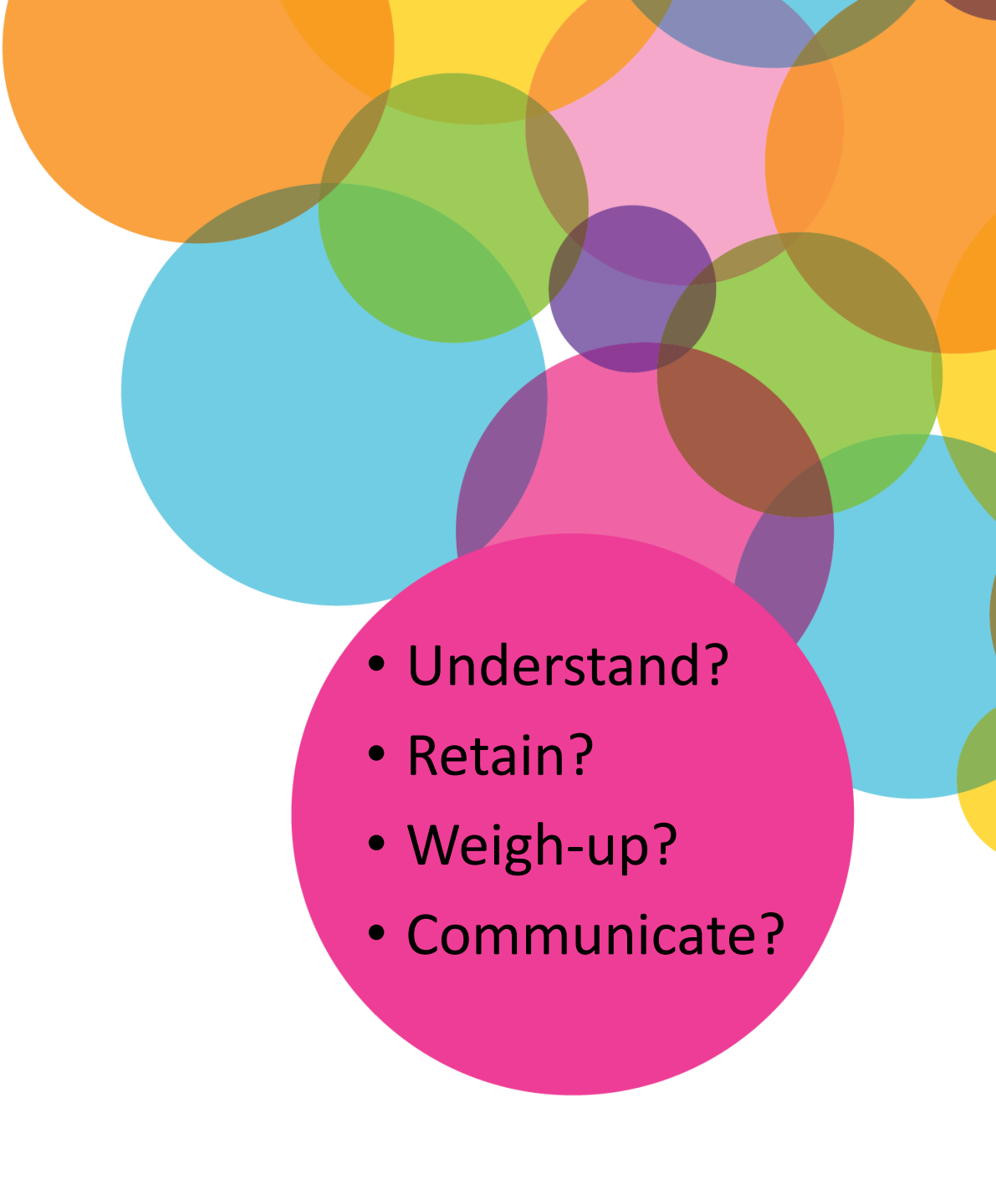
# Admission

- All children and young people (CYP) are allocated a nurse and a HCA
- All CYP are encouraged to be involved in their own admissions.
- Care plans are developed in conjunction with the CYP / family member.
- Communication aids / methods are used as appropriate.



The Act is applied throughout.

- Presume capacity
- Is there a disturbance or impairment of mind or brain?
- Can the decision wait?
- Can the person make some decisions, but not others?

- 
- Understand?
  - Retain?
  - Weigh-up?
  - Communicate?

The 'form' is not the assessment. It is the documentation.

- Paper document. 2 sides of A4 Record of the MCA on one side and record of best interest decision on the other.
- Now in SystemOne
- Where required aligned to each care plan





# Deprivation of Liberty Safeguards (DoLS)

- Where the YP has been assessed as lacking the capacity to consent to their care and treatment, and said care and treatment constitute a deprivation of their liberty an Urgent DoLS application is submitted together with the MCA document.



# Repeated Admissions

- Same process is applied
- Clinical record is audited
- If capacity remains unchanged the documentation remains valid
- Care plans document, “Capacity assessed and remains unchanged, continue to treat in best interest”.



**Safeguarding the rights  
of others is the most  
noble and beautiful end  
of a human being.**



*QuoteHD.com*

**Khalil Gibran**  
Lebanese-American poet  
(1883-1931)



Thanks for listening

Please get in touch with any questions.

Jacqui.Brown@rainbows.co.uk



**Safer sleeping for babies:  
the LLR Safer Sleeping Risk  
Assessment Tool**

# The safest place to sleep....

On their back, feet to foot, in a cot or moses basket, in the same room as a parent/carer for the first 6 months.

However:

- Babies are complex
- Family life is complex
- Parental/carer decision-making is complex



# Reducing the risk: ABC of Safer Sleep

Lullaby Trust ABC:

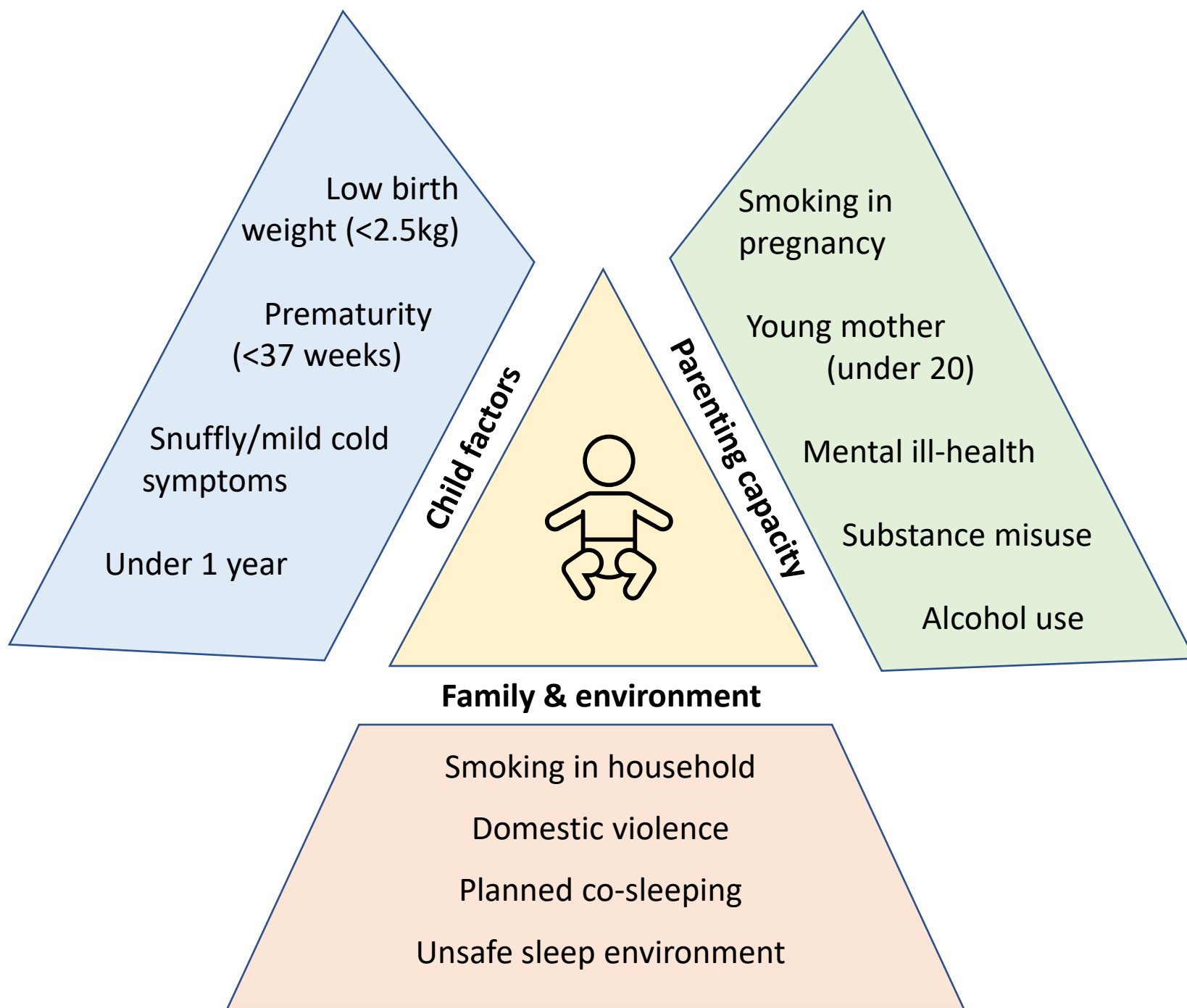
**ALWAYS** sleep your baby

on their **BACK**

in a **CLEAR** cot or sleep space.







# Safer sleeping is everyone's business

## **For every baby:**

Curious conversations

Safer sleep for every sleep

Out-of-routine times:

- Family events/night out
- Baby unwell
- Emergency situations

Consistent messaging

Think family

- Partners, grandparents,  
wider family networks

## **Embedded in support for broader family risks & vulnerabilities:**

- Breastfeeding promotion & support
- Smoking cessation for household members
- Housing
- Alcohol use
- Substance misuse
- Mental health services
- Domestic abuse support

# LLR Safer Sleeping Risk Assessment Tool

- Developed to support any practitioner from any agency to have conversations with families about safer sleeping
- Supporting families to make informed choices and plan ahead for safer infant sleeping
- Recognising & capturing vulnerability to help inform support
- Collaborative multiagency development
  - Public Health, Health Visiting, Midwifery, Early Help/Children & Families Wellbeing Service, Childrens Social Care, Turning Point, CDOP
- Co-produced - input & feedback from families

<https://lrsb.org.uk/safer-sleeping>

<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>

On the web page:

LLR Safer Sleeping Risk Assessment Tool  
(7 pages)

LLR Safer Sleeping Risk Assessment  
(1 page)

LLR Safer Sleeping Sleep Plan  
(1 page)

Key Safe Sleep Messages

- Lullaby Trust animation
- Lullaby Trust information in other languages – link

LLR Resources for parents (links)

- Health for under 5s
- Crisis
- Mums Mind
- Health Visiting/Chat Health
- & others

**Report Concerns** **Procedures** [Contact Us](#) | [Text Size A A A](#)

 **Search**

[Home](#) » [SCP Learning and Development](#) » [Safer Sleeping resources](#)

## LLR SAFER SLEEPING RISK ASSESSMENT

Since 2018, across Leicestershire & Rutland, an average of 4 babies per year have died suddenly and unexpectedly in unsafe sleeping environments. These deaths are potentially preventable. Safer sleeping practices can reduce the risks of Sudden Infant Death Syndrome and accidental suffocation.

This tool helps practitioners work with families to identify those who are at most risk, identify support needs, and develop a plan to reduce risks. It can be used as a basis for conversations about safer sleeping, and to reinforce safer sleeping messages. It can be used more than once, as family routines change over time.



[LLR Safer Sleeping Risk Assessment Tool \(PDF, 7.6 Mb\)](#)



[LLR Safer Sleeping Risk Assessment \(PDF, 98 Kb\)](#)

This is a one page risk assessment tool that practitioners can print off & complete



[LLR Safer Sleeping Sleep Plan \(PDF, 173 Kb\)](#)

This is a one page plan for families to use and complete to help support safer sleeping

## KEY SAFE SLEEP MESSAGES

Lullaby Trust ABC of Safer Sleeping: At every sleep, placed on their Back in a Clear cot or sleep space.

