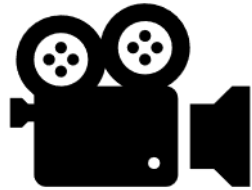


Safeguarding Matters Live

Tuesday 9th July 2024

1.00pm-3.00pm



Please note, this session is being recorded so that it can be shared as a learning resource

Welcome to everyone from across the multi-agency partnership who supports children, families, adults and carers



Please mute your microphone and turn off your camera



Please use the chat for questions – these are being monitored. Please ask these at the end of the presentation

The chat will also be used to **share links**

Practitioner survey links are available for completion during the event

Please **complete the Registration Form** – link to be added in the chat or use the QR code

AGENDA

- | | |
|---------------|--------------------------------------------------------------------------------------------------------------------|
| 1.00pm | Introduction |
| 1.05pm | Leicester, Leicestershire & Rutland Safeguarding Children Partnerships Pre-Birth and Post Birth Planning procedure |
| 1.30pm | Hoarding and the Mental Capacity Act (MCA) |
| 1.55pm | Tea Break |
| 2.05pm | Child Sexual Abuse (CSA) |
| 2.20pm | Practitioner Feedback |
| 2.30pm | Second National Safeguarding Adults Review (SAR) Analysis |
| 2.40pm | Electively Home Educated (EHE) Children |
| 2.55pm | Questions / Feedback / Close |

Leicester, Leicestershire & Rutland Safeguarding Children Partnerships (LLR SCPs) Pre-Birth and Post Birth Planning procedure

Claire Turnbull

Designated Nurse Safeguarding Children and Adults,
Leicester, Leicestershire and Rutland Integrated Care Board
(LLR ICB)

<https://www.youtube.com/watch?v=vmAD80cqwrs>

Procedures

- [Pre-Birth and Post Birth Planning Procedure \(proceduresonline.com\)](https://proceduresonline.com)
- [Click here to view Appendix 1: LLR SCP Pre-Birth Pathway Flowchart](#)
- [Resolving Practitioner Disagreements and Escalation of Concerns Procedure](#)
- [Information Sharing Procedure](#)
- [Children and Families Moving Across Local Authority Boundaries Procedure](#)
- [Safeguarding children under 1 year old from non-accidental injury - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Practice Principles – Engaging Fathers and Male Carers in Effective Practice](#)

Resources

- [Working with uncertainty and risk in children's social care: Video learning resources | Research in Practice](#)

Change Project / Born into Care Series

- <https://www.cfj-lancaster.org.uk>
- <https://www.nuffieldfjo.org.uk/our-work/newborn-babies>
- [Safeguarding children at risk from sudden unexpected infant death - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safeguarding-children-at-risk-from-sudden-unexpected-infant-death)
- [Safer Sleeping Resources](#)
- [ICON Website](#)
- [Reducing the Risk of Harm to Children in your Household: Advice for parents who use drugs and alcohol](#)
- [Research in Practice. Working with parents who are disengaging, reconceptualising non-engagement \(Only for RIP members paid resource\)](#)

Hoarding and the Mental Capacity Act (MCA)

Alison Taylor-Prow

Designated Professional for Safeguarding Adults,
Leicester, Leicestershire and Rutland Integrated Care Board
(LLR ICB)

Javeria Shirazi, Safeguarding Team Leader, Leicestershire
Fire & Rescue Service (LFRS)

Hoarding & the MCA

Alison Taylor-Prow

Designated Professional for Safeguarding Adults,

LLR ICB

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

- To consider when and how to use the MCA in cases where a person with care and support needs is hoarding items and at risk of serious harm.
- Share relevant case law.
- Consider how this helps us in practice?



AC and GC [2022] EWCOP 39

AC, is a 92-year-old woman. She had been sharing her home (which she owned) with her son, GC, since her husband's death eleven years earlier. GC had given up his job and had become his mother's main carer. In February 2022 she was taken to hospital by emergency services. In March 2022 AC a best interest decision was made to discharge her from hospital a care home. There had been concerns about the unsanitary conditions at her home and their potential impact on her health and welfare.

In the summer of 2022, the question was whether AC could return home for a trial period, with a package of care. It was her wish to return home, while the local authority thought she should remain at the care home. Both AC and her son were diagnosed by a clinical psychologist, Professor Salkovskis, as having a hoarding disorder (among other conditions) and also that both have their own social worker.

[AC and GC \[2022\] EWCOP 39](#)



Legal capacity

“Legal capacity depends on the application of sections 2 and 3 of the MCA together with the principles in section 1. It does not depend on the wisdom of the decision. Furthermore, an important purpose of the MCA is to promote autonomy. That purpose aids the interpretation of sections 2 and 3 of the MCA. If P has capacity to make a decision then he or she has the right to make an unwise decision and to suffer the consequences if and when things go wrong. In this way P can learn from mistakes and thus attain a greater degree of independence.”



However.....

“It is a terrible thing to be said to have capacity when you do not - to be left to cause yourself and those you love great harm on the basis that you know what you are doing and you are making your own choices, when in fact your decisions are not really yours. To have others harm you and to be told no protection is offered because you choose this harm, even though it is against your deepest values, is horrific.”

Herring and Wall (2015 p.689)

MCA Assessment

Stage 1

- Understand
- Retain
- Use and weight
- Communicate

Stage 2

- Age 16 or over
- with an impairment or disturbance in the functioning of, the mind or brain.

Stage 3

- Evidencing the link between the inability to make a decision and an impairment of mind or brain



The principles of the MCA

1. “A person must be assumed to have capacity unless it is established that he lacks capacity.”
2. “A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.”
3. “A person is not to be treated as unable to make a decision merely because he makes an unwise decision.”
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.”
5. “Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.”

What is the decision.....?



Whether the person can manage their items and belongings?

AC and GC [2022] EWCOP 39

When would you doubt a person's



“A person must be assumed to have capacity unless it is established that he lacks capacity.”

What is the relevant information?



(1) ***Volume of belongings and impact on use of rooms:*** the relative volume of belongings in relation to the degree to which they impair the usual function of the important rooms in the property for you (and other residents in the property) (e.g. whether the bedroom is available for sleeping, the kitchen for the preparation of food etc). Rooms used for storage (box rooms) would not be relevant, although may be relevant to issues of (3) and (4).

(2) ***Safe access and use:*** the extent to which you (and other residents in the property) are able or not to safely access and use the living areas.

What is the relevant information?



