



Safeguarding
Children Partnership
LEICESTERSHIRE & RUTLAND

Leicester
Safeguarding
Children Partnership Board



Safeguarding
Adults Board
LEICESTERSHIRE & RUTLAND

Leicester
Safeguarding
Adults Board
WORKING IN PARTNERSHIP
TO KEEP ADULTS SAFE

Safeguarding Matters

7th June 2023 9.30-12.30

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

This Session will cover:

9.40 – Prevent -Ben Smith Prevent Coordinator

10.15 – Learning from Audits and Reviews

Making Safeguarding Personal- Griff Jones

Cuckooing – Helen

Guidance on Multi-Agency Meetings - Helen

Domestic Abuse guidance - Helen

Escalation Procedure -Helen

Safer Sleeping- Suzi Armitage

10.35 – SCP and SAB Procedures and reminder to register for update- Heidi

10.40 BREAK

10.50 – Trauma Informed Practice Briefing “Its not just being Kind and compassionate”

Claire Leyland- Barnardo's Trauma Informed Practitioner and Team Manager for LLR

11.35 – ‘Dynamic Support Pathway’ Jenny Napier-Dodd

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

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

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

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

Safeguarding Matters



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

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

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

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



Leicester Prevent

**Safeguarding Matters – Wednesday 7th
June 2023**

Leicester Prevent overview



Ben Smith
Prevent Coordinator
Leicester

Leicester Prevent Coordinator role

- Ben Smith – Leicester Prevent Coordinator – employed July 2022
- Partnership Manager role ensuring LLR Prevent Statutory Duty delivery
- Role hosted by the St Philip's Centre
- Leicester City – Prevent Priority area – Home Office annual funding
- Leicester Prevent posts x 3 – Prevent Coordinator (SPC), Prevent Support Officer (SPC – to be appointed), Prevent Education Officer (Leicester City Council)
- Prevent CSO (Community Sector Organisations) projects – community delivery (2022/23 – 12 projects in total)



UK Terrorism - National context



MI5: 31 late-stage terror plots foiled in four years in UK

By Lauren Turner
BBC News

10 September 2021



Police issue photo of Leicester man found to be a member of banned neo-Nazi group National Action

Daniel Bogunovic and two co-defendants were found guilty after a trial.

By [Ciaran Fagan](#) Crime Correspondent
1443, 12 NOV 2018 | UPDATED 1455, 12 NOV 2018

Bookmark

Enter your postcode for local news and info Enter your postcode In YourArea



Adam Thomas, Claudia Patatas and Daniel Bogunovic (Image: West Midlands Police)

Extreme
Right Wing
Terrorism –
Leicester
context



Leicester man in court charged with terrorism offences

- Published - 6 October 2022
- BBC News
- Adam Dadhiwala, from Twycross Street, was arrested as part of a pre-planned operation, police said
- **An 18-year-old man has appeared in court charged with terrorism offences.**
- Adam Dadhiwala, from Twycross Street, Leicester, was arrested by police on 28 March as part of an intelligence-led operation.
- He appeared at Westminster Magistrates' Court and gave no indication of plea to four charges of dissemination of terrorist publications.
- He was granted conditional bail to appear at the Central Criminal Court on 21 October.
- Officers said the arrest was part of a wider pre-planned operation led by Counter Terrorism Policing North.

CONTEST

PROTECT

Strengthening our borders, infrastructure, buildings and public spaces from an attack

PREPARE

Where an attack cannot be stopped, to reduce its impact by ensuring we can respond effectively

PURSUE

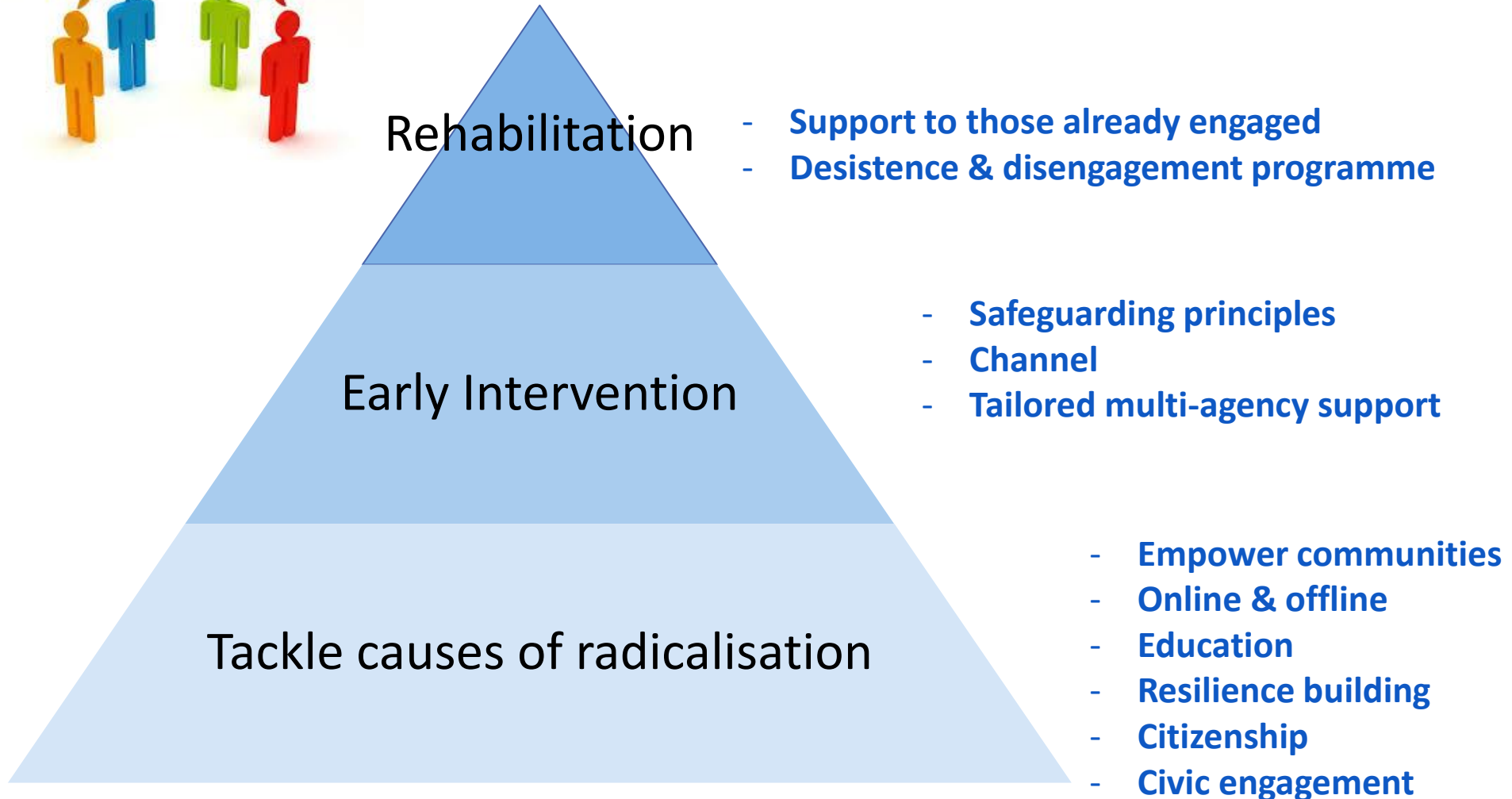
To disrupt or stop terrorist attacks

PREVENT

Prevent vulnerable people from being drawn into terrorism and support individuals at risk of radicalisation



Prevent - Safeguarding





Channel

Channel is a key element of the Prevent Duty. It is a multi-agency programme that provides support to vulnerable individuals. It aims to:

- **Identify** individuals at risk of being drawn into terrorism.
- **Assess** the nature and extent of that risk.
- **Develop** the most appropriate support plan for the individuals concerned.