<https://lrsb.org.uk/safer-sleeping>

<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>





**LLR SAFER SLEEPING RISK ASSESSMENT TOOL**  
Since 2018, across Leicestershire & Rutland an average of 4 babies per year have died suddenly and unexpectedly in unsafe sleeping environments. These deaths are potentially preventable. Safer sleeping practices can reduce the risks of Sudden Infant Death Syndrome and accidental suffocation.  
This tool helps practitioners work with families to identify those who are at most risk, identify support needs, and develop a plan to reduce risks. It can be used as a basis for conversations about safer sleeping, and to reinforce safer sleeping messages. It can be used more than once, as family routines change over time.

**KEY SAFE SLEEP MESSAGES**  
Lullaby: Tummy to Back (at Back Sleeping): At every sleep, placed on their Back in a Clear cot or sleep space. The safest place for a baby to sleep is in a smoke-free environment, in the same room as their parent/carer, for at least the first six months of life. Babies should be placed on their back, with their feet at the foot of the sleep space, on a firm, flat clear surface. We cannot prevent every death, but there are lots of positive steps that can be taken together to reduce the risk.

- Things for parents /carers to avoid:**
- Never sleep or a baby or an cot/cradle with baby - this may become trapped
  - Don't sleep in the same bed as baby if you smoke, drink or take drugs
  - Don't sleep in the same bed as baby if they were premature or were low birth weight (under 5.5kg/12lb)
  - Don't let baby get too hot
  - Don't cover baby's face or head while they are sleeping and don't use loose bedding



Live Well  
LIFE CHANGERS

## Page 1 Intro & Key Messages

# LLR Safer Sleeping Risk Assessment for babies under 12 months

## LLR SAFER SLEEPING RISK ASSESSMENT TOOL

Since 2018, across Leicestershire & Rutland an average of 4 babies per year have died suddenly and unexpectedly in unsafe sleeping environments. These deaths are potentially preventable. Safer sleeping practices can reduce the risks of Sudden Infant Death Syndrome and accidental suffocation.

This tool helps practitioners work with families to identify those who are at most risk, identify support needs, and develop a plan to reduce risks. It can be used as a basis for conversations about safer sleeping, and to reinforce safer sleeping messages. It can be used more than once, as family routines change over time.



Safeguarding  
Children Partnership  
LEICESTERSHIRE & RUTLAND

Leicester  
Safeguarding  
Children Partnership Board

Leicester  
Safeguarding  
Adults Board



Safeguarding  
Adults Board  
LEICESTERSHIRE & RUTLAND

<https://lrsb.org.uk/safer-sleeping>

<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>

LLR SAFER SLEEPING RISK ASSESSMENT TOOL

Since 2016, across Leicestershire & Rutland an average of 4 babies per year have died suddenly and unexpectedly in unsafe sleeping environments. These deaths are potentially preventable. Safer sleeping practices can reduce the risks of Sudden Infant Death Syndrome and accidental asphyxiation.

This tool helps practitioners work with families to identify those who are at most risk, identify support needs, and develop a plan to reduce risks. It can be used as a basis for conversations about safer sleeping, and to monitor safer sleeping messages. It can be used more than once, as family routines change over time.

KEY SAFE SLEEP MESSAGES

Lullaby Trust ABC of Safer Sleeping: At every sleep, placed on their Back in a Clear cot or sleep space. The safest place for a baby to sleep is in a smoke-free environment, in the same room as their parent/carer, for at least the first six months of life. Babies should be placed on their back, with their feet at the foot of the sleep space, on a firm, flat clear surface. We cannot prevent every death, but there are lots of positive steps that can be taken together to reduce the risks.

Things for parents /carers to avoid:

- Never sleep on a sofa or in an armchair with baby – they may become trapped.
- Don't sleep in the same bed as baby if you smoke, drink or take drugs.
- Don't sleep in the same bed as baby if they were premature or were low birth weight (under 2.5kg/5lb 8oz).
- Don't let baby get too hot.
- Don't cover baby's face or head while they are sleeping and don't use loose bedding.



Live Well Little Ones

Page 1  
Intro & Key  
Messages

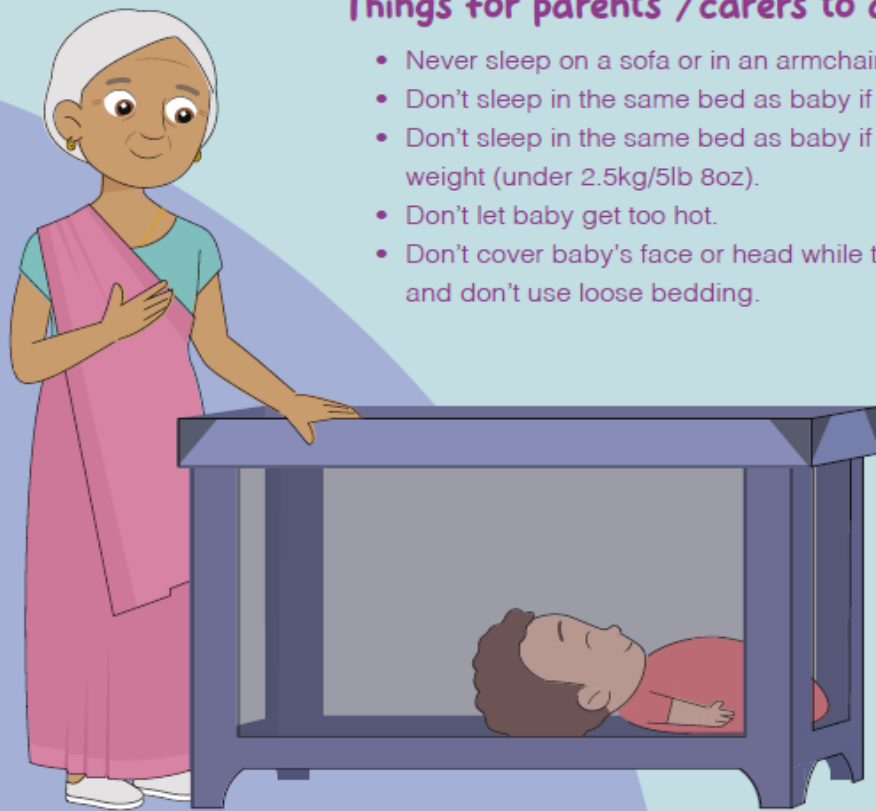
## KEY SAFE SLEEP MESSAGES

**Lullaby Trust ABC of Safer Sleeping: At every sleep, placed on their Back in a Clear cot or sleep space.**

The safest place for a baby to sleep is in a smoke-free environment, in the same room as their parent/carer, for at least the first six months of life. Babies should be placed on their back, with their feet at the foot of the sleep space, on a firm, flat clear surface. We cannot prevent every death, but there are lots of positive steps that can be taken together to reduce the risks.

### Things for parents /carers to avoid:

- Never sleep on a sofa or in an armchair with baby – they may become trapped.
- Don't sleep in the same bed as baby if you smoke, drink or take drugs.
- Don't sleep in the same bed as baby if they were premature or were low birth weight (under 2.5kg/5lb 8oz).
- Don't let baby get too hot.
- Don't cover baby's face or head while they are sleeping, and don't use loose bedding.



Live Well  
Little Ones



<https://lrsb.org.uk/safer-sleeping>

<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>

**The risks of being out-of-routine:**  
 When families are out of their usual routines, whether planned (e.g. staying overnight with a friend) or unplanned (e.g. fleeing domestic abuse), babies still need to be put down to sleep safely. It is important to support families to think ahead about how they can continue to follow safer sleep advice, should their usual routines change. See 'TIPS FOR TALKING WITH FAMILIES ABOUT SAFER SLEEPING' below.

**Safer Sleeping & the Law:**  
 If a person of any age co-sleeps with a child on any surface, not under the influence of any drug/alcohol/substance, and causes his or her death by suffocation, this will be deemed a tragic accident.

If a person of any age co-sleeps with a child on any surface whilst under the influence of any drug/substance/alcohol and causes their death by suffocation, they could be liable to criminal prosecution (Section 5. Offences against the Persons Act 1861).

A review of deaths in Leicester & Leicestershire from 2016 to 2022 found the following common factors in cases where unsafe sleeping was identified:

- Co-sleeping with an adult on a sofa or table
- Baby was born premature (less than 3 weeks early / before 37 weeks)
- Baby with low birth weight (less than 2.5kg at 6kg Day)
- Parental smoking
- Sharing a sleep space with an adult who has recently had alcohol, drugs that could depressant or avoid drugs (including cannabis)
- Crowded or cluttered housing
- Previous or current domestic abuse
- Families did not always report being out of their usual routines.

**Live Well**  
 Little Ouse

# Page 2 Routines, law & local learning

# LLR Safer Sleeping Risk Assessment for babies under 12 months

## The risks of being out-of-routine:

When families are out of their usual routines, whether planned (e.g. staying overnight with a friend) or unplanned (e.g. fleeing domestic abuse), babies still need to be put down to sleep safely. It is important to support families to think ahead about how they can continue to follow safer sleep advice, should their usual routines change. See 'TIPS FOR TALKING WITH FAMILIES ABOUT SAFER SLEEPING' below.

## Safer Sleeping & the Law:

If a person of any age co-sleeps with a child on any surface, not under the influence of any drug/alcohol/or substance, and causes his or her death by suffocation, this will be deemed a tragic accident.

If a person of any age co-sleeps with a child on any surface whilst under the influence of any drug/substance/alcohol and cause their death by suffocation, they could be liable to criminal prosecution (Section 5. Offences against the Persons Act 1861).






**LLR Safer Sleeping Risk Assessment for babies under 12 months**

**The risks of being out-of-routine:**  
When families are out of their usual routines, whether planned (e.g. staying overnight with a friend) or unplanned (e.g. being domestic abuse), babies still need to be put down to sleep safely. It is important to support families to think ahead about how they can continue to follow safer sleep advice, should their usual routines change. See **TPM FOR TALKING WITH FAMILIES ABOUT SAFER SLEEPING** below.

**Safer Sleeping & the Law:**  
If a person of any age co-sleeps with a child on any surface, not under the influence of any drug/alcohol/substance, and avoids hot or hot death by suffocation, this will be deemed a tragic accident.  
If a person of any age co-sleeps with a child on any surface whilst under the influence of any drug/alcohol/substance and causes that death by suffocation, they could be liable to criminal prosecution (Section 5, Children against the Parents Act 1981).

**A review of deaths in Leicester & Leicestershire from 2018 to 2022 found the following common factors in cases where unsafe sleeping was identified:**

- Co-sleeping with an adult on a chair or sofa.
- Baby was born preterm (more than 3 weeks early / before 37 weeks).
- Baby with low birth weight (less than 2.5kg or 5lb 8oz).
- Parental smoking.
- Sharing a sleep space with an adult who has recently had alcohol, drugs that cause drowsiness or used drugs (including cannabis).
- Crowded or cluttered housing.
- Previous or current domestic abuse.
- Families (for whatever reason) being out of their usual routines.



**Live Well Little Ones**

**Page 2  
Routines, law &  
local learning**



**A review of deaths in Leicester & Leicestershire from 2018 to 2022 found the following common factors in cases where unsafe sleeping was identified:**

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- Baby was born preterm (more than 3 weeks early / before 37 weeks).
- Baby with low birth weight (less than 2.5kg or 5lb 8oz).
- Parental smoking.
- Sharing a sleep space with an adult who has recently had alcohol, drugs that cause drowsiness or used drugs (including cannabis).
- Crowded or cluttered housing.
- Previous or current domestic abuse.
- Families (for whatever reason) being out of their usual routines.



**Live Well Little Ones**



Parent/Carer Name \_\_\_\_\_ Name of practitioner completing assessment \_\_\_\_\_ Assessment Date \_\_\_\_\_

**CHILD**

Baby born premature (over 3 weeks early)?

Birth weight under 5lb 8oz (2.5kg)?

If yes to either, then safer sleeping is even more important to help keep baby safe.

**PARENTING CAPACITY**

Parent/carer on medicine causing drowsiness?

Parent/carer smoking currently?

Excessive parent/carer tiredness?

Parent/carer drug use?

Parent/carer alcohol use?

Parent/carer learning needs? (smoking in pregnancy)?

Baby's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**FAMILY, ENVIRONMENT & SLEEP SPACE**

Any smokers living in the household?

Domestic abuse?

Is there adequate space for a cot/Moses basket?

Poor quality housing (e.g. damp/poor heating)?

**BABY'S SLEEP SPACE**

Has there been a recent change in circumstances /family routine?

Is there a safe sleep space for daytime sleeping?

Is there a safe sleep space for night-time sleeping?

