

Safeguarding MATTERS

Issue 32
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Welcome

to our latest edition of Safeguarding Matters.

This issue is packed full of articles containing information, advice, guidance and resources along with procedure updates.

There is also learning shared from both adults and children's case reviews that have been undertaken across the Leicester, Leicestershire, and Rutland Safeguarding Partnerships, linking to national themes, and safeguarding priority areas.

7 Minute Briefings

Learning in seven minutes is manageable in most services, and learning is more memorable as it is simple and not clouded by other issues and pressures.

We produce 7 Minute Briefings on Safeguarding Adults Reviews (SARs), Rapid Reviews (RRs), Local Child Safeguarding Practice Reviews (LSCPRs), multi-agency audits and national themes.



Changes to Front Door Contact Details

Please note that the contact details for Leicester City Council's Front Door for children have been updated.

CASP-Team@leicester.gov.uk has replaced das.team@leicester.gov.uk and early-help-enquiries@leicester.gov.uk

This stands for the Children's Advice Support and Prevention (CASP) Teams. Currently this includes the Early Help Response Team, Duty and Advice, Single Assessment Team and Children Exploitation Team.

The same phone number continues to be used
0116 454 1004.

There is a new out-of-hours contact number for Leicestershire Adult Social Care
0116 305 0888.

This replaces the previous Emergency Duty Team number (0116 255 1606), which has been taken out of service.

During usual business hours (Monday – Thursday 8.30am to 5.00pm and Friday 8.30am to 4.30pm), please call the Customer Service Centre (**0116 305 0004**).

CASP

Childrens

Advice

Support

Prevention

CASP-Team@leicester.gov.uk

NEW out-of-hours contact number for Leicestershire Adult Social Care
0116 305 0888



Working Together to Safeguard Children 2023:

A guide to multi-agency working to help, protect and promote the welfare of children

In December 2023, the government released the long-awaited revision of Working Together. This followed a consultation, and the Independent Review of Children’s Social Care.

The new guidance outlines what organisations and agencies must do to help, protect and promote the welfare of all children. It includes updated information around:

- multi-agency expectations for all practitioners
- working with parents and families
- clarifying the roles and responsibilities of safeguarding partners
- the role of education and childcare providers
- multi-agency practice standards
- support for disabled children
- tackling harm that occurs outside the home.

All of the key changes are outlined in this briefing guidance produced by the NSPCC: [Key provisions introduced in Working together to safeguard children 2023](https://www.nspcc.org.uk/working-together-to-safeguard-children-2023/) (nspcc.org.uk)

The revised Working Together refers to all agencies being clear about how they will work together to safeguard children and promote their welfare. It references ‘protected characteristics’ when ensuring that people are engaged in service design, provision and access to services. Individuals and families should also be recognised in terms of any protected characteristics considering ways in which these overlap and intersect.

Working Together states:

“information is sought, analysed, shared, and broken down by protected characteristics to facilitate more accurate and timely decision-making for children and families, and to understand outcomes for different communities of children.” (page 24)

Protected Characteristics – what are they?

The nine protected characteristics are:

Age

A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).

Click here for further information on [age discrimination](#).

Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.

Click here for further information on [disability discrimination](#).

Gender reassignment

Where a person undergoes, or proposes to undergo, a process for the purpose of reassigning their sex.

Click here for further information on [gender reassignment discrimination](#).

Marriage and civil partnership

Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as ‘civil partnerships’. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

Click here for further information on [marriage and civil partnership discrimination](#).

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Click here for further information on [pregnancy and maternity discrimination](#).

Race

A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.

Click here for further information on [race discrimination](#).

Religion or belief

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Click here for further information on [religion or belief discrimination](#).

Sex

In the Equality Act 2010, sex is understood as binary. It can mean a group of people like men or boys, or women or girls.

Click here for further information on [sex discrimination](#).

Sexual orientation

Whether a person’s sexual attraction is towards their own sex, the opposite sex or to both sexes.

Click here for further information on [sexual orientation discrimination](#).

You are protected under the [Equality Act 2010](#) from these types of discrimination.

7 Minute Briefing

01 Report

“Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm”

Review Report by the Child **Safeguarding** Practice Review Panel
(July 2020)

The term sudden unexpected death in infancy (SUDI) is a descriptive term, used at the point of presentation of any infant whose death was not anticipated.

02 Background

- 568 incidents were notified to the National Panel between June 2018 and August 2019,
- 40 (7%) involved infants who had died suddenly and unexpectedly, making this one of the largest groups of children notified.
- Almost all (38) of the incidents involved co-sleeping in unsafe sleep environments, often when the parent had consumed alcohol or drugs.
- 14 of these cases were reviewed in this report and they were from 12 local areas. These were representative of the 40 cases.

The review included: analysis of the above cases; fieldwork visits; discussions with key professionals and experts; a review of the research literature; an analysis of data on child death reviews and SUDI for England

07 Key Learning

- A better understanding of parental decision making about the sleep environment.
- Better links between work to reduce the risk of SUDI and wider safeguarding strategies.
- An investigation into whether behavioural insights and models of behaviour change can support interventions to promote safer sleeping, particularly among families with children at risk of significant harm.