(3) ***Creation of hazards***: the extent to which the accumulated belongings create actual or potential hazards in terms of the health and safety of those resident in the property. This would include the impact of the accumulated belongings on the functioning, maintenance and safety of utilities (heating, lighting, water, washing facilities for both residents and their clothing). In terms of direct hazards this would include key areas of hygiene (toilets, food storage and preparation), the potential for or actual vermin infestation and risk of fire to the extent that the accumulated possessions would provide fuel for an outbreak of fire, and that escape and rescue routes were inaccessible or hazardous through accumulated clutter.

What is the relevant information?



(4) ***Safety of building:*** the extent to which accumulated clutter and inaccessibility could compromise the structural integrity and therefore safety of the building.

(5) ***Removal/disposal of hazardous levels of belongings:*** that safe and effective removal and/or disposal of hazardous levels of accumulated possessions is possible and desirable on the basis of a “normal” evaluation of utility.

Practicable Steps



- Fire service had been involved in assessing and advising AC and GC
- AC and GC had their own social workers
- Collaborative multi-agency working over several years
- Use of therapeutic relationships
- Analysis of risks

Is there an impairment in the functioning of mind or brain?

(1) For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

(2) It does not matter whether the impairment or disturbance is permanent or temporary.

(3) A lack of capacity cannot be established merely by reference to -

(a) a person's age or appearance, or

(b) a condition of his, or an aspect of his behaviour, which might lead others to make unjustified assumptions about his capacity.

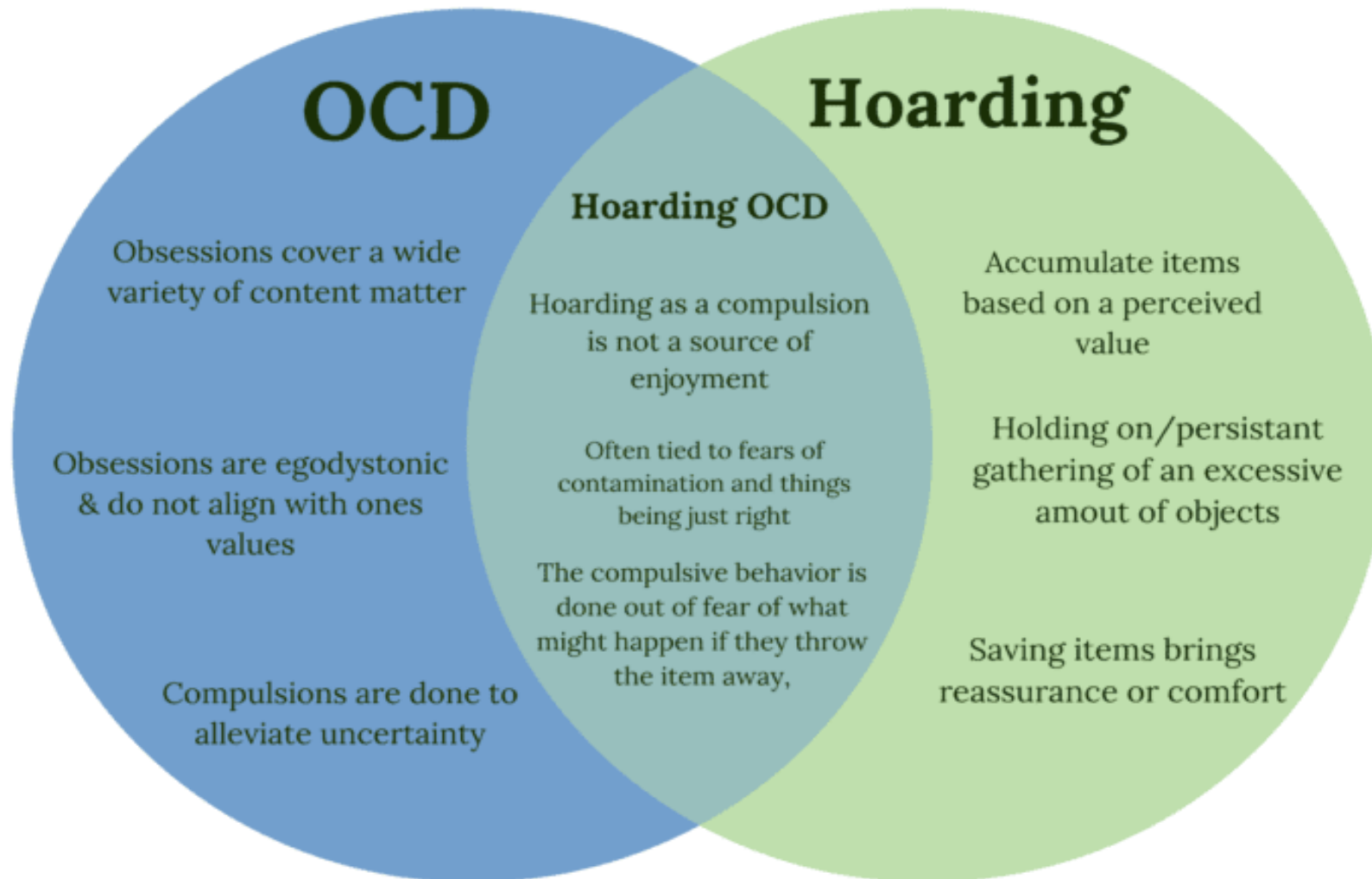


Hoarding Disorder

Hoarding disorder is a mental health problem that a doctor can diagnose. But you might also experience hoarding as part of another mental or physical health problem.

- If you hoard, you might:
- Feel the need to get more things, even if you have a lot already.
- Have very strong positive feelings whenever you get more things.
- Feel very upset or anxious at the thought of throwing or giving things away because of your emotional attachment to them.
- Find it very hard to decide what to keep or get rid of.
- Find it hard to organise your things.
- Have so many things that you can't use parts of the place you live in – like not sleeping on the bed or using the sink.
- Have lots of disagreements with the people close to you about your things.
- Find it hard to pack for trips away, like a holiday – you might pack many more things than you really need, because you can't decide what's important.

Obsessive Compulsive Disorder



The link between the impairment and the inability to make a decision

Professor Salkovskis stated at 21:

“he explained how serious it is when there is a combination of obsessive-compulsive disorder (OCD) and a hoarding disorder. They are disorders which impair life, can cause much distress and when the two interact it is much more serious, he said, “like having Covid on top of asthma.”