Are parents choosing to co-sleep (share a sleep space)?

\*If any red star areas ticked, co-sleeping is potentially very risky and parents/carers should be strongly advised not to co-sleep.

Together with the parent/carer, what risks have you identified? \_\_\_\_\_

Agreed actions for parent/carer: \_\_\_\_\_

Together with the parent/carer, what actions have been agreed having completed the risk assessment? \_\_\_\_\_

Agreed actions for practitioner: \_\_\_\_\_

Review date due: \_\_\_\_\_

Remember: If you have completed the risk assessment electronically look to the additional code reference. If you have completed a paper copy, additional reference to the additional code reference. Download to give the practitioner a copy, so they have a record of the assessment too.



## Page 3

## Risk Assessment

# LLR Safer Sleeping Risk Assessment for babies under 12 months

Parent/Carer Name \_\_\_\_\_

Name of practitioner completing assessment \_\_\_\_\_

Assessment Date \_\_\_\_\_

## CHILD

- \*Baby born premature (over 3 weeks early)?
- \*Birth weight under 5lb 8oz / 2.5kg?

If yes to either, then safer sleeping is even more important to help keep baby safe.



## PARENTING CAPACITY

- \*Parent/carer on medicine causing drowsiness?
- \*Parent/carer smoking currently?
- \*Excessive parent/carer tiredness?
- \*Parent/carer drug use?
- \*Parent/carer alcohol use?
- Parent/carer learning needs?
- Smoking in pregnancy?

Baby's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## FAMILY, ENVIRONMENT & SLEEP SPACE

- Any smokers living in the household?
- Domestic abuse?
- Is there adequate space for a cot/Moses basket?
- Poor quality housing (e.g. damp/poor heating)?

## BABY'S SLEEP SPACE

- Has there been a recent change in circumstances /family routine?
- Is there a safe sleep space for daytime sleeping?
- Is there a safe sleep space for night-time sleeping?
- Are parents choosing to co-sleep (share a sleep space)?

**\*If any red star areas ticked, co-sleeping is potentially very risky and parents/carers should be strongly advised not to co-sleep.**

Parent/Carer Name: \_\_\_\_\_ Name of practitioner completing assessment: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

**CHILD**

Baby born premature (under 37 weeks early)?

Birth weight under 5lb 10oz (2.5kg)?

If you're unsure, then safer sleeping is even more important to help keep baby safe.

**PARENTING CAPACITY**

Practitioner on medicine (including alcohol)?

Practitioner smoking currently?

Excessive alcohol use (more than 14 units per week)?

Practitioner drug use?

Practitioner alcohol use?

Practitioner learning needs? (including in pregnancy)?

**Baby's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**FAMILY, ENVIRONMENT & SLEEP SPACE**

Any smokers living in the household?

Domestic abuse?

Is there adequate space for a cot/crib/bed?

Heat quality heating (e.g. radiator heating)?

**BABY'S SLEEP SPACE**

Has there been a recent change in circumstances (family routine)?

Is there a safe sleep space for daytime sleeping?

Are parents choosing to co-sleep (share a sleep space)?

\*If any and star areas ticked, co-sleeping is potentially very risky and parents/carers should be strongly advised not to co-sleep.

Together with the parent/carer, what risks have you identified? \_\_\_\_\_


Agreed actions for parent/carer: \_\_\_\_\_

Together with the parent/carer, what actions have been agreed having completed the risk assessment? \_\_\_\_\_

Agreed actions for practitioner: \_\_\_\_\_

Review date due: \_\_\_\_\_

**Remember:**  
If you have completed the risk assessment electronically save it to the adult/child's case file/record.  
If you have completed a paper copy, add/scan/upload to the adult/child's case file/record.  
Don't forget to give the parent/carer a copy, so they have a record of the discussion too.



# Page 3 Risk Assessment

Together with the parent/carer, what risks have you identified?

Agreed actions for parents/carers:

Together with the parent/carer, what actions have been agreed having completed the risk assessment?

Agreed actions for practitioner:

Review date due:

**Remember:**

If you have completed the risk assessment electronically save it to the adult/child's case file/record.  
If you have completed a paper copy, add/scan/upload to the adult/child's case file/record.  
Don't forget to give the parent/carer a copy, so they have a record of the discussion too.



## USING THE TOOL, IF ANY RISK FACTORS ARE IDENTIFIED, FOLLOW THESE STEPS:

- Check the family's knowledge & understanding of safer sleeping advice.
- Ensure that the Lullaby Trust information is given in the family's first language (the Easy Read card is available in a number of languages <https://www.lullabytrust.org.uk/professionals/publications/>).
- Explore what might be preventing the family from following the advice – this could be a range of things, including advice from wider family members. Put a support plan in place and follow up as much as your professional role allows.
- Consider referring onto other services for support including mental health services, domestic abuse services and smoking cessation services. Try to explore why they have not engaged before and follow up on any referrals made.
- Complete the individual Risk Assessment Form below.
- If you have concerns seek advice from your agency's safeguarding lead and:
  - Liaise with other professionals working with the family.
  - Consider whether the family would benefit from an Early Help assessment.
  - Seek advice via Children's Social Care / complete Multiagency Referral Form (MARF)
  - Consider using the LLR Neglect toolkit ([www.lcitylscb.org/information-for-practitioners/safeguarding-topics/neglect](http://www.lcitylscb.org/information-for-practitioners/safeguarding-topics/neglect)).
- If, having completed the Risk Assessment, there are repeated concerns about advice not being followed, this needs to be considered as an additional risk factor, and should be used to inform timely escalation.

## Additional resources

## The Lullaby Trust

## Safer Sleep Information:

[www.lullabytrust.org.uk/safer-sleep-advice/](http://www.lullabytrust.org.uk/safer-sleep-advice/)

## Lullaby Trust video resources to share with professionals &amp; families:

[www.lullabytrust.org.uk/professionals/video-resources/](http://www.lullabytrust.org.uk/professionals/video-resources/)

## Lullaby Trust Easy Read card (also available in other languages):

[www.lullabytrust.org.uk/uk-professionals/Easy-read-card-English-web.pdf](http://www.lullabytrust.org.uk/uk-professionals/Easy-read-card-English-web.pdf)

## LLR Resources for parents:

[www.llr.org.uk/llr](http://www.llr.org.uk/llr)

## Health for under 5's: HomeStart, Early Help, Infant Feeding, Young Parents, Child Res.

## Substance Misuse services:

Turning Point Leicester: [www.turningpoint.co.uk/services/leicester](http://www.turningpoint.co.uk/services/leicester)

Turning Point Leicestershire & Rutland: [www.turningpoint.co.uk/services/leicestershire](http://www.turningpoint.co.uk/services/leicestershire)

## Smoking cessation/having a smoke free home:

QuitReady Leicestershire & Rutland: [www.quitready.co.uk/](http://www.quitready.co.uk/)

Live Well Leicester City: <http://www.live-well-leicester.gov.uk/services/stop-smoking/>

## Domestic abuse:

LLR, nhs - Freedom from Violence & Abuse (FFVA): [www.ffva.org.uk/](http://www.ffva.org.uk/)



## Page 4

### What next?

### Resource links

# LLR Safer Sleeping Risk Assessment for babies under 12 months

## USING THE TOOL, IF ANY RISK FACTORS ARE IDENTIFIED, FOLLOW THESE STEPS:

- Check the family's knowledge & understanding of safer sleeping advice.
- Ensure that the Lullaby Trust information is given in the family's first language (the Easy Read card is available in a number of languages <https://www.lullabytrust.org.uk/professionals/publications/>).
- Explore what might be preventing the family from following the advice – this could be a range of things including advice from wider family members. Put a support plan in place and follow up as much as your professional role allows.
- Consider referring onto other services for support including mental health services, domestic abuse services and smoking cessation services. Try to explore why they have not engaged before and follow up on any referrals made.
- Complete the individual Risk Assessment Form below.
- If you have concerns seek advice from your agency's safeguarding lead and:
  - Liaise with other professionals working with the family.
  - Consider whether the family would benefit from an Early Help assessment.
  - Seek advice via Children's Social Care / complete Multiagency Referral Form (MARF)
  - Consider using the LLR Neglect toolkit ([www.lcitylscb.org/information-for-practitioners/safeguarding-topics/neglect](http://www.lcitylscb.org/information-for-practitioners/safeguarding-topics/neglect))
- If, having completed the Risk Assessment, there are repeated concerns about advice not being followed, this needs to be considered as an additional risk factor, and should be used to inform timely escalation.

<https://lrsb.org.uk/safer-sleeping>

<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>

## USING THE TOOL IF ANY RISK FACTORS ARE IDENTIFIED, FOLLOW THESE STEPS:

- Discuss the family's knowledge & understanding of safer sleeping advice.
- Ensure that the Lullaby Trust information is given in the family's first language (the Easy Read card is available in a number of languages) <https://www.lullabytrust.org.uk/informationforprofessionals/>
- Explore what might be preventing the family from following the advice - this could be a range of things, including advice from wider family members. Put a support plan in place and follow up as much as your professional role allows.
- Consider referring onto other services for support including mental health services, domestic abuse services and smoking cessation services. Try to explore why they have not engaged before and follow up on any relevant needs.
- Complete the Individual Risk Assessment Form below.
- If you have concerns seek advice from your agency's safeguarding lead and:
  - Liaise with other professionals working with the family.
  - Consider whether the family would benefit from an Early Help assessment.
  - Seek advice via Children's Social Care / complete Multi-agency Referral Form (MARR).
  - Consider using the LLR Report tool!
- [www.lullabytrust.org.uk/informationforprofessionals/regarding-topics/#age2](https://www.lullabytrust.org.uk/informationforprofessionals/regarding-topics/#age2)
- If having completed the Risk Assessment, there are repeated concerns about advice not being followed, this needs to be considered as an additional risk factor, and should be used to inform timely escalation.

## Additional resources

- The Lullaby Trust  
Safer Sleep Information:  
[www.lullabytrust.org.uk/safer-sleep-advice/#](http://www.lullabytrust.org.uk/safer-sleep-advice/#)
- Lullaby Trust video resources to share with professionals & families:  
[www.lullabytrust.org.uk/informationforprofessionals/video-resources/](http://www.lullabytrust.org.uk/informationforprofessionals/video-resources/)
- Lullaby Trust Easy Read card (also available in other languages):  
[www.lullabytrust.org.uk/wp-content/uploads/Easy-read-card-English-web.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/Easy-read-card-English-web.pdf)
- LLR Resources for parents:  
[www.lrsb.org.uk/icon](http://www.lrsb.org.uk/icon)
- Health for under 5's, HomeStart, Early Help, Infant Feeding, Young Parents, Dad Pad.
- Substance Misuse services:  
Turning Point Leicester: [www.turning-point.co.uk/services/leicester](http://www.turning-point.co.uk/services/leicester)  
Turning Point Leicestershire & Rutland: [www.turning-point.co.uk/services/leicestershire](http://www.turning-point.co.uk/services/leicestershire)
- Smoking cessation/having a smoke-free home:  
QuitReady Leicestershire & Rutland: [www.quitready.co.uk/](http://www.quitready.co.uk/)  
Live Well Leicester City: <https://livewell.leicester.gov.uk/services/stopping-smoking/>
- Domestic abuse:  
LLR-wide - Freedom from Violence & Abuse (Freeva): [www.freeva.org.uk/](http://www.freeva.org.uk/)



## Page 4

### What next

### Resource links

## Additional resources

### The Lullaby Trust

#### Safer Sleep Information:

[www.lullabytrust.org.uk/safer-sleep-advice/#](http://www.lullabytrust.org.uk/safer-sleep-advice/#)

#### Lullaby trust video resources to share with professionals & families:

[www.lullabytrust.org.uk/professionals/video-resources/](http://www.lullabytrust.org.uk/professionals/video-resources/)

#### Lullaby Trust Easy Read card (also available in other languages):

[www.lullabytrust.org.uk/wp-content/uploads/Easy-read-card-English-web.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/Easy-read-card-English-web.pdf)

#### LLR Resources for parents:

[www.lrsb.org.uk/icon](http://www.lrsb.org.uk/icon)

Health for under 5's, HomeStart, Early Help, Infant Feeding, Young Parents, Dad Pad.