Read the NSPCC briefing for further information & recommendations: [Sudden unexpected deaths in infancy \(SUDI\): CASPAR briefing | NSPCC Learning](#)

Or the [full report](#)

See also: [The Lullaby Trust - Safer sleep for babies, Support for families](#)

06 Key Findings – Practice

- The most successful approaches to prevention of SUDI were multi-agency and embedded in strategies for dealing with neglect, domestic abuse, mental health, substance misuse and deprivation.
- Safer sleeping advice had been given to all 14 families usually antenatally.
- A multiagency response is required not just health.
- Pregnancy described as a ‘reachable moment’ for practitioners.



03 Key Findings – ‘Out of Routine’

- In 11 of the 14 cases, the last sleep of the infant was considered ‘out of routine’.
- There was no suspicion in any of the cases of deliberate harm, but each death was avoidable had there been more vigilance of safer sleeping.
- Disrupted routines often led to the death with parents seeing safe sleep advice as ‘optional’ and flexible depending on the situation.

Predisposing risks were often combined with out-of-routine incidents or ‘situational’ risks, where unexpected changes in family circumstances meant an infant was placed in an unsafe sleep environment, such as: moving accommodation; a family party; arrival of a new partner; the baby being unwell; alcohol or drug use on the night in question.

05 Key Findings – Parents

- Deaths could have been prevented if safe sleeping advice had been followed.
- Parents had not been able to engage with the advice.
- Understanding parents’ perspectives and building relationships is key.
- Consistency is key across agencies as some parents felt that safer sleeping messages were inconsistent.

04 Key Findings - Safe Sleep advice

The Report recognised the need for a tailored flexible approach to prevention for families who often already have identified background risks. Support needs to recognise and be responsive to people’s lives and link to mechanisms that are understood by parents/carers to protect babies.

- The Lullaby Trust Materials were highly regarded and widely used across the 12 local areas.
- Better use of social media to ‘nudge’ parents to follow advice.
- Safer sleeping advice had been given to all 14 families, usually antenatally.

01. Purpose of this Briefing

This briefing considers learning from local children's cases involving confirmed / suspected non-accidental injury of children, particularly Pre-Mobile Babies and Non-Independently Mobile Children.

07. Resources to support practice

["Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children" procedure](#)

["Information Sharing" procedure](#)

Building Confidence in Practice Resources – Professional Curiosity for [Practitioners](#) and [Supervisors / Managers](#)

[ICON resources](#)

["The Myth of Invisible Men': Safeguarding children under 1 from non-accidental injury caused by male carers" \(Child Safeguarding Practice Review Panel\)](#)

06. Reviewing Practice

- Remember bruises/marks/injuries may be an indicator of child abuse regardless of whether there is an explanation about how they occurred. When accidents and injuries are reported, practitioners should not only consider neglect through lack of supervision, but also the possibility of physical harm.
- Bruises/marks/injuries must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. There must be a full clinical examination / relevant investigation.
- Use professional curiosity and be prepared to "think the unthinkable".
- Work openly and honestly with the parents/carers. Inform them that you are required to contact Children's Social Care to share the information you have obtained, and a decision will be made about what next steps should be taken.
- Always share and triangulate information about the bruise/mark/injury with lead practitioners who are currently working with the family, regardless of parental explanation. Document all information sharing in the child's records.

02. Background

It is nationally recognised that the younger the child the greater the risk that bruising, marks or injuries are non-accidental and the greater the potential risk.



03. Children where risk of non-accidental injury is increased

Pre-Mobile Baby: a baby who is not yet rolling, crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all babies under the age of six months and most infants aged 0-1 years.

Non-Independently Mobile Child: older children who are not independently mobile by reason of a disability. Children with a disability who are in a wheelchair can be viewed as independently mobile and there could be a consistent plausible explanation for accidental bruising, marks, or injury. However, disabled children may have a higher incidence of abuse whether or not they are mobile.

04. Potential indicators of non-accidental injury

- Parent/carer delay in seeking medical advice
- Bruise/mark/injury found incidentally during another contact or appointment
- Inadequate or unlikely explanation for bruise/mark/injury
- Explanation is inconsistent with the child's development stage or explanation is inconsistent over time or confused
- Repeated episodes of presenting with bruises/marks/injuries

05. Role of practitioners

It is the responsibility of the practitioner first observing the bruise/mark/injury to conduct an assessment in line with the multi-agency procedure and [notify/refer as appropriate to Children's Social Care](#). If the practitioner does not feel competent to undertake the assessment, they should seek advice from senior colleagues, agency safeguarding leads and/or Children's Social Care. If practitioners are not satisfied with the assessment outcome and parental response and the bruise/mark/injury, no matter how small, continues to raise suspicion and concern, an immediate contact with Children's Social Care is required to discuss the information recorded and to determine if further action is required. This should include agreement on feedback to the family/carers.

01. Purpose of this Briefing

This briefing considers learning from a number of local children's cases, involving children of parents who misuse substances, including un/born babies.