Channel is a **voluntary** programme. It requires the consent of the individual (or parent/guardian in the case of a child) prior to support measures being put in place.

Channel

- Police
- Mental Health
- Social Services
- Health
- Education
- Probation & Prisons
- Youth Offending Service
- Mentoring



It exists in **non-criminal** space, providing interventions and support where necessary to individuals who have come to the attention of partner agencies and the general public for exhibiting behaviours that suggest they may be going down an extremist route



**Extreme
Right wing
Terrorism
(ERWT)**

Mixed, Unclear, Unstable (MUU) ideologies

 INDEPENDENT 

Contribute

Subscribe

News > UK > Crime

Teenagers who plotted Columbine-style massacre at Yorkshire school jailed for total of 22 years

'F***, I hate my school. I will obliterate it. I will kill everyone,' 14-year-old Thomas Wyllie wrote. 'I have a plan, a great f***ing plan'

Lizzie Dearden Home Affairs Correspondent
| @lizziedearden | Friday 20 July 2018 16:30



Tributes have been paid to those who died in Thursday's shooting
GETTY IMAGES

■ PLYMOUTH SHOOTING

Plymouth shooting: thousands of boys drawn to 'incel' sites urging them to kill women

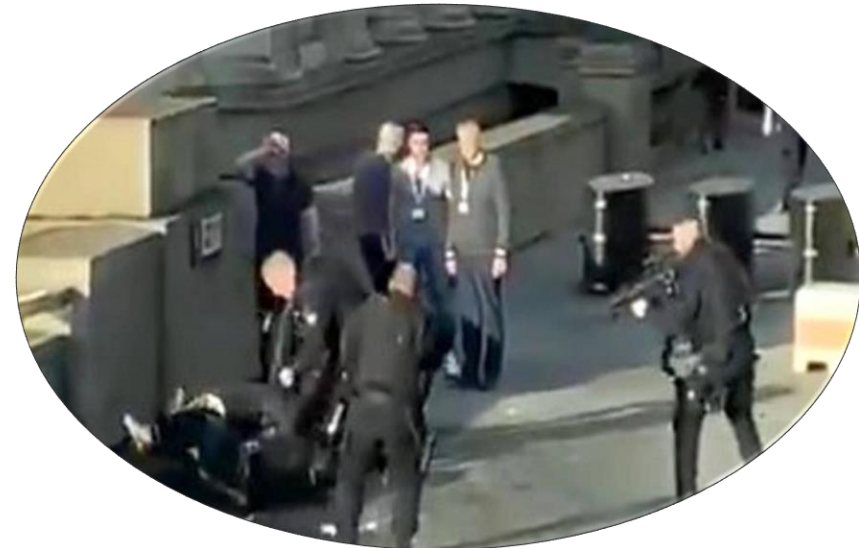
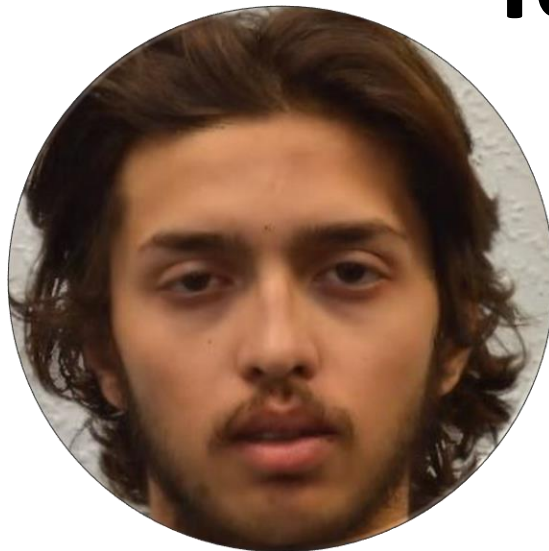
Experts say the movement that inspired Jake Davison to shoot five people is radicalising young men

Shanti Das, Cameron Charters and Hannah Al-Othman

Sunday August 15 2021, 12.00pm, The Sunday Times



**Al-Qaeda /
Daesh (ISIS)
Terrorism**





Oliver Lewin: Engineer jailed over TV and radio mast terror plot

- Oliver Lewin was found guilty after a trial at Birmingham Crown Court
- BBC News – January 2023
- **A telecoms engineer who plotted terror attacks on phone, TV and radio masts as part of a plan to "topple the government" has been jailed.**
- Oliver Lewin, 38, who had claimed he was a "fantasist" during a trial at Birmingham Crown Court, had been [found guilty](#) of preparing terrorist acts.
- The court heard he carried out reconnaissance of potential targets and sought to recruit others.
- Lewin, of Ferrers Road, Coalville, was jailed for six and a half years.
- **'Many untruths and exaggerations'**
- Judge Paul Farrer KC was told during a hearing on Friday that Lewin was "deeply opposed" to the government of the United Kingdom.
- Annabel Darlow KC, prosecuting, told the court Lewin believed the government was "dominated by a Jewish elite who took orders from Israel".
- Lewin also was sceptical about the coronavirus pandemic, and believed that the vaccine was being used to kill white people across Europe.
- The judge said it was difficult to separate Lewin's intentions from his "many untruths and exaggerations", but said he "held an intention to commit an act of terror and took at least some preparatory steps to bring that about".

Vulnerabilities

There is no single pathway to radicalisation. It can be a gradual process. People of any age, faith, group, ethnicity or background can be vulnerable

- Sense of injustice
- Isolation
- Anger
- Lack of role model
- Loss of identity/belonging
- Confusion
- Bereavement
- Family breakdown
- Peer pressure
- Need for adventure
- Desire to feel important
- Mental health issues
- Period of transition
- Anger at government policies
- Misinterpretation of religion
- Influence of family/friends

Warning Signs

Every case is unique, and this is not an exhaustive list. Sometimes there are clear warning signs and in other cases they are less obvious

- Changes in behaviour
- More argumentative
- Unwilling to consider other points of view
- Belief in conspiracy theories
- Distancing from friends/peers
- Recent conversion to new faith
- Significant change in appearance
- Rejection of previously enjoyed activities
- Refusal to engage with people on grounds of race, gender etc.
- Excessive time online
- Accessing extreme material
- Changes in social media profiles
- Increased secrecy
- Sympathy for extreme groups
- Joining extreme organisations
- In contact with extremist recruiters

Reporting

Remember that *Prevent* is no different to any other form of safeguarding.



NOTICE - CHECK - SHARE

- Have you noticed something of concern?
- Ask the opinion of someone you trust to see if they agree.
- Follow local guidelines and report concerns to your designated safeguarding lead or *Prevent* SPOC.
- Police Prevent Team: prevent.team@leics.police.uk
- Prevent Referral Form: <http://leics.police.uk/preventreferral>

Concerned Individual  DSL/Line Manager  Prevent

THANK YOU

Ben Smith
Prevent Coordinator
07869 796603

Email: prevent@stphilipscentre.co.uk



Learning from Safeguarding Multi-Agency Audit and Reviews

Learning from Audits

LLR Multi-Agency Safeguarding Adult Audit April 2023.