#### Substance Misuse services:

Turning Point Leicester: [www.turning-point.co.uk/services/leicester](http://www.turning-point.co.uk/services/leicester)

Turning Point Leicestershire & Rutland: [www.turning-point.co.uk/services/leicestershire](http://www.turning-point.co.uk/services/leicestershire)

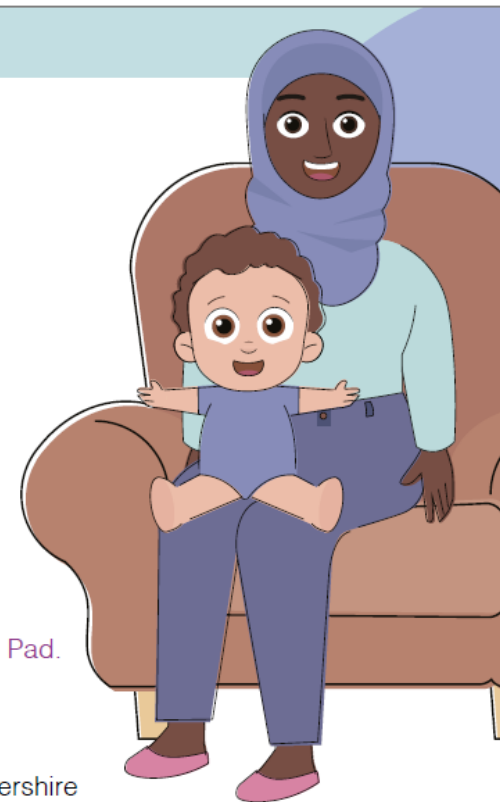
#### Smoking cessation/having a smoke-free home:

QuitReady Leicestershire & Rutland: [www.quitready.co.uk/](http://www.quitready.co.uk/)

Live Well Leicester City: <https://livewell.leicester.gov.uk/services/stopping-smoking/>

#### Domestic abuse:

LLR-wide - Freedom from Violence & Abuse (Freeva): [www.freeva.org.uk/](http://www.freeva.org.uk/)



<https://lrsb.org.uk/safer-sleeping>

<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>

**GUIDANCE FOR PRACTITIONERS: TALKING WITH FAMILIES ABOUT SAFER SLEEPING**  
 The Risk Assessment Tool is the basis for starting conversations with families around safer sleeping. When talking with families, it's really important to:

- explain reasons behind safer sleeping advice.
- work together with families to help them identify the particular risks for their baby.
- work together with families to help them find ways to plan and reduce risks for their baby.

**CHAT:**  
 Ideas for starting curious conversations:

Who else looks after your baby?  
 Do they know about safer sleeping advice, & how to keep your baby safe?

If you go to visit a friend and you make a last-minute plan to stay the night there, how could you make sure your baby has a safe sleep space?

If one of you are going out with friends, and you plan to have a drink, how could you plan ahead to avoid sharing a sleep space with your baby when you come home?

**SHOULD:**  
 Lullaby Trust Easy Read Card: [www.lullabytrust.org.uk/wp-content/uploads/Easy-Read-card-English-web.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/Easy-Read-card-English-web.pdf)  
 • The Easy Read card is available in lots of different languages on the Lullaby Trust website.  
 Lullaby Trust also have lots of other information about how to reduce the risk of SIDS. The Lullaby Trust safer sleep advice resources - The Lullaby Trust.

**PLAN:**  
 The LLR 'My Baby's Safer Sleeping Plan' can be given to families to use as a basis for discussion and planning. It might be helpful to make a list of three things they could do to make sleep time safer for their baby - having this list visible somewhere in the house can be a helpful reminder.

**Examples for a list of ideas to make sleep time safer:**

- I will put down on my smoking.
- I will move the cot/baby toys out of the cot.
- I will speak for others in the house about not smoking indoors.
- I will make sure the cot is always kept clear, so it is ready to use.

**Planning ahead - questions to start a conversation:**

- If I'm changing my baby and I feel tired, do I have a safe space ready to put them down?
- If I'm planning on having a drink, how will I make sure that I have planned ahead for baby to sleep safely?
- If I have to leave home in a hurry and stay elsewhere, what do I need to keep baby's sleep space safe?
- If I am sleeping with baby overnight with friends, where will they sleep?
- What will I need to keep their sleep space safe?



# Page 5 Tips for talking about safer sleeping

# LLR Safer Sleeping Risk Assessment for babies under 12 months

## GUIDANCE FOR PRACTITIONERS: TALKING WITH FAMILIES ABOUT SAFER SLEEPING

The Risk Assessment Tool is the basis for starting conversations with families around safer sleeping. When talking with families, it's really important to:

- explain reasons behind safer sleeping advice.
- work together with families to help them identify the particular risks for their baby.
- work together with families to help them find ways to plan and reduce risks for their baby.

### CHAT:

Ideas for starting curious conversations:

Who else looks after your baby?  
 Do they know about safer sleeping advice, & how to keep your baby safe?

If you go to visit a friend and you make a last-minute plan to stay the night there, how could you make sure your baby has a safe sleep place?



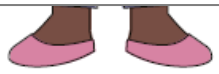
Where did your baby sleep last night?  
 Where did they wake up this morning?  
 Is this where they normally sleep?

If one of you are going out with friends, and you plan to have a drink, how could you plan ahead to avoid sharing a sleep space with your baby when you come home?





# Page 5 Tips for talking about safer sleeping



## SHOW:

Lullaby Trust Easy Read Card: [www.lullabytrust.org.uk/wp-content/uploads/Easy-read-card-English-web.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/Easy-read-card-English-web.pdf)

- The Easy Read card is available in lots of different languages via the Lullaby Trust website

Lullaby Trust also have lots of different animations about how to reduce the risk of SIDS: The Lullaby Trust safer sleep video resources - The Lullaby Trust

## PLAN:

The LLR 'My Baby's Safer Sleeping Plan' can be given to families to use as a basis for discussion and planning. It might be helpful to make a list of three things they could do to make sleep time safer for their baby – having this list visible somewhere in the house can be a helpful reminder.

### Examples for a list of 3 ideas to make sleep time safer:

- I will cut down on my smoking.
- I will speak to others in the house about not smoking indoors.
- I will move the cuddly toys out of the cot.
- I will make sure the cot is always kept clear, so it is ready to use.

### Planning ahead – questions to start a conversation:

- If I'm cuddling my baby and I feel tired, do I have a safe space ready to put them down?
- If I'm planning on having a drink, how will I make sure that I have planned ahead for baby to sleep safely?
- If I have to leave home in a hurry and stay elsewhere, what do I need to keep baby's sleep space safe?
- If I am staying with baby overnight with friends, where will they sleep?

What will I need to keep their sleep space safe?



**My Baby's Safer Sleeping Plan**

Baby's name: \_\_\_\_\_ Parent name(s): \_\_\_\_\_

Remember: The safest place for my baby to sleep at every sleep, is on their back, in a clear cot or sleep space, in the same room as me, for the first 6 months.

**Things I can do to make my baby's sleep time safer at every sleep:**

- Have a smoke-free house.
- Breastfeed if I can.
- Keep baby's sleep space ready and clear of clutter (including stuffed toys, pillows or duvets, cot bumpers).
- Always put baby to sleep on their back to sleep.
- Make sure that baby's head and face are free from being covered by loose bedding.
- Make sure that baby does not get too hot.
- Never fall asleep with baby on a chair or sofa.

**Sharing a sleep space:**

- I should only ever let baby share my sleep space if they were:
  - born at full term (more than 37 weeks) AND
  - born weighing more than 5 pounds, 8 ounces (2.5 kg)
- I should only ever let baby share my/our sleep space if I/we:
  - are sober.
  - do not smoke at all, and did not smoke during the pregnancy
  - are not taking medication which causes drowsiness.
  - are not under the influence of recreational drugs.

**My change in routine plan:**

If my baby and I am sleeping somewhere different:  
Where will baby be sleeping during the day? \_\_\_\_\_

What things do I need to have with me or to get, to give them a safe sleep space? \_\_\_\_\_

**My baby won't settle:**

What will I do if my baby won't settle in their usual sleep space, to help them sleep safely? \_\_\_\_\_

Who do I need to share this plan with? \_\_\_\_\_ Who can I go to for help, support and information? \_\_\_\_\_

Who else looks after my baby? \_\_\_\_\_  [Scan Me](#)

Name of parent(s) completing this plan: \_\_\_\_\_ Date: \_\_\_\_\_

Name of professional supporting this plan: \_\_\_\_\_ Date: \_\_\_\_\_ 



## Page 6 Safer Sleeping Plan

# LLR Safer Sleeping Risk Assessment for babies under 12 months

## My Baby's Safer Sleeping Plan

Baby's name: \_\_\_\_\_

Parent name(s): \_\_\_\_\_

Remember: The safest place for my baby to sleep at every sleep, is on their back, in a clear cot or sleep space, in the same room as me, for the first 6 months.

### Things I can do to make my baby's sleep time safer at every sleep:

- Have a smoke-free house.
- Breastfeed if I can.
- Keep baby's sleep space ready and clear of clutter (including stuffed toys, pillows or duvets, cot bumpers).
- Always put baby to sleep on their back to sleep.
- Make sure that baby's head and face are free from being covered by loose bedding.
- Make sure that baby does not get too hot.
- Never fall asleep with baby on a chair or sofa.

### Sharing a sleep space:

- I should only ever let baby share my sleep space if they were:
  - born at full term (more than 37 weeks) AND
  - born weighing more than 5 pounds, 8 ounces (2.5 kg)
- I should only ever let baby share my/our sleep space if I/we:
  - are sober.
  - do not smoke at all, and did not smoke during the pregnancy
  - are not taking medication which causes drowsiness.
  - are not under the influence of recreational drugs.



<https://lrsb.org.uk/safer-sleeping>

<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>



# Page 6 Safer Sleeping Plan

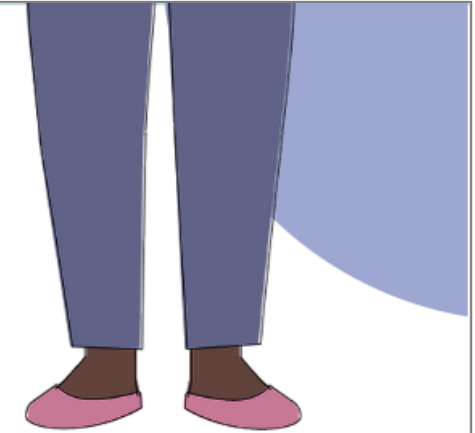
## My change in routine plan:

If my baby and I are sleeping somewhere different:

Where will baby be sleeping at night?

Where will baby be sleeping during the day?

What things do I need to have with me or to get, to give them a safe sleep space?



## My baby won't settle:

What will I do if my baby won't settle in their usual sleep space, to help them sleep safely?

Who do I need to share this plan with?

Who can I go to for help, support and information?

Who else looks after my baby?