02. Background

Substance misuse refers to the abuse of drugs and/or alcohol. Whilst there may be different treatment methodologies for adults with these problems, they are considered together because the consequences for the child are quite similar. Substance misuse refers to both illicit drugs, alcohol, prescription drugs and solvents. Many substance misusing adults also suffer from mental health problems, which is described as Dual Diagnosis.

07. Resources to support practice

[Children of Parents who Misuse Substances procedure](#)
Building Confidence in Practice Resources – Professional Curiosity for [Practitioners](#) and [Supervisors / Managers](#)
“Parents with substance use problems: learning from case reviews” – NSPCC, December 2023

06. Reviewing Practice

- Remember parents who misuse drugs and/or alcohol may be good enough parents who do not abuse or neglect their children. It is important not to generalise or make assumptions about the impact on a child. It is, however, important that the implications for the child are properly assessed.
- There is a risk in focusing on the adult's difficulties and supporting their attempts to control their behaviours that the impact on the child can be overlooked or seen as a secondary consideration.
- Do not rely on self-reporting around consumption – explore any signs which contradict self-reporting.
- If you are in contact with a child in a drug/alcohol-misusing environment, ask yourself “What is it like for a child in this environment?”
- Remember Specialist Substance Misuse Services ([Turning Point](#)) should be invited to and attend / provide information to any meeting concerning the implications of the parent/carer's substance misuse problems for the child.



05. Professional Curiosity

All agencies need to work together in tackling the problems caused by substance misuse in families in order to safeguard children and promote their well-being. This would include having as comprehensive an understanding as possible of the extent and range of substances being used by parents/carers. Professional curiosity around self-reported drug use and sharing this information across agencies is essential to gain as full a picture as possible of substance misuse.

03. Risks and Safeguarding Concerns

- Substance misuse can impact on the capacity of a person to parent a child. Children can also be vulnerable when parents are withdrawing.
- Children's physical, emotional, social, intellectual, and developmental needs can be adversely affected by their parent's misuse of substances. These effects may be through acts of omission or commission.
- This behaviour can put the child at an increased risk of neglect and emotional, physical, or sexual abuse, either by the parent or because the child becomes more vulnerable to abuse by others. Children may take on a caring role for their parent and/or siblings and feel they have the responsibility to solve their parent's problems.
- Children may be introduced to drug and alcohol misuse at an early age by the behaviour of parents and the availability of substances within the home. This increases the risk to the child, as well as making it more likely that they will repeat the cycle and become problematic substance users themselves.

04. Substance Misuse and Un/born babies

The pre-birth impact of substance misuse on the foetus includes low birth weight, premature labour, infections, risk of haemorrhage, and impact on cognitive development. Newborn babies may experience foetal alcohol syndrome or other drug withdrawal symptoms. They could be at risk due to co-sleeping. A parent might use substances to reduce withdrawal symptoms in their baby. Mothers can transmit illegal substances to their baby via breast milk, by accidental contamination and through passive smoking. Becoming a new parent could be a stressor regarding substance use. If you encounter a pregnant substance user whose degree of substance misuse indicates that their parenting capacity is likely to be seriously impaired, [make a referral to Children's Social Care](#).

01. Purpose of this Briefing

This briefing shares the learning from a Leicestershire & Rutland Safeguarding Adults Review (SAR), with the aim of raising awareness around key issues, such as pressure sores, working with families and carers and taking a Whole Family approach to practice.

02. Background

Godavari was an elderly woman who had several physical health problems and received support at home regarding mobility and personal care. She lived with her two adult children – one was her main carer and the other had their own care needs. When Godavari died, there were concerns about the multi-agency support provided to the family.

03. Risks Identified and Safeguarding Concerns

- Recognising pressure sores as a safeguarding issue
- Confusion regarding referral routes for services
- Application of the Mental Capacity Act
- Taking a Whole Family approach and liaising with other practitioners about this

07. Raising Awareness and Implementing Learning

[Leicester, Leicestershire & Rutland \(LLR\) Safeguarding Adults Boards \(SAB\) Thresholds Guidance](#)

[LLR SAB Whole Family Approach procedure](#)

[Building Confidence in Practice Resources on Professional Curiosity – for practitioners and for supervisors/managers](#)



04. Key Learning

- Practitioners must be aware of when, how and where to refer safeguarding issues regarding pressure sores – see the Leicester, Leicestershire & Rutland Safeguarding Adults Boards Thresholds Guidance.
- Practitioners must ensure they are using the correct referral routes for services – if a referral is not sent to the appropriate service, this can lead to delay and/or confusion.
- If there is any doubt that a person has capacity, then a Mental Capacity Assessment should be carried out and the results clearly documented.

06. Reviewing Practice

- Do you understand the lived experience of the person you are working with/supporting?
- Where a person or family is reluctant to accept support, are there any other agencies that could be helping them – for example, a Social Prescriber?
- Where you have made a safeguarding referral, have you been made aware of the outcome? Have you followed up the concern?
- In terms of a person's capacity, have you made any assumptions based on age, condition or behaviour? Have you ascertained capacity and [evidenced the use of the Mental Capacity Act?](#)

05. Key Learning

- When working with someone who lives in a multi-generational household, practitioners should take a Whole Family approach and liaise with other agencies/workers to understand the family picture.
- Practitioners should always try to ascertain a person's views on their care, even when they are supported by a carer. Opportunities should be taken to speak to the adult alone. Where English is not the person's first language, an interpreter should be considered.
- Refusal of services by a carer should raise concern.

