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

Safeguarding MATTERS

Issue 31
September 2023

Welcome

to our latest edition of Safeguarding Matters.

This edition is packed with advice, guidance and resources borne out of learning from our local reviews and audits and the work of our partnership groups.

As always, please read it all, as so much is relevant to everyone, both professionally and personally.

7 Minute Briefings

Phillip and William - Aims to enhance and improve agencies' responses to people who find themselves in a self-neglect cycle.

See page 3

The Myth of Missing Men - All services need to do more to involve and 'see' men. Men who want to be involved are routinely excluded from services and the same structures enable those who present a risk to not be involved.

See page 4

What is meant by Homelessness in relation to Safeguarding

The Leicester and Leicestershire & Rutland Safeguarding Adults Boards (SABs) and Safeguarding Children Partnerships (SCPs) have noted recent cases that have included adults and children who have been sofa surfers / living transiently and they have not necessarily been seen as homeless.

Public Health England lists the following housing circumstances as examples of homelessness:

- rooflessness (without a shelter of any kind, sleeping rough)
- houselessness (with a place to sleep but temporary, in institutions or a shelter)
- living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends known as 'sofa surfing')
- living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding)

They note that the causes of homelessness are typically described as either structural or individual and can be interrelated and reinforced by one another.

Structural factors include:

- poverty
- inequality
- housing supply and affordability
- unemployment or insecure employment
- access to social security

Individual factors include:

- poor physical health
- mental health problems, including the consequences of adverse childhood experiences
- experience of violence, abuse, neglect, harassment or hate crime
- drug and alcohol problems (including when co-occurring with mental health problems)
- bereavement
- relationship breakdown
- experience of care or prison
- refugees

According to the Department for Levelling Up, Housing & Communities January to March 2023 Statistics published in July 2023 almost 105,000 households were in temporary accommodation, including more than 131,000 children.

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The Impact of Homelessness

It is important to consider a person's living situation, not just because of its potential effect on their health and wellbeing, but also because it could affect their engagement with services and appointments.

What is perceived as "non-engagement" or "non-attendance" could be a result of a person not being registered with services, including with key universal services, or not having a fixed address to receive correspondence.

Social isolation can impact on a person's confidence to develop healthy relationships with others and brings additional risks including violence and exploitation.

Where families with children are living in temporary accommodation, it can impact on their school/nursery attendance offering very little stability.

Professional Curiosity

In situations where homelessness is a factor, then it is important to understand the person's lived experience and blocks to engagement. Questions may include:

- What does your day look like?
- What are your sleeping arrangements?
- Do you have cooking facilities?
- Who do you spend time with?
- Do you have a GP?
- Have you had any advice on money or benefits?

Further information:

Shelter

The Bridge Leicester

Making Research Count Webinar Series on Homelessness, including:

Homelessness, Safeguarding and the Care Act, Gill Taylor, London Borough of Haringey, January 2022

Adult Safeguarding and Homelessness: Understanding Good Practice, Carl Price, Change Grow Live and Dr Adi Cooper, University of Bedfordshire, November 2022

Festival of Learning Safeguarding Bumps & Babies

Save the Date!

Wednesday 1st – Tuesday 7th November 2023

This year's festival is focusing on the 1001 critical days. The festival is running from Wednesday 1st November 2023 – Tuesday 7th November 2023 and will include a range of in-person and virtual sessions delivered by local and national experts. Everyone who works with children and families across Leicester, Leicestershire and Rutland is invited. We are opening the festival with an in-person brunch at City Hall, in Leicester on the morning of 1st of November 2023.

Details about the programme and how to book will be coming out after summer – we just wanted to let you know what we're planning so you can make a note in your calendars, we know how busy you get. Please use this link to show your interest and directly receive the programme when it is ready:

Festival of Learning Safeguarding Bumps & Babies Save the Date : 1st - 7th November 2023 (office.com)

7-Minute Briefing

Safeguarding Adults Board
LEICESTERSHIRE & RUTLAND

1. Purpose of this Briefing

This briefing shares the learning from a Leicestershire & Rutland Safeguarding Adult Review (SAR), with the aim to enhance and improve agencies' responses to people who find themselves in a self-neglect cycle.

2. Background

Philip had a background of trauma. Philip was self-neglecting and various health and social care services were offered to him in the year running up to his death. He had variable engagement and often refused services. At the start of the Covid-19 pandemic, services for housing support and addiction support became virtual. Philip lived with William who slept on the sofa. Both had substance and alcohol addiction. Philip and William had been friends all of their adult lives. They had a complex relationship and considered themselves to be carers to each other.

3. Risks Identified and Safeguarding Concerns

- Self-Neglect
- Allegations of abuse (denied by victim and alleged perpetrator)
- Mental Ill Health
- Substance/Alcohol Misuse
- Cuckooing / Criminal Exploitation

4. Findings

➢ **Thresholds for Vulnerable Adult Risk Management (VARM) and Safeguarding**

Philip's case was considered under the VARM process because there was significant risk of death due to self-neglect. The first VARM meeting was called too late and, by the time of the second VARM meeting, the threshold for initiating an enquiry under Section 42 of the Care Act 2014 had already been reached because of alleged abuse. There were missed opportunities to raise an Adult Safeguarding Enquiry.

➢ **Mental Capacity**

Philip had fluctuating capacity due to his alcohol and substance misuse and, potentially, the deterioration in his health. Formal capacity assessment was undertaken once when assessing his care and support needs. There were missed opportunities to assess Philip's capacity.

➢ **Professional Curiosity**

There was lack of professional curiosity regarding the nature of the two men's relationship by all agencies and William's carer status was never recognised or assessed. As William was not seen as a carer, the caring stress that he was experiencing was not explored and the relationship between him and Philip became more volatile.

➢ **Confidentiality**

Most agencies took implied consent as permission to discuss Philip in front of William, particularly because they shared a mobile phone.

5. Key Learning

- ➢ The self-neglect narrative was dominant and the abuse narrative, in essence, subsumed by it. The issues of self-neglect and having capacity to make unwise decisions should not cloud agencies' judgement to assess the risk of abuse under the appropriate process – a Section 42 enquiry under the Care Act 2014 – and in a timely manner.
- ➢ Accumulating concerns are a risk factor for people who self-neglect to be vulnerable to abuse or exploitation.
- ➢ The VARM process should be formally reviewed if significant progress is not being made.
- ➢ All agencies should formally record in line with their procedures that there is consent to share confidential information with others, including friends who provide aspects of care. In safeguarding, agencies should aim to achieve informed consent, rather than implied consent.
- ➢ In co-dependent relationships, as indicated in Domestic Abuse research, mobile phones have the potential to become vehicles for coercive control.

6. Reviewing Practice

Reflective questions to consider around self-neglect cases:

- Have you accessed the Thresholds guidance? Have any of your previous judgements become fixed? Have you employed critical thinking and challenge? Does the case make/still make the threshold for the agreed process?
- Are there any safeguarding concerns? Have they been referred to Adult Social Care in a timely manner? Are referrals and responses formally recorded in case notes?
- Are you aware of escalation procedures? Are you prepared to challenge the views/responses of others if you think the response is not robust enough?
- If the VARM process has been initiated, is there evidence of change? Have the family been involved in the process in an appropriate manner? Have you used the available VARM meeting templates?

7. Raising Awareness and Implementing Learning

LLR SAB Self-Neglect Procedure
Leicester, Leicestershire and Rutland (LLR) Vulnerable Adult Risk Management (VARM) Guidance and Local Templates
LLR SAB Thresholds Guidance
LLR SAB Escalation Procedure

7 Minute Briefing

01 Report

The Child SAFEGUARDING Practice Review Panel published their 3rd national review in September 2021:

"The Myth of Invisible Men": safeguarding children under 1 from non-accidental injury caused by male carers'

02 Introduction

The review looks at the circumstances of babies under 1 who have been harmed or killed by their fathers or other males in a caring role. 35% of all serious incident reports to the National Panel involve serious harm to babies, the vast majority involving physical injury or death. This is the biggest category of all notifications that the Panel sees.

Of the 257 incidents reported since 2018 the panel considered that 92 were eligible for the review and 23 cases were considered in greater depth.

The views of professionals and perpetrators were sought during this review.

03 Key Data

At the time of the abuse: 81 were living with their birth father and only 11 with unrelated men.

- 45 (49%) were only known to universal services.
- 24 (26%) were known to early help.
- 12 (13%) were open to social care as children in need.
- 11 (12%) were subject to child protection plans.

ETHNICITY: this was identified as White British in 66 (72%) cases; Asian in 6 (7%) cases; Black and minority ethnic in 3 (3%) cases; mixed ethnic background in 3 (3%) cases; BUT in 14 (15%) cases the information was missing.

04 Risk Factors: There was no single risk factor that emerged, more a combination of factors which impacted on the ability to manage parenting issues like crying, sleeplessness, and illness.

Factors such as:

- Adverse Childhood Experiences
- Young parents/Care leavers
- Poverty
- Substance misuse, which could be chronic & normalised
- Racism
- Poor impulse control
- Violence in history
- Worklessness &/or Debt
- Undiagnosed mental health problems
- Low self-esteem

A focus on men with violent histories including domestic abuse is appropriate BUT there are perpetrators with no violent history who may be more difficult to identify.

05 Risk Factors

- 59 featured domestic abuse (either current or historical)
- 32 featured fathers with mental ill health
- 30 featured young parents
- 5 parents were care leavers

Men are more likely to injure babies than women.

Male babies are more likely to be injured than female babies.

06 Key issues for Practice

All services need to do more to involve and 'see' men. Men who want to be involved are routinely excluded from services and the same structures enable those who present a risk to not be involved. As a system from universal to specialist services are knowledge of and engagement with men is often weak and ineffective.

The same level of curiosity and enquiry should be applied to understanding men's lives/experiences as it is to that of women. These men were not invisible but were 'unseen'.

Four Tier Model (for working with men)

1) **Understanding men's lives and their histories** – exploring ideas of fatherhood, race, ethnicity, personal histories – how does this impact them now?
2) **Engaging and assessing men** – Developing parental strategies; understanding child developments, building an authentic engagement for a meaningful assessment
3) **Supporting best practice** – Role of supervision in sharing fears & anxieties about working with men; how to support the worker. Focus quality assurance systems
4) **Service design** – Culture and context; processes, tools, frameworks and services

07 Reflections and Resources

How confident are you in working with men? What do you know about the histories of the men with whom you work? Do you routinely check in with dads as you do with mums? What do they think? How would you know?

Unseen men: learning from case reviews | NSPCC Learning

Building Confidence in Practice Resource Packs

7 Minute ICON Briefing

Message in a Bottle

Lions Message in a Bottle is a simple but effective way for people to keep their basic personal and medical details where they can be found in an emergency, on a standard form, and in a common location – the fridge.

The project helps emergency services personnel save valuable time identifying an individual and knowing if they've allergies or take special medication.

To find out more, order a bottle, please click on the link: Lions Message in a Bottle.

Safeguarding and the role of Non-regulated services e.g. Personal Assistants (PA's)

To ensure that care and safety planning is in place, all services supporting the adult or chilld should be clear about their roles and responsibilities in relation to safeguarding

When agencies become aware of non-regulated services involved with a person using services, they should engage with those non-regulated services to ensure they understand their responsibilities to report concerns and follow up on actions agreed and links made with the relevant agencies.

As more people are encouraged to have their care and support provided by Personal Assistants (PAs) the role and tasks they are asked to undertake can leave some wondering if they should be registered with the Care Quality Commission (CQC).

The Guidance below comes from Skills For Care.

What is CQC?

The Care Quality Commission is the independent regulator of health and adult social care services in England. Its job is to ensure people get good quality care by monitoring, inspecting and regulating services and publishing what they find. It also protects the interests of people whose rights are restricted under the Mental Health Act.

CQC sets out standards for good quality care, and has the ability to enforce those standards through its inspections and assessors. It also aims to promote improvements by providing independent, reliable information and advice.

Who does not have to register?

Most PAs are employed directly by the individual who needs care and support and paid directly by them, funded either by health, social care or self funding. In these circumstances, neither the PA nor the employer needs to register with CQC.

This is because the current Regulated Activity of 'personal care' has an exemption relating to PAs. It applies where the individual is employed without the involvement of an agency or employment business and their work is controlled and directed by the individual, or a related third-party (a close relation of the person who needs care who manages the employment of the PA on their behalf).

This exemption applies even if the PA is sometimes required to carry out clinical health care tasks, which a healthcare professional has delegated to a PA they have assessed as being competent at that task.

Personal assistants have a duty of care to their clients and **must report any safeguarding concerns to the local authority**. PA's should be involved in a proportionate and relevant way as part of any multi-agency support/ protection plan.

Private Fostering Leaflets

The updated leaflets can be found on the following links

LSCPB | Safeguarding Leaflets (lcitylscb.org)

Leaflets - Leicestershire and Rutland Safeguarding Partnerships Business Office (lrsb.org.uk)

Information Sharing – Additional considerations

It is really important that as practitioners we understand the principles of Information Sharing in relation to Safeguarding and to help you navigate this we have clear procudures.

Leicester, Leicestershire and Rutland Multi-Agency Overarching Safeguarding Information Sharing Agreement (ISA) Updated April 2023

However there are other situations that have arisen in local reviews that have highlighted where it is important to consider how the sharing of information can provide additonal support in a safe and secure way.

1. A good starting point is discussing with the adult or young person what they want people to know about them, their wishes and feelings. Making sure that this is documented and that family, friends and those who matter to them as well as health and social care professionals are aware.
2. Family should be made aware of what information can be shared with them and what can't without consent.
3. The method of sharing information and making contact should be considered for example A shared mobile phone could be a potential tool for coercive control.
4. Keep the 'adult/child' at the centre. Whilst family can be very supportive there is sometimes a tendency to 'take over' and speak for their relative all the time.

End of Life Care

The Reviews into the deaths of adults with complex needs have highlighted the need for clear communication regarding a shared understanding of what is meant by end of life care, what this means in an emergency and in the latter days/weeks of someones life.

It is important to familiarise yourself with the pathways for ensuring the person you are supporting has plans in place also that you can advocate for them if necessary.

A key process is ReSPECT

The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.

These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.

Who is ReSPECT for?

The ReSPECT process can be for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. Some people will want to record their care and treatment preferences for other reasons

For more detaled information click here

Lots of useful information on Advanced decision making and much more can also be found on the following website

Dying Matters in Leicester, Leicestershire and Rutland is dedicated to improving end of life experiences for people living in either county, their families and loved ones.

DYING MATTERS
in Leicester Leicestershire and Rutland

Safeguarding Adults Week

20th -24th November 2023

Watch out for information locally

Ann Craft is running a number of events:

https://www.anncrafttrust.org/events/safeguarding-adults-week/

#Safe-guarding adults week

A day in the life of a Public Health Nurse Health Visitor

My name is Sara

My day will usually start at 8am as I work a 9 day fortnight – great for work / life balance.

The first thing I usually do is look at the appointments for that day & prepare for them – take information from SystmOne records, get any paperwork ready to take out with me.

First thing in the morning is usually a good time to contact Social Workers or any other professional that I need to liaise with. I will also look at the tasks in the inbox before I start my visits & try to complete as many as possible. The tasks will be looked at throughout the day each time I am on SystmOne. Any appointments on my ledger eg booking appointments or contacting people will also be done.

Then the day can start with either visits, clinic or meetings.

Each Wednesday morning we have an allocations meeting with all the Health Visitors within the team where we will cover any work required and discuss annual leave, student allocations, any clinical concern that we may have.

We also have a full team meeting once monthly chaired by our Clinical Team Lead. I usually do a clinic every Thursday alternating AM and PM sessions with a colleague.

The meetings held may be a Child Protection Case Conference, Core Group, Child in Need, Team Around the Family, professional meeting, Looked After Child. We have 1:1 managerial supervision every 3 months, Clinical Supervision every 12 weeks and Safeguarding Action Learning Sets(ALS) every 8 weeks.

I am also an ALS facilitator and also hold an ALS group session every 8 weeks and support any staff member that requires 1:1 safeguarding supervision. I will attend a GP safeguarding meeting every 3 months usually via TEAMS. Any of these may be on my ledger for that day.

The visits can be any of the five universal contacts – antenatal, 10-14 day new birth contact, 6-8 week review, 10-12 month review or 2-2.5 year review. Any universal 6-8 week, 10-12 month or 2-2.5 year reviews can be completed in clinics by the Healthy Child Programme Nurse or the Healthy Child Programme Practitioners. However, Health Visitors will complete targeted contacts for some of these at home if this is clinically relevant. Any other visits may include safeguarding visits, development reviews, continence assessments, joint visits with other services.

Every other Tuesday is my day to do Duty which involves looking at and allocating the work that needs covering for some caseloads where there is not an allocated Health Visitor or covering any work if another member of staff is sick that day.

I also cover the Chathealth text messaging service at least once monthly. In between all of this I will also put time on my ledger to ensure Ulearn is completed, any other training is undertaken and a caseload review is completed at least every 3 months.

It helps that I am able to manage my own diary. However, my day is always subject to change by a telephone call, a visit or a disclosure which makes it all interesting!

Contact us

Leicestershire and Rutland Safeguarding Children Partnership and Safeguarding Adults Board

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