Name of parent(s) completing this plan:

Name of professional supporting this plan:

Date:



LLR Safer Sleeping Risk Assessment  
for babies under 12 months



**Acknowledgements**

With agreement and thanks, the following resources were used & localised:  
Safer Sleeping – A risk assessment tool for practitioners – Nottinghamshire Safeguarding  
Partnership & Nottingham City Safeguarding Children Partnership



<https://lrsb.org.uk/safer-sleeping>

<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>

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Sham Mahmood

Clare Mills

Louise Pettit

Julia Pilsbury

Lyn Quinnell

Amy Robinson

Emily Wakelin

# Where to go to find out more:

## **Safer Sleep Advice for families & professionals:**

- Lullaby Trust (including easy read info & information in other languages & the full research Evidence Base): <https://www.lullabytrust.org.uk>

## **Alcohol consumption & supervision of babies/children:**

- Who's in Charge videos developed by Birmingham Safeguarding Children Partnership: <https://www.bhamcommunity.nhs.uk/about-us/news/latest-news/whos-in-charge-video-campaign/resources/>

## **Safer sleep for Dads:**

- 'Lift the baby' website & videos developed by NHS services in Berkshire: <https://www.liftthebaby.org.uk>

## **NICE guidance for healthcare professionals on safer sleep & bed-sharing:**

- NICE Guidance – Postnatal Care: <https://www.nice.org.uk/guidance/ng194/chapter/Recommendations>

## **Supporting families in need with baby equipment:**

- Baby Basics: <https://www.babybasicsleicester.co.uk>

## **LLR Safeguarding procedures:**

- LLR Neglect Toolkit: [Neglect \(proceduresonline.com\)](https://www.proceduresonline.com/neglect)

<https://lrsb.org.uk/safer-sleeping>

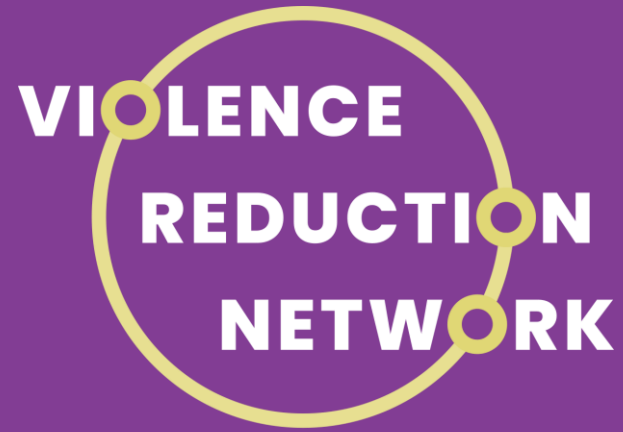
<https://lcitylscb.org/information-for-practitioners/safer-sleeping/>



# BREAK

## 10 minutes





# **Safeguarding Matters**

## **Wednesday 6<sup>th</sup> December 2023**

**#PreventionThroughConnection**

**@VR\_Network**

**[www.violencereductionnetwork.co.uk](http://www.violencereductionnetwork.co.uk)**

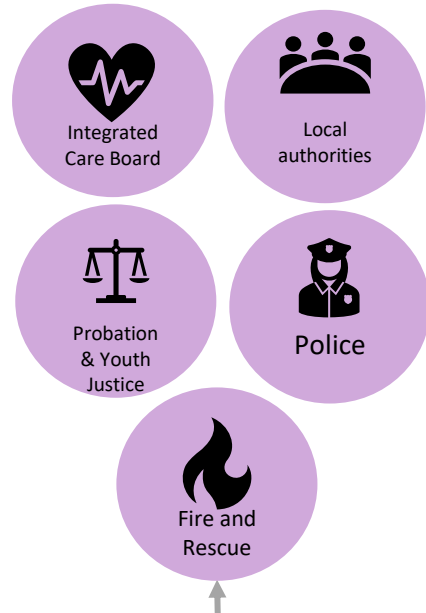
# Introducing the Duty

The Serious Violence Duty is one of many measures introduced through the Police, Crime, Sentencing and Courts Act (PCSC) 2022 (Ch1 Part 2).

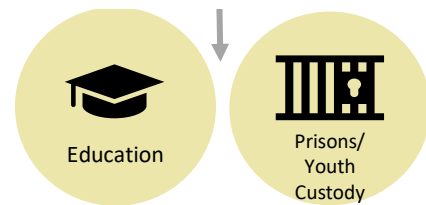


Police and Crime Commissioners are not subject to the Duty but have the authority to take a convening role, support specified authorities, draw down and distribute funding and monitor progress.

## Specified Authorities (duty holders)



Must consult relevant authorities in preparing the strategy and they should co-operate



## Relevant Authorities

## The Duty

The Duty requires specified authorities, for one or more local government areas, to work together and plan to prevent and reduce SV, including identifying the kinds of SV in the area, the causes of that violence and to prepare and implement a shared strategy for preventing and reducing SV in the area.

**Section 6 of the Crime and Disorder Act now requires Community Safety Partnerships to have SV as an explicit priority in their strategies and plans.**

## Timescales



The Duty commenced on the 31 January 2023. Specified authorities have until 31 January 2024 to produce their SNA and Strategy

## Success Measures



- ❖ A reduction in hospital admissions for assaults with knife or sharp object
- ❖ A reduction in knife and sharp object enabled serious violence recorded by the Police
- ❖ A reduction in homicides recorded by the Police

# Relevant Authorities: Education

Section 12 and Schedule 2 of the PCSC Act defines Educational Authorities as:

1. Governing bodies of maintained schools, further education colleges and sixth-form colleges in England and further education institutions in Wales
2. Management committees of pupil referral units
3. Proprietors of academy schools, free schools, alternative provision academies and non-maintained special schools
4. Proprietors of independent schools

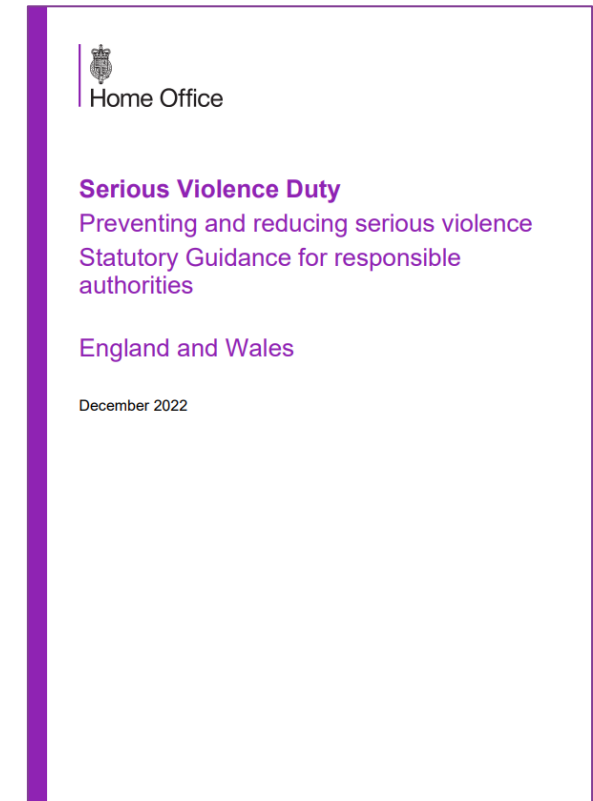
# The Requirements

Duty holders are encouraged to adopt a 'public health approach' and must:

- 1 Define Serious Violence in the local area\*
- 2 Agree the geographical area and partnership model
- 3 Understand local issues and produce a Strategic Needs Assessment
- 4 Prepare, publish and implement a strategy

\* *Our local definition:*

*"Violence resulting in significant physical injury and other serious harm, including sexual violence. Violence may be committed with or without weapons, and may take place in domestic or public places"*



[Serious Violence Duty - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/serious-violence-duty)



# The local definition of serious violence

Violence resulting in significant harm, including sexual violence. Violence may be committed with or without weapons, and may take place in domestic or public places.



LEICESTER, LEICESTERSHIRE  
& RUTLAND

# The Serious Violence Duty and Ofsted

**Repeated questions from Ofsted inspections across LLR schools summer and autumn terms 2023:**

**1. Who do you collaborate with to prevent your students from being involved in violent crime?**

**2. Who do you collaborate with to manage students who have been affected by violent crime?**

# Examples of how Education Partners already contribute to violence prevention and reduction

Working with safeguarding and community safety partners

Promoting positive social and cultural norms around healthy relationships

Sharing and utilising data to understand the local issues and develop responses

Implementing bystander interventions

Whole school approaches which facilitate inclusion and reduce risks of exclusion

Supporting the development of life and social skills

Gathering and acting upon insights from pupils, parents and staff on feelings of safety

Bullying prevention policies and programmes

Provision of quality education and a positive school experience

Providing factual information about staying safe to children and parents

Staff training around relevant issues such as child development and trauma

Restorative and/or trauma-informed whole school approaches

Delivering a relevant and comprehensive PSHE programme

Delivering purposeful after-school activities

Discharging statutory safeguarding duties

Creating pro-social and safe school environments

Running awareness raising and/or behaviour change campaigns

Collaborating with parents and community-based partners

EXTENT



A decrease in serious violence compared to the previous year

Decreases observed with violence without injury and burglary (residential and business/community) offences

Increases observed with Stalking and Harassment, Public Disorder and Rape offences

MOST COMMON OFFENCES / INJURY TYPES

- Police:** Stalking & Harassment
- Hospital Admissions:** Assault by bodily force
- Ambulance:** Assault / Sexual Assault

30% of all serious violence was flagged as domestic-related

Sexual offences make up 9% of all serious violence

Under 25s contributed to 30% of serious violence in 2022/23

5% offences involved a knife or sharp object

NATURE

PERSON PROFILES

71% of offenders are **male**  
56% of victims are **female**

1.7% of LLR residents were a victim and 1.2% were a perpetrator of serious violence in the last 12 months

**10-19**

year olds experience the highest rates as perpetrators and victims of sexual violence and public place serious violence

**30-39**

year olds experience the highest rates as perpetrators and victims of serious violence

Most common areas of residency for perpetrators and victims were:  
West Leicester, East Leicester, Hinckley & Blaby and Charnwood

TIMINGS

Peak times

- Police:** 15:00–15:59
- A&E:** 11:00–11:59
- Ambulance:** 00:00–00:59, 22:00 – 22:59



Increases seen at the weekend

28% of public place serious violence was committed in the NTE

Priority areas:

- West Leicester
- East Leicester
- Hinckley & Blaby
- Charnwood
- Central Leicester



Of the local authorities, **Leicester** saw the highest rate and volume of serious violence – double the rate seen in Leicestershire

LOCATION

Serious Violence in the Night Time Economy

- More than 80% of perpetrators were male.
- Almost a fifth of perpetrators reside in West Leicester, followed by Charnwood and East Leicester.
- The greatest proportion of victims and perpetrators were aged between 18 – 24.
- 70% of victims were male.
- The greatest proportion of victims live in West Leicester, East Leicester, Hinckley & Blaby and Charnwood.

Perpetrators of High-Harm Offences (under 21s)

- The majority of the cohort reside in East Leicester, West Leicester, Charnwood and South Leicester.
- The peak ages of committing GBH, Murder or Attempt Murder were 18, 16 and 19.
- 89% were male.
- Average age of first offence was 14.6 years old.
- 28% of first offences were for Grievous Bodily Harm.
- Average age of first victimisation was 12.9 years old.
- 29% of the cohort were victim of or witness to domestic abuse.
- 71% were identified as having special educational needs.
- 55% received a suspension or permanent exclusion.
- 50% were persistently absent from school.
- 37% had a flag for mental health concerns.
- A third had parents who are involved in offending.

COHORT ANALYSIS

# Serious Violence Risk Factors



*Prevalence of certain risk factors within a cohort of high-harm suspected perpetrators*

The following provides a summary of the prevalence of key risk factors in Leicester, Leicestershire and Rutland where we have data available. Rates are compared against the national average.

## LEICESTER

- Amongst the most deprived geographic areas in England and the top 10% for income deprivation affecting children
- Children have poorer SEM health and below the expected level of development and attainment
- Higher rates of young people who are NEET
- Higher rates of children who are looked after
- Higher rates of first-time offenders, entrants and children in the YJS
- Higher rates of admissions for alcohol-related conditions and dependent drinkers
- Higher number of children who are habitual knife carriers
- Higher proportion of adults in treatment at specialist drug misuse services
- Higher rates of economic inactivity and unemployment

## LEICESTER-SHIRE

- Lower rates of children who have reached the expected levels of development at age 2
- Higher rates of children on an education, health and care plan
- Fewer people who use services feel safe
- Higher rates of anti-social behaviour involving young people
- Higher number of County Lines

## RUTLAND

- Higher rate of 10 to 24-year olds being admitted to hospital as a result of self-harm
- Higher rates of hospital admissions for mental health conditions for those under 18



# The principal focus is prevention

We need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in.

(Desmond Tutu)





LEICESTER,  
LEICESTERSHIRE  
AND RUTLAND



# Trauma Informed Consortium Groups



## Trauma Informed Schools Forum

The Forum meets for an hour each half term

Do you work in or around the Education system?

Do you want to build resilience for children, families and the community?

Would you like support to create a trauma informed school that benefits everyone?

**JOIN US**

Connecting Education across Leicester, Leicestershire and Rutland

Find out more

<https://www.violencereductionnetwork.co.uk/trauma-informed-partnership-network-meetings>

To join email the Violence Reduction Network [vm@leics.pcc.pnn.gov.uk](mailto:vm@leics.pcc.pnn.gov.uk)

**Trauma Informed Partnership**  
Leicester, Leicestershire and Rutland

## TRAUMA INFORMED COMMUNITY OF PRACTICE LEICESTER, LEICESTERSHIRE AND RUTLAND

The Community of Practice (CoP) is a cross sector network of professionals with a shared understanding and ambition of embedding trauma informed practice into their roles. We welcome all those working directly or indirectly with children, adults and communities in Leicester, Leicestershire and Rutland.