Learning from reviews and audits

Culture, Ethnicity, Race, and Diversity

Following a multi-agency case file audit on Pre-Birth Planning, one of the learning points identified was in relation to culture, race, and ethnicity.

The findings showed that culture, ethnicity, race, and diversity were not reflected in all assessments and records and considered in respect of the voice of the child, particularly if the child was to access their record in the future.

In a number of cases, understanding and reflection of cultural and diversity needs could have been better addressed.

One of the recommendations from the audit was that there should be improved reflection of culture, race, and ethnicity in cases, as well as the need for increased learning in this area across agencies.

The following definition of cultural competence clearly defines the standard of expected practice.

A worker who is 'culturally responsive'/'culturally competent':

- *Makes a focused effort to understand the diverse cultural contexts of the children and families they work with and the negative experiences that children and families may have experienced due to cultural indifference, discrimination, or racism.*

- *Recognises and maximises the value of cultural knowledge that individual children and families bring, which then demonstrably informs their assessment and decision-making processes.*
- *Proactively takes action to reduce and address inequality they come across.*



Importance of Advocacy in Safeguarding Enquiries

Learning from the Leicester, Leicestershire & Rutland (LLR) Safeguarding Adults Boards' (SABs) Multi-Agency Audit on the Mental Capacity Act (MCA) found that in some cases advocacy support was not considered or sought, to enable the person to be fully involved and their wishes and feelings to be heard in the safeguarding process.

It is important to make an advocacy referral when a Section 42 safeguarding investigation takes place as, without support, the person will not be able to be fully involved in the process, particularly if the person has no able and willing family or friends to support the person's active involvement.

An independent advocate should be available to represent and support the adult to whose case the enquiry or review relates for the purpose of facilitating his or her involvement in the enquiry or review.

For more information and guidance on advocacy support, please visit the LLR SAB Procedure here: [Safeguarding Advocacy Support](#)

Independent Advocacy

From 1st April 2024, POhWER will provide all types of advocacy on behalf of Leicester, Leicestershire and Rutland.

The referral form is available here – www.pohwer.net/leicestershire – and you can use this from 1st April 2024.

The types of advocacy are:

Independent Care Act Advocacy (more information available here www.pohwer.net/care-act-advocacy)

Independent Mental Capacity Advocacy (more information available here www.pohwer.net/independent-mental-capacity-advocacy-imca)

Independent Mental Health Advocacy (more information available here www.pohwer.net/independent-mental-health-advocacy-imha)

NHS Complaints Advocacy (more information available here www.pohwer.net/nhs-complaints-advocacy)



PEOPLE



PROMOTE



PROTECT



PROVIDE



PARTNERSHIP

Delivering good health
and prevention services

Public Health in Leicestershire

Safeguarding and prevention

The Public Health department at Leicestershire County Council is proud of its prevention offer, which aims to help residents across Leicestershire live healthy and resilient lives within their communities.

From targeted offers such as [Weight Management](#) and [Quit Ready](#), who offer bespoke advice to individuals around stopping smoking and losing weight, to **signposting offers such as First Contact Plus** who help connect people to hundreds of pathways of support, or **community-based support such as Local Area Co-ordination and Community Recovery**, who work with residents to help them connect to their communities and live a good life, they work with people to remove barriers and reduce health inequalities. A core part of all these offers is a focus on safeguarding and all the teams are trained to recognise safeguarding concerns and deal with them in a sensitive way, utilising a MECC (Make Every Contact Count) approach to make the most of any opportunity to look at situations holistically and recognise needs that fall outside of the day to day.

As 'alerters' they can play a big part in making safeguarding feel personal and in guiding individuals through the process, which can be intimidating and complex. Their relationships with residents can help the safeguarding teams connect with them effectively and support people in explaining their situation in their own way.

They work with partner agencies to support safeguarding processes and often feed in to plans to keep people safe, whether that is by providing information and advice, helping people get access to pathways for support or tackling some of the wider issues such as isolation and loneliness. Whether they are the first people to connect with a resident, or brought in to support safeguarding them, safeguarding is core in all their approaches.



Referrals are web-based. Professional and self-referrals can be submitted. Click on the logo for further information and to access the referral forms.



Individuals can introduce themselves to their Local Area Co-ordinator. Alternatively, practitioners, family or friends can make the initial contact. People just need to call or email the Local Area Co-ordinator for their area directly. Click on the logo for further information and the Local Area Co-ordinators' contact details.

For further information or help, please contact the team at CommunityRecoveryTeam@leics.gov.uk



The [Public Health Directory of Services for Leicestershire](#) provides further information and contact details for all of the services available for both adults and children in Leicestershire.

Pressure Ulcers: how to safeguard adults

On the 26th June 2023, the Department of Health and Social Care (DHSC) removed the [Safeguarding adults protocol: pressure ulcers and the interface with a safeguarding enquiry](#). This guidance set out the actions required when it is suspected that pressure damage is as a result of neglect.