The focus of this audit was 'Threshold's' and how these are being applied across all agencies

Question 2 asks:

How are the views of the person established?

One case highlighted that there had been a long delay in ascertaining the persons views and wishes.

The audit showed that the Adult Social Care worker had been unable to talk to the person at the time, as they were in A&E receiving treatment.

It highlighted that the person could have been asked at the time. by any of the other agencies involved

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Learning from Audits

As a result of the audit, the partners agreed that there is a wider systems responsibility to make sure that, we are hearing the views and wishes of the person.

It is not solely the responsibility of the Adult Social Care Worker

To ensure that we continue to be effective in ' **Making Safeguarding Personal** ', where possible, it is important for any agency involved to seek the persons views and wishes as soon as possible.

Record and relay these to the Adult Social Care Worker .

Cuckooing



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Guidance for Working with Adults at Risk of Exploitation: Cuckooing

- 1. Introduction
- 2. County Lines
- 3. Who might be at Risk of Cuckooing?
- 4. Signs and Indicators of Cuckooing
- 5. How we Tackle Cuckooing
- 6. Mapping a Multi-Agency Planning Meeting
- 7. Multi-Agency Planning Meeting
- 8. Professional Disputes and Escalation
- 9. Legal Considerations
- 10. Relevant Guidance

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

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



Multi Agency Meetings

A Guide to Multi-Agency Meetings When Responding to Risk and Harm to Adults

All Multi-Agency meetings should include:

- An agreed understanding of Information sharing
- Risk Assessment,
- Defensible decision making,
- Action planning including, timescales, and contingencies,
- Review process of agreed actions,
- Accurate recording
- A clarity of Purpose
- Agreed method of communication between agencies particularly in complex cases e.g. multiple agencies, multiple contacts, fluctuating mental capacity and engagement

Domestic Abuse Guidance

Children

Adults

Domestic abuse is any single incident, course of conduct or pattern of abusive behaviour between individuals aged 16 or over who are "personally connected" to each other as a result of being, or having been, intimate partners or family members, regardless of gender or sexuality.

Remember

Name it ! Record it !

Older people experience domestic-violence and this should be recorded as such

Dynamics of relationship and presence of the cohesive controlling behaviour should be recorded in case notes and assessments

Escalation of Concerns – Knowing the process

At no time must professional dissent detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout.

- [Children's Procedures](#)
- [Print Flowchart](#)
- [Adults Procedures](#)
- [Print Flowchart](#)
- Disagreements can arise in a number of areas of multi-agency working but are most likely to arise in relation to:
 - Thresholds into services;
 - Outcomes of assessments;
 - Decision making;
 - Roles and responsibilities of workers;
 - Service provision;
 - Information sharing and communication.

Safer Sleeping for Babies in Leicester Leicestershire and Rutland.

Dr Suzi Armitage
Designated Doctor for
Child Death
Consultant Community
Paediatrician

New risk assessment tool

- ▶ Every year, the Child Death Overview Panel review the deaths of babies who die suddenly and unexpectedly, and an unsafe sleep environment is thought to have contributed to the death.
- ▶ A new LLR multiagency safer sleeping risk assessment tool is being developed.
- ▶ Can be used by any practitioner from any agency.
- ▶ Supporting practitioners to have conversations with families.
- ▶ Supporting families to make informed choices and plan ahead for safer infant sleeping.
- ▶ Launch date: Autumn 2023!

Please register to receive updates on Policy and Procedures

By registering on the Multi Agency Policies and Procedure website, updates will be sent automatically keeping you up to date with any changes to & to policies, and procedures.

To register, if you haven't already, takes a few seconds to complete by clicking the link, type your email address and submit.

[Register for updates-Adults](#)

[Register for updates-Children's](#)

Trauma Informed Practice Briefing

“It’s not just been kind and compassionate”

By Barnardo’s

Claire Leyland -Trauma Informed Practitioner – Team Manager LLR

June 7th 2023

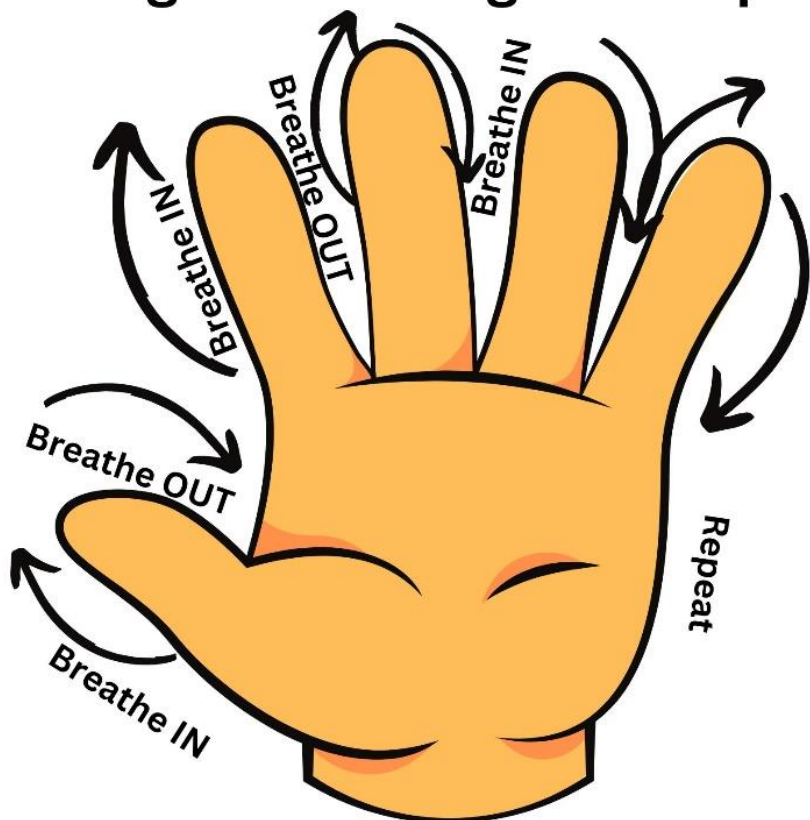
Aims

- **Realise** - What is Trauma and Adversity?
- **Recognise** – Brain response and behaviour as communication
- **Respond** – How do we work with Trauma using the TI principles?
- **Resist** – Do no harm



If I feel dysregulated I can

5 Finger Breathing Technique



Trace your pointer finger around your hand breathing **in** on the way **up** and **out** on the way **down**, try to go slowly and do it as many times as you need

BUTTERFLY HUG



The Butterfly Hug originated by Lucina (Lucy) Artigas during her work with the survivors of Hurricane Pauline in Acapulco, Mexico, 1998 (Artigas, Jarero, Mauer, López Cano, & Alcalá, 2000; Boel, 1999; Jarero, Artigas, & Montero, 2008)



When we are feeling overwhelmed or dysregulated a butterfly hug can help bring a sense of safety and calm.