Co-producing Resources

Meetings held once a quarter

Steering Change Locally

Networking

Finding Solutions Together

Professional Development

Sharing Best Practice

Find Out More

To join the CoP email the Violence Reduction Network [vm@leics.pcc.pnn.gov.uk](mailto:vm@leics.pcc.pnn.gov.uk)

<https://www.violencereductionnetwork.co.uk/trauma-informed-partnership-network-meetings>

**Trauma Informed Partnership**  
Leicester, Leicestershire and Rutland

## Trauma Informed Partnership Network

Working together in Leicester, Leicestershire & Rutland to:

- Increase awareness & understanding
- Develop and deliver prevention strategies
- Equip & support our workforce
- Support organisations to become trauma informed
- Build resilience in partnership with communities

Are you passionate about systemic change for improving outcomes?

Are you part of strategic decision making in your organisation?

Do you have a role in commissioning or designing services locally?

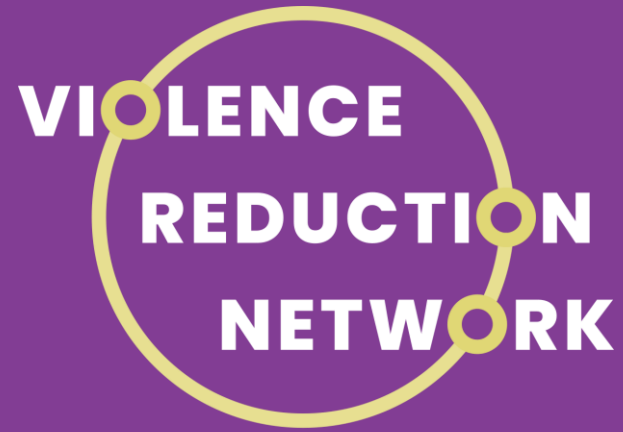
Meetings held once per quarter for opportunities to receive system updates, steer systemic change and hear from guest speakers on topics of interest.

Find out More & Join Us...

[www.violencereductionnetwork.co.uk/trauma-informed-partnership-network-meetings](https://www.violencereductionnetwork.co.uk/trauma-informed-partnership-network-meetings)

**Trauma Informed Partnership**  
Leicester, Leicestershire and Rutland

[To find out more or join one of the groups follow this link](https://www.violencereductionnetwork.co.uk/trauma-informed-partnership-network-meetings)



**Thank you!**

**[david.ohanlon-ribbins@leics.police.uk](mailto:david.ohanlon-ribbins@leics.police.uk)**

**#PreventionThroughConnection**

**@VR\_Network**

**[www.violencereductionnetwork.co.uk](http://www.violencereductionnetwork.co.uk)**

# Safeguarding Adults Reviews from Other Areas - Adult H from Rochdale and Joshua from Lewisham

## Adult H

- ▶ A Zimbabwean man who came to the UK in 2005 and was refused Indefinite Leave to Remain (ILR) in 2006. He was classed as an overstayer. Adult H was HIV positive, and his condition was not being controlled medically

Report links: [Overview Report](#)

## Joshua

- ▶ A black Caribbean man of a Guyanese background who came to the UK as a child. He had longstanding mental health conditions and lived in supported accommodation

Report links: [Overview Report](#), [7 minute briefing](#) and [publication statement](#)



## Safeguarding Adults Review - Joshua from Lewisham

- ▶ Joshua was a 35-year-old Black Caribbean man who came to the UK as a child. Race equality is a central feature of this SAR
- ▶ Joshua had nine admissions to hospital under the Mental Health Act (MHA) 1983 and was subject to s.117 aftercare. He lived in supported accommodation as part of that aftercare
- ▶ Joshua was seen by supported living staff on the street at different times on 09.03.18. When they were unable to locate him, staff escalated their concerns and the police were called, twice, the second time by a member of the public after a man was seen climbing onto school fields
- ▶ The police attended and requested an ambulance. When the ambulance arrived, Ambulance Service staff reported that Joshua was being restrained on the floor (up to nine Officers involved in his restraint) and was in the recovery position. It was unknown for how long Joshua had been restrained

## Safeguarding Adults Review - Joshua from Lewisham

- ▶ The Ambulance Service officer did not conduct a thorough medical examination and left police officers to walk Joshua to the ambulance with his hands cuffed behind his back and leg restraints on. Joshua's hoody was pulled over his head which meant that nobody could properly conduct observations
- ▶ On examination (in the ambulance), Joshua was in cardiac arrest (still handcuffed) and CPR was commenced. Joshua's breathing was assisted, and he was conveyed to hospital whilst CPR was continued throughout the journey. He was declared deceased at the hospital.
- ▶ At the Coroner's inquest the jury found system-wide failures contributed to his death. A Regulation 28 Report to prevent future deaths was issued to the Metropolitan Police Service and the London Ambulance Service. The jury recorded the medical cause of death as Acute Behavioural Disturbance (ABD) (in a relapse of schizophrenia) leading to exhaustion and cardiac arrest, contributed by restraint struggle, and being walked.

# Safeguarding Adults Review - Joshua from Lewisham

## Learning

1. Joshua's care plan **was lacking in the wider context of his identity**. The person's mental health issues need to be understood within the context of race, their family, cultural and other relevant factors
2. The importance of reviewing the s.136 (MHA) pathway and the care planning process in general which includes a planned approach to **managing deterioration of mental health and crisis situations**
3. s.136 (MHA) is a **power of last resort** to be used by the police. Agencies should develop their contingency plans and services to support adults at times of mental health crisis
4. Use of force training should be **focused on prevention and de-escalation**
5. Review training and strengthen guidance at cross-disciplinary level, in line with the Position Statement published by the Royal College of Psychiatrists on **'Acute Behavioural Disturbance' (ABD)** and 'Excited Delirium'
6. Review relevant training and policies to strengthen anti-racist perspectives and to include the **involvement of people with lived experience and their families** and third sector organisations. Training needs to be part of a **wider programme of change, developing multipronged diversity initiatives that tackle structural discrimination**

## Safeguarding Adults Review - Adult H from Rochdale

- ▶ Adult H was a Zimbabwean man who came to the UK in 2005 and was refused Indefinite Leave to Remain (ILR) in 2006. Adult H had been in a relationship and had a child with his ex-partner, but the relationship had broken down. He was diagnosed as HIV positive in 2006 and was treated as an outpatient until 2007, but from 2007 onwards his condition was not being controlled medically.
- ▶ In November 2010, Adult H was served immigration paperwork as an overstayer.
- ▶ In 2012, Adult H was sentenced to 14 months imprisonment for fraud offences he committed in 2009. As a result of this criminality, Adult H was made the subject of a deportation order in July 2013. However, whilst he did not have right to remain in this country, he was offered voluntary deportation (also known as the Voluntary Returns Service) due to unrest in Zimbabwe

## Safeguarding Adults Review - Adult H from Rochdale

- ▶ Adult H was admitted to hospital on 4 November 2020 under Section 2 of the MHA after being found unresponsive at a bus stop. He had previously been brought to A&E by Paramedics on 3 November 2020 following concerns about his mental health but was removed by security due to some inappropriate comments.
- ▶ Adult H presented as doubly incontinent, frail, and mostly uncommunicative. Staff found it difficult to engage with him and there were contradictory notes about his incontinence. Staff were not aware that he was HIV positive until 23 November 2020, when this was disclosed by the Home Office. Upon health professionals learning of Adult H's HIV status, there was no consideration, initially, as to whether his presentation could be linked to his untreated HIV.



## Safeguarding Adults Review - Adult H from Rochdale

- ▶ Adult H was not considered to be experiencing any mental health illness and was assumed to have capacity to make decisions around his own care and support. He was not engaging with support services, including the Home Office asylum processes, and was discharged from hospital on 21 December 2020 with no fixed abode or right to public funds.
- ▶ On 30 December 2020, Adult H was again found unresponsive at a bus stop and was readmitted to hospital. During this admission, following Adult H expressing a desire to discharge himself (even though he was unable to walk), and refusing lifesaving surgery, some practitioners began to doubt his capacity and sought legal advice. Lifesaving surgery was performed under a best interest decision but sadly, whilst initially he showed signs of recovery, Adult H died on the 13 February 2021.

# Safeguarding Adults Review - Adult H from Rochdale

## Learning

1. Professionals feel uninformed and unsupported around Home Office procedure
2. Professionals do not know who to contact for advice when they have concerns regarding a person living with HIV who is not currently engaging with care, support and/or treatment
3. Changes to an individual's behaviour and mental state may be due to organic or non-organic causes
4. Capacity remains a complex area of professional practice and all practitioners must be confident to challenge decisions and seek advice
5. Practitioners may be confused by legislation around advocacy services
6. Language labels (for example 'does not engage') are in danger of apportioning blame to the person at risk and contrast with a person-centred, strengths-based approach



**Leicester, Leicestershire  
and Rutland**

# Developing Awareness of Unconscious Biases

**Alison Taylor-Prow Designated Professional for  
Safeguarding Adults**

NHS Leicester, Leicestershire and Rutland is the operating name of  
Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:



**Leicester, Leicestershire  
and Rutland**  
Health and Wellbeing Partnership



# Aims & Objectives

To provide a safe space for LLR practitioners to reflect on the learning from the case of Adult H in relation to cultural sensitivity.

- To identify the learning from Adult H in relation to culture.
- To consider the impact of unconscious biases on our decision-making in safeguarding.
- To explain what unconscious bias is and how it evolves.
- To consider strategies to support our understanding our own unconscious biases.
- To demonstrate the links between trauma informed practice and recognition of unconscious biases
- To consider strategies to minimise the risks of harm caused by our unconscious biases.



# Race & Culture

## NHS Trust

**Recommendation Two** – Equality and diversity training, focusing on conscious and unconscious bias relating to ethnicity/social/cultural factors as relating to ethnicity/social/cultural.

## System learning

Professionals are not always sensitive to the risk of intercultural misinterpretation in health and social care.

Link to local Multicultural Resource Centre - [home - Multicultural Resource Centre \(mcrcentre.org.uk\)](http://home - Multicultural Resource Centre (mcrcentre.org.uk))



# Adult H: Learning in relation to race and culture

## Cultural Curiosity

- This review found little reference to professionals working with Adult H, striving to understand his culture and background.
- It is not possible for every professional to learn of every culture, but all can practice generic skills such as cultural curiosity and an open-minded awareness of the differences that cultural background can produce.
- Professionals found it hard to engage Adult H, but there appears to be no exploration as to whether there were any external cultural influences impacting upon Adult H's emotional availability to engage with professionals.
- Interpreters in health care have been shown to improve safety with respect to diagnosis and prescription, and although it is documented that Adult H could speak English well this does not necessarily mean that his comprehension of the English language was sufficient to understand the complexities surrounding his situation, particularly when he was in poor health.

# Adult H

- Adult H came to live in the United Kingdom from Zimbabwe in 2005, but a year later was refused Indefinite Leave to Remain. Following a prison sentence in 2012 for fraud offences committed in 2009, he was made subject of a deportation order but was offered voluntary deportation due to unrest in Zimbabwe.
- The voluntary deportation status caused Adult H not to be forcibly deported and able to apply for asylum. For reasons unknown, Adult H did not apply for asylum and was consequently left without recourse to public funds.
- In November 2020 Adult H was admitted into hospital under section 2 of the Mental Health Act. Staff at the hospital were unaware that Adult H lived with Human Immunodeficiency Virus and had stopped taking his prescribed medication for several weeks. Following Adult H's detainment under section 2 exploring, and healthcare professionals deeming no evidence of enduring mental illness, Adult H was discharged from hospital. Professionals had been unable to successfully engage him with care or support.
- A week later Adult H was readmitted and deemed to require bilateral leg amputation and a blood transfusion. Adult H refused both.
- In January 2021 a Judge determined that Adult H lacked capacity to make decisions about his medical needs, and that surgery should go ahead in Adult H's best interests. Sadly, post-surgery, Adult H's health deteriorated, and he passed away.

# Understating factors that can influence how we see a person

Drill down technique

Is a process of breaking the problem into

Its basic elements

To find the root  
Cause(s)

# We all have unconscious biases



Unconscious bias is triggered by our brain automatically making quick judgments and assessments. They are influenced by our background, personal experiences, societal stereotypes and cultural context.

<https://www.imperial.ac.uk/equality/resources/unconscious-bias/#:~:text=Unconscious%20bias%20is%20triggered%20by,societal%20stereotypes%20and%20cultural%20context.>

# Unconscious Bias





# Understanding influences & how biases manifest in society





# The Lammy Review (2017)



An independent review into the treatment of, and outcomes for, black, Asian and minority ethnic individuals in the criminal justice system published in 2017.

- 14% of the general population
- 25% of the prison population
- 40% of young people in custody
- Arrest rates are higher for BAME people
- BAME people are more likely to plead not guilty
- BAME people are more likely to receive prison sentences for drugs offences
- BAME people report poor experience of prison.

# Independent Review of the Mental Health Act (2018)



Mental Health Act 1983

Independent Review

“Hierarchical ward structures can mirror the negative experiences patients have had with other authority figures.”

Page 54

“We have heard repeatedly of the distressing and unacceptable experiences from people from ethnic minority communities and in particular black African Caribbean men. Fear of what may happen if you are detained, how long you may be in hospital and even if you will get out are all widespread in ethnic minority communities.”

Page 56

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Page 56

# Cultural influences on mental illness diagnoses



- Origins in slavery
- Draptomania: the mental illness of slaves wanting to run away.
- Dyaesthesia aethopia: the despressed, lethargic dullness of enslaved back people.
- Black males are over represented in the diagnosis of schizophrenia and are more likely to be detained under the MHA.

# Baroness Casey Review

BARONESS CASEY  
**REVIEW**

## Final Report

An independent review into the  
standards of behaviour and internal culture  
of the Metropolitan Police Service

Baroness Casey of Blackstock DBE CB  
March 2023

- The Met is failing women and children.
- After a decade of austerity, frontline policing has been deprioritised and degraded.
- There is institutional racism, sexism and homophobia, inside the organisation in terms of how officers and staff are treated, and outside the organisation in terms of how communities are policed
- The Met is unable to police itself.

<https://www.met.police.uk/SysSiteAssets/media/downloads/met/about-us/baroness-casey-review/update-march-2023/baroness-casey-review-press-notice.pdf>

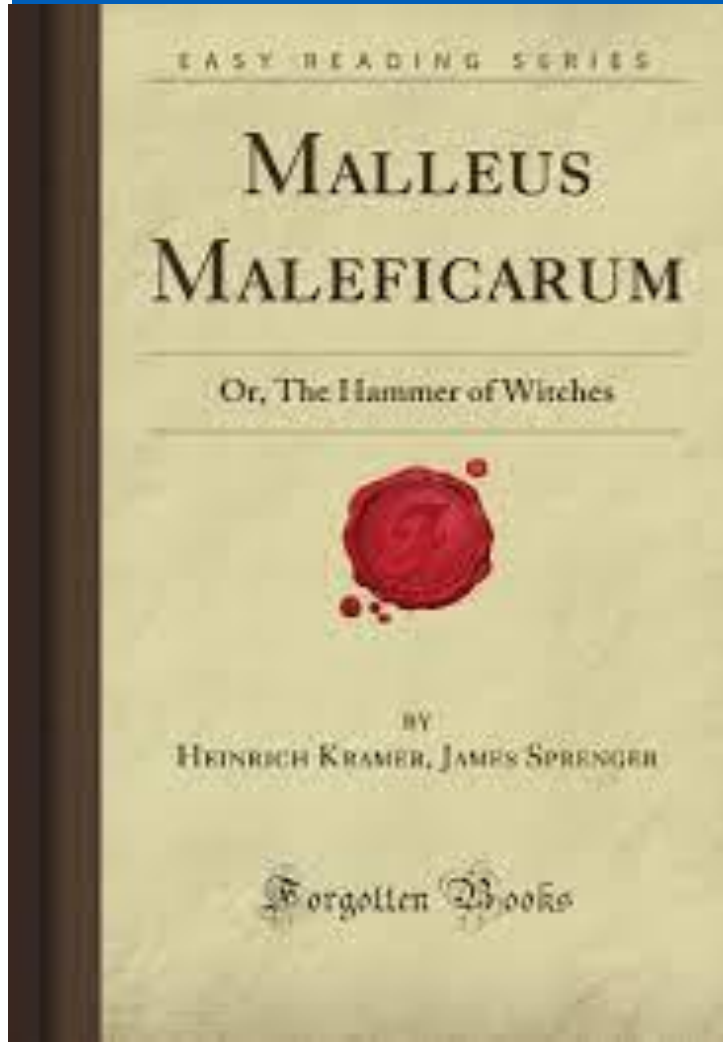
# Gender & health



- While women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men. And while women make up 51% of the population, historically the health and care system has been designed by men for men.
- This 'male as default' approach has been seen in:
  - research and clinical trials
  - education and training for healthcare professionals
  - the design of healthcare policies and services



# Women & Mental Illness



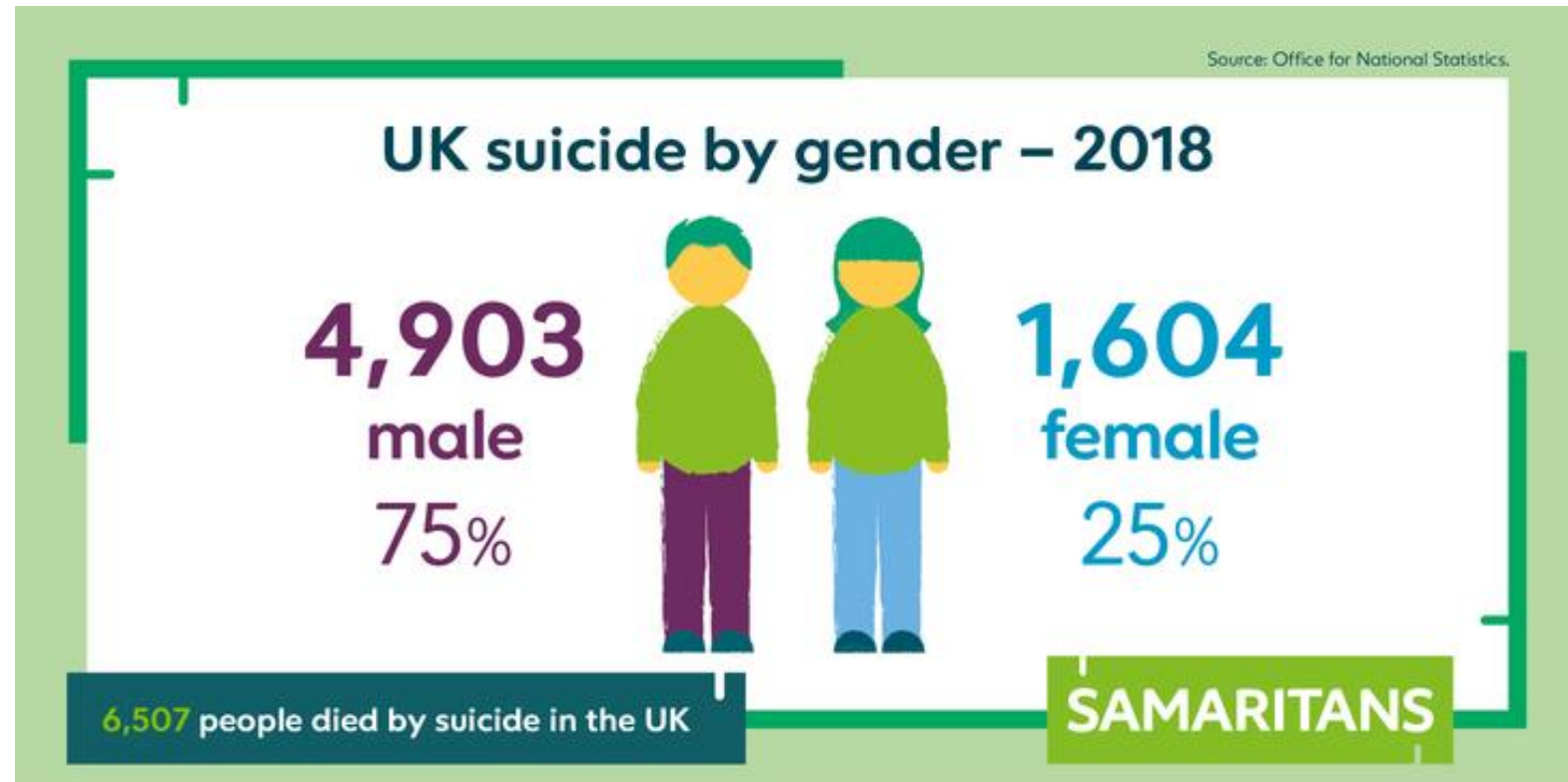
“an outspoken, difficult woman of the 16<sup>th</sup> century was castigated as a witch, and the same women in the 19<sup>th</sup> century a hysteric, 20<sup>th</sup> century, she is described as ‘borderline’ or as having premenstrual dysphoria disorder.”

Ussher (2013 p.86)



# Men & Mental Distress

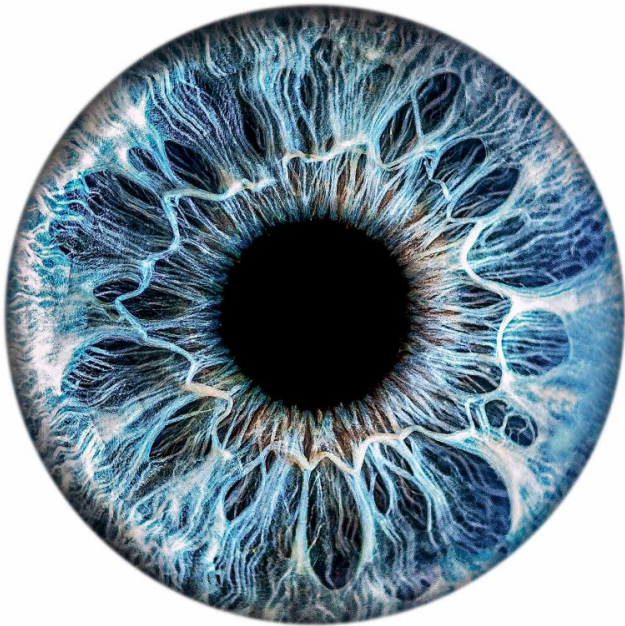
**BOYS  
DON'T  
CRY**





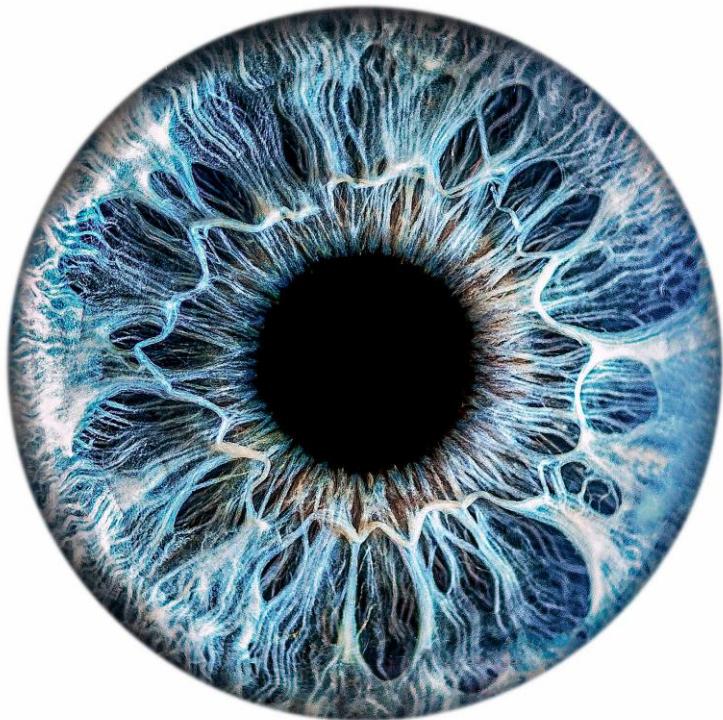
# Analysis of MCA decision-making

**Ruck-Keene (2017 p.30) concluded assessments under the MCA are very much in the “eye of the beholder.”**



MCA assessments are highly assessment contingent on the legal literacy of the assessor, their clinical skills, their unconscious biases and their psychological state as much as it is dependent on the psychological state of the service-user and their unconscious biases (Ruck-Keene, 2017; Taylor, 2017; Herring, 2022).

# Unconscious Bias & MCA



An assessor may “consciously or unconsciously attach excessive weight to their own views” and insufficient weight to the individual’s views regarding what outcome is preferable in an assessment (CC v KK & STCC [2012] EWHC 2136 (COP)).

In Kings College Hospital NHS Foundation Trust v C & Anor two psychiatrists came to different conclusion about Cs capacity to refuse dialysis and if both had adhered to sections 1-3 of the MCA both assessments would be valid (UK, 2005).