On the 16th January 2024, the DHSC published the guidance [Pressure Ulcers: how to safeguard adults](#). Nationally, the health community raised concerns about its content and recommendations. Therefore, until there is an update from the DHSC, the Safeguarding Adults Boards recommend that we continue to follow our established processes. The [Leicestershire Partnership Trust Safeguarding and Public Protection Policy and Procedures](#) provide guidance for practitioners at page 39. [University Hospitals of Leicester](#) guidance can be found at page 16. The [Leicester, Leicestershire & Rutland \(LLR\) Safeguarding Thresholds Guidance](#) also provides further guidance on when a Safeguarding Alert is indicated when an adult develops a pressure ulcer. At page 6, this guidance states:

“the adult has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed resulting in harm e.g. avoidable tissue damage.”

The Safeguarding Adults Boards will update the LLR policies and procedures when the definitive guidance is published by the DHSC. Until the guidance is published, please continue to follow the current local guidance and seek advice from your safeguarding lead or line manager if you would like to discuss a specific case.

The role of Tissue Viability Nurses (TVNs)

Name: Helen

Job Title: Tissue Viability Nurse

How long have you been in this role? 5 years

Tell us about your role/team:

The Tissue Viability Team is a small group of specialist nurses who help clinicians to manage complex and hard to heal wounds, review every Category 3, 4, unstageable and Deep Tissue Injury (DTI) pressure sores that happens within Leicestershire Partnership NHS Trust's care, support with safeguarding matters, attend Multi-Disciplinary Team (MDT) / Vulnerable Adult Risk Management (VARM) meetings, provide training around pressure ulcer prevention and wound care, create local guidance and policies regarding wound care for the Trust. We cover a large geographical area a large geographical area, from the Derbyshire border to the Lincolnshire border. We support learning disability teams, mental health teams, district nurses, community hospitals, GP Practices, Nursing Homes, the Diana Team and Therapy Teams.

Tell us about a typical day:

A typical day would be to go and review category 4 pressure ulcer. This starts with pre-reading of the patient's medical records and gaining some understanding about potentially how the pressure ulcer has happened which it usually comes in the form of a timeline. We will then go and complete a face-to-face review of the pressure damage, complete a wound assessment with any TVN recommendations and highlighting any gaps in care. We will then trigger an MDT process, complete verification form and complete the safeguarding threshold paperwork to see if the pressure ulcer triggers a Section 42/a referral to Adult Social Care.

Tell us about your responsibilities or duties:

Give virtual or face-to-face wound care advice, provide training, develop local guidelines and policy, support with safeguarding/VARM process, act as a role model, verify all the pressure ulcer safeguards that come through to our team, clinically triage referrals that coming to the TVN team.

What is your safeguarding best practice top tip?

Always refer to the LPT Safeguarding Team if you are not sure if the patient meets safeguarding thresholds. It is always best to double check than not refer at all.

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

A direct link into the LPT Safeguarding Team.

Further information about the Tissue Viability Service can be found on the LPT website – [Tissue Viability Service - Leicestershire Partnership NHS Trust \(leicspart.nhs.uk\)](#)

The website provides: -

- **An overview of the Service**
- **Help, Support and Resources**
- **Locations**
- **Referral Information**
- **Contact Information**



Social Prescribing

www.england.nhs.uk/personalisedcare/social-prescribing/

What is social prescribing?

Social prescribing is a key component of Universal Personalised Care. It is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

In social prescribing, local agencies such as local charities, social care and health services refer people to a social prescribing link worker. Social prescribing link workers give people time, focusing on 'what matters to me?' to coproduce a simple [personalised care and support plan](#), and support people to take control of their health and wellbeing.

Social prescribing link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.

Social prescribing is an all-age, whole population approach that works particularly well for people who:

- have one or more long term conditions
- need support with low level mental health issues
- are lonely or isolated
- have complex social needs which affect their wellbeing.

You can find out more about social prescribing and the social prescribing link worker role in the NHS's [frequently asked questions](#). Details about social prescribing link workers and how they are supporting with resources and through training and development can be found [on their website](#).

A standard model of social prescribing has been developed by NHS England in partnership with stakeholders, which shows the elements that need to be in place for effective social prescribing to happen.



Building Confidence in Practice

Our Building Confidence in Practice resources are growing. The Safeguarding Adults Boards and Safeguarding Children Partnership (Board) s of Leicester, Leicestershire and Rutland conduct reviews and multi-agency audits. The objective of these resource packs is to share learning on a specific topic to help build confidence in practice.

Since we launched our first resource 'Working with Resistance' in August 2021 and the second 'Professional Curiosity' in March 2022, we have been working on a resource for managers called 'Professional Curiosity for Managers and Supervisors'.

This has now been completed and is a resource for managers and supervisors who work across children and adult services to support them to encourage professional curiosity within their teams. It provides advice and scenarios on how to encourage workers, as appropriate, to ask questions and triangulate information to understand better what is happening for the child, adult, or family.

The pack asks you to think about:

- Yourself as a manager/supervisor
- What is reasonable for your staff?
- What the barriers might be... and some solutions

It also includes a range of resources to support your learning and that of your staff.