[AC and GC \[2022\] EWCOP 39](#)



Trauma Informed Practice

DID YOU KNOW...
'Bereavement and
trauma are the
biggest reasons
why we might
hoard'



Hoarding Disorders UK





THANK YOU

FOR LISTENING



Hoarding/Peer support group

Javeria Shirazi

LEICESTERSHIRE
FIRE and RESCUE SERVICE





1



2



3



4



5



6



7



8



9

Case B

vulnerable Person ID:	000
Consent for Referral given?	N/A
Lone Working Risk	No
Other Risk Details	N/A
Right to be Forgotten	No
Name:	XXXXXXXXXX
Alias/Also Known As	
Main Contact Point:	Vulnerable Person
Main Subject Address:	The Occupier, 30 xxxxxx Avenue, Leicester, Leicestershire, LXX XXX
Contact Details:	
Vulnerabilities:	Hoarding
Disability:	
Concerns:	This person is hoarding newspapers in his property.. This poses a fire risk.
Fire Risk:	
Date of Birth:	00/12/19xx

Case B

- Halogen Heater
- Smoker
- Drinks alcohol.



Peer Support Group: *My Space at My Pace* for people experiencing hoarding

**Last Wednesday of
every month**

Central Fire and Rescue Station,
Lancaster Road,
Leicester
LE1 7HB

2:00pm - 3:30pm



A **FREE** friendly support group to meet other people who hoard and to help you manage clutter

This is a space to share experiences and to be supported by different services

Please contact the Safeguarding Team for more information or to join a meeting:

0116 210 5555

safeguarding@leics-fire.gov.uk

LEICESTERSHIRE
FIRE and RESCUE SERVICE



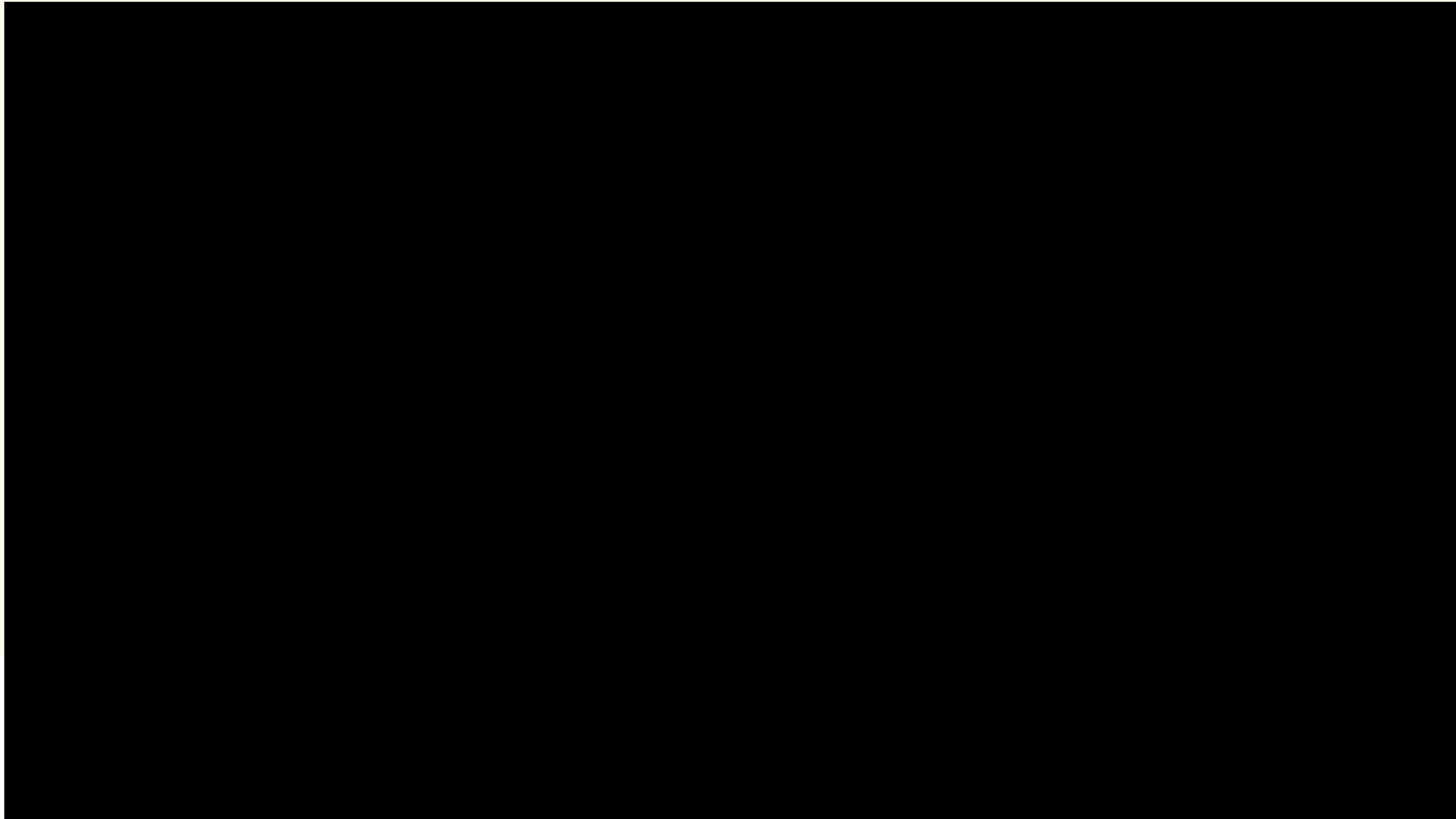
 **SAFER
PEOPLE
SAFER
PLACES**



Purpose of the group:

- Day to day challenges
- Combat loneliness/ empower
- Meet other people who live a similar style
- Guest speakers - services
- ASC/ Safe Spaces representative - Trust
- Educate the community

Their voice.....



The Hoarding Peer
Support Group video is
available via the LLR
SAB YouTube Channel
here:

[https://youtu.be/SsX34y
JlwqQ](https://youtu.be/SsX34yJlwqQ)

Thank you

Email: Safeguarding@leics-fire.gov.uk



BREAK
10 minutes



Child Sexual Abuse (CSA)

Liz Dunn

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

Child Sexual Abuse Roadshow: Prioritising child sexual abuse

Delivered by:

- The Centre of Expertise on Child Sexual Abuse
- An expert by experience
- East Midlands Children and Young People's Sexual Assault Service (EMCYPSAS)

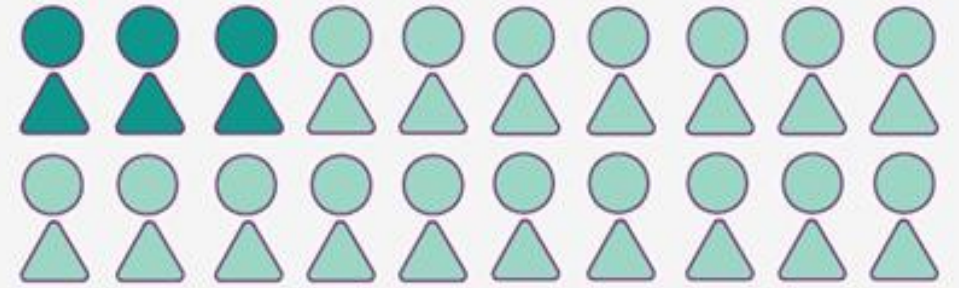
On 23rd May 2024

Supported by the Safeguarding Children Partnerships LLR



More than one in ten children has been abused by the age of 16 – and this is much higher for girls than boys

CSA Centre, 2021



15% of girls/
young women



5% of boys/
young men

are estimated to experience **some form of sexual abuse** before the age of 16

Most common contexts of abuse

The most serious and repeated offences are more likely to be committed by known persons

For girls, abuse by family members is more common

For boys abuse by authority figures is more common

Far more children are sexually abused than services identify

2,300 children on a child protection plan due to child sexual abuse (England)

9,500 children seen by sexual assault referral centres (England and Wales)

49,000 children assessed at risk of sexual abuse* (England)

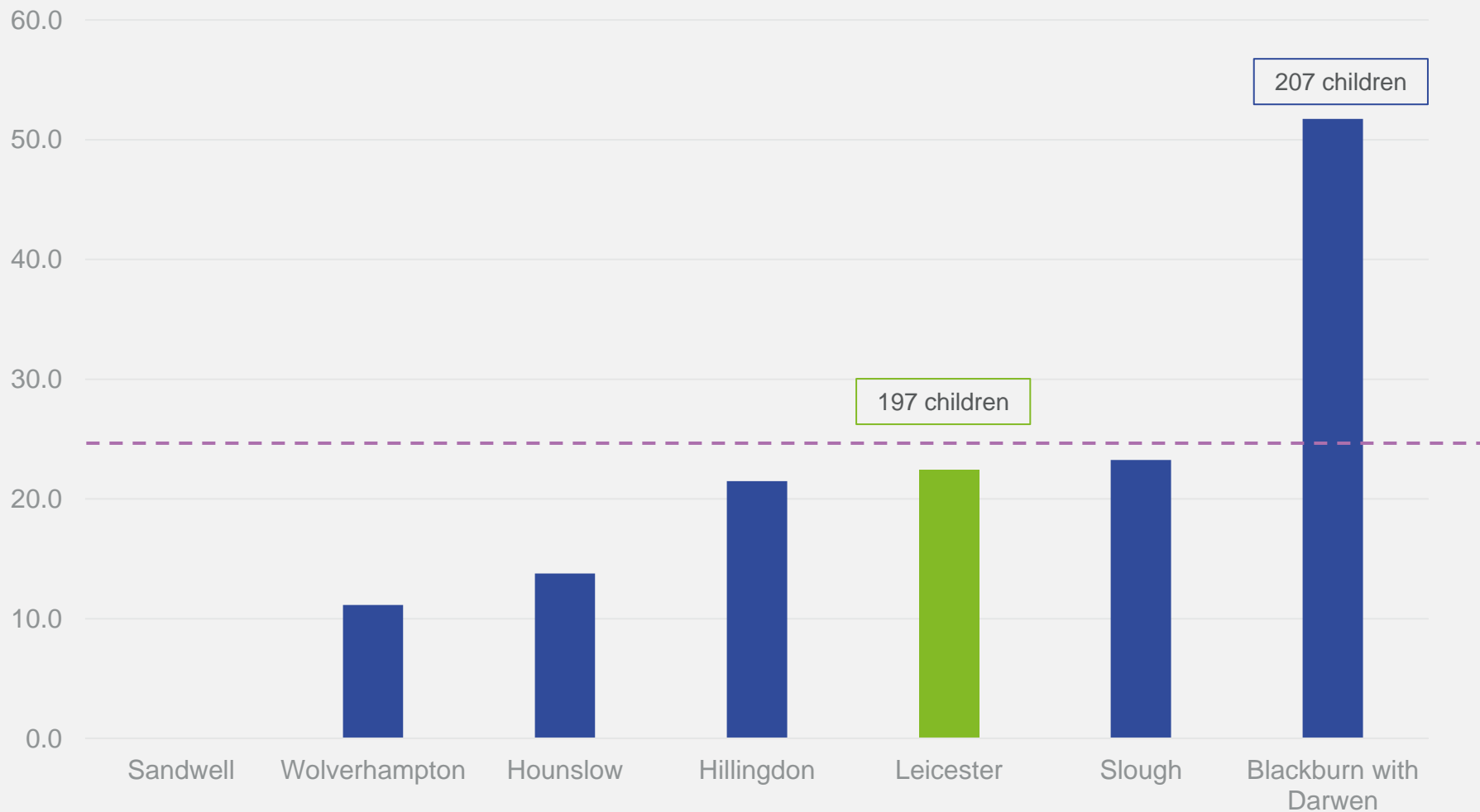
105,000 child sexual abuse offences recorded by the police (England and Wales)

500,000

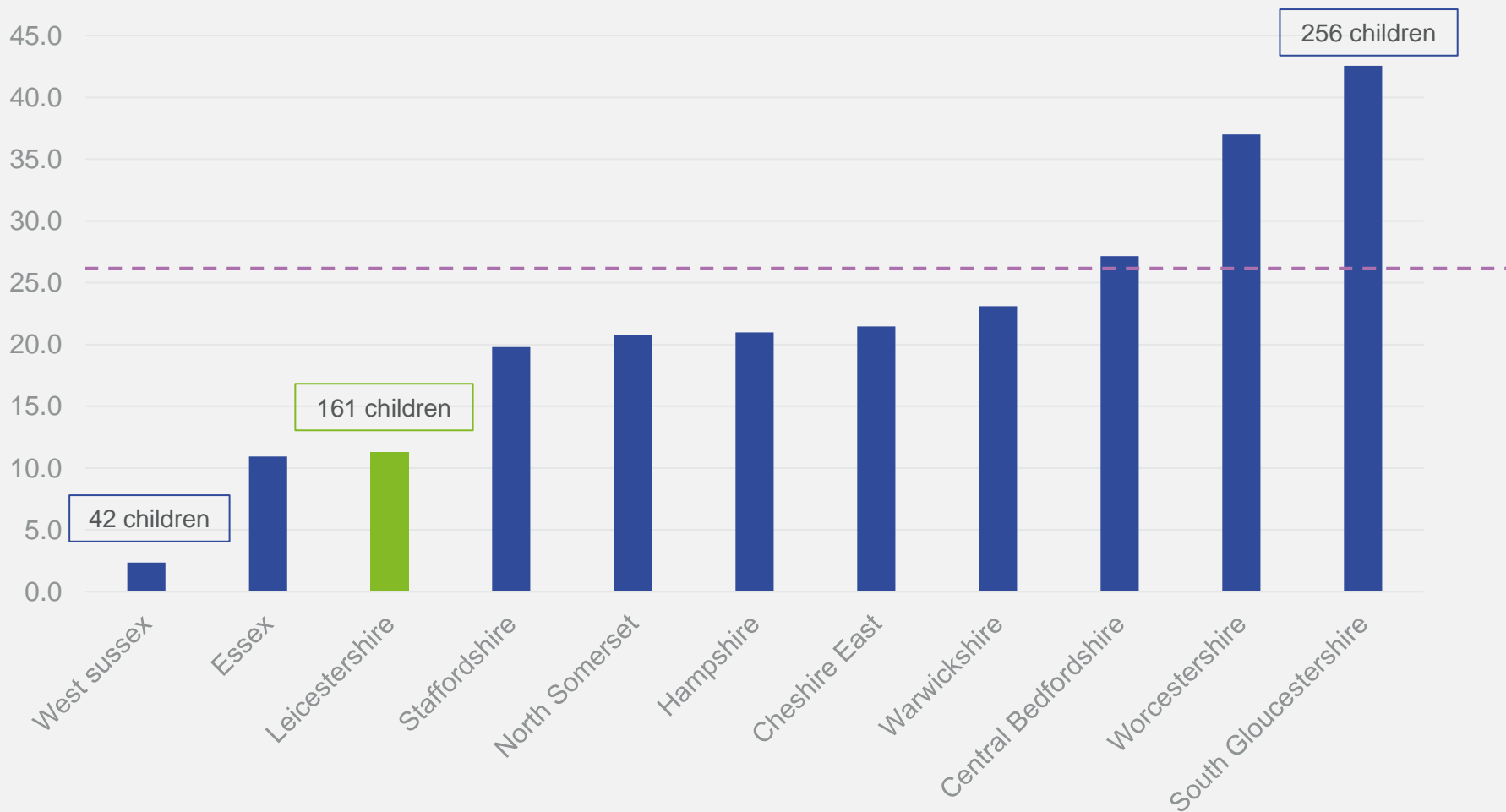
children are estimated to be sexually abused every year**

Sources: Home Office, Police recorded crime and outcomes, 2022/23; Department for Education, Characteristics of Children in Need, 2022/23. *Includes assessments recording concerns of child sexual abuse and exploitation. **Estimate calculated using single-year prevalence estimated by age group (Radford et al. 2011, *Childhood abuse and neglect in the UK today*) and the Office for National Statistics mid-year population estimates, 2022. Please note: numbers rounded to the nearest hundred/ thousand.

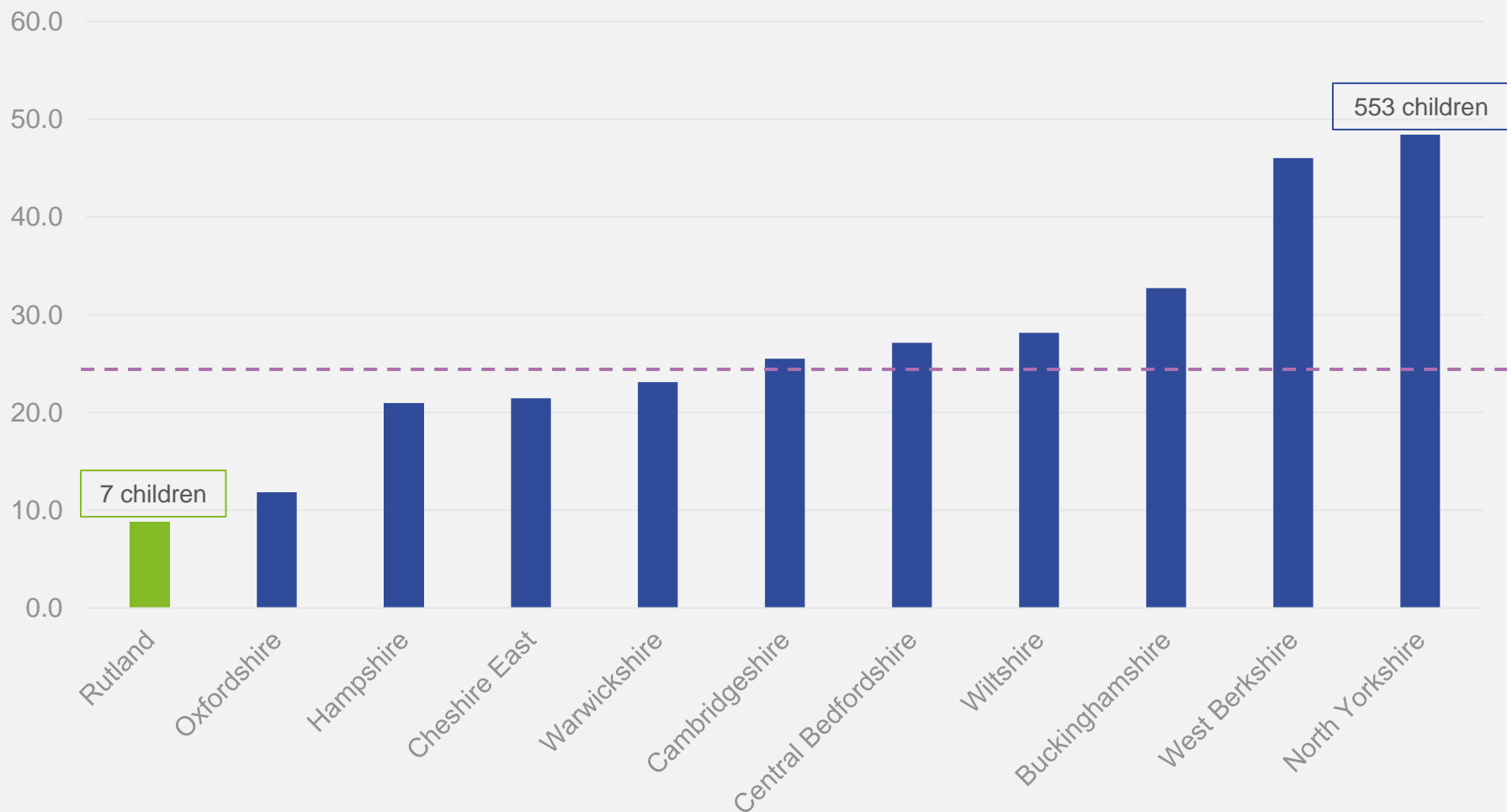
Children assessed at risk of **child sexual abuse**, rate per 10,000 children, **Leicester** and statistical neighbours, 2022/23



Children assessed at risk of **child sexual abuse**, rate per 10,000 children, **Leicestershire** and statistical neighbours, 2022/23



Children assessed at risk of **child sexual abuse**, rate per 10,000 children, **Rutland** and statistical neighbours, 2022/23



“Professionals rely too heavily on children to verbally disclose”

(Report into Child Sexual Abuse in the Family Environment, JTAI 2020)

7-Minute Briefing

01 Purpose of Briefing

Child sexual abuse within the family environment includes abuse by a relative (such as a parent, step-parent, sibling or extended family member) and abuse by someone close to the child in other ways (such as a foster carer, pre-adoptive or adoptive parent, a close family friend or a babysitter). This briefing includes national and local learning.

02 Signs and Indicators

The [Centre of Expertise on Child Sexual Abuse](#) highlights the need to consider behaviour that indicates emotional distress, changes in usual behaviour and sexualised behaviour, as well as physical signs of abuse. Potential signs of sexual abuse may 'hide' behind other factors, such as neglect. Practitioners should explore behavioural signs that are giving them cause for concern. Where sexual abuse is being perpetrated on one or more family members, it may be possible to identify by patterns of referrals or presentations to different agencies in the local community over time. The presence of a number of signs should indicate the need to consider the potential for abuse and consulting with others who know the child to see whether they also have concerns. Rates of verbal disclosure are low at the time that abuse occurs in childhood. Children say they are trying to disclose their abuse when they show signs or act in ways that they hope adults will notice. Sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children to disclose. Care experienced children may have additional challenges to disclosure of abuse by foster carers, care workers or kinship carers due to their history of abuse or neglect.

07 Resources to support practice

[Sexual Abuse procedure and Child Sexual Abuse in the Family Environment procedure](#)

[East Midlands Children and Young People Sexual Assault Service – Referral Flowchart](#)

The [Centre of Expertise on Child Sexual Abuse](#) – a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, which have produced a range of resources to support professionals, including [Signs and Indicators](#) and [Communicating with Children](#)

[NSPCC Child sexual abuse: learning from case reviews](#)

06 Reviewing practice

- Have you spoken to the child alone? Have you recorded and reported if a child has declined the opportunity to talk or be seen without a carer?
- When working with a child who has experienced past trauma, have you considered if current experiences are contributing to presenting behaviours? Are you prepared to "think the unthinkable"?
- Have you shared information effectively between agencies? Without information sharing, events/behaviour could be viewed in isolation.
- Have you acknowledged the challenges of balancing confidentiality with safeguarding responsibilities? Have you been open, honest and transparent if maintaining confidentiality is not possible following disclosure or protective action needs to be taken against the child's wishes?
- Have you reviewed the impact of the sexual abuse and of any interventions on the child? Have you considered the impact of...



04 Identifying disclosures

Children may disclose sexual abuse verbally, either directly or indirectly (for example, talking about 'secrets'), while others may attempt to disclose by non-verbal means including changes in their behaviours, letter writing, drawing pictures or playing with dolls. This requires not just a focus on the behaviour but why the behaviour may be happening.

Care experienced children may present their distress in different ways to other children. There could be an increase in dysregulation in some children and it should not be assumed this is due to past trauma alone. Disabled children may be more likely than others to exhibit behaviours as signs; it is important that these are not simply attributed to the child's disability.

05 Responding to disclosures

The initial response to disclosure should be to listen carefully to what the child says / to observe their behaviour. Practitioners must clarify the concerns; offer reassurance about how the child will be kept safe; and explain what action will be taken and within what timeframe, in a way suitable for the child's age and stage of development. The most important consideration is the safety and well-being of the child and other children that may be at risk. Once a practitioner is aware of concerns, [a referral to Children's Social Care must be made immediately](#). Children's Social Care refer reports of sexual abuse to the Police.

There are cases where it will not be appropriate to discuss concerns with parents/carers before referral. In such situations, the timing of contact with parents/carers will be agreed with Children's Social Care and/or the Police once the referral has been made. Situations where it would not be appropriate to inform family members prior to referral are set out in the [local procedure](#).

The child must not be pressed for information, led, or cross-examined or given false assurances of absolute confidentiality. It is important practitioners record what the child has said in their own words; they should avoid interpreting what a child has said. It should be emphasised that the abuse is not the child's fault, and that responsibility for the abuse sits with the abuser. Emotional support and a support strategy



Safeguarding
Children Partnership
LEICESTERSHIRE & RUTLAND

Leicester
Safeguarding
Children Partnership Board
WORKING TOGETHER
TO KEEP CHILDREN SAFE

03 Disclosure

To aid disclosure, a child needs to feel safe and have a strong relationship with a practitioner. They should be seen alone and, if a child in care, outside of their placement. A child will be more inclined to disclose if they know how their disclosure is likely to be handled and the likely outcome.

Some young people will have additional challenges in disclosing due to communication, religious, language, cultural, gender or sexuality issues. Practitioners cannot rely on/wait for disclosure; they need to respond to signs, indicators and risk factors.

7-Minute Briefing: Child Sexual Abuse in the family environment

<https://lrsb.org.uk/uploads/child-sexual-abuse-in-the-family-environment.pdf?v=1720088450>

Reviewing Practice

- Have you spoken to the child alone? Have you recorded and reported if a child has declined the opportunity to talk or be seen without a carer?
- When working with a child who has experienced past trauma, have you considered if current experiences are contributing to presenting behaviours? Are you prepared to “think the unthinkable”?
- Have you shared information effectively between agencies? Without information sharing, events/behaviour could be viewed in isolation.
- Have you acknowledged the challenges of balancing confidentiality with safeguarding responsibilities? Have you been open, honest and transparent if maintaining confidentiality is not possible following disclosure or protective action needs to be taken against the child’s wishes?
- Have you reviewed the impact of the sexual abuse and of any investigations on the child? Have you considered the impact on yourself?

Input from Practitioner

Lesley Booth, Service Manager – Child
Safeguarding and Quality Assurance, Leicester
City Council

Resources

- [Sexual Abuse procedure and Child Sexual Abuse in the Family Environment procedure](#)
- [East Midlands Children and Young People Sexual Assault Service – Referral Flowchart](#)
- The [Centre of Expertise on Child Sexual Abuse](#) – a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, which have produced a range of resources to support professionals, including [Signs and Indicators](#) and [Communicating with Children](#)
- [NSPCC Child sexual abuse: learning from case reviews](#)

Practitioner Feedback

- ▶ The Leicester, Leicestershire and Rutland Safeguarding Adults Boards (SABs) and Safeguarding Children Partnerships (SCPs) each have a staff feedback survey available for practitioners who work with adults and children
- ▶ The surveys look at key adult/children safeguarding areas, including SAB and SCP priority areas.

Please spend some time in this slot to complete the surveys, which can be accessed using the link in the chat.

Second National Safeguarding Adults Reviews (SAR) Analysis

Jo Reed

Board Officer, Leicester Safeguarding Boards Office

The Second National (England) Analysis of Safeguarding Adults Reviews

The Care Act 2014, Section 44 - Safeguarding Adults Reviews (SARs)

Safeguarding Adults Boards must conduct a SAR where:

- An adult with care and support needs has died, or experienced serious abuse or neglect, and
- The Board knows or suspects that the death resulted from abuse or neglect, and
- There is reasonable cause for concern about how the Board, its members or others worked together to safeguard the adult

A SAB may also choose to conduct a review of any other case involving an adult in its area with needs for care and support

The Second National (England) Analysis of Safeguarding Adults Reviews

The Care Act 2014, Section 44 - Safeguarding Adults Reviews (SARs)

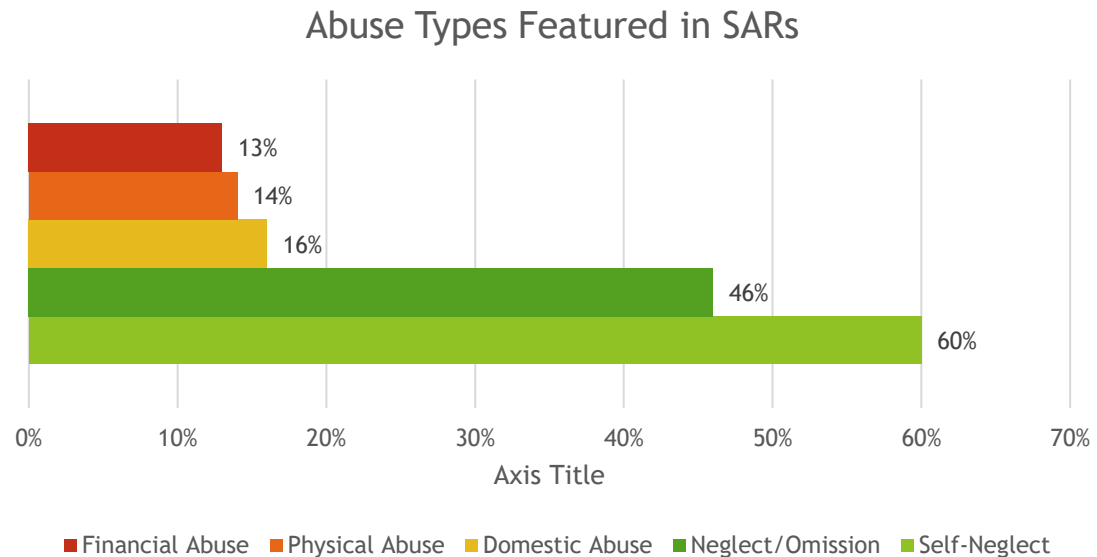
The purpose of a SAR is:

- To identify the lessons to be learnt from what happened, and
- To apply those lessons to future practice

A SAR does not seek to apportion blame nor to hold any practitioner, or organisation, accountable.

The Second National (England) Analysis of Safeguarding Adults Reviews

- The study analysed the findings of 652 SARs completed from April 2019 – March 2023.
- The analysis showed self-neglect to be the type of abuse most commonly reviewed, featuring in 60 per cent of reviews, followed by neglect/omission (46 per cent), domestic abuse (16 per cent), physical abuse (14 per cent) and financial abuse (13 per cent).



The Second National (England) Analysis of Safeguarding Adults Reviews

The pattern of the abuse types differs to that of safeguarding enquiry activity under section 42 of the Care Act 2014, where:

- neglect/acts of omission normally features most frequently,
- followed by physical abuse, financial/material abuse and psychological abuse.

The Second National (England) Analysis of Safeguarding Adults Reviews

Direct Practice – Good Practice

- The most commonly noted good practice related to risk assessment and management (in 31 per cent of cases) and applying the principles of Making Safeguarding Personal (29 per cent).
- Recognition of abuse or neglect (including self-neglect), continuity/perseverance of involvement, and attention to health needs, were each noted in around 22 per cent of cases.
- Seen less frequently were good attention to mental capacity (11 per cent), use of a ‘think family’ approach (8 per cent), use of advocacy (7 per cent), legal literacy (6 per cent), understanding of personal history (4 per cent), work with unpaid carers (4 per cent) and hospital discharge (4 per cent).

The Second National (England) Analysis of Safeguarding Adults Reviews

Direct Practice – Practice Shortcomings (Top 9)

- poor risk assessment/risk management (82% of cases)
- shortcomings in mental capacity assessment (58%)
- lack of recognition of abuse/neglect (56%)
- shortcomings in making safeguarding personal (50%)
- absence of professional curiosity (44%)
- absence of attention to people's care and support needs (43%)
- absence of attention to mental health needs (41%)
- absence of attention to and physical health (37%)
- absence of professional curiosity (44%) meant that circumstances were sometimes taken at face value rather than explored in detail.

The Second National (England) Analysis of Safeguarding Adults Reviews

Key Messages from the Analysis – Page 1

- ✓ Explicit and comprehensive risk assessment is an essential component of practice, as is a focus on proportionate risk management.
- ✓ It is vital that practitioners pay close attention to mental capacity, carrying out capacity assessments where indicated, particularly where an individual consistently disregards high levels of risk to themselves or others, and where there might be concern about executive function, for example as a result of the impact of acquired brain injury or prolonged alcohol dependency. The potential impact of impaired executive brain function on decision-making must be considered.

The Second National (England) Analysis of Safeguarding Adults Reviews

Key Messages from the Analysis – Page 2

- ✓ The multitude of potential pitfalls in adult safeguarding, illustrated by the wide range of shortcomings set out above, means that practitioners must be competent and confident across a wide range of knowledge and skills. SARs also commented positively on the personal qualities that practitioners brought to their work. Compassion, kindness, care, empathy and sensitivity were all noted as good practice, along with commitment, dedication, professionalism, skill and diligence.
- ✓ It is important continuously to reflect on the demands that safeguarding practice makes on practitioners and to identify how continuing professional development can support knowledge and skill development and the ability to use personal qualities in professional practice.

The Second National (England) Analysis of Safeguarding Adults Reviews

Key Messages from the Analysis – Page 3

- ✓ Factors such as poor case coordination and information-sharing, pressures on staffing and workloads, availability of commissioned resources, and absence of management scrutiny, training and guidance, compromise the effectiveness of safeguarding. They have a direct influence on how practitioners in any one agency approach their work with an individual. Practitioners' awareness of these systemic factors can assist them to take appropriate actions, for example to contribute actively to interagency coordination and information-sharing, and to escalate difficulties to the appropriate level in the safeguarding system.
- ✓ It is important that practitioners learn the lessons from Safeguarding Adults Reviews, both in their own locality and elsewhere, and draw on this developing evidence base to inform their own practice.

The Second National (England) Analysis of Safeguarding Adults Reviews

Next Steps 1

The report sets out 31 priorities for improvements in adult safeguarding, including:

- ❑ Changes to law and national policy guidance
- ❑ Strengthening the pathway for escalating concerns to central government departments, for example about gaps in services and the impact on services of public sector austerity
- ❑ Improved understanding of what effective safeguarding looks like
- ❑ Improvements to the way Safeguarding Adult Reviews are carried out
- ❑ Improvements to the use of the web-based library of Safeguarding Adult Reviews so that they can be easily found and used for learning
- ❑ Better reporting of abuse or neglect and the reasons why it may have happened

The Second National (England) Analysis of Safeguarding Adults Reviews

Next Steps 2

- ▶ The recommendations from the report will be considered by the SAB Groups across Leicester, Leicestershire and Rutland (LLR) who commission and monitor SARs.
- ▶ They will establish which recommendations apply to LLR and discuss with SAB members, in November, how they are to be addressed.

Electively Home Educated (EHE) Children

Ellen Collier

Education Welfare Service Manager, Leicester City Council

Andrea Tyler

Senior Coordinator – Inclusive Learning, Rutland County
Council

Safeguarding Children in Elective Home Education

- In May 2024, the Child Safeguarding Practice Review Panel published a Panel Briefing on Safeguarding Children in Elective Home Education.
- The Briefing is available here:
[https://assets.publishing.service.gov.uk/media/664341d1bd01f5ed32793a9c/Safeguarding Children Elective Home Education PB3 May 2024.pdf](https://assets.publishing.service.gov.uk/media/664341d1bd01f5ed32793a9c/Safeguarding_Children_Elective_Home_Education_PB3_May_2024.pdf)

What is a parent's duty in law?

- Section 7 of the Education Act 1996 states that "the parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable-(a)to his age, ability and aptitude, and (b)to any special educational needs he may have, either by regular attendance at school **or otherwise**"
- The 'or otherwise' means, Elective Home Education – education provided by the parent.

Can a Local Authority (LA) prevent a family from educating their child at home?

- There are limited exceptions to the automatic right to remove a child from a school roll for the reason of EHE.
- Where the Education, Health and Care Plan (EHCP) names a special school, that school will need the consent of the LA to remove the child from roll. In these circumstances, the Local Authority must be satisfied that the child's SEND will be met including health aspects of the EHCP.
- If a child is on roll at a school as a result of the Local Authority having previously served a School Attendance Order, the parents must apply to have the Order revoked before the child's name can be removed from the school roll.
- If the Local Authority has Parental Responsibility (PR) for a child, the Local Authority's agreement is required for a child to be removed from the school roll.
- Where a parent with PR disagrees with the child being removed from the school roll, the parents will either need to come to a mutual decision, or a Court Order will be required to change the child's education status.

What should EHE look like?

- They have to provide an education that is “full time and suitable to age ability and aptitude and any special educational needs.” (Education Act 2002)
- Home educating families do not have to keep school hours or have a timetable. (*Elective home education Departmental Guidance for Parents 2019*)
- They do not have to teach the same lessons as are taught in school.
- Case law has established that an education that does not include English and Maths cannot be considered suitable. (Harrison & Harrison V Stevenson 1982)

What is a Local Authority's duty in relation to Elective Home Education?

- Local authorities have a duty under section 436A of the Education Act 1996 to make arrangements to establish the identities of children in their area who are not registered pupils at a school and are not receiving suitable education otherwise. This duty only relates to children of compulsory school age.
- Where a parent advises their child is EHE, where education the child is receiving is not suitable, they are considered as a child missing from education (CME).
- [Goodred v Portsmouth City Council](#) [2021] EWHC 3057 (Admin) (16 November 2021)

EHE register?

- Subject to consultations and likely to become law. LAs may be given additional responsibility to provide support – no major changes though as we already do.
- Where we know about EHE children, we do record their status, and they are then subject to LA processes.

Safeguarding

- It is important for all professionals working with children and families to be aware that, in respect of the education regulations, there is no right of access to an EHE child's home, no right to see the child and no duty or power to carry out any routine monitoring of EHE.
- The first point at which a parent is required by law to satisfy the LA that the child is receiving a suitable education is when they have been issued with a School Attendance Order.
- Operation Encompass
- Health data for 5 year olds



Leicester City – EHE process

- [Leicester City Council \(LCC\) complies with Department for Education Guidance; Elective home education departmental guidance for local authorities April 2019](#)
- Leicester City uses a process of discussions and reports with parents to determine if the education they are providing is suitable.
- Decision/intention to home educate notified to LA:
 - Education Welfare Officer (EWO) contacts parent to discuss and captures any concerns, check of any current or recent social care or family support involvement, any SEND, ensures parent understands their responsibilities, sometimes via home visit
 - Request for a Plan
 - Report requested 6 months later
 - Report requested at 12 month point and annually thereafter.
 - open to receiving whatever information a parent willing to share
 - decision re suitability of EHE are made by Home Education Officers (HEOs) (teaching background) with involvement of other specialists where appropriate.



Rutland – EHE process

- [Elective Home Education | Rutland County Council](#)
- Rutland County Council uses a process of discussions and reports with parents to determine if the education they are providing is suitable.
- Decision/intention to home educate notified to LA:
 - Inclusion Officer uses liquid logic to check of any current or recent social care or family support involvement and SEND.
 - Inclusion Officer contacts parent to complete an initial triage assessment which has a Red Amber Green (RAG) rating outcome.
 - Letter sent to parent to request a meeting to review; this is offered face to face in the home or in a neutral location or via Teams. (Timescale of review is dependent on initial triage RAG rating)
 - Some parents may choose to send information rather than meeting.
 - Decision re suitability of EHE is made by the Inclusion Officer (teaching background) and communicated to family (usually at the review).
 - Further review schedule depends suitability. All cases are reviewed at least annually.

Leicestershire – EHE process

- Leicestershire County Council Home Education webpage – <https://www.leicestershire.gov.uk/education-and-children/schools-colleges-and-academies/inclusion-service/home-education>
- Leicestershire County Council Inclusion Service Elective Home Education (EHE) Policy – <https://www.leicestershire.gov.uk/sites/default/files/2024-04/LCC-Elective-Home-Education-policy.pdf>



Questions



Questions / Feedback / Close

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