1

Cross your arms over your chest and put each hand on your upper arm or shoulder

2

Gently tap each arm, one side then the other, back and forth. Eyes open or closed, your choice

3

Notice your breath, continue to tap, try to slow and lengthen your breath, observe how you feel

The Butterfly Hug is a form of bi lateral stimulation that can be used as a grounding technique. Butterfly hugs can help to self soothe



Realise

How wide spread the impact of trauma, stress and adversity are.

Understand potential paths for recovery



A Definition of Trauma

The word Trauma comes from the Greek

Word meaning to:

Pierce/Wound/Damage

A distressing event or events that are so serious they overwhelm our ability to cope, resulting in a change to the way we think, feel and behave.

UK Trauma Council

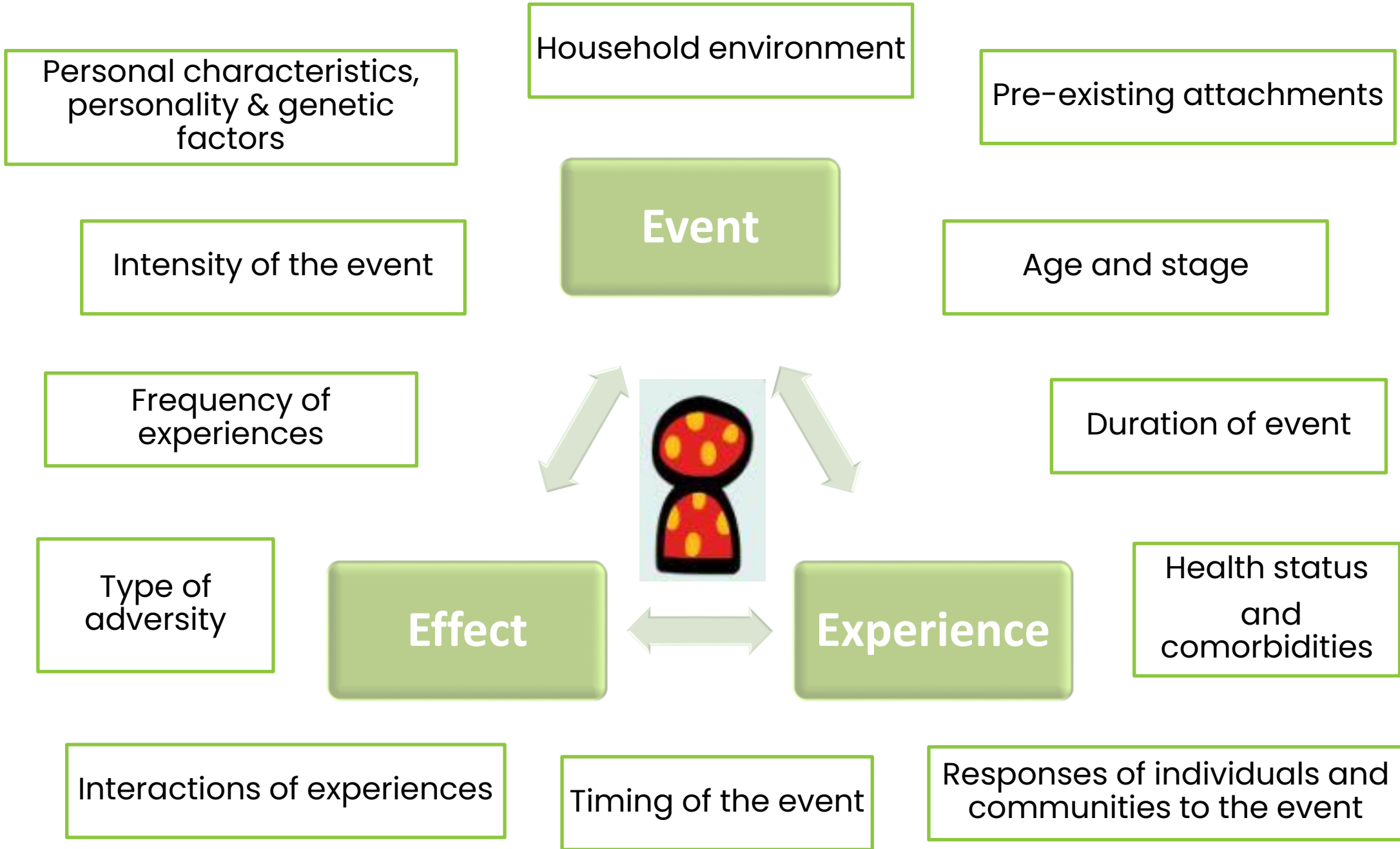
Trauma can affect us all...

“...Trauma is not what happens to us, it is what happens inside of us, as a result of what happened to us.”

“It is not always caused by the bad things that shouldn't happen, it can be experienced when the good stuff that should happen, doesn't happen...”

Dr Gabor Mate





Recognise

The signs and symptoms of trauma in staff, families, clients and others involved in the system



Responding to Threat

5 F's

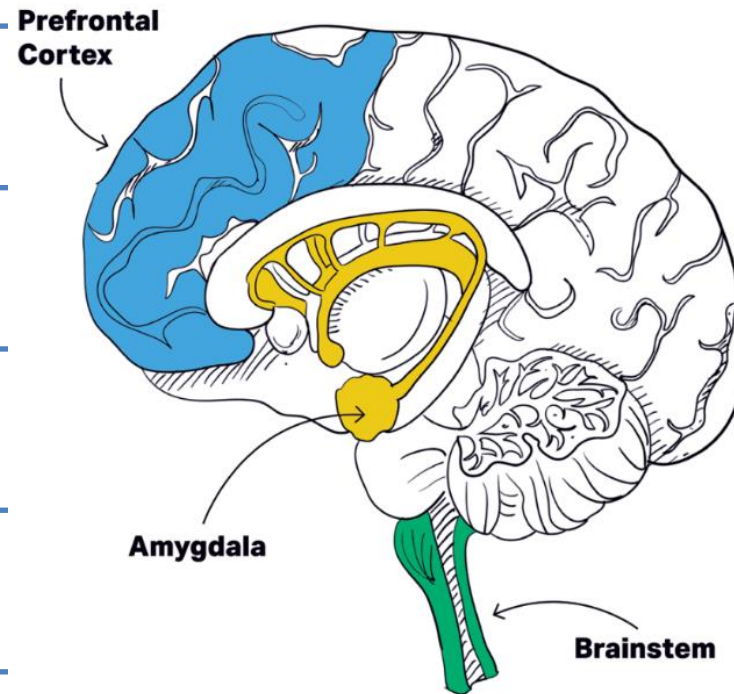
Fight

Flight

Freeze

Fawn

Flop



What can trauma look like?