All the Building Confidence in Practice Resources can be found here:

- [Building Confidence In Practice Resource Packs - Leicestershire and Rutland Safeguarding Partnerships Business Office \(Irsb.org.uk\)](#)
- [LSCP | Resource Packs \(lcitylscb.org\)](#)

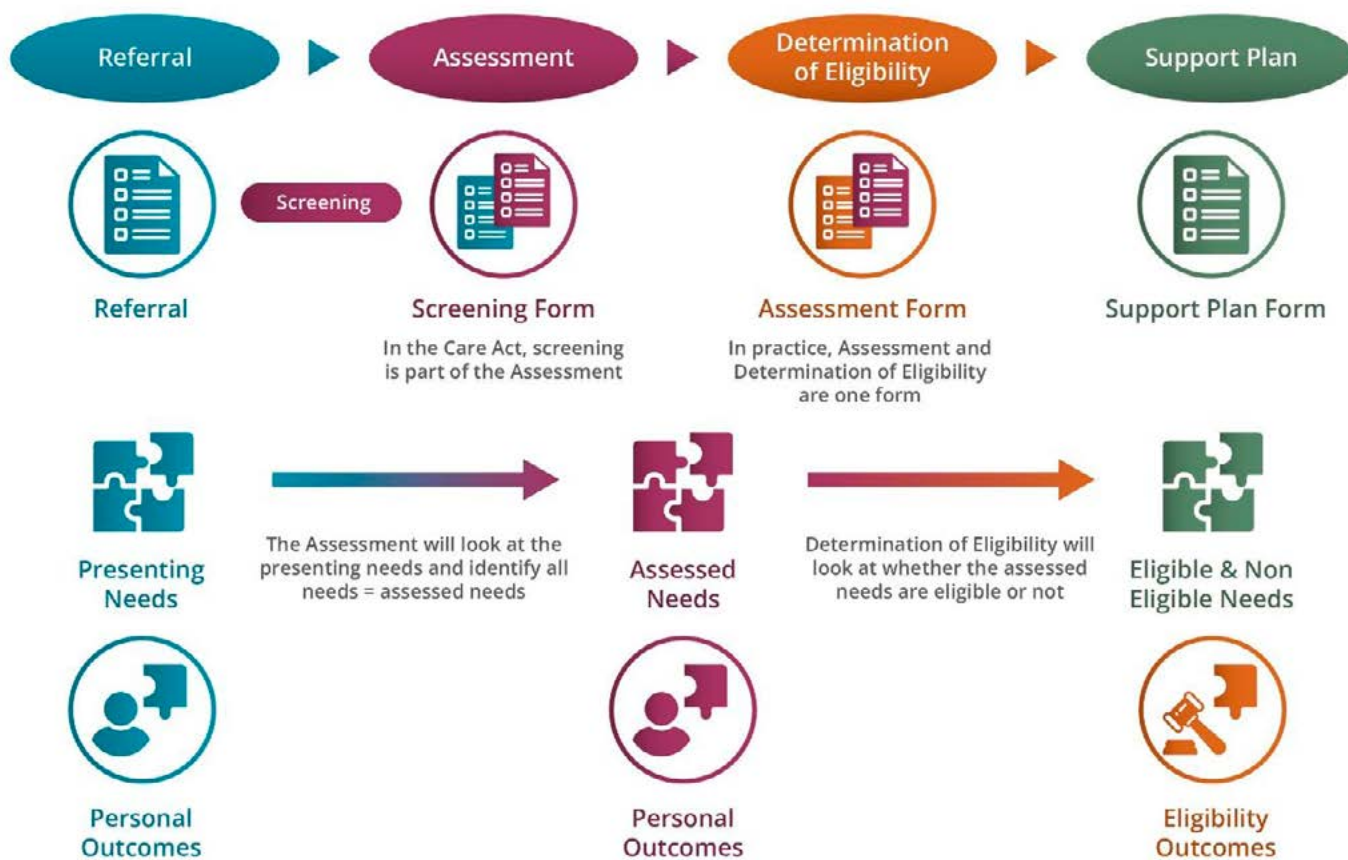
SCIE's Assessment & Eligibility Resource



The Care Act 2014 sets out local authorities' duties in relation to assessing people's care and support needs. This chart shows the route through assessment and determination of eligibility under the Care Act 2014.

The purpose of this resource is to support social care practitioners, and to answer their questions in relation to assessments under the Care Act. It also aims to provide practical guidance to what they should do in accordance with the letter of this law.

Read more of SCIE's assessment and eligibility resource www.scie.org.uk/assessment-and-eligibility/



Hoarding – Peer Support Group: My Space at my Pace

A hoarding peer group called “My Space at my Pace” meets on the last Wednesday of every month. This is an opportunity for people who have a lot of clutter in their home to meet other people who are living a similar lifestyle to theirs. This group is also open to family or friends who know of someone who is hoarding and is directly affected.

On some occasions, guest speakers attend to inform the group about the services that they can offer or are available to them. If you feel that the group would benefit from knowing about the services you or your organisation could offer, please get in touch with the Leicestershire Fire & Rescue Service Safeguarding Team via **0116 210 5555** email: safeguarding@leics-fire.gov.uk and they would be happy to have you attend their group.

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

Last Wednesday of every month
Central Fire and Rescue Station
Lancaster Road,
Leicester
LE1 7HB
2:00pm - 3:30pm

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

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

Please contact the Safeguarding Team for more information or to join a meeting:
0116 210 5555
safeguarding@leics-fire.gov.uk

LEICESTERSHIRE FIRE and RESCUE SERVICE

Procedure and Guidance

Please ensure you have access to your own agency internal procedures and the Leicester, Leicestershire and Rutland Multi-Agency Procedures.

The following chapters have been updated.

Children's updated in April 2024

LLR Safeguarding Children

Updated Chapters

Recognising Abuse and Neglect

Definitions have been updated in line with the revised Working Together to Safeguard Children.

Early Help Assessment – Information has been added from Working Together to Safeguard Children on Identify children and families who would particularly benefit from early help - see Section 3, Identifying Children and Families who would benefit from Early Help Assessment.

Child Protection Enquiries - Section 47 Children Act 1989 – A new Section 13, National multi-agency practice standards for child protection has been added taken from Section 3 in Working together to safeguard children which sets out national multi-agency practice standards for child protection for all practitioners working in services and settings who come into contact with children who may be suffering or have suffered significant harm within or outside the home.

Children of Parents who Misuse Substances – This chapter has been revised throughout and should be reread.

Disabled Children – This chapter has been updated.

Female Genital Mutilation and Other Harmful Practices – A new section has been added on Other Harmful Practices. The Health and Care Act 2022 has made it illegal to carry out, offer or aid and abet virginity testing or hymenoplasty in any part of the UK. It is also illegal for UK nationals and residents to do these things outside the UK. Information has also been added on Breast Flattening which is an offence as set out in CPS So-Called Honour-Based Abuse Legal Guidance.

Forced Marriage – This chapter has been updated.

Harmful Sexual Behaviour – This chapter has been refreshed and additional links added in Further Information.

So Called 'Honour' Based Abuse – This chapter has been updated.

Online Safety – This chapter has been updated.

Pre-Birth and Post Birth Planning – This chapter has been revised throughout and should be re-read.

Sexual Abuse – Details of making a Referral to the East Midlands Children and Young People Sexual Assault Service have been added.

Child Abuse linked to Faith or Belief – This chapter has been updated.

Organisational Responsibilities – National Guidance – This link has been updated.

Child Safeguarding Practice Reviews - National Guidance – This link has been updated.

The Leicester, Leicestershire & Rutland Child Death Overview Panel – This link has been updated.

Child Death Reviews - National Guidance – This link has been updated.

New Chapters and Features

Bruising, Marks, or Injury of Concern in Mobile Children – This new document has been added. This guidance outlines patterns of bruising, marks or injury that could be indicative of physical abuse to any mobile and practitioner response to presentations suggestive of non-accidental injury.

Safeguarding Partnership Arrangements tri.x Resource – This new link has been added.

Multi-Agency Safeguarding Arrangements – National Guidance – This new link has been added.

Safeguarding Partnership Principles - National Framework – This new link has been added.

Removed Chapters

E-Safety: Children Exposed to Abuse through the Digital Media

Agency Roles and Responsibilities

Adults updated in March 2024

LLR Safeguarding Adults

Updated Chapters

Mental Capacity – Section 4.3 The causative nexus has been added.

Domestic Abuse – This chapter has been updated to reflect the Domestic Abuse Statutory Guidance.

Guidance for Working with Adults at Risk of Exploitation: Cuckooing – The latest version of the Guidance for Working with Adults at Risk of Exploitation-Cuckooing, published by the Leicester, Leicestershire, and Rutland Safeguarding Adults Boards, has been added.

Working with Adults Affected by Child Sexual Exploitation and Organised Sexual Abuse – This chapter has been updated throughout and should be re-read.

Provider Resources – Links to guidance and other information and national organisations who provide services and support to provider services.

Quick Reads and Audios – Summary versions of chapters, in audio and text formats.

Safeguarding Adults Review Reports – Links to significant SARs.



HIDDEN HARMS

older adults and domestic abuse

Created by
Norfolk Safeguarding Adults Board
adapted to be used by
Leicester and Leicestershire &
Rutland Safeguarding Adults Boards



Learning & Development Practice Materials – available to download online

Domestic Abuse

A Domestic Abuse and Safeguarding Research Project, entitled “Perpetrators of Domestic Abuse Against Older Adults: Characteristics, Risk Factors and Professional Responses”, carried out by Durham University, was supported by the LLR SABs – the final report is due to be presented to the SABs shortly.

A short video about Domestic Abuse in Older People is now available on the LLR SABs YouTube Channel:

[‘Hidden Harms – Domestic Abuse Against Older People’](#)

Was Not Brought

Was Not Brought is a short film made by Inclusion Gloucestershire, about the difficulties faced by those who need assistance to access doctors’ appointments. An LLR version of the film has been produced and is available here: [Was not Brought: Assisted Doctor Appointment challenges](#)



DNACPR –

(Do Not Attempt Cardiopulmonary Resuscitation)

The Leicester, Leicestershire & Rutland Safeguarding Adults Boards’ Learning and Development Subgroup have recently shared, with the permission of the Essex Autonomy Project, 4 videos outlining what CPR is and what DNACPR is and its appropriate use on the [LLR SAB YouTube Channel](#) as examples of good practice informational videos.