Ruck-Keene (2017 p.17) has stated that it is “inescapable” that the outcome of a capacity assessment is reliant on the relationship between the assessor and the assessed.

# Making things better

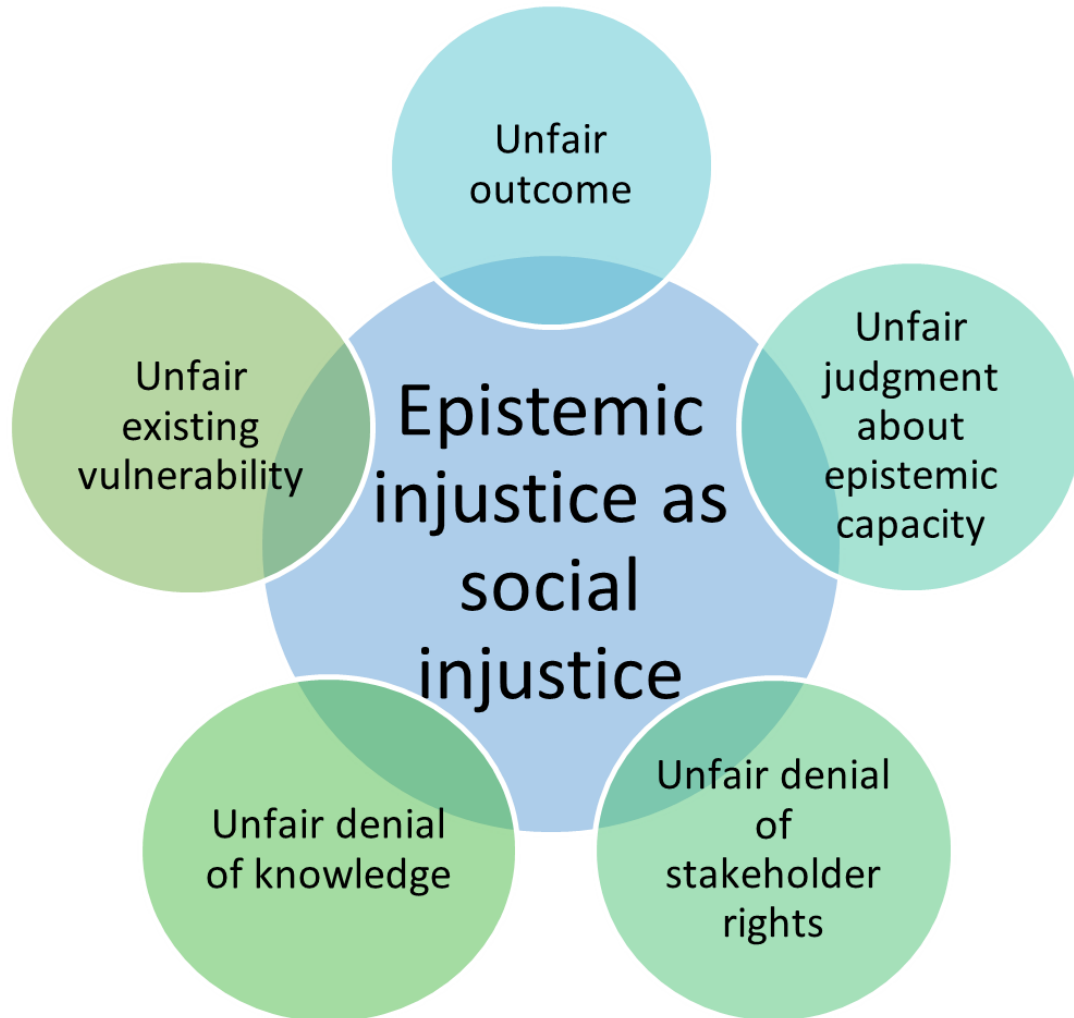


Lammy stated:

“Fair treatment can be best achieved through open decision making that is exposed to external scrutiny.”

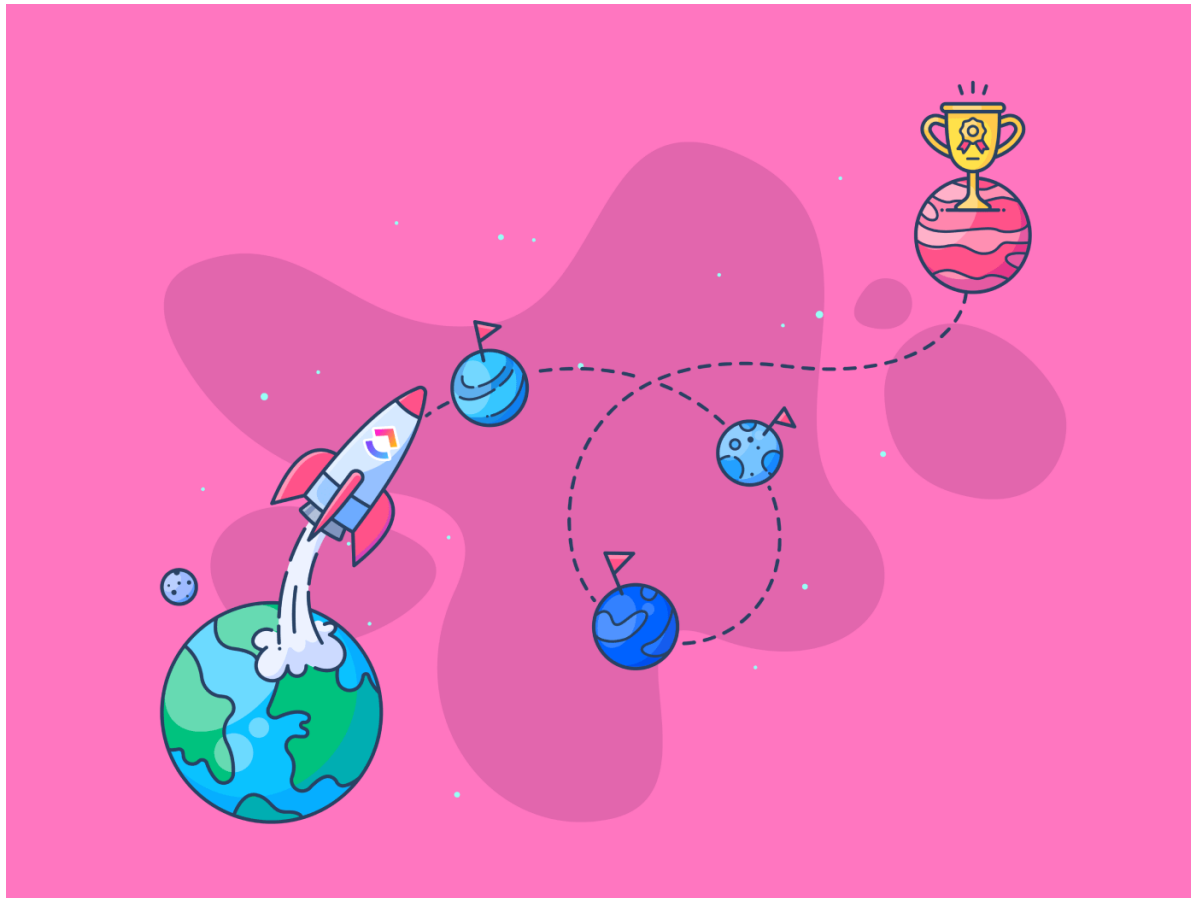


# Epistemic injustice



- **Testimonial injustice** is “a kind of injustice in which someone is wronged specifically in her capacity as a knower” occurring *when an individual’s* “testimony is judged to be not or less credible because of *prejudice* and not because the testimony itself is unreasonable” Fricker (2007, p.5).
- **Hermeneutical injustice** as “the injustice of having some significant area of one’s social experiences obscured from collective understanding owing to a structural identity prejudice in the collective hermeneutical resource.” Hermeneutical resources refers to ‘our shared tools of social interpretation’ which are concepts shared in the “social imagination” that are widely understood in society and available to us for use in understanding ourselves and others (Fricker, [2007](#) p. 6).

# Moving towards consciousness



Reflect



Listen

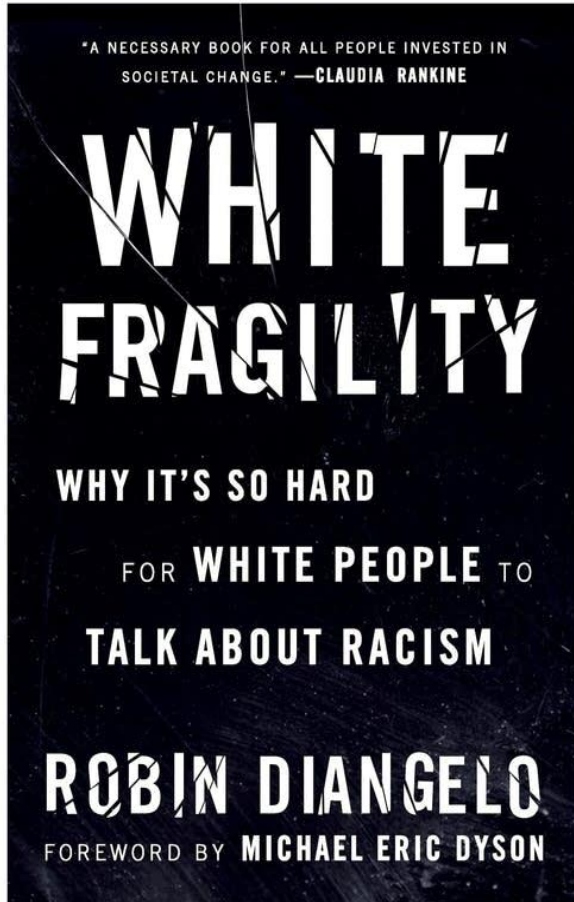
# Intersectionality



"Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking."

Crenshaw, Kimberlé' Williams (1989) "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." University of Chicago Legal Forum 1989:139–67

# Facing our own difficult feelings



DiAngelo, R (2019) White Fragility. Penguin. London



# Creating Awareness in Safeguarding Practice

- Be curious
- Challenge yourself
- Listen to the person
- Listen to the family and friends (even if this is tough)
- Be trauma informed: what does research tell us about a person's potential lived experience.
- Ask for supervision/advice
- Be a safe space for colleagues to reflect.
- Use respectful challenge in practice





# Essential elements of culturally competent services

1. Value Diversity
2. Cultural self-assessment
3. Consciousness of the dynamics of cultural interactions
4. Institutionalisation of cultural knowledge
5. Adapt to diversity

[https://www.newcastle.gov.uk/sites/default/files/Final%20Cultural%20Competence%20March%202019%20\(1\).pdf](https://www.newcastle.gov.uk/sites/default/files/Final%20Cultural%20Competence%20March%202019%20(1).pdf)

# Minimising bias

- Integrate cultural competency in all of our work
- Person centred approaches
- Trauma Informed Practice
- Encourage reflection and provide tools for this
- Find trusted colleagues to reflect with



# Cultural Competence

## Safeguarding Adult Board Resources

- [https://www.newcastle.gov.uk/sites/default/files/Final%20Cultural%20Competence%20March%202019%20\(1\).pdf](https://www.newcastle.gov.uk/sites/default/files/Final%20Cultural%20Competence%20March%202019%20(1).pdf)

## Other sources

- [Multicultural Resource Centre \(mcrcentre.org.uk\)](http://mcrcentre.org.uk)
- <https://learning.nspcc.org.uk/safeguarding-child-protection/children-from-black-asian-minoritised-ethnic-communities>
- <https://www.childwelfare.gov/pubs/acloserlook/culturalcompetency/culturalcompetency2/>





<https://www.mind.org.uk/about-us/our-policy-work/equality-and-human-rights/young-black-men/#:~:text=Black%20men%20are%20far%20more,lots%20of%20reasons%20for%20this.>

<https://www.communitycare.co.uk/2015/01/05/can-social-workers-tackle-unconscious-bias/>

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# United Kingdom Case Law

- [CC v KK & STCC \[2012\] EWHC 2136 \(COP\)](#)
- Kings College Hospital NHS Foundation Trust v C & Anor [2015]  
EWCOP 80
- [PC and NC v City of York \[2013\] EWCA Civ 478](#)

# Staff Survey- Adults Only

<https://forms.office.com/e/AQXrzMphub?origin=lprLink>

# EVALUATION & END



Please complete the Evaluation form the link it will be in the chat

Slides will be sent out to those who have registered and completed the evaluation

Training Evaluation Link: