

Safeguarding MATTERS

Issue 28
March 2022

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LEICESTERSHIRE

Child and Family services

Changes at the ‘front door’!

A new phone system at the ‘front door’ went live on the 21st February 2022

The new system gives callers a series of options to choose in response to the reason for their call. It will mean that in some instances callers will automatically be directed through the system, rather than manually by the Children’s Service Agents depending on what their enquiry is.

The email inbox has also been streamlined and will only take referrals from professionals where there is an agreement for them not to submit a MARF.

In due course, a separate form will be available online for professionals wishing to make information requests and professionals will no longer be directed to the Children’s Duty email address to make these. In most instances, parental consent will be required and more details can be found on the website. This aims to allow prioritised and focused responses to incoming referrals both by phone when concerns are immediate and when submitted online using a MARF.

As of the 21st February, the online referral form for members of the public to submit a referral will be removed. Therefore, if you are signposting families and members

of the public to First Response Children’s Duty because they have concerns in relation to a child or are seeking support and would like to speak to a Social Worker, please advise them to call 0116 3050005. This is to ensure that the public have access to social work advice and support from the first point of contact and that their requests can be explored fully to inform outcomes.

IF the family are requesting a service from the Children and Family Well-Being Service (Early Help), they can continue to make a self-referral or services online using the following link:

www.leicestershire.gov.uk/CFWS

Please note that this form is not to be used to report safeguarding concerns for a child either by a member of the public, parent/carer or professional.

Welcome

to the latest edition of Safeguarding Matters which covers a number of subjects to support your practice including learning from Case Reviews and Multi-Agency Audits.

Learning from Case Reviews and audits offer the opportunity to reflect on practice and systems.

Please use the contents and links in Safeguarding Matters to develop in house training/ learning and discussion with practitioners and managers.



How will this impact on professionals making contact with First Response Children's Duty (FRCD)?

If there is an allocated worker involved and the caller is trying to make contact with them and they have not been provided with details to contact them directly; the caller will be able to navigate through the new system and press an option that takes them to the duty desk for that area/team where that child resides.

This should make contacting the correct worker and team easier. The Children's duty email address will no longer be used to make contact with staff outside of FRCD or to request general information

Unless there is an agreement with a particular agency to accept referrals via our duty email address, all referrals to First Response Children's Duty need to be completed online on our Multi-Agency Referral form.

As is currently the case - if there are immediate safeguarding concerns, such as a child with an injury, professionals are required to make the referral directly to us without delay by telephone on 0116 3050005 and pressing option 1 and then option 2. Your call will then transfer to a Children's Service Agent to take some initial details from you before transferring your call to a Social Worker.

Please note that our Advice and Guidance Line will still be available for professionals seeking clarity around whether to make a referral. This line is for this purpose only and can be contacted on 0116 3055500 during the hours of 11am - 1.30pm and 2.30pm - 4pm Monday - Friday.

How you can support the new system

- If you know that there is an allocated worker involved with the child and family, please ask for their name, contact details and email address as a means of being able to contact them and send them information if needed.
- Please use our website if you have a general enquiry as you may find the information here to assist you.
- Please note that our Out of Hours Service is for matters associated with immediate safeguarding concerns only. Therefore, contact us during office hours for any other queries.
- Referrals submitted outside of the normal office hours are not processed until the next working day - so if your referral is about immediate safeguarding concern you must ring the Out of Hours worker or consider contacting the police.
- If you are wanting to make a referral to the Children and Family Well-Being Service (Early Help) please take a look and follow the link on their web page.

www.leicestershire.gov.uk/CFWS

- If you are wanting to make a referral to First Response Children's Duty or make a request for information, please follow the link on the web page and read the guidance before submission.

www.leicestershire.gov.uk/education-and-children/child-protection-and-safeguarding/report-abuse-or-neglect-of-a-child



Building Confidence In Practice Resource Pack – Professional Curiosity

The Safeguarding Adults Boards and Safeguarding Children Partnership (Board)s of Leicester, Leicestershire and Rutland conduct reviews and multi-agency audits.

The objective of the resource pack is to share learning on a specific topic to help build confidence in practice.

This resource packs aim to focus on often complex issues that arise for practitioners when they are working with people whether they are children or adults.

The PowerPoint/PDF can be used:

1. In team/unit meetings
2. As part of a group/individual supervision

You can look at it as a whole or dip in and out of it at your convenience. Use the icons to navigate through.

<https://lrsb.org.uk/uploads/bcp-professional-curiosity-march-2022.pdf>

Basic Safeguarding Awareness

Safeguarding Children and Adults



The Safeguarding Adults Boards and Safeguarding Children Partnerships of Leicester, Leicestershire and Rutland have produced a PowerPoint that gives an introduction to Safeguarding Children and Adults.