(Behaviour as communication)

Quick to
anger

Poor self-esteem

Feelings of
guilt/shame

Impulsive

Hyper-vigilant

Withdrawn

Prone to
outbursts

Feeling
persecuted

Difficulty
controlling
emotion

Distrusting


Unable to
concentrate

Anxious

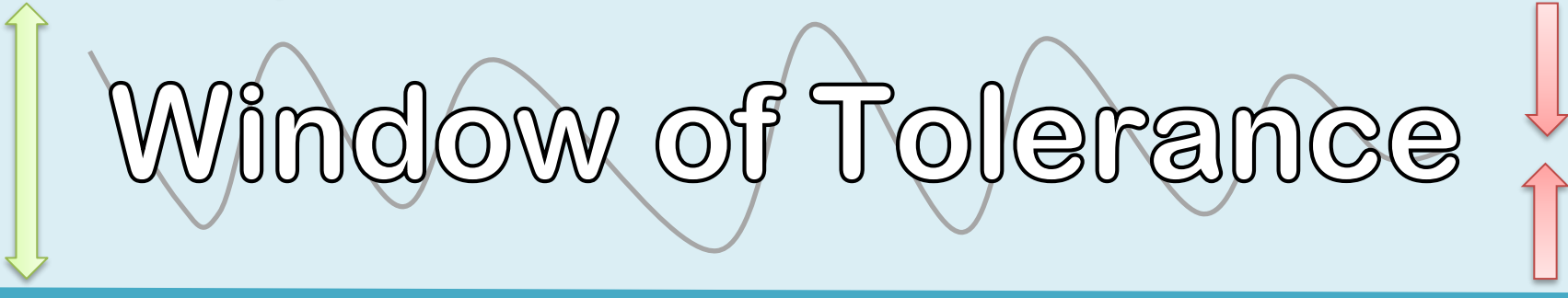
“Stuck on”
 (Hyperarousal)
 Fight / Flight

Out of control
 Anxiety
 Sleeplessness

Hypervigilance
 Rage



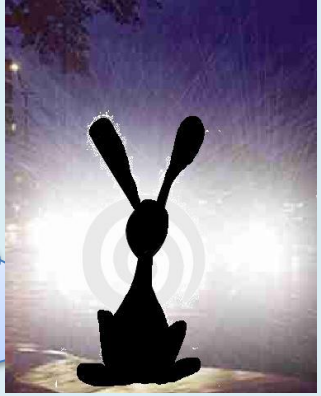
Window of Tolerance



“Stuck off”
 (Hypoarousal)
 Freeze / Flop

Frozen
 Exhaustion

Zoned out
 Dissociation
 Numb



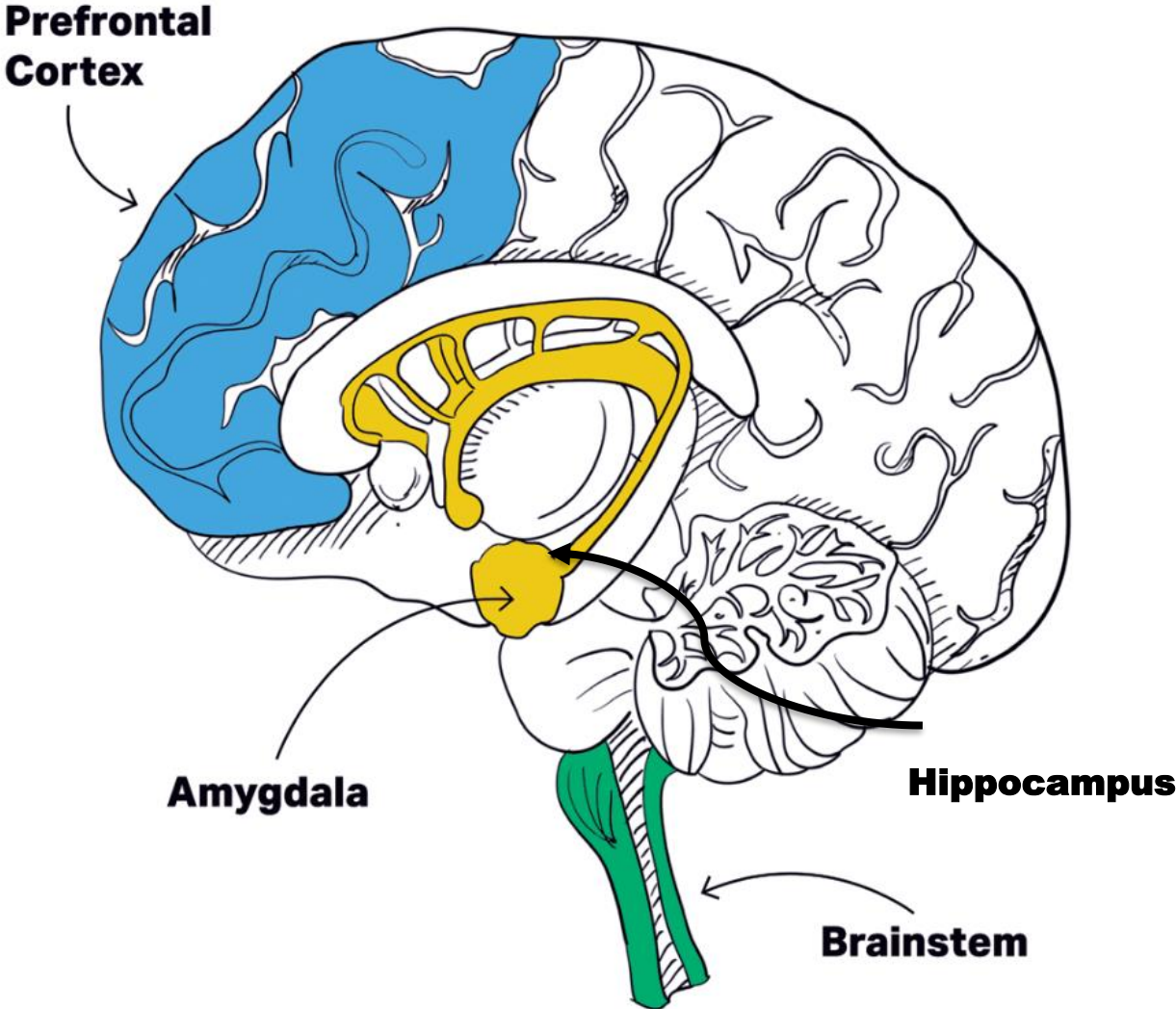
Flipping Our Lids



Dr Dan Siegel on the hand model of the brain

https://www.youtube.com/watch?v=gm9CIJ74Oxw&feature=emb_logo

Understanding our brain and Co-regulation





GOOD MORNING!



HELLO

EVERY INTERACTION



IS AN



INTERVENTION

DR KAREN TREISMAN 2017



THANK YOU!

©MAGISTIC.CO.UK

Respond

By fully
integrating
knowledge about
Trauma into
policies,
procedures and
practices



