Safeguarding Adults Board LEICESTERSHIRE & RUTLAND
Safeguarding Children Partnership LEICESTERSHIRE & RUTLAND
Leicester Safeguarding Adults Board
WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

Safeguarding MATTERS

Issue 22
APR 2020

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Coronavirus COVID-19

The members of the Leicestershire & Rutland Safeguarding Children Partnership and the Leicestershire & Rutland Safeguarding Adults Board are working hard to adapt how they deliver services to provide continued support and protection to the most vulnerable children and adults in our community.

They are taking steps to find new ways of keeping in touch with the children, families and vulnerable adults who are working with them and are working closely together across agencies at this difficult time.

They are doing this in ways that allows them to implement the latest government guidance (see below) so that adults and children, their families, carers and staff are not placed at additional risk. Where they need to have direct contact with children and adults, they are working together as partner agencies to ensure that this is done safely.

If you have a concern about the safety of a child or you believe an adult may be at risk of abuse or neglect, please report it. You can find the contact numbers for your area here (children) or here (adults with care and support needs).

LOCAL INFORMATION

Please see the links below to access the most up-to-date guidance from the three Local Authorities:

Leicester City Council COVID-19 guidance

Leicestershire County Council COVID-19 guidance

Rutland County Council COVID-19 guidance

CORONAVIRUS
PROTECT YOURSELF & OTHERS

GOVERNMENT INFORMATION

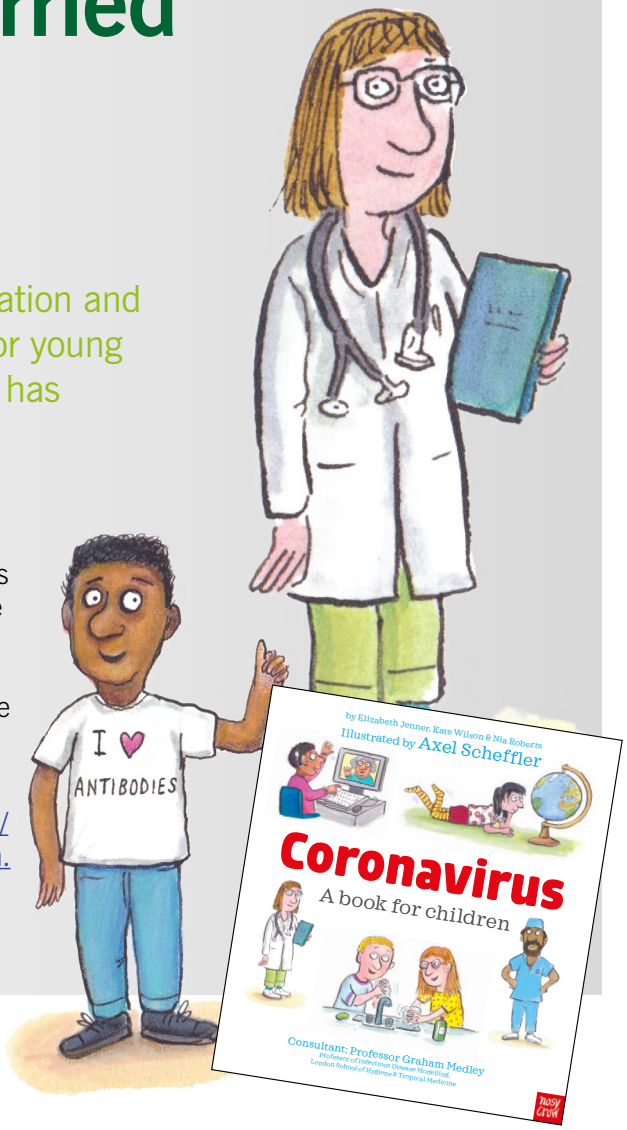
Please see the links below to access the most up-to-date guidance from the Government

Government Coronavirus (COVID-19) guidance

Care Act Easements – this guidance sets out how local authorities can use the new Care Act easements, created under the Coronavirus Act 2020, to ensure the best possible care for people in our society during this exceptional period. Annex D looks at Safeguarding Guidance;

Coronavirus (COVID-19): guidance for local authorities on children's social

Talking to a child worried about Coronavirus



Source: NSPCC

The NSPCC has created a new webpage with information and advice for parents or carers who are worried a child or young person may be struggling with their mental health or has anxiety about Coronavirus.

The webpage includes information on: talking about feelings and worries; keeping in touch and balancing screen time; ways to create structure and routine; and helping to give children a sense of control.

Read the information and advice: Talking to a child worried about coronavirus (COVID-19)

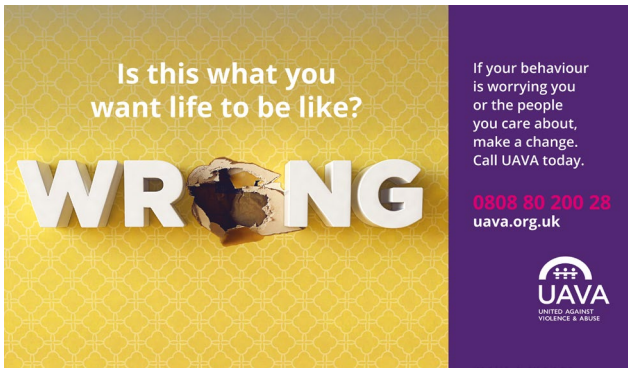
A new free book illustrated by Axel Scheffler explains the coronavirus to children and the measures taken to control it. The authors have worked with experts to answer key questions to help children understand the changing world around them in simple and age-appropriate language for primary school age children. It's really lovely.

https://nosycrowcoronavirus.s3-eu-west-1.amazonaws.com/Coronavirus_ABookForChildren.pdf

Domestic abuse -

where to get help during the COVID-19 pandemic

The impact of Coronavirus may put a further strain on relationships in particular where individuals are asked to "social distance" or "self-isolate". We know that this is a difficult and worrying time for everyone – but particularly so for adults and children living with domestic abuse, and the professionals working hard to support them.



As always, if you or someone else is in immediate danger please call 999 and ask for the police. Silent calls will work if you are not safe to speak – use the Silent Solution system and call 999 and then press 55 or have a code word / sign for if you are in danger – set this up for family and friends to let them know by Text / Facetime / Skype.

For further advice and support following the links below

UAVA 0808 802 0028 www.uava.org.uk

National Domestic Abuse Helpline 0808 2000 247 (freephone 24hrs)

www.refuge.org.uk Safe Lives

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ActionFraud
National Fraud & Cyber Crime Reporting Centre
0300 123 2040

Remain vigilant to Covid-19 scams

The Covid-19 pandemic has resulted in a period of social isolation and it is clear criminals are taking advantage of that to exploit the public particularly those who are vulnerable.

There have been reports of people purchasing face masks online which either don't exist or are faulty, people are being encouraged to click on fake GOV.UK websites, texts and emails, doorstep crime and being asked to donate to charities.

Forces across the country and Action Fraud UK are working hard to minimise opportunities for these scams but we need your help to pass this message on to your family and friends.

Who are potential victims?

- Individuals with cognitive difficulties such as Dementia and Learning Disabilities
- Individuals who are Physically Disabled
- Victims are often vulnerable/ lonely/socially isolated/bereaved
- When there is physical evidence of neglect/Care and Support needs – neglected properties/ramps/rails

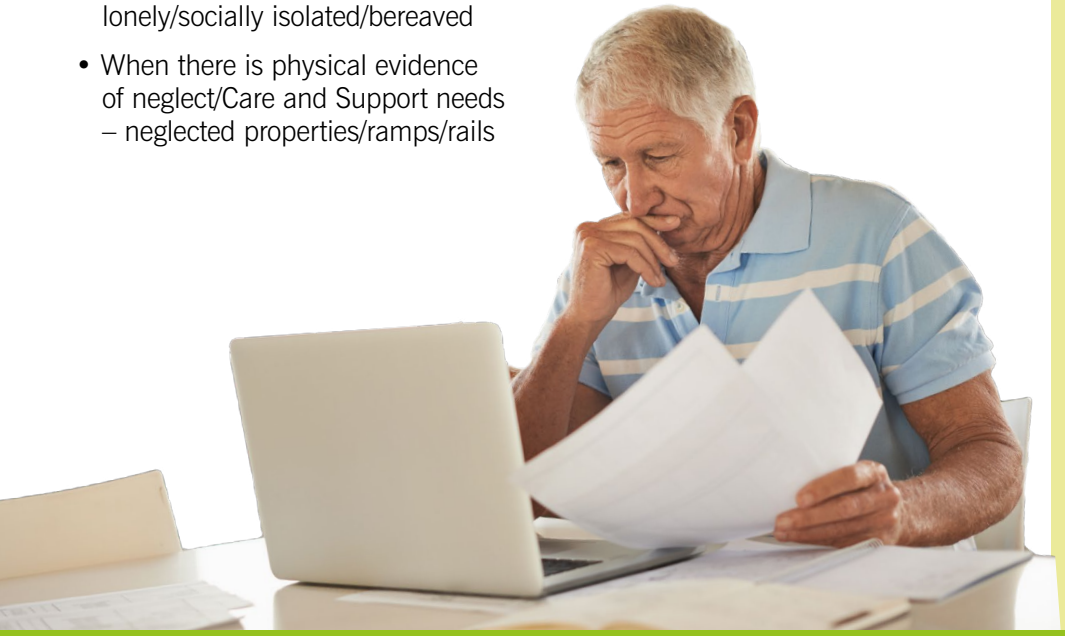
The Government has issued advice to help prevent these scams and are encouraging people to Stop, Challenge and Protect themselves.

Stop – take a moment to stop and think before parting with your money or information.

Challenge – could it be fake? It's ok to reject, refuse or ignore requests. Only criminals will try to rush or panic you.

Protect – if you think you've fallen for a scam, contact your bank immediately and report it to Action Fraud.

If you or someone you know is a victim of fraud, report it to Action Fraud either online or at www.actionfraud.police.uk or call 0300 123 2040.



Trading Standards

Please feel free to contact Trading Standards:

- With any intelligence about rogue traders
- To require assistance helping a vulnerable consumer
- If you want to discuss how Trading Standards could be involved

Leicestershire County Residents

tradingstandards@leics.gov.uk

Duty Officer: **0116 305 8000**

Leicester City Residents

trading.standards@leicester.gov.uk

Duty Officer: **0116 454 3200**

Rutland Residents

trading.standards@peterborough.gov.uk

Duty Officer: **01733 453542**

The Disclosure and Barring Service DBS

Regional Outreach service here to help

'The Disclosure and Barring Service (DBS) has recently launched a new Regional Safeguarding Outreach programme to focus on working collaboratively with safeguarding and recruiting organisations. The aim is to work closer with organisations in the region to develop our relationships and raise awareness of DBS as a safeguarding organisation.'

Beth Dale has been appointed as the Safeguarding Outreach Officer for the East Midlands region. Beth has been working within the DBS since November 2017, previously as part of Barring Operations.

Beth will be based in the East Midlands, working with organisations in the region, and is available to develop and deliver any sessions or services you are interested in to support you and your colleagues in safeguarding and safer recruitment. Beth would be happy to discuss further with you any issues or barriers you may have come across or provide any DBS information sessions you feel would be beneficial.

Beth is able to work with you and your organisation in a number of ways, including:

- Any phone calls or emails to clarify any DBS related queries/questions or advice
- Attending meetings, training, conferences or visiting your organisation to have a face to face discussion
- Developing and delivering presentations, workshops, webinars or discussions to provide an overview of the DBS
- If you require a presentation or information session on a specific topic, Beth can also arrange for a subject matter expert to attend to provide a detailed overview on this topic
- Taking any feedback, suggestions or comments from your experience of the DBS and feed this back into the business
- Informing organisations and employers of their duty or power to refer individuals who may pose a future risk of harm within regulated activity. Including an overview of:
    - How to make barring referrals
    - When should a referral be made; and
    - How DBS assess whether a referred person should be included on the Children's and/or Adults' Barred List.

If you have any questions regarding the Disclosure and Barring Service or would like Beth to meet with you and your colleagues to provide any further information, please contact her directly using the contact details below.

Tel: **01325 953 562 / 07867 153 500**

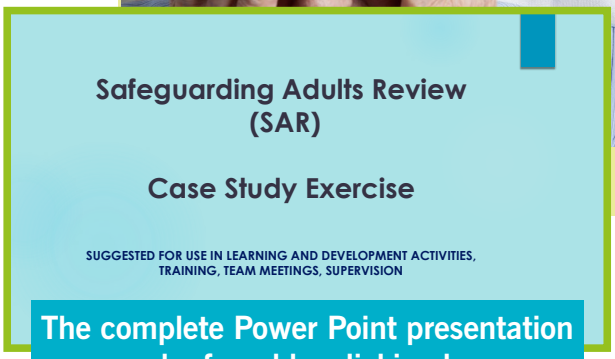
Email: **Elizabeth.Dale@dbs.gov.uk / DBSRegionaloutreach@dbs.gov.uk**

Domestic Abuse and Older People

Mary and Graham - Case Study Exercise

This case is based on learning from a Leicester City Safeguarding Adult Review; it is suggested that you use this exercise in learning and development activities, training, team meetings or supervision.

Using the Case Study and PowerPoint you have the opportunity to reflect on the complexity of single and multi-agency working where Domestic Abuse, Mental Ill Health and Neglect may be present.



The complete Power Point presentation can be found by clicking here.

Case Study

Mary and Graham are a married couple in their eighties living in a local authority owned property. The Housing department at the local authority have been involved with Mary and Graham over a number of years due to the following:

- Failure to pay rent
- No response to attempted communications (written and in person)
- Failure to allow access for essential works, including gas checks
- Unauthorised adaptations to property
- Accumulations of rubbish leading to complaints from neighbours
- Verbal abuse and threats e.g. of legal action
- Failure to allow access to professionals (mental health, adult social care) who were asked to see them in response to concerns raised
- Witnessed aggression towards Graham

Based on their experience of limited contact with them, housing staff regard the couple as vulnerable and are concerned about possible domestic abuse/ coercive control.

There have been referrals to mental health services and to adult social care, but the couple did not engage, and relevant professionals were unable to access them in order to make assessments of potential needs and possible risks.

The couple's former GP has identified safeguarding concerns:

- Mary blocked access to Graham in 2016 after expressing concerns about his memory.
- Mary attended all appointments with him and engaged on his behalf.
- Other agencies had also identified the following behaviours from Mary:

- sending blank audiotapes at significant expense to Leicestershire Police together with non-understandable letters

- expressing ideas about household appliances being bugged and trashing/removing new white goods from the property

- arranging for locks to be changed on neighbouring properties, as she felt that she also owned these properties, as well as the local authority owned bungalow where she lived.

Mary has a history of a psychotic illness that has led to an admission for assessment under Section 2 of the Mental Health Act 1983 in 2005 with a persistent delusional disorder diagnosis subsequently made. Police are called to the property after a neighbour reports not having seen Mary and Graham for a number of weeks. Upon entry, Police officers describe the premises as being dirty with no food in the property at all. There is no gas or electricity supply to the premises and candles have been used for light. There are no cooking facilities. There is a disability seat on the toilet which is damaged. Mary and Graham are found deceased, the deaths are attributed to natural causes. At the time of death neither Mary or Graham was registered with a GP. The bank account had not been accessed for some time and held a large sum of money.

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Research

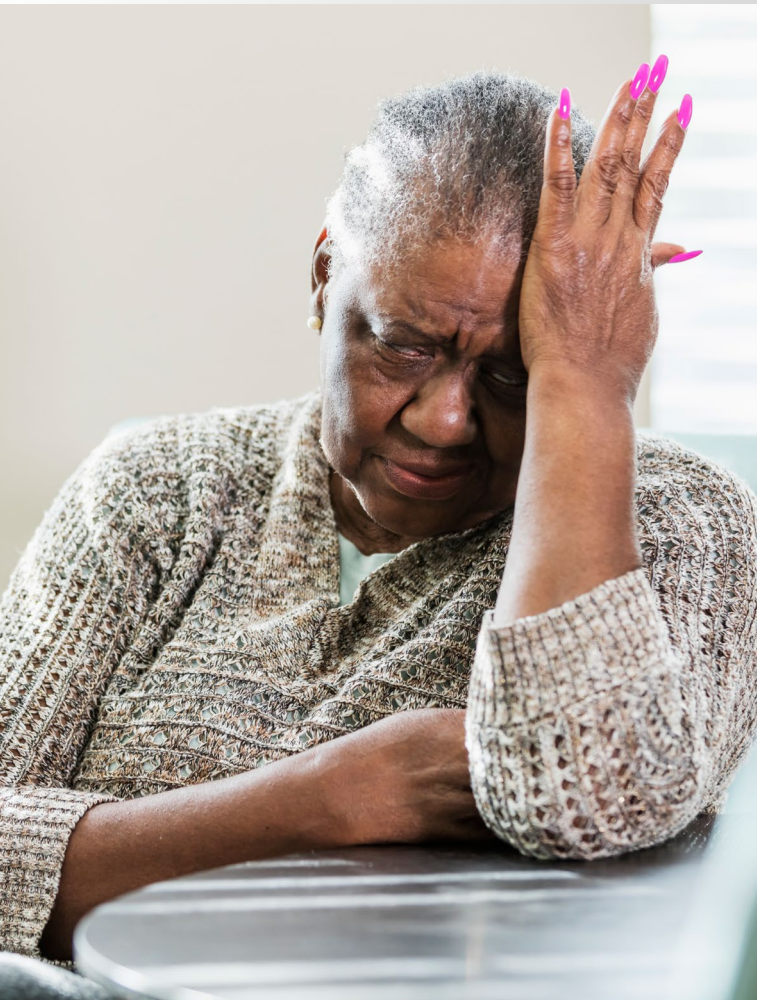
Crimes of Interpersonal Violence and Abuse in People over 60.

Dr Hannah Bows is currently an Assistant Professor in Criminal Law and Director of Equality and Diversity within Durham Law School. She is Co-Director of the Centre for Criminal Law and Criminal Justice (see here for details and to join the centre: www.dur.ac.uk/cclcj/) and Deputy Director of the Centre for Research into Violence and Abuse (CRiVA).

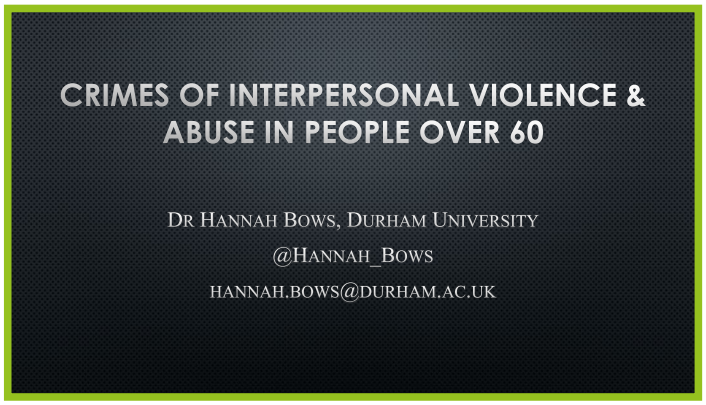
Her research interests are broadly located within the fields of violence against women, victimology, feminist and socio-legal theory.

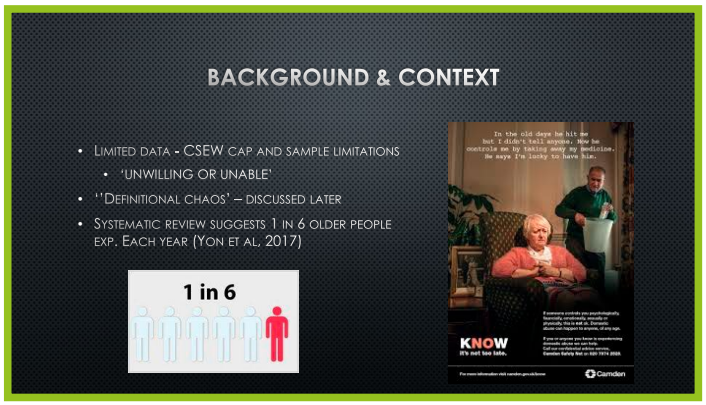
Between 2020-2024 Hannah will be working on a project examining criminal justice outcomes and decision making in cases involving victims aged 60 and over, funded by a British Academy Wolfson Fellowship.

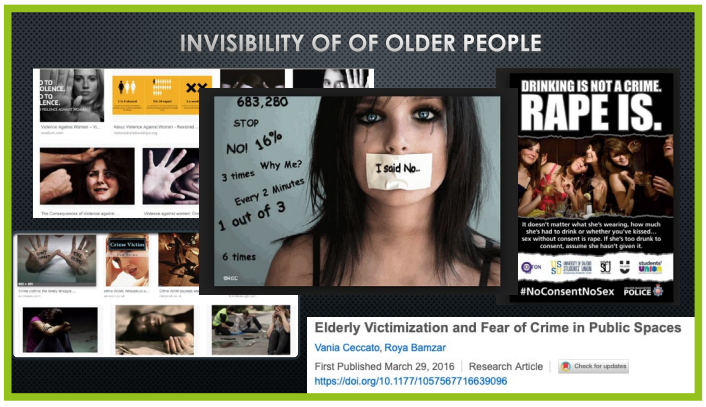
Over the last six years she has conducted research examining different forms of violence against older people, with a specific focus on domestic violence, sexual violence and homicide of older women. Click the link for further details, Durham University.

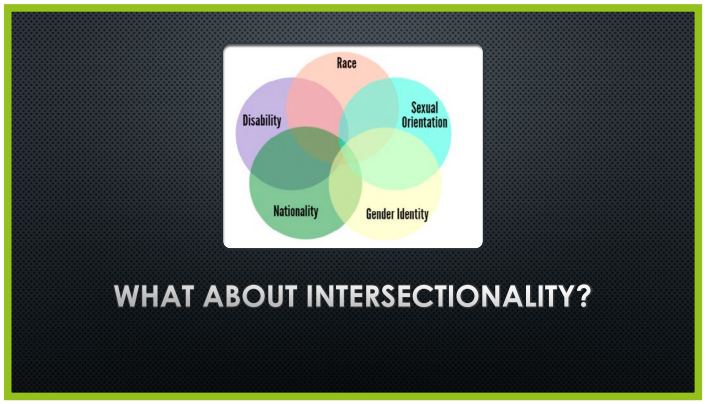


Presentation at the Safeguarding Adults Conference on February 14th 2020 by Dr Hannah Bows – Raising Awareness of the 'Hidden Victims' of Domestic Abuse









The complete Power Point presentation can be found here.

Domestic Abuse in Rural Areas

Captive & Controlled

The National Rural Crime Network is working to see greater recognition and understanding of the problems and impact of crime in rural areas so more can be done to keep people safe and make them feel safe too.

The National Rural Crime Network is revealing a shocking picture of domestic abuse in rural Britain with hidden victims – isolated, unsupported and unprotected – who are being failed by the system, services and those around them.

The results of an 18-month intensive research project, the study has analysed available evidence, spoken in depth to victims of abuse, assessed local support services and looked at the approach of the police.

Please click here to be taken to the full report
www.ruralabuse.co.uk/

Mankind Initiative - Support to Male Victims Website

The aim is to ensure all male victims of domestic abuse (and their children) are supported to enable them to escape from the situation they are in.

www.mankind.org.uk

The charity undertakes a number of core activities:

Provides a helpline which is manned by a trained team who provide practical information, signposting and emotional support on all aspects of domestic abuse.

Provide support services and information to statutory agencies, professional organisations and the voluntary sector.

Give a voice to male victims (and their children) to raise the public profile of their plight and to call for adequate services and recognition at national and local level.

Alice Ruggles -
Domestic Homicide Review - Gateshead

A Domestic Homicide Review (DHR) into the unlawful killing of Alice Ruggles, who was tragically stalked and subsequently murdered by her ex-partner in Gateshead in October 2016, has been published.

Twenty recommendations have been made for national, regional and local bodies to help prevent similar incidents from happening again in the future. Alice's family have indicated strong support for these recommendations. On the request of Alice's family and with the agreement of Gateshead Community Safety Board, the report is not anonymised:
www.gateshead.gov.uk/article/11258/Domestic-homicide-review-into-death-of-Alice-Ruggles

The Alice Ruggles Trust - www.alicerugglestrust.org is a charitable organisation set up by Alice's family which is designed to increase awareness and understanding of stalking.

New Stalking Protection Orders (SPOs)

SPOs will allow courts in England and Wales to move quicker to ban stalkers from contacting victims or visiting their home, place of work or study. This will grant victims more time to recover from their ordeal. In addition to banning perpetrators from approaching or contacting their victims, SPOs can also force stalkers to seek professional help.

The Orders will usually last for a minimum of 2 years, with a breach counting as a criminal offence that can result in up to 5 years in prison.

In addition to the SPOs, courts will also be able to impose an interim SPO to provide immediate protection for victims while a decision is being made.

SPOs came into effect on Monday 20 January 2020 and have the support of anti-stalking campaigners and law enforcement.

Professor Clive Ruggles of the Alice Ruggles Trust said:

The Alice Ruggles Trust is working hard to make stalking victims more aware of the dangers they face and to come to the police earlier than many do at present.

Stalking Protection Orders (SPOs) represent a powerful new tool to help the police respond in the right way when they do. It is critical, though, that there is no delay in arresting perpetrators who breach them: any other response may well escalate the risk to the victim.

We believe that the existence of SPOs could have made a critical difference in Alice's case, and will help improve the outcome for many others in the future.

Making Safeguarding Personal

What is it Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is about professionals talking with adults and their carers about how they may all respond in safeguarding situations in a way that enhances the adult's involvement, choice and control as well as improving their quality of life, wellbeing and safety.
It means professionals seeing adults as experts in their own lives and working with them in order to enable them to reach the best possible resolution of their circumstances.

MSP seeks to achieve:

- a personalised approach that enables safeguarding to be done with, not to, people;
- practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion';
- an approach that utilises social work skills rather than just 'putting people through a process';

Making Safeguarding Personal resources are available from the Local Government Association (LGA). The work is supported by the LGA and the Association of Directors of Adult Social Care (ADASS).

Please see below for a link to the summary page along with some recent publications:

- Making Safeguarding Personal resources summary page
- 'Myths and Realities' about Making Safeguarding Personal
- Making Safeguarding Personal Practice Toolkit

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The impact of Intra-familial sexual abuse on children and families

Last year a multi-agency conference was held entitled 'Keeping it in the Family? - Understanding the impact of intra-familial sexual abuse on children and families'

Key Messages from the conference:

- Intra-familial sexual abuse is under reported (locally and nationally)
- Focus has shifted towards Child Sexual Exploitation
- There is a lack of confidence in having conversations with children and families

Anna Glinski Deputy Director, Knowledge and Practice Development Centre of Expertise (Child Sexual Abuse) who spoke at the conference said

"We are a multi-disciplinary team, funded by the Home Office, hosted by Barnardo's and we work closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. However, we are independent and will challenge any barriers, assumptions, taboos and ways of working that prevent us from increasing our understanding and improving our approach to child sexual abuse."

"To tackle child sexual abuse, we must understand its causes, scope, scale and impact. We know a lot about Child Sexual Abuse and have made progress in dealing with it, but there are still many gaps in our knowledge and understanding which limit how effectively we are tackling the issue"

For more information www.csacentre.org.uk/resources/key-messages/

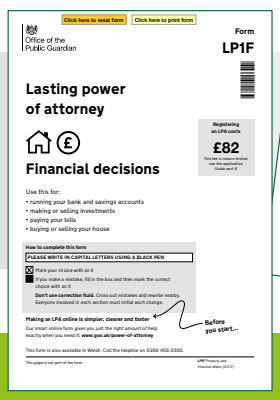
Office of the Public Guardian (OPG)

Office of the Public Guardian (OPG)

The Office of the Public Guardian (OPG) helps people in England and Wales to stay in control of decisions about their health and finance and make important decisions for others who cannot decide for themselves. OPG is an executive agency, sponsored by the Ministry of Justice.

The OPG work is governed by the Mental Capacity Act 2005 and their role includes;

- Registration of Lasting Power of Attorney (LPA) and Enduring Powers of Attorney (EPA)
- Supervision of deputies
- Investigation of concerns


Office of the Public Guardian

Form LP1F

Lasting power of attorney

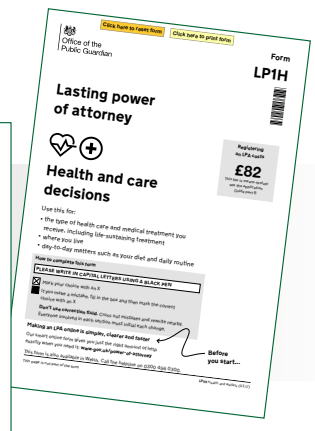
Financial decisions

£82

How to complete this form

PLEASE WRITE IN CAPITAL LETTERS USING A BLACK PEN

Before you start...


Office of the Public Guardian

Form LP1H

Lasting power of attorney

Health and care decisions

£82

Before you start...

Safeguarding Concerns

What sort of concerns can they help with?

You might have worries about:

- how an attorney has acted since we registered the LPA or EPA – for example, misuse of the donor's money or decisions that are not in the donor's best interests
- whether an attorney made an LPA or EPA legally
- how a deputy has acted since they were appointed by the Court of Protection

Contacts

Email safeguarding:
opg.safeguardingunit@publicguardian.gov.uk

Call (safeguarding): **0115 934 2777**

Check the register:
www.gov.uk/find-someones-attorney-deputy-or-guardian

Fill in form OPG100 –
send to **customerservices@publicguardian.gov.uk**

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Harmful Sexual Behaviour

In a recent local case review, a police investigation resulted in the conviction and sentence of a young man. The case revolved around a peer group of young people who all knew each other personally from school and friendship groups or were connected in some way via social media platforms.

The young man who was convicted was part of this peer group albeit he was slightly older. Initially concerns were raised about CSE (Child Sexual Exploitation) however the investigation and subsequent case review concluded that this was a case of Harmful Sexual Behaviour as the overall theme amongst a peer group of young people.

A high number of the young people in this group had some degree of additional needs which included learning difficulties, Autism, ADHD and some medical conditions.

In some households there was evidence of parental substance abuse, risks from within the family due to offending behaviour and from previous abuse from within or outside of the family/household.

Harmful Sexual Behaviour was identified as the overall theme amongst a peer group of young people.

What is Harmful Sexual Behaviour?

Harmful Sexual Behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive (derived from Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour.

HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards.

Technology assisted HSB

Technology assisted HSB (TA-HSB) is sexualised behaviour which children or young people engage in using the internet or technology such as mobile phones. This might include:

- viewing pornography (including extreme pornography or viewing indecent images of children)
- sexting

Carer/Family disguised compliance, (agreeing actions then not following through)

Agencies did not always recognise disguised compliance, (agreeing actions then not following through) and resisting help avoiding/ missing appointments including the significance of 'was not brought' episodes.

We have a webpage of resources regarding 'lack of engagement and disguised compliance'

https://lrsb.org.uk/lack-of-engagement-and-disguised

Please watch the 'was not brought' video by following this link

www.youtube.com/watch?v=dAdNL6d4Ipk

or click on the picture.

Whilst the child in this video is small the message in the video is very powerful and thought provoking and a reminder of parental responsibility to facilitate attendance. It is only 2 minutes and 2 seconds in length. It is well worth sharing with colleagues.

01 Background

Sonia is a young person who presented at school with concerning weight loss.

There had been a history of some physical and emotional neglect by her parents.

Sonia attended mainstream school and has moderate learning disabilities for which a plan was in place and support provided.

02 Safeguarding Concerns & Incident

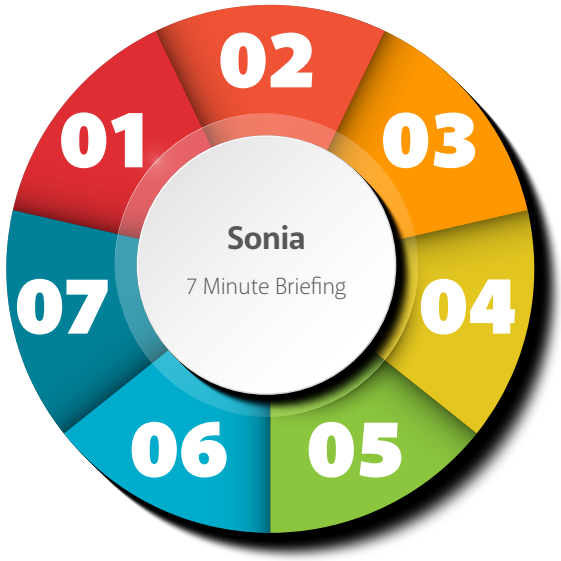
Sonia's school had concerns that she looked unwell, unkempt, of low weight and reported those concerns to others. There was a delay in addressing those concerns, but Sonia was eventually admitted to a specialist eating disorder clinic with a diagnosis of anorexia nervosa. She gained weight and was discharged home after 6 months.

A support plan was put into place for Sonia and her parents. Despite this, Sonia lost weight again, and there were ongoing concerns that the parents did not act on professional advice. There was a lot of professional concern, and some dispute about next steps. 12 weeks after discharge from the specialist unit she was admitted to a centre for eating disorders.

07 Implementing Change

There is ongoing training on the voice of the child delivered across Leicester, Leicestershire & Rutland (LLR). A video, called 'Was Not Heard', is due to be launched in September 2020. This film explores a child's voice and lived experiences. It involves children and young people from across LLR.

There is a LLR SCP Neglect Toolkit which guides professionals to take a structured approach to addressing neglect.



03 Finding 1 - The voice of the child and understanding their lived experience

Professionals did not always consider what life was like for Sonia or factor that into an understanding of her needs, particularly in the context of long term, pervasive and cumulative neglect.

Sonia's parents were not always challenged when they did not follow advice about her wellbeing.

Sonia was unwell, unhappy and angry and this was interpreted as her being 'troublesome' rather than 'troubled'.

- **Do any of these points resonate with your professional experience?**
- **What might the barriers be to identify and understand the lived experience of the child / young person?**

06 Finding 4 Addressing multi-agency communication and professional differences in the best interests of a child or young person

In Sonia's case, there were a number of miscommunications, allegations made by one agency about another, and a hostile atmosphere. This created some issues with multi-agency working, which affected Sonia's case.

Professional debate and challenge should be considered healthy and a natural part of inter-professional practice provided it is not to the detriment of the child / young person.

- **Do you feel confident to appropriately challenge fixed thinking by other professionals?**
- **Are you confident to raise concerns when the risks, needs and circumstances of a child / young person are not well understood by another agency / professional and to ensure this is addressed? Are you aware of the LLR SCP Resolving Practitioner Disagreements and Escalation of Concerns Policy?**

05 Finding 3 - Addressing Adolescent Neglect

Support was provided around neglect, but the neglect did not change. Research has shown that long term corrosive neglect causes cumulative harm to children's developmental and emotional wellbeing. It is often at the onset of adolescence that this unaddressed neglect causes most harm.

Although Sonia was made subject to a Child Protection Plan for neglect, the plan lacked detail and analysis.

- **To what extent are you / your team taking a structured approach to addressing neglect?**
- **Are you aware of the LLR SCP Neglect Toolkit and do you use it in your work?**

04 Finding 2 - Addressing anorexia and seeing it as a safeguarding concern

Some professionals did not think that Sonia fitted the profile of a young person with anorexia. This led to a consideration of medical cause which led to delays and a "wait and see response".

The onset and maintenance of an eating disorder was not seen as a safeguarding issue and was not linked to evidence of neglect. It was treated as a separate health issue, rather than holistically.

- **As a professional do any of these points resonate with your experience?**
- **Are you aware of the Junior MARSIPAN guidelines?**

01 Background

Mr CS, aged 69, was admitted to nursing home in 2006 after a stroke resulted in him experiencing left sided paralysis which impacted on his ability to look after himself independently. He was assessed as requiring assistance with all activities of daily living 24 hours a day.

Mr CS usually spent much of his day in the garden smoking and interacting with other residents.

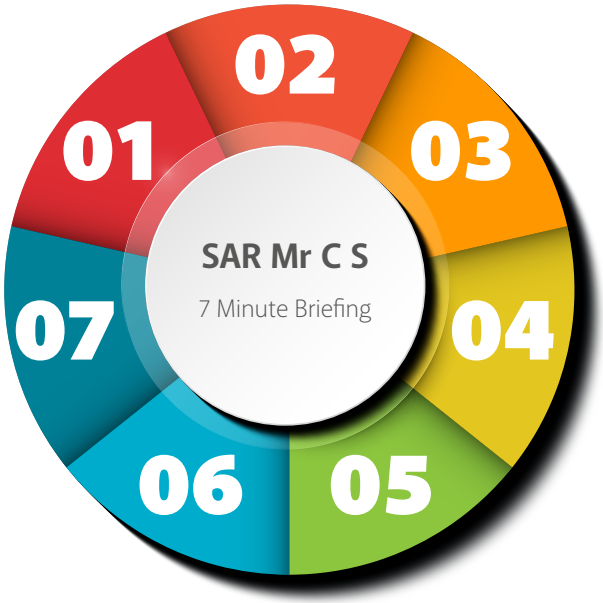
Mr CS was smoking in the garden, unsupervised and using the smoking shelter, when a cigarette ignited his clothing. He died of his injuries.

02 Safeguarding Concerns

- Physical impairments following a stroke
- Hypertension
- Schizophrenia
- Mobility issues
- Speech impairment

07 Recommendations

- The Police are asked to consider the evidence put before the Coroner to see if Mr CS has been the victim of wilful neglect under the Criminal Justice and Courts Act 2015.
- Care home providers should actively support residents in smoking cessation programmes
- The local authority should initiate joint work with care providers in the borough on risk assessment – specifically to include fire, smoking, immobility, wheelchair use and first aid – to establish mutually clear and consistent standards and expectations.



03 Key Learning Themes

- The use of paraffin-based emollient creams
- The matter of burn-holes found in Mr CS's clothing in his wardrobe
- Medications that can cause sedation
- Wheelchair use, posture belts and immobile residents who smoke (a concern raised by the Coroner)
- Whether Mr CS could have been 'saved'
- The question of supervision – and associated issues of risk assessment and preventative measures.

06 Overall Findings

- A smoking risk assessment must consider the possibility of the smoker harming themselves from smoking. If they refuse consent to protective measures this should be recorded as an unwise decision.
- Supervision ought to be considered for all immobile people wherever and whenever they smoke.
- Residents clothing and appearance are indicators of care and having burn-holes in clothing suggested that Mr CS dignity and respect were being compromised in the way his care was provided.

05 Overall Findings

- Mr CS setting himself on fire through smoking was both predictable, even if at the lower end of the likelihood scale, and preventable with his consent to readily available harm reduction measures
- Smoking is a harmful activity and it should not have been so readily accepted (or even encouraged) that Mr CS should be enabled to smoke. The reports showed no efforts to support him cease his habit.

04 Key Learning

- The risk assessment for smoking contained no self-protective measures
- Staff were unaware that some of Mr CS's laundered clothes had burn marks
- It was not evident how Mr CS could have summoned help whilst unsupervised

The full Safeguarding Adults Review report

can be found here: main report

A link to the 'Guidelines On Risk Assessment For Smoking In Care Homes' risk assessment guidance developed by NHS Lewisham CCG and Lewisham Council, working with health, social care, public health, London Fire Brigade and public service partners, can be found here: risk assessment guidelines

If you would like help to stop smoking, please contact:

- For Leicester City residents, contact the Stop Smoking Service on 0116 454 4000 or at stop@leicester.gov.uk Please see the following web page: www.leicester.gov.uk/health-and-social-care/public-health/get-help-to-stop-smoking/

- For Leicestershire residents, contact Quit Ready on 0345 646 66 66 or see the following webpage: www.leicestershire.gov.uk/health-and-wellbeing/smoking-alcohol-and-drugs/stop-smoking

- For Rutland residents, contact Stop Smoking Rutland on 01572 725805 or see the following webpage: www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-support-services/smoking/

Contact us

Leicestershire and Rutland Safeguarding Children Partnership and Safeguarding Adults Board

The Safeguarding Partnerships Business Office, Room 100, County Hall, Glenfield, Leicestershire, LE3 8RF. Telephone: 0116 305 7130 Email: lrspbo@leics.gov.uk