The content highlights the signs and indicators of abuse and what to do if you have concerns. This resource is aimed at people who may work in a voluntary capacity or staff requiring a basic induction. Additional training may be required dependent on roles and responsibilities.

<https://lrsb.org.uk/safeguarding-basic-awareness-pow>

Working with the Complexity of Substance Misuse and Mental Ill Health

This 7 minute briefing (see next page) related to the review of Anna (50 years old) highlights the learning and sharing of good practice by agencies involved in the case.

Anna had lived a life affected by neglect and abuse. Her relationships were dysfunctional and violent, and all of her children were removed from her care. Anna had history of mental health issues, alcohol misuse with associated brain damage, mobility problems, cirrhosis of the liver, inflamed pancreas, swollen abdomen and incontinence. There had been significant multi-agency involvement from 2017 until her death from her complex health issues.



7 Minute Briefing – Anna

01 Background

Anna had lived a life affected by neglect and abuse. Her relationships were dysfunctional and violent, and all of her children were removed from her care.

Anna had history of mental health issues, alcohol misuse with associated brain damage, mobility problems, cirrhosis of the liver, inflamed pancreas, swollen abdomen and incontinence issues

Significant multi-agency involvement from 2017 until her death from her complex health issues

02 Safeguarding Concerns

- Complex physical health issues
- Coexisting Mental Health and Substance use
- Fluctuating mental capacity to make decisions
- Difficult to engage with Anna in a meaningful way
- Vulnerability to exploitation
- Perpetrator of Anti-Social Behaviour
- Lack of care settings to meet her complex needs

07 Resources to Support Practice

www.turning-point.co.uk/services/leicestershire

[How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales](#)

[Coexisting Substance Use & Mental Health \(SUMH\) issues. A good practice guide for practitioners.](#)

[‘How to’ guides to assess Mental Capacity in specific situations](#)

[Mental Health Glossary of terms](#)

[LLR Vulnerable Adult Risk Management \(VARM\)](#)



03 Summary of Learning

All agencies understanding the legal routes that can be used to safeguard people – legal literacy

When assessing capacity under the MCA recognising that a person may demonstrate awareness into an issue in assessment and plan but not be able to execute the plan in the real-life situation.

Agencies recognising and working effectively together to support people who have suffered childhood and ongoing trauma.

06 Embedding Learning into Practice

Consider your cases where there are complex needs and coexisting substance misuse and mental ill health.

Do you have the appropriate level of understanding in relation to Mental Capacity and Mental Health and substance misuse e.g. Executive functioning, use of IMCA and Advocacy?

Do you know where to access this information?

Has the multi-agency support team agreed the best way to communicate with each other?

Is the care plan clear about managing alcohol intake?

Has past trauma been acknowledged as part of the assessment and treatment plan

05 Good Practice

Professionals showed multi-agency persistence and commitment and utilised the support that was available to them. Despite Anna being unable to engage meaningfully, their approach was person centered and they afforded a thorough monitoring presence.

Good consideration/use of MCA by professionals.

Effective use of the Signs Of Safety model.

04 Summary of Learning

Assumptions were made by agencies about Anna's 'chaotic' lifestyle which informed their responses and prevented them from understanding what life was like for her.

Professionals must all agree the best method of case communication in complex cases

A practical response to a person suffering alcohol withdrawal, must be included within a multi-agency safety plan.



Additional Resources to support practice

Alcohol Change UK - [Introducing a new safeguarding guide for vulnerable dependent drinkers](#)

Over the past 18 months, [Alcohol Change UK](#) have been working with Professor Michael Preston-Shoot, and a network of local authorities and alcohol agencies across England and Wales, to develop a guide on safeguarding vulnerable dependent drinkers.

This guide is an important missing piece in the jigsaw of care for this complex group of people. Its central focus is on the main legal powers which can protect vulnerable dependent drinkers, and how these can be used to best effect: the Care Act (England), the Social Services and Wellbeing Act (Wales), the Mental Capacity Act and the Mental Health Act. It also focuses on a handful of other relevant powers such as the 2014 Anti-social Behaviour Act and the Human Rights Act.

Alongside the central focus on legislation, it emphasises the importance of having systems and processes in place that enable the powers to be used most effectively. It also addresses the myths and misconceptions that hinder work with this group and challenges the idea that this client group are choosing to live chaotic lives.

The guide will be of value to staff in all services who work with people who are at risk of alcohol-related harm. This will include those in specialist alcohol services, as well as those working in health, social care, criminal justice, community safety, housing, homelessness, domestic abuse or other care roles.

TURNING POINT
inspired by possibility



Turning Point delivers substance misuse services across Leicester, Leicestershire and Rutland to both adults and Young People.

They provide a comprehensive range of psychosocial and clinical interventions to support people to stabilise in treatment and move into recovery. They deliver interventions individually and in groups, along with online e-modules.

You can find out more about the service and what is available on their website: www.turning-point.co.uk/services/leicestershire, here you will also find lots of information about different substances for your information.

For professionals working with those with substance misuse issues they offer:

support and advice through our consultancy email: turningpoint.leicester@NHS.net

Turning Point also offer information sessions bi-monthly that professionals can book: Caroline.Gadsby@turning-point.co.uk

How to refer to Turning Point:

Referrals are accepted from professionals, from family/friends and direct self-referrals

Referrals can be made through:

www.turning-point.co.uk/services/leicestershire using the online referral form

Telephone: **0330 303 6000**

Drop in service at all sites (Leicester, Loughborough, Coalville)



Adfam toolkit

Adfam is a national charity tackling the effects of alcohol, drug use or gambling on family members and friends.

Adfam have produced a new toolkit for practitioners working with those affected by someone else's co-occurring mental ill-health and substance misuse conditions. The toolkit was produced by Adfam and family members with lived experience. It is designed for practitioners who support those caring for a loved one who is having difficulties with their mental health and substance use, including substance use and mental health practitioners, family support workers, housing officers and advocacy practitioners

[new toolkit for practitioners working with those affected by someone else's co-occurring mental ill-health and substance misuse conditions](#)

Modern Slavery – The effects on a child of living in the household

This 7 minute Briefing shares the learning from a child case review concerning the effects on a child of living in a household involved in the commission of modern slavery offences and sharing of good practice by agencies involved in the case.



7-minute briefing

01 Purpose of this Briefing

To share the learning from a child case review concerning the effects on a child of living in a household involved in the commission of modern slavery offences and sharing of good practice by agencies involved in the case.

Modern Slavery Government Guidance – please follow link: <https://www.gov.uk/government/collections/modern-slavery>

02 Initial action

Children's social care responded promptly to assess the child protection implications for a child following Police enforcement and alleged birth father's arrest in connection with modern slavery offences. Child protection processes were put in place quickly based on uncertainty around the responsible adults for the child however the full impact of neglect was not fully understood until the child came into care.

Observations by the foster carer and an initial health assessment identified Global Delay with specific concerns including speech and language, development, behaviour, weight, and neglect

07 Embedding the learning

A Modern Slavery multi-agency learning event was held in Dec 2021 will be repeated in March 2022.

Interpreters should be used on all occasions to reduce opportunity to deceive and improve communication including disclosures of harm – local procedures being updated to reflect learning from this case.

Recent updates to Concealment and Denial of Pregnancy procedure would now trigger a strategy meeting following a birth that has had no antenatal care.

Child protection medicals should be routinely used to understand neglect, and the Neglect toolkit allows objective assessment.

Always consider Neglect when dealing with Modern slavery.



03 Risks identified - Birth mother had no ante-natal care and gave birth in an ambulance. She had only been in country for 4 weeks and returned to her own country soon after discharge without this being fully understood.

High level of deceit by adults – alleged birth father registered birth with himself as child's father.

Alleged birth father registered the child with a GP and seemed caring.

Alleged birth father attended all GP appointments and translated for his partner/other adults.

Observations of the home were that it was clean and tidy, child appeared well presented but 'hidden' beneath layers of clothing. Interaction with adults raised no initial concerns.

04 The Lens of Modern Slavery

Focus on the lived experience of the child, show professional curiosity, consider neglect, recognise disguised compliance & challenge our perceptions of the Family Unit.

All assumptions must be challenged – any assessment requires triangulation of information and testing out and checking of self-reporting by adults who aim to deceive.

ABC – Assume nothing, Believe no-one.

Check everything in this context.

Home conditions are not always a measure of neglect

Children will be affected living in the context of modern slavery

06 Good Practice

Child protection processes started swiftly, ensuring safety of a young child living in a criminal household.

DNA test proved alleged birth father was not birth father.

Initial health assessment identified global delay.

Interim Care Order obtained within matter of weeks.

Child now a Looked After Child and doing well.

Close working with the police information sharing to ensure full understanding of situation – persistence including international enquiries.

05 Signs and indicators

Disguised compliance of those involved and extreme levels of deceit and manipulation.

Communication barriers - how might this support misunderstandings and confuse the picture of the child's life – interpreters essential to communicate.

Challenge assumptions about family structures and behaviours of adults and standards of parenting.

Changing relationships and dynamics in a household and understanding what this might mean

Additional Resources to support practice

The Crown Prosecution Service (CPS) has updated its modern slavery guidance for England and Wales.

The guidance now makes it clear that where someone is suspected or claims to have been coerced or directed to commit a crime as a result of modern slavery; police or law enforcement, as far as possible, will fully investigate the situation before the CPS make a charging decision. It is expected that this will help to increase the number of prosecutions of criminals perpetrating modern slavery offences, while safeguarding against the criminalisation of children and adults who have been trafficked.

Read the news story:

[Victims of modern slavery to be further protected from prosecution by earlier investigation](#)

Read the updated guidance:

[Modern slavery, human trafficking and smuggling](#)

See also on NSPCC Learning

[Protecting children from trafficking and modern slavery](#)

Modern Slavery Government Guidance

www.gov.uk/government/collections/modern-slavery

Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland – Update

The LLR Safeguarding Children Partnerships' [guidance on thresholds](#) for children's and family services in Leicester, Leicestershire & Rutland has been updated. It is intended to assist practitioners to identify suitable responses to needs and issues that they encounter amongst the children, young people and families they are working with.



National Child Safeguarding Practice Review Panel-

The Child Safeguarding Practice Review Panel and the Department for Education (DfE) have published correspondence setting out the terms of reference and timescales for the national review following the murders of Arthur Labinjo-Hughes and Star Hobson. The Panel anticipates publishing the national review by the end of May 2022. Read the correspondence:

[National review into the murders of Arthur Labinjo-Hughes and Star Hobson: terms of reference](#)

Learning from Case Audits

Safeguarding Children Partnership - Audit on Domestic Violence/Abuse and Safeguarding Children

Between September and November 2021, the Leicester, Leicestershire & Rutland Safeguarding Children Partnerships carried out a multi-agency case file audit on Domestic violence and abuse and child safeguarding. The cases selected for Leicester and Leicestershire were for children on repeat child protection plans where domestic abuse was a factor.

A total of 10 cases were audited - 4 Leicester, 4 Leicestershire and 2 Rutland cases.

[See 7 minute briefing on page 8](#)

Children with Mental Health Needs on CAMHS waiting list audit findings

Mental Health is a key priority for the Leicester, Leicestershire and Rutland Business Plan for 2020-21. The Safeguarding Children Partnership is keen to seek assurance that:

- The emotional and mental health needs of children with learning disabilities and/or autism are understood in the context of safeguarding and support for this group of children is in place as required to reduce risk.
- Safeguarding and mental health support for children is joined up and partners work together and with young people to reduce risk of harm

[See 7 minute briefing on page 9](#)

SCP Audit on domestic violence and abuse and child safeguarding

01. Case file audits on DVA

Between September and November 2021, the Leicester, Leicestershire & Rutland Safeguarding Children Partnerships carried out a multi-agency case file audit on Domestic violence and abuse and child safeguarding. The cases selected for Leicester and Leicestershire were for children on repeat child protection plans where domestic abuse was a factor.

A total of 10 cases were audited - 4 Leicester, 4 Leicestershire and 2 Rutland cases.

02 Reminder about domestic abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional, or financial abuse. It includes coercive control, which is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim..

03 Domestic abuse and children

Children never just 'witness' domestic abuse; it always has an impact on them. Exposure to domestic abuse or violence in childhood is child abuse and should be referred to children's social care.

Children may experience domestic abuse directly, but they can also experience it indirectly by:

- hearing the abuse from another room
- seeing a parent's injuries or distress afterwards
- finding disarray like broken furniture
- being hurt from being nearby or trying to stop the abuse
- experiencing a reduced quality in parenting as a result of the abuse

07 Resources

UAVA:

<https://www.uava.org.uk>

The Thresholds Document

<https://rsb.org.uk/uploads/view-the-llr-scp-thresholds-for-access-to-services-for-children-and-families-in-leicester-leicestershire-rutland.pdf>

Domestic Abuse Toolkit developed by Leicestershire County Council

Look under Risk Assessment tools

<https://proceduresonline.com/trixcms1/llrscp/doc-library/#collapse3>

Was not heard video https://www.youtube.com/watch?v=x14_2chx3IE



04 What worked well?

- Across the majority of cases there was good multi-agency working, information sharing and involvement in safeguarding processes from most organisations.
- The voice of the child was clearly sought and considered well by most agencies.
- Where domestic abuse was identified referrals were made for support.
- The escalation process was used well where required. This enabled differences of opinion to be explored and outstanding safeguarding concerns to be taken forward.

06 Questions for practice reflection and case work

Practice reflection:

- How do you find identifying domestic abuse in different relationships?
- When have you been able to positively engage perpetrators of domestic abuse? What helped?
- What resources and support services relating to domestic abuse are you aware of?
- When have families engaged well in domestic abuse support? What helped?

Questions in casework:

- Does this male have (other) children?
- Are there signs of coercion or control in any of the relationships?
- What are the children saying about their experience of domestic abuse?
- What expectations are we putting on the children or adult being abused? How realistic are these?
- How can we help the family engage in support?

05 What are we worried about?

- A few organisations are not clearly sharing their understanding of the voice and experience of children in multi-agency meetings.
- Some cases audited did not demonstrate that domestic abuse support services were routinely invited to multi-agency meetings, e.g. child protection conferences.
- In most cases there was little engagement with male perpetrators of abuse or consideration of referring them for perpetrator programmes or similar.
- Referrals to support agencies from organisations did not often result in good engagement by the survivor or family.
- In many cases processes appeared to put inadvertent pressure on survivors to manage the perpetrators behaviour.
- In one case there were unrealistic expectations on the children to report on their parents' relationships
- Lone male adults accessing services were not always asked if they had children



01 Background

Mental Health is a key priority for the Leicester, Leicestershire and Rutland Business Plan for 2020-21. The Safeguarding Children Partnership is keen to seek assurance that:

The emotional and mental health needs of children with learning disabilities and/or autism are understood in the context of safeguarding and support for this group of children is in place as required to reduce risk.

Safeguarding and mental health support for children is joined up and partners work together and with young people to reduce risk of harm

02 Summary of Learning

When a Young Person is on the CAMHS waiting list and is:

- Subject to a CP plan, CAMHS correspondence needs to be shared with CSC, especially assessments and safety plan, including cases which haven't yet been allocated within the CAMHS service. If there are no Social Worker contact details, contact needs to be made with the Safeguarding Unit to determine who is the best point of contact to share the information with.
- Is on a CiN Plan or a Child Protection Plan, there needs to be clear channels for sharing information, including other identified contacts within an agency.

07 Raising your awareness

- LLR: [Thresholds Document](#)
- [Guidance on Supporting Children & Young People who self harm and suicidal thoughts](#)
- CAMHS Service: [Referral Information](#)
- MARF: [Referral Information LLR](#)
- Resolving Disagreements: [Escalation](#)
- UAVA: <https://www.uava.org.uk>



03 Summary of Learning

- The CAMHS duty team will the duty team will keep an oversight on the case prior to a CAMHS worker is allocated to the case. Hence CPP case conference invitations should be extended to CAMHS even when the child is still on their waiting list so that information sharing can take place.
- There is a need for better oversight of the application of the Thresholds, and robust contingency planning looking at all contextual safeguarding elements, rather than automatically escalating to or remaining on a CP Plan.

06 Reviewing your practice

How will you ensure that:

- The child's voice is a clear focus of intervention when mental health needs are being assessed.
- Good systems for sharing information are in place between Health and CSC with emphasis on point of referral and during periods on waiting list.
- Standard invitation to CAMHS for all Child Protection conferences so that information can be shared in respect of current or historical service provision to young people.
- GPs and other support agencies are always invited to Conferences and that processes for invites and recording attendance are robust.

05 Summary of Learning

- If it is known that UAVA are involved, and are supporting a child's parent, invitations to Conferences and Core Groups should be sent as they may be able to contribute key information. This is especially important if any of the abuse is aimed at the child as well as the adult.

04 Summary of Learning

- When a parent has known mental health issues, links should also be made with Adult Services to ensure that all relevant information is shared at Child Protection Conferences (CPPs).
- For young people with complex mental health needs, missing from education, there's a need for strong multi-agency working to try and resolve the issue including assessing all alternative provisions to support the young person to re-enter education.
- Raise awareness within all safeguarding partner agencies, in particular CSC and Education, that they can make CAMHS referrals directly rather than reliance on GP referrals. CSC and Education may have access to more information to support the referral particularly around social and family issues.

Understanding Mental Health Terminology

Acronyms and unfamiliar terminology can be quite confusing and can lead to misunderstandings in multi-agency working

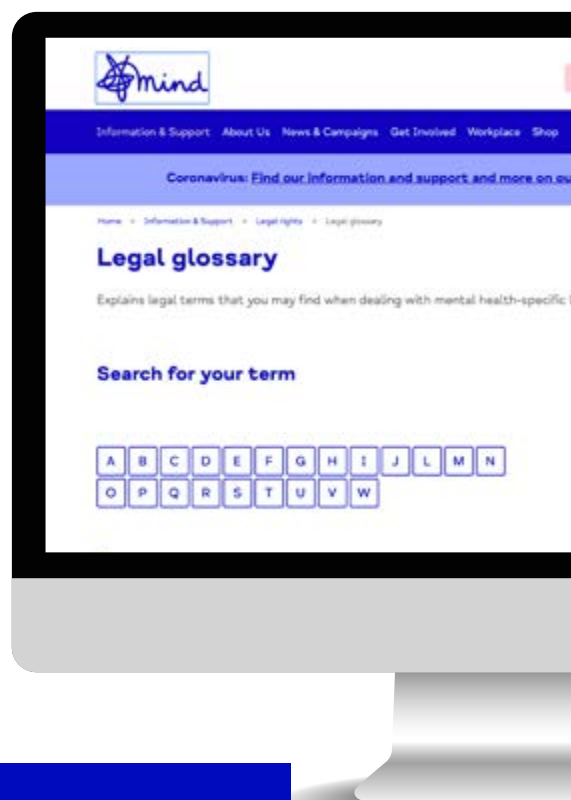
The [Mind](#) website provides a useful glossary of terms that you may find when dealing with mental health for example:

IMCA - Independent mental capacity advocate

An IMCA is a specially trained advocate who can help you if a person does not have the capacity to make particular decisions. NHS bodies or local authorities must take an IMCA's views into account when

making decisions. They are normally appointed by the local authority. They must be independent people with appropriate experience and training

Advocate - An advocate is a person who can both listen to the person and speak for them in times of need. Having an advocate can be helpful in situations where they are finding it difficult to make their views known, or to make people listen to them and take them into account



Child Safeguarding Practice Review Panel: Annual report 2020

An independent annual report for serious child safeguarding incidents in 2020

www.gov.uk/government/publications/child-safeguarding-practice-review-panel-annual-report-2020

The Child Safeguarding Practice Review Panel's second Annual Report covers the work from 1st January to 31st December 2020. It sets out how effectively the system of national and local child safeguarding practice reviews is operating and recognises that this was a year like no other – the unique challenges presented by the COVID-19 pandemic.

Key practice themes

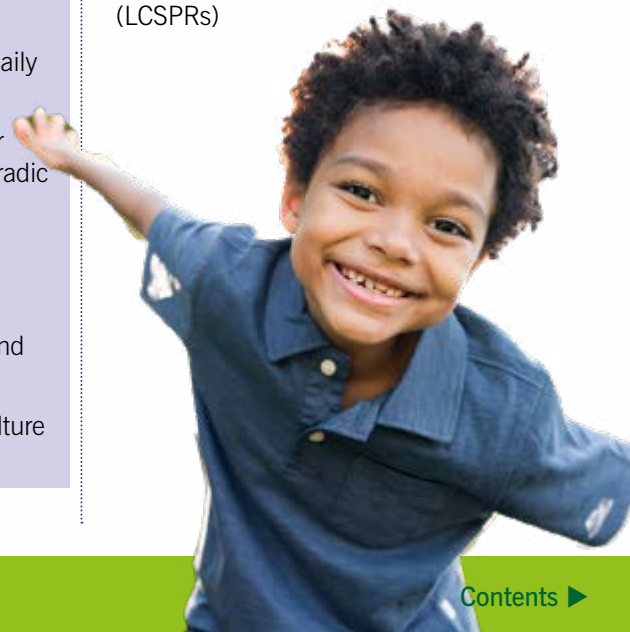
The Panel have highlighted six key practice themes to make a difference in reducing serious harm and preventing child deaths caused by abuse or neglect. These themes are not new, but they are the most urgent, and also the most difficult. Underpinning all of them is the importance of effective leadership and culture – dimensions which too often are left unexplored in the case reviews that are seen.

These six themes are the focus for shared learning with safeguarding partnerships, and nationally, to improve the safeguarding system.

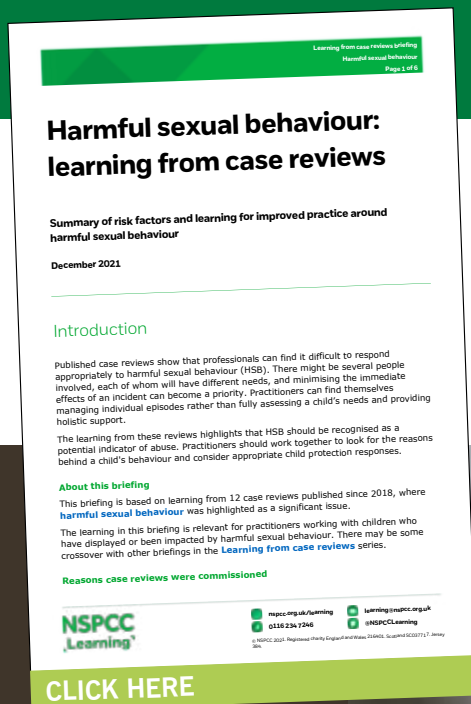
Six key practice themes to make a difference

- Understanding what the child's daily life is like
- Working with families where their engagement is reluctant and sporadic
- Critical thinking and challenge
- Responding to changing risk and need
- Sharing information in a timely and appropriate way
- Organisational leadership and culture for good outcomes

The full report provides an extended outline of each theme, with learning drawn from reviews and illustrative case studies. These themes reflect the findings in a qualitative review of 135 Rapid Reviews and 34 Local Child Safeguarding Practice Reviews (LCSPRs)



Harmful Sexual Behaviour



This thematic briefing highlights learning from case reviews on harmful sexual behaviour (HSB), providing a summary of risk factors and learning for improved practice. Learning indicates that professionals should work together to look for the reasons behind a child's behaviour and consider appropriate safeguarding responses.

New service to help education and safeguarding professionals respond to harmful sexual behaviour

The [Harmful Sexual Behaviour Support Service](#), run by [SWGfL](#) in partnership with the [Marie Collins Foundation](#), is now available to safeguarding professionals across England and provides the tools to equip and empower practitioners to address the alarming normalisation of harmful sexual behaviour in children and young people.

Why act now?

The service has been established in response to the 2021 Ofsted review, which revealed a prevalence of child-on-child sexual harassment and abuse so widespread that, for some children, inc

What is Harmful Sexual Behaviour?

Developmentally inappropriate sexual behaviour which is displayed by children and young people (under the age of 18) and which may be harmful or abusive. It can be displayed towards younger children, peers, older children or adults. It can be harmful to the children and young people who

display it, as well as those it is directed towards. Incidents are 'so commonplace that they see no point in reporting them' and 'consider them normal'

The telephone and email support, which is funded by the Home Office and developed in collaboration with the Department for Education, is available Monday – Friday, 8am to 8pm.

Call: 0344 255 0623

Email: hsbs@swgfl.org.uk

How will it support you?

The Harmful Sexual Behaviour Support Service is for education and safeguarding professionals and will provide:

- Advice on individual cases or incidents of harmful sexual behaviour, to ensure an appropriate response both for children displaying this behaviour and others affected by it
- Guidance on policy development on tackling harmful sexual behaviour
- Relevant resources, best practice and contacts around harmful sexual behaviour, both locally and nationally

My Role

Name	Drew Jagger
Job title	Substance Misuse Recovery Worker, Hospital Liaison Team
Organisation	Turning Point

How long have you been in this role?

5 years

Tell us about your role/team:

Turning Point has a team of three Recovery Workers (synonymous with drug and alcohol counsellors) based in the Emergency Department of the Leicester Royal Infirmary. We cover all three UHL hospitals: The Royal, the Glenfield and the General Hospital. We see patients who have any kind of drug or alcohol issue. These range from the mild – people having had too much to drink on a night out – to the more serious: drug overdoses, alcohol withdrawal seizures, liver failure, heart infections, leg amputations... the list goes on. All the scariest possible consequences of excessive drug and alcohol use get played out within the hospital walls.

Tell us about a typical day:

In the morning we visit the Emergency Decisions Unit within Accident & Emergency at the LRI. I like to think of this as the “hangover” ward where patients tend to be admitted to sleep-off the acute effects of too much (or not enough) drug or alcohol use. But it is also where people come in crisis, for example, suicide attempts. Drug and alcohol use are often a factor in mental health problems, and we work alongside the Mental Health team who are based within EDU. Once we’ve finished on the unit, we prioritise referrals from the Emergency Department before looking at patients admitted elsewhere within the hospitals.

Tell us about your responsibilities or duties:

When we get a referral come in, we will visit the patient at their bedside, as long as they’re sober and oriented enough to have a conversation. We will undertake a brief intervention whereby we will quantify their drug and alcohol use, educate around the possible consequences of such use, gauge motivation to change and suggest strategies whereby the patient may safely modify their drug and alcohol use. If appropriate and they are agreeable we then refer into mainstream treatment with Turning Point out in the community. We also liaise with community-based Recovery Workers if an existing Turning Point service user is admitted to hospital. We ensure a seamless service for those coming into and going out of hospital, which can include reduction strategies, and the continued management of opiate substitution treatment.

What is your safeguarding best practice top tip?

Share the risk. Keep your responses proportional.

What one thing would you find most beneficial to help you in your safeguarding role?

Continued training of a strong workforce.

Contact Details:

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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: lrsdbo@leics.gov.uk

Adults at Risk of Choking

In Leicester City, there have been a number of recent incidents with adults with needs for care and support choking on food or fluids in care home settings. The adults choked despite care plans being in place to help them to eat and/or drink safely.

- The Care Quality Commission (CQC) have a [Care Quality Commission – Learning from Safety Incidents](#) briefing which describes what dysphagia (swallowing difficulties) is along with a real-life case study where a provider was closed and prosecuted due to failing to safely manage risks to residents. One of the risks related to choking incidents with a resident.

- providingCare.net has a very useful advice section [ProvidingCare.net | Swallowing problems](#) which includes information around:

- what the signs of difficulty swallowing could look like
- what to do if you suspect that someone has a swallowing problem

- the route for a referral to the Leicestershire Partnership NHS Trust (LPT) Speech and Language Therapy (SALT) team for a swallowing assessment

- best practice for eating and drinking

The advice also provides links to the LPT SALT website and to the NHS dysphagia website.

What action can you take now?

- Be aware of which of your residents need support to eat and drink safely
- Ensure that these residents have been appropriately assessed by a medical professional
- Ensure that care plans for these residents are up to date and tailored to their individual needs
- Be aware of safe staffing levels, training and supervision in relation to food, fluids and swallowing
- Ensure that all staff who work with the adults are fully aware of their needs
- Ensure that Speech and Language Therapist (SALT) assessments are shared with other professionals who may work with an adult, such as hospital or day centre staff



Safeguarding Adults Online Training, Guidance and Development

Safeguarding Adults YouTube Channel is launched

The Leicester, Leicestershire and Rutland Safeguarding Adults Boards have recently created a YouTube Channel, LLR Safeguarding Adults Boards, [LLR Safeguarding Adults Boards - YouTube](#).

The videos added to this channel aim to raise awareness of safeguarding, with a current video, Tricky Friends, highlighting what genuine, healthy, friendships look like to aid people in identifying when abuse or exploitation may be happening.

A video of a question and answer session with the Office of the Public Guardian (OPG), looking at lasting power of attorney arrangements and the role of attorneys, will be added shortly and will be followed by an animation which includes stories of people who have experienced safeguarding, including examples of domestic abuse, coercive control, neglect and exploitation.



Social Care Institute for Excellence (SCIE):

- SCIE has a Liberty Protection Safeguards at a Glance [Liberty Protection Safeguards \(LPS\): Latest developments | SCIE](#) resource which provides an overview of the Liberty Protection Safeguards (LPS), which will replace the Deprivation of Liberty Safeguards (DoLS). It summarises LPS and describes what is going to change, what is going to stay the same, and what health and social care staff can do to prepare for the changes.



Research in Practice for Adults (RiPfa):

- RiPfa has scheduled a number of workshops, starting in April 2022, with a theme of working with older people who use alcohol and drugs [Working with older people who use alcohol and other drugs \(researchinpractice.org.uk\)](#). Participants will explore how the strengths, needs and preferences of older adults who use alcohol and drugs might be most appropriately considered by social care professionals during assessment conversations and when planning support, in a way that respects individual entitlements, rights and safety.
- RiPfa has scheduled a number of workshops, starting in February 2022, with a theme of working effectively with men in families who use services [Working effectively with men in families \(researchinpractice.org.uk\)](#). Feature up-to-date research evidence and include the voice of fathers on the topic of working effectively with men in families. Participants will hear from practitioners who are leaders in this area and will be encouraged to reflect on what they and their organisations need to progress this work, as well as being signposted to resources to support them moving forward.
- Webinar recording of [Exploring Complexity: Mental Capacity Assessment: Webinar \(researchinpractice.org.uk\)](#) from Alex Ruck Keene. Aimed at experienced practitioners, with discussion of complex practice examples.

Safeguarding Children Learning Opportunities



The Multi Agency Learning & Development Group deliver a programme of safeguarding children training that is aligned to the Business Plan Priorities of the Safeguarding Children Partnerships.

These opportunities cover a broad range of safeguarding from early intervention (early help) to child protection and anyone working or volunteering with children across Leicester, Leicestershire and Rutland is welcome. Please click on this link to see the full programme: [LLR Safeguarding Children Partnerships Events | Eventbrite](#)

In addition the Violence Reduction Network has commissioned Barnardo's to deliver a programme of trauma informed training. There are many opportunities to attend this, please see the full programme here: [Violence Reduction Network: LLR Events | Eventbrite](#)

Leicestershire Trading Standards

Trading Standards Advice Cards

The Service has produced an advice card which gives information on how to protect yourself/others from cold calling.

Whether you receive a telephone call purporting to be from an official organisation, such as your bank or telephone provider, or a cold caller at the door, you can keep this handy card by the front door or by your phone as a reminder of the Dos and Don'ts so you don't get caught out.

The advice cards would be predominantly useful for those who may live alone or be particularly vulnerable to cold callers.

If you, a family member, friend or neighbour could benefit from having one of these advice cards, you can request one by calling 0116 305 8000 or email tradingstandards@leics.gov.uk



Spam & Scam Emails and Texts....

You may have subscribed to receiving communications from organisations and companies that you deal with. Amongst these genuine messages, there may well be fake ones, containing links designed to steal your money and personal details that can be very difficult to spot.

Fraudsters do this by pretending to be someone you trust, or from an organisation you trust. Examples of this could be your telephone or internet service provider, a utility company, banks, HMRC, parcel delivery companies. And they may contact you by phone call, email or text message. The term 'phishing' is often used when talking about emails.

Not all messages are bad, but if something doesn't feel right, follow these tips:

- If you have received an email which you're not quite sure about, forward it to the [Suspicious Email Reporting Service \(SERS\)](#) at report@phishing.gov.uk.
- If you've received a suspicious text message, forward it to 7726. It won't cost you anything and allows your provider to investigate the text and take action (if found to be a scam).
- If you come across an advert online that you think might be a scam, [report it via the Advertising Standards Authority \(ASA\) website](#). This allows ASA to provide online service providers with the details they need to remove these from website