Trauma Informed Practice

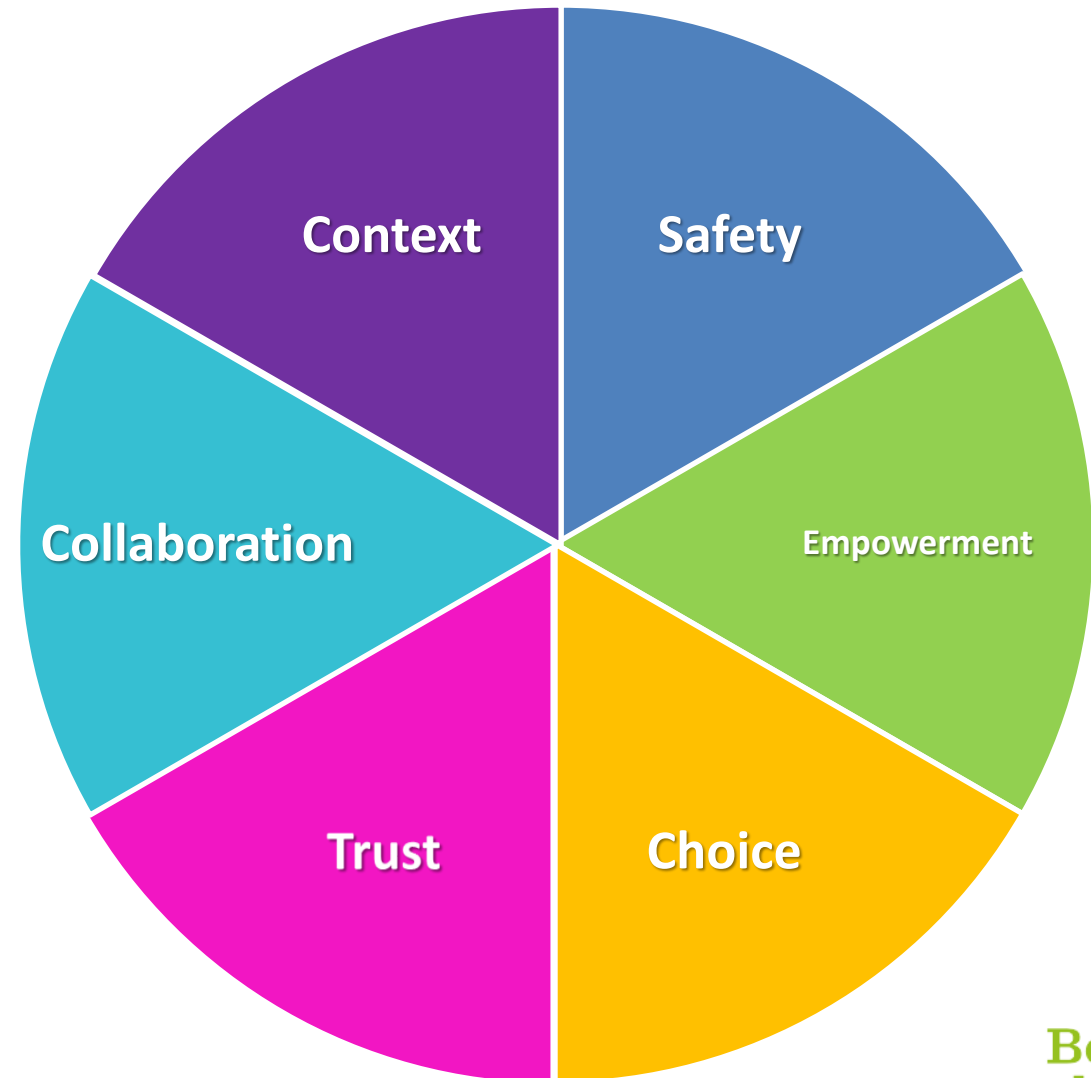
Strength based approach

It's rooted in healthy reciprocal relationships

Promotes a culture of safety, empowerment, & collaboration.

Best practice requires a whole organisation approach, in which practice is infused into every element of an organisation.

4 R's – Realises, Recognises, Responds & Resists.
(SAMHSA, 2014)



6 Principles of TIP - SAMHSA

“What happened to you?” rather than “What is wrong with you?”

- Unacceptable behaviour
- Avoidant
- Attention seeking
- Withdrawn
- Not engaging/ difficult
- Did not attend
- Disrespectful
- Aggressive



- Understandable behaviour
- In flight mode
- Attention needing /Attachment seeking
- Cautious
- Does not feel safe yet
- Could not attend
- Isn't feeling heard or valued
- Frightened

What does routine professional curiosity look like?



Keeping an open mind and remaining flexible

Utilising other sources of information – multi-agency working

Asking open ended questions but not probing

Reflecting on information

Checking out our theories

Contextualised Safeguarding – looking at the bigger picture

Predicting but not presuming or assuming

Using professional judgement and gut instinct

Think the unthinkable and believe the unbelievable

Utilising supervision and peer support



Working with the core principles of Trauma Informed Practice

Safety and Choice

- Use clear language
- Explain your processes
- Obtain informed consent
- Be transparent in your decision-making
- Agree a plan and agenda for work
- Be mindful of your position and environment.

Trust

- Listen to the small stuff - start with a check in and chat rather than launching straight in with your agenda
- Check your environment
- Model grounding techniques
- Find ways you can share power

Empowerment and Collaboration

- Use reflection in conversations.
- Recognising individuals strengths and building on them.
- Reframing language
- Encourage personal growth.
- Recognising everyone is unique and individual.

Resist

Actively resist
re-traumatisation,
committed to being
trauma reducing
not trauma
inducing



Trauma Informed v's Trauma Specific

Trauma Informed:

Work at the client, staff, agency and systems levels from the core principles of trauma awareness, safety, trustworthiness, choice and collaboration and building of strength and skills

Trauma Specific:

Are offered in a trauma informed environment and are focussed upon treating trauma through therapeutic interventions involving practitioners with specific skills

Being Trauma Informed is much more than just a simple word or term

Dr Karen Treisman



Hold trauma in mind



Observe behaviours and consider what they might be communicating



Look for protective factors - 'what is strong rather than what is wrong'



Direct to appropriate support, with informed consent

Take a moment to reflect on our own practice



Adultification Example

‘By framing children as more adult-like, their innate vulnerability is decreased. Adultification influences responses in health, justice, education and safeguarding’ - Davis and Marschall 2020

Opening Doors: Trauma Informed Practice for the Workforce



[Opening Doors Trauma Informed Practice for the Workforce on1080, Mp4 - YouTube](#)

References

[2023-01-state-of-the-art-report-eng.pdf \(ljmu.ac.uk\)](#)

[Understanding trauma and adversity | Resources | YoungMinds](#)

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

[Adversity, Culturally, Trauma-Informed, Infused, & Responsive Organisations & Systems | Safe Hands Thinking Minds](#)

[Adultification bias within child protection and safeguarding \(justiceinspectorates.gov.uk\)](#)

[Opening Doors Trauma Informed Practice for the Workforce on1080, Mp4 - YouTube](#)

[PowerPoint Presentation \(lrsb.org.uk\)](#)

[https://www.youtube.com/watch?v=gm9CIJ74Oxw&feature=emb_logo](#)

Thank you

www.barnardos.org.uk

📷 📺 📱 @barnardos_uk

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Leicestershire Partnership
NHS Trust



Leicester, Leicestershire
and Rutland

Introduction to the Dynamic Support Pathway (Refreshed)

June 23



Contents

- ▶ What is the DSP?
- ▶ History of the DSP
- ▶ Why? Aims & Long Term Benefits
- ▶ Dynamic Support Register (DSR)
- ▶ Referral Form & Key Documentation
- ▶ Referral Criteria
- ▶ Referral Form Content
- ▶ Self-Referral
- ▶ Risk Rating & Linked Processes
- ▶ The Multi-Agency Meeting
- ▶ The Multi Agency Meeting Notes Template
- ▶ Key Lines of Enquiry
- ▶ CTR/CETR

What is the DSP?

- The Dynamic Support Pathway (DSP) is a pathway developed to provide support for individuals (all age) with a learning disability, autism or both who are deteriorating in their health and well-being whilst living in the community. This diagnosis must be confirmed and evidence of this confirmation should be included within the referral form.
- The goal is to identify concerns early and to be able to take steps to provide additional support in order to prevent further deterioration and any escalation, which may lead to a crisis e.g. breakdown of family unit, care order, admission to hospital, offending behaviour, contact with the criminal justice system or serious untoward incident
- Owned equally by Health, Social Care & Education and is designed to enhance collaborative joint working between services and to promote the development of a bespoke action plan that will meet the person/child or young person's needs in the community
- This is not a replacement pathway for your other referrals to other services e.g. Early Help, Specialist Autism team (SAT), Safeguarding, LD Access etc. Please continue to make these referrals.

History

- ▶ The Dynamic Support Pathway was first launched across Leicester, Leicestershire and Rutland in December 2021
- ▶ Since then many adults and children and young people have been supported and many crises avoided
- ▶ NHSEI published new guidance in November 22 and this contained additional recommendations and new minimum standards
- ▶ As a result of this a full benchmarking exercise was delivered to identify areas of improvement/new processes required
- ▶ A multi-agency Task and Finish group was established to design new processes and documentation required.
- ▶ People with lived experience and representatives from Parent Carer Forums have been with us in developing this pathway from the start and will continue to be part of the team to monitor and review the processes going forward.
- ▶ NHSEI published Final policy in January 23 with an aim to launch the new pathway by May 23
- ▶ LLR now ready to launch the new pathway

Why have the DSP?

Supporting an autistic young man to live well in the community

Laura Rodman – Learning Disability and Autism Collaborative in conversation with Clare, mother of Harry

▶ https://www.youtube.com/watch?v=MW94wr_Agig

Aims

- ▶ A more robust early intervention process
- ▶ System wide community services that use a consistent processes to deliver crisis avoidance and crisis management activities.
- ▶ Early identification of concerns in health and wellbeing so you have a chance of avoiding further deterioration which will lead to crisis.
- ▶ Facilitated collaborative joint working
- ▶ Development and implementation of bespoke action plans that will meet the individuals needs in the community
- ▶ All stakeholders equally committed to deliver rapid responses
- ▶ Processes that are responsive and able to be deployed quickly
- ▶ The DSP will work alongside the CYP key Worker scheme in ensuring on-going health and well being of children and young people

Long Term Benefits

- ▶ LLR will have in place an inclusive, person-centred, proactive and preventative approach that supports the individual's needs and preferences
- ▶ When support is required all individuals will have access to the right support at the right time, in the right place and be delivered by the right person
- ▶ Adults, children and young people with a learning disability, autism or both are able to thrive in the community in their own homes in the least restrictive environment possible, develop independence, make their own choices, be able to integrate into society, maintain family and friend relationships, take part in hobbies and activities and lead a life of 'beautiful ordinariness'
- ▶ Families remain together
- ▶ Inappropriate admission and re-admission prevention
- ▶ If admission is required we have a clear rationale for admission, a recommended treatment plan so we can source appropriate beds close to home and family

The Dynamic Support Register (DSR)

Confidentiality & Consent

- ▶ The Dynamic Support Register is a simple spreadsheet which holds confidential information about the referral and the outcomes of the referral.
- ▶ It is a tool to help the administration of the pathway and linked processes
- ▶ Once an individual is placed on the register they will be given a unique and anonymous identifier which can be used on future documentation. This database of information will be stored in a confidential clinical folder hosted by Leicestershire Partnership Trust.
- ▶ A persons consent must be given to allow their data to be saved onto the DSR. The referral form, consent form, guidance notes and an easy read versions are all available on the DSP web page which is hosted by Leicestershire Partnership Trust. This web page is accessible to all.

<https://www.leicspart.nhs.uk/services/dynamic-support-pathway/>

- ▶ The DSR is central to the pathway as the linked processes/actions recommended are informed by the position of the individual on the register.

Referral Form and other Key Documentation

- ▶ Will be available on the Leicestershire Partnership Trust Internet website
- ▶ Will be accessible to health, social care and education teams
- ▶ New referral form in development and will be available by end June 23 (existing referral form is still available until replaced)
- ▶ Self-Referral form will be available by end June 23
- ▶ Consent form is available on the same page
- ▶ Multi-agency notes template also be available on the same page
- ▶ Updated Guidance Notes also available
- ▶ Easy read consent form is available if required

Referral Criteria/Linked Processes - Amber (Adult)

Rating	Guidance notes regarding when to apply this rag rating	Linked Processes
<p>Amber</p>	<p>There is a significant concern for the health and well-being of the individual (any cause). The individual is not in a crisis situation; however, action is required to avoid the development of a crisis. Concerns may include:</p> <p>A significant increase in behaviours that challenge. Support is required to prevent further deterioration in well-being, which may result in a future increased risk of referral to other services and/or hospital admission.</p> <ul style="list-style-type: none"> • Deterioration in mental health and wellbeing may include but is not limited to social withdrawal, self-neglect, anxiety, increased verbal or physical aggression towards self and/or others, damage to property, self-harm, suicidal thoughts, escalating anxiety, increased ritualistic behaviours or internal experiences such as hearing voices which are having a significant impact on well-being. <p>The family/carer/placement provider is finding the situation difficult to manage. Carer strain may be becoming a concern.</p> <ul style="list-style-type: none"> • The carer has a significant underlying physical or mental health condition that is affecting their ability to continue to provide the level of care and support required. • The individual has recently been discharged from an in-patient environment 	<ul style="list-style-type: none"> • Inclusion on the Dynamic Support Register. • The request for a multi-agency meeting (MAM) is automatic once the referral has been completed. • Set up of the MAM • The action plan detailing the additional support required will be developed at the first MAM. • Agreed actions will be followed up to ensure completion. • MAMs will continue for as long as required to ensure the well-being of the individual is restored. • If the wellbeing of the individual continues to deteriorate and there has been no improvement following the delivery of the interventions agreed at the multi-agency meetings the individual will be escalated to the red rating on the Dynamic Support Register DSR).

Referral Criteria/Linked Processes - Amber (Adult)

Rating	Guidance notes regarding when to apply this rag rating	Linked Processes
Red	<p>The well-being of the individual has continued to deteriorate despite the delivery of the appropriate interventions agreed at the previous multi-agency meetings. The individual is now in a crisis situation which requires urgent resolution.</p> <ul style="list-style-type: none"> • Crisis may occur because of non-resolution of any of the causes identified in the guidance notes for the amber rag rating of the dynamic support pathway. • There is a reason to suspect that the individual has a mental health concern which will necessitate evaluation and may result in the diagnosis of a mental health disorder and the associated risks may necessitate individual's potential admission to a specialist psychiatric bed. • The individual has a known mental health concern which is continuing to deteriorate. The associated risks to self and others continue to escalate in the community setting despite all interventions, to address the mental health concern, being delivered. 	<ul style="list-style-type: none"> • Significant urgent intervention is required to reduce risk and restore well-being. • Set up of a community CTR with an independent panel. • Escalate to director level (health and/or Social Care) for additional support if required. • Senior level directive to attend CTR • Development of robust support plan • Consideration to be given to the request of a Mental Health Assessment and/or subsequent Mental Health Act Assessment (only if mental health condition if suspected/known)

Referral Criteria/Linked Processes - Amber (Adult)

Rating	Guidance notes regarding when to apply this rag rating	Linked Processes
Blue	<p>Adults who are currently within inpatient services.</p> <ul style="list-style-type: none"> Individuals who were referred to the DSP prior to admission will no longer be removed from the register. They will be moved from the red rating and placed on blue to reflect their current in-patient status. They will remain in this category for the entire length of their in-patient stay Upon discharge, the individual will be transferred to the amber rating group and a post discharge MAM will be arranged to evaluate the quality and implementation of the post discharge level of support being delivered. A new referral to the DSP will <u>not</u> be required. Required referral information will remain on the system. Once the multi-agency team are confident that the level of support is appropriate and in place (meeting needs) and the risk is reduced then the individual can be discharged from the DSP using the agreed discharge process. The individual to be escalated to red if the level of support is not in place at the individual once again becomes at risk of admission 	<p>In-patient linked processes</p> <ul style="list-style-type: none"> Post admission CTR CPA On-going CTRs at the required frequency Commissioner oversight visits (8 weeks) Discharge planning <p>Post Discharge from Hospital</p> <ul style="list-style-type: none"> Transfer to Amber rag rating following discharge from hospital All linked processes to 'amber' risk rating

Contents of the Referral Form

- ▶ Patient ID information
- ▶ Demographic information
- ▶ Commissioner information
- ▶ Patient/carer information
- ▶ Current care team
- ▶ Current location/home/provider
- ▶ Communication needs
- ▶ Brief History
- ▶ Overview of the Current Situation/Current Concerns
- ▶ Risk Details
- ▶ Safeguarding Information
- ▶ Additional support already in place?

Self-Referral

- ▶ Very simplified version of the form so not to cause anxiety
- ▶ Once submitted the individual will receive an automated acknowledgement response from the system to assure them that it has been received
- ▶ The automated response will include emergency contact information to be used if the request for support is urgent (referral may be out of hours)
- ▶ ICB LDA Officer will check and confirm that the individual is registered with an LLR GP and/or receiving support from an LLR Local Authority or an LLR Looked After Child/young person placed out of area
- ▶ ICB LDA Officer will check and confirm that the individual has a learning disability, autism or both diagnosis
- ▶ ICB LDA Officer will review the referral against DSR risk stratification criteria
- ▶ Agreed next steps will be in line with the appropriate linked processes identified within the risk stratification criteria
- ▶ Where an individual does not meet the DSR requirements a directory of support services has been developed. This provides guidance and support to a range of services, including Chat Autism and the Autism Space website.

Risk Rating & Linked Processes

- ▶ When you make a referral you will be asked to recommend/suggest the risk rating of the individuals current situation. In simple terms this is also a question around the urgency of the situation.
- ▶ The individual will move between the cohorts as their situation changes
- ▶ Ideally the individual will access the DSP as amber and be discharged from the DSP as amber (deteriorating well-being has been addressed and any impending crisis avoided)
- ▶ If admitted the individual will remain on the DSR (new minimum standard) in the blue cohort and immediately post discharge will be moved back to the amber section

Cohort	Current Situation	Linked Processes
Amber	Well-being is deteriorating - at risk of crisis if action not taken quickly	Timely referral, multi-agency meeting (MAM), development of action plan, delivery, follow up, escalation if required, post discharge follow up/MAM
Red	Individual in a crisis situation	Urgent referral, Care (Education) and Treatment Review, development of action plan, immediate delivery, robust follow up, independent scrutiny and oversight is required
Blue	In-patient (most likely moved from 'Red' cohort and will discharge to Amber for follow up)	In-patient processes, Care & Treatment Review, MDT, 8 week wellbeing checks, discharge planning. Individual moves to 'amber' immediately post discharge

Linked Processes

- The aim of these meetings is to support admission avoidance and to support re-admission avoidance post discharge
- Ideally individuals will be referred in a timely way and enter the pathway in the 'amber' cohort.
- The MAM will bring together the key people from across the system who are or need to be involved in the care of the person being referred. Action plan to be agreed, responsibilities allocated and timelines put in place
- The number of multi-agency meetings needed is agreed within the group. The process must continue until the group is confident that the deterioration in well-being has been halted and any associated risks have decreased. At this stage the process can be stood down and the person is removed from the DSR/DSP.
- If the agreed actions do not meet need or cannot be delivered and crisis is not avoided the individual will be escalated to the 'red' cohort and a Care (Education) and Treatment Review will be arranged.

Multi Agency Meeting (MAM)

- ▶ The aim of these meetings is to support admission avoidance and to support re-admission avoidance post discharge
- ▶ Ideally individuals will be referred in a timely way and enter the pathway in the 'amber' cohort.
- ▶ The MAM will bring together the key people from across the system who are or need to be involved in the care of the person being referred. Action plan to be agreed, responsibilities allocated and timelines put in place
- ▶ The number of multi-agency meetings needed is agreed within the group. The process must continue until the group is confident that the deterioration in well-being has been halted and any associated risks have decreased. At this stage the process can be stood down and the person is removed from the DSR/DSP.
- ▶ If the agreed actions do not meet need or cannot be delivered and crisis is not avoided the individual will be escalated to the 'red' cohort and a Care (Education) and Treatment Review will be arranged.

The MAM Notes Template

- ▶ This template has been updated to ensure new minimum standards are being addressed
- ▶ All sections of this template should be discussed at the multi-agency meeting.
- ▶ Aim is to provide guidance and around what needs to be explored and discussed during the meeting
- ▶ Addresses the Key Lines of Enquiry
- ▶ This template can also be used as an update template for subsequent multi-agency meetings. In this instance any changes in circumstances or presentation can be recorded and a new action plan developed.
- ▶ Captures the names and contact details of all attendees
- ▶ Captures the action plan, key tasks, who will complete them and timelines required
- ▶ Key questions regarding what happens next

MAM Key Lines of Enquiry - Prompt questions included in each section

- ▶ Update on Current Situation (since referral or last MAM)
- ▶ Post Discharge Plans (new minimum standard – if applicable)
- ▶ Physical Health, Medication
- ▶ Health & Social Care Support
- ▶ Accommodation
- ▶ Education (if applicable)
- ▶ Parent, Family and Carer Involvement, Impact on Family/Carers
- ▶ Current support to Parent, Family, Carers (new minimum standard)
- ▶ Advocacy Involvement
- ▶ Aspirations of the Individual
- ▶ Rights and Legal Frameworks
- ▶ Looked After Child Information (New minimum standard)
- ▶ Safe
- ▶ Risk of Exploitation
- ▶ Escalation required? Next Steps? Date of Follow-up MAM?
- ▶ Gaps in Service identified?

Care (Education) and Treatment Review

- This is similar to a MAM but is more formal, more senior professions will be required to attend and it will have in place an independent panel that will interrogate the current care package and agree urgent actions
- The independent panel will consist of an experienced 'chair', independent clinical expert and independent non clinical individual with lived experience of LD, autism or both.
- This is a nationally mandated process and will have high level scrutiny and oversight to ensure the best possible outcomes will be sought for the individual in the least restrictive environment
- Agreed actions will be robustly followed up by the ICB team to ensure these take place and if cannot be for some reason a Plan B is agreed.
- An admission to hospital should not take place prior to the C(E)TR. A decision to admit should not be taken until all alternative options have been explored and it is agreed that a hospital environment is the least restrictive option and that the treatment required can only be delivered in an in-patient environment.
- A clear rational for admission should be agreed and an optimal length of stay proposed.