Decisions about the provision of cardio-pulmonary resuscitation (CPR) have long raised difficult questions of policy and practice in care settings. CPR saves lives but there also are circumstances where initiation of CPR is inappropriate. Decisions to initiate or to withhold CPR can be fraught and controversial — and must often be taken without time for reflection or discussion. Adoption of DNACPR recommendations raises a further set of questions. What are the circumstances under which adoption of a DNACPR recommendation is appropriate? What are the appropriate processes for producing and reviewing them? And how they should be used in practice?

Particularly since the COVID-19 pandemic, ethical and legal issues about CPR and DNACPR have been an area of focus for the Autonomy Project research team and its partners.

The Autonomy Project has been researching how decisions around cardiopulmonary resuscitation (CPR) are made, with particular interest in the use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) recommendations – whether as self-standing recommendations or as part of a broader end-of-life care-planning exercise.

How to use the videos:

These four sketch-up videos are produced by Autonomy Project researchers and are made available for everyone on an open-access basis. If you have comments about them or would like to use them free-of-charge in your own training programmes, please [contact the project](#) directly. For more information about their work or to view their research [visit their webpage](#).

Mental Health Resources

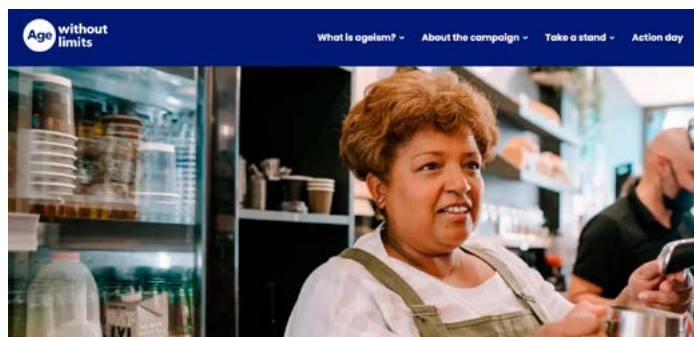
Leicestershire Partnership NHS Trust (LPT) provide helpful documents around mental health and well-being, and some of these are available in different languages.

www.leicspart.nhs.uk/mental-health/helpful-documents/
www.leicspart.nhs.uk/mental-health/resources/conditions/young-people/



All-age self-harm pathway for LLR, commissioned by Local Public Health, City & County

<https://harmless.org.uk/>
<https://harmless.org.uk/the-top-ten-of-helping/>



Age positive image library resource

This is a free resource that contains positive images of older people rather than using pictures of frail older people that can sometimes give the wrong message.

[Aging Better Resource image library](#)



MYTH Busting: Mental Capacity Assessments

MYTH

"I have assessed capacity, but I have not done a formal assessment."



FACT

You can only state that you have assessed a person's capacity under the Mental Capacity Act (MCA) if you have defined the decision that you are asking the person to make, you have provided them with all the relevant information, taken all reasonable steps to support them to make the decision and considered whether they can understand the information, retain the information, use and weigh the information and communicate the decision. All the steps of the assessment need to be documented. Talking to a person, observing a person or reading records are not capacity assessments.



The Leicester, Leicestershire and Rutland (LLR) Safeguarding Adults Boards Performance Subgroup

The Performance Subgroup is a multiagency group with a range of members from organisations who play a key role in adult safeguarding across Leicester, Leicestershire and Rutland. The Group undertakes an ongoing range of tasks focusing on adult safeguarding, including:

- a contribution to the production of the LLR SABs Annual Reports,
- collection, management and discussion of performance data and intelligence,
- a programme of assurance activity, including an annual audit,
- the production of an annual assurance statement,
- maintenance of an up-to-date Quality Assurance Framework, which the SABs use to support assessment of whether local safeguarding arrangements for adults are effective and deliver the outcomes that people want.

The Group is chaired by Ruth Lake, Director of Adult Social Care and Safeguarding for Leicester City Council, supported by Chris Tew and Jo Reed from the Board Business Offices, and meets at least four times in each reporting year. The Group contributes information about key findings and progress to each meeting of the SABs and is starting to produce a high-level dashboard of data for the Boards to enable monitoring of key adult safeguarding metrics at their regular meetings.



Leicester, Leicestershire and Rutland (LLR)
Safeguarding Quality Assurance

Leicester Safeguarding Adults Board | Safeguarding Adults Board Leicestershire & Rutland

What we do to assure quality

Quantitative information How much, how many?	Qualitative information How well did we do things?
IMPACT Are we making a positive difference?	IMPROVEMENT
Citizen Feedback What are people who receive support telling us about their experience?	Staff Feedback How do staff feel about their safeguarding activity?

Our approach

We have a quality assurance framework with 4 domains. This draws in varied sources of information including:

- Safeguarding Annual Assurance Framework (SAAF) Audit
- Performance data
- Quarterly agency narratives
- Learning from Safeguarding Adults Reