Board Matters

Annual Report

Each year the Safeguarding Boards are required to produce an Annual report outlining the work of the Boards and Partner agencies. The Annual report and Executive Summary for 2013-2014 are available online.

The Annual Report acknowledges the commitment of all those involved in safeguarding the most vulnerable in our society whilst also recognising the challenges.

Assessing the quality and effectiveness of training

A key role for the Safeguarding Boards is that of seeking assurance that the Safeguarding of children young people and adults is effective. The Boards seek assurance using a variety of methods including questionnaires, case and strategic audits. Assessing the quality and effectiveness of Safeguarding Training, Learning and Development is vital in promoting best practice and securing safe outcomes. We would be really interested in hearing about any work you are undertaking in relation to assessing the effectiveness of the Safeguarding Training within your organisations/teams/units. Please let us know by contacting the Board Office on 0116 3057130 or email sbbo@leics.gov.uk.

Board’s business planning - what do you feel should be the priorities for safeguarding children and adults?

In January the Safeguarding Boards are meeting to develop their business plans

We want those who work to safeguard children and adults to let us know what you feel are the priority areas for multi agency working. Please let us know by contacting the Board Office on 0116 3057130 or email sbbo@leics.gov.uk.

Further updates on the work of the Boards will appear in each edition.

Watch this space - future edition

Raising Standards in Care – overview of the Conference being held on the 9th December 2014

Raising awareness among licensed business owners and staff

The ‘Spot the Signs’ campaign was launched in September 2013 by using local media, a twitter campaign, leaflets, posters and a theatre tour to make young people, parents, carers and professionals aware of the signs of child sexual exploitation, and where to report concerns.

The next phase of the ‘Spot the Signs’ campaign focuses on heightening awareness amongst licensed business owners and staff, making them aware of the signs of child sexual exploitation, and where to contact if there are any concerns.

Leicestershire Police and the Local Authority licensing leads are visiting hotels, bed and breakfast premises, late night takeaways, cafes, clubs, pubs and taxi companies.

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Business owners will be given a letter and leaflet highlighting their responsibilities to protect children from harm.

An event in October organised by Leicestershire Police was attended by hoteliers and further events are planned for taxi drivers.

The full package of materials including leaflets, incident log book and ‘postcard summary’ is available for organisations to download from the Leicestershire and Rutland Safeguarding Children Board website www.lrscb.org.uk/cse, and Leicester Safeguarding Children Board website www.lcitylscb.org/information-for-practitioners/safeguarding-topics/child-sexual-exploitation

The Care Act 2014: Safeguarding Adults Chapter 14

The Care Act 2014 offers a clear legal framework setting out how local authorities and other parts of the system must protect adults at risk of abuse or neglect.

All safeguarding policies and practice should reflect the principles underpinning good safeguarding set out in the statement of government policy on adult safeguarding. The six principles are:

• Empowerment: presumption of person-led decisions and informed consent
• Protection: support and representation for those in greatest need
• Prevention: taking action before harm occurs
• Proportionate and least intrusive responses appropriate to the risk presented
• Partnership: local solutions through services working with their communities
• Accountability: accountability and transparency in delivering safeguarding

The Safeguarding Adults Board, local authority and partner agencies are preparing for the Care Act 2014 which will come into force from the 1st April 2015.

Updated Multi Agency Procedures will reflect the Care Act Guidance and principles.

The local authorities must:

• Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
• Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
• Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required
• Establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
• Carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

Here in Leicestershire and Rutland we already have a well established Safeguarding Adults Board, Multi-Agency Policy and Procedures and have undertaken a number of Safeguarding Adult Reviews.

The government guidance in relation to Safeguarding Adults (Chapter 14 Care Act 2014) is now available online: We are currently reviewing our local Multi Agency Policy and Procedures to ensure that they are Care Act compliant.

Important Changes: Duty to make Enquiries

Under Section 42 of the Care Act, a local authority has a duty to make enquiries itself or cause others to make enquiries in cases where it has reasonable cause to suspect that an adult:

• Has needs for care and support (whether or not the local authority is meeting any of those needs) and
• Is experiencing, or at risk of, abuse or neglect, and
• As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect

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The purpose of a safeguarding enquiry is for the local authority to clarify matters and then decide on what course of action (if any) is required in order to protect the adult in question from abuse and neglect. If any action is necessary, then it is for the local authority to take the lead in coordinating what action is appropriate and by whom. A safeguarding enquiry may not necessarily result in what is typically considered to be a ‘safeguarding response’, such as an investigation by the police or a health and social care regulator, but it could result in other action to protect the adult concerned, such as providing a care and support package for either or both the adult and their carer.

Good safeguarding practice begins with talking to the adult who there is concern about, unless there are exceptional circumstances that would increase the risk of abuse. That conversation will need to establish facts and, importantly, what the person wants to happen and how. Practitioners need to make personal contact with the people they are working with and establish a relationship. Therefore the issue of access and ability of the person to talk freely is critical.

If the adult has substantial difficulty in being involved, and where there is no-one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for them, or on their behalf, must be made in their best interests.

Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating ‘safety’ measures that do not take account of individual wellbeing, as defined in Section 1 of the Care Act.

The Social Care Institute for Excellence (SCIE) is an excellent resource for information on the implementation of the Care Act 2014 http://www.scie.org.uk/care-act-2014/safeguarding-adults/.

**Types of abuse**

Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example or in relation to care provided in one’s own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Self-neglect – this covers a wide range of behaviour such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding
Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers

At some point during the making of enquiries by the local authority, legal powers may be required to gain access to the person known or suspected to be experiencing, or at risk of, abuse or neglect.

The following legal powers may be relevant, depending on the circumstances:

- If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare: the Court of Protection has the power to make an order under Section 16(2) of the Mental Capacity Act (MCA) relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.

- If there is concern about a mentally disordered person: Section 115 of The Mental Health Act (MHA) provides the power for an approved mental health professional (approved by a local authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care.

- If a person is believed to have a mental disorder, and there is suspected neglect or abuse: Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the Police to enter premises using force if necessary and if thought fit, to remove a person to a place of safety if there is reasonable cause to suspect that they are suffering from a mental disorder and (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves.

- Power of the Police to enter and arrest a person for an indictable offence: Section 17(1) (b) of the Police and Criminal Evidence Act (PACE).

- Common law power of the Police to prevent, and deal with, a breach of the peace. Although breach of the peace is not an indictable offence the Police have a common law power to enter and arrest a person to prevent a breach of the peace.

- If there is risk to life and limb: Section 17(1) (e) of PACE gives the police the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. This represents an emergency situation and it is for the police to exercise the power.
Safeguarding Against Extremism

At a national, regional and local level agencies are working together to:

• Prevent people from becoming terrorists or supporting terrorism
• Provide support to individuals who are at risk of being drawn into extremist or terrorist related activity

The Government’s Prevent Strategy is now embedded within the Local Safeguarding Children and Adult Boards across Leicester, Leicestershire & Rutland with the Safeguarding Boards Business Office having published the procedures for Safeguarding Children Vulnerable to Violent Extremism http://llrscb.proceduresonline.com/chapters/contents.html

The Prevent Coordinator for Leicester, Leicestershire and Rutland is Will Baldet and he is based at the St Philips Centre in Evington. Will sits on the LSCB Voluntary Community Sector Subgroup to ensure that Safeguarding is integral to the strategy and the voluntary sector is included in its delivery. He can be contacted via email at prevent@stphilipscentre.co.uk

There is one overriding priority for Prevent at the moment, which is to support those vulnerable individuals who sympathise with the group called ISIS / ISIL in Iraq and Syria and who may seek to travel and join them. ISIS is a particularly insidious group because their recruitment is targeted specifically at young people, using the language and imagery of video games and knowing that children and teenagers will not have the critical thinking skills to challenge distorted narratives.

We know that some schoolchildren have viewed and shared the gruesome beheading videos that have circulated on social media and we want to protect all young people from exposure to this brutal imagery. As well as these clear risks to young people, we must not lose sight of the growing threats from far right extremism. Groups such as the English Defence League still persist and have also splintered into smaller, arguably more dangerous, factions which dominate social media with a constant stream of racist and Islamophobic material designed to divide society and fuel hostility towards immigrants and some faith communities. When that material breaks the law it should be reported to the Police. When we fear that someone is being drawn into inciting or supporting acts of violence because of these hostile views, then Prevent can offer help to safeguard them whilst at this vulnerable stage and before any crime has been committed. A useful guide to far right extremist symbols and meanings can be found at http://www.adl.org/mobilehatesymbols/symbol-results-1.html

In Leicester, Leicestershire and Rutland, the Prevent teams work with local schools, colleges and safeguarding staff so that young people can be protected from all forms of extremism (whether it is far right extremism, animal rights or faith based) and to ensure that early intervention is possible if someone appears to be vulnerable to radicalisation.

It is important to note that engaging with Prevent does not result in a criminal record; in fact, the very purpose of Prevent is to ensure that a vulnerable person never crosses that threshold into criminality and is safeguarded using appropriate interventions.

Anyone interested in learning more about the Prevent strategy’s role in safeguarding vulnerable people in LLR can register for free training via the Children’s Workforce Matters website (http://www.childrensworkforcematters.org.uk/training-and-development/prevent)

What factors can put people at risk?

There is no single profile of a terrorist or violent extremist, but we know that factors which may make people more vulnerable include:

• Substance & alcohol misuse
• Peer pressure
• Influence from older people or via the Internet
• Bullying
• Crime & anti-social behaviour
• Domestic violence
• Family tensions
• Race/hate crime
• Mental Health Issues
• Lack of self -esteem or identity
• Grievances (personal or political)
• Migration

Early intervention can help to keep all our communities safe, so if during the course of your work you are concerned about the welfare of an individual there are a variety of ways you can refer your concerns by contacting:

• Your organisation’s Safeguarding Lead
• Will Baldet, Prevent Coordinator for Leicester, Leicestershire and Rutland who is based at the St Phillips Centre in Leicester prevent@stphilipscentre.co.uk
• Prevent Engagement Team on 101 extension number 6726 or email PreventEngagement.Team@leicestershire.pnn.police.uk
Safe use of Baby Slings

The Harrow Child Death Overview Panel has been anxious for the learning from a local death involving a baby in a sling to be shared nationally.

In cultures around the globe, people have been carrying their babies for millennia. Yet in much of the Western world, it is now a reviving art. Carrying babies in baby slings and carriers has grown in popularity in recent years.

When used correctly it can soothe the baby while keeping the adult’s hands free to get on with other things.

In December 2013 a month old baby boy was taken out by his parents for a shopping trip in a ‘mobi’ baby sling. On their return home they found that he was no longer breathing. An ambulance was immediately called and the baby was resuscitated and taken to local hospital before being transferred to Great Ormond Street Hospital for intensive treatment. Sadly a couple of days later treatment was discontinued. As this was an unexpected death, a coroner’s inquest was undertaken and upon its conclusion the coroner deemed that cardiac arrest was caused by positional asphyxia but there was no evidence that the use of the sling had been inappropriate or incorrect.

However, two matters of concern were identified from the inquest:

1. There appears to be a body of evidence that positional asphyxia can occur through the use of baby slings. However, knowledge of this risk appears to be limited at present to academic circles and has not been widely researched.

2. If there is currently sufficient evidence to raise this risk to parents, then why has this information not been publicised more widely?

This unexpected death involving a sling is the second incident in Harrow in the past 18 months. In 2012 a baby being carried in a similar sling was being carried by mother around the Natural History museum when she also discovered that her baby was no longer breathing and despite resuscitation attempts could not be revived at the scene. These two incidents have brought the issue of baby sling safety to local attention (the first case was picked up by the national press). Here is a link to the Harrow Child Death Overview Panel newsletter: http://www.harrowlscb.co.uk/fckeditor/editor/images/userfiles/file/CDOP%20NL%20July14.pdf
Forced Marriage

Practitioners are asked to familiarise themselves with not only our local procedure procedures in relation to Forced Marriage but the guidance published by the Cabinet Office:

*The Right to Choose* - Multi-Agency Statutory Guidance for dealing with forced marriage 2014. This guidance is for all persons and bodies who exercise public function in relation to safeguarding and promoting the welfare of children and vulnerable adults.

*Multi-Agency practice guidelines: Handling cases of forced marriage 2014*

A Step-by-step advice for frontline workers. Essential reading for health professionals, educational staff, police, children’s social care, adult social services and local authority housing

The Forced Marriage Unit (FMU) is always happy to talk to frontline professionals handling cases of forced marriage at any stage in a case. The FMU offers further information and advice on the wide range of tools available to tackle forced marriage, including legal remedies, overseas assistance and how to approach victims. FMU staff can also speak at conferences or run training workshops to teams of frontline professionals, and provide free leaflets and posters

Call: 020 7008 0151 (Mon-Fri: 09.00-17.00)
Email: fmu@fco.gov.uk Web: [www.gov.uk/forced-marriage](http://www.gov.uk/forced-marriage)

Address: Forced Marriage Unit Foreign & Commonwealth Office King Charles Street London, SW1A 2AH

For all out of hour’s emergencies, please telephone 020 7008 1500 and ask to speak to the Global Response Centre

Learning from Baby Z Serious Case Review –

**Bruising to non-mobile babies**

In February 2014 Leicester City Safeguarding Children Board published a Serious Case Review into the case of a baby girl (Baby Z) who in October 2012 sustained a serious head injury.

Medical examinations revealed multiple injuries, thought to have occurred up to 3 weeks before the incident. The family were known only to universal services e.g. GP Health Visitor prior to the incident. Two months earlier in August 2012 mother had presented the baby with ‘marks’ to the health visitor and GP. At this time the ‘marks; were not identified as non-accidental and not referred to children’s services.

The review identified missed opportunities on the part of professionals, due to professional optimism, lack of professional challenge and lack of professional curiosity. The review makes recommendations covering: GPs, Health Visitors and Leicestershire Partnership NHS Trust. For more information see [Leicester LSCB - Baby Z](http://www.leicester.gov.uk/lscb)

Remember!!!!

‘Babies + Bruising = be concerned!’

National guidance and LSCB procedures state that any bruising seen with variations in colour may possibly indicate injuries caused at different times. Bruising in a child who is not independently mobile should be suspected as non-accidental unless there is evidence or an adequate explanation is provided [NICE Clinical Guidance 89, 2009, LLR LSCB 1.3(4)]
How long have you been in this role?
Slightly over two years, although I’ve worked within Leicestershire Children and Family Services for over twenty years.

Tell us about a typical day
The day to day work associated with the LADO role is divided between me and my colleague, Karen Browne. Much of our day is spent answering telephone calls from schools, police, colleagues, service providers and voluntary agencies, when people want to report an allegation or just discuss whether a concern should be addressed through the allegation management process. This is fairly non-stop and I can easily spend three hours a day on the telephone. Last year approximately 250 strategy meetings were held to consider allegations, so when I’m not on the telephone, I’m often chairing strategy meetings. Depending on the availability of admin support, I may be responsible for producing the record of these meetings.

Tell us about your responsibilities or duties
The breadth of this role is fairly limited and well defined. This means that I do not usually get involved in direct work with alleged perpetrators or alleged victims; however, the number of referrals means that my day is always busy.

The main responsibilities of the LADO service are:
• To provide advice and guidance to employers and voluntary organisations
• Chairing Strategy Meetings
• To be involved in the management and oversight of individual cases
• To liaise with the Police and other agencies
• To monitor the progress of cases - to ensure that they are dealt with as quickly as possible
• To keep records of all advice given, actions taken and decisions made
• To maintain information databases in relation of allegations and produce reports
• To provide advice and guidance to Senior Managers
• To contribute to training

Much of the LADO work is undertaken with colleagues from Leicestershire Police. I believe that the good working relationship that has developed between the police and the LADO service is a significant factor in protecting Leicestershire’s children from abuse by people who are in a position of trust.

What is your safeguarding best practice top tip?
Be confident in your abilities but be secure enough to ask for help when necessary
Keep yourself safe from allegations by considering safe working practices.

What one thing would you find most beneficial to help you in your safeguarding role?
I would urge professionals to consult the LADO service promptly and feel free to contact either Karen or myself just to have an initial discussion regarding a concern.

Contact us
Leicestershire and Rutland Safeguarding Children Board and Safeguarding Adults Board
The Safeguarding Boards Business Office, Room 600, County Hall, Glenfield, Leicestershire, LE3 8RA. Telephone: 0116 305 7130 Email: SBBO@leics.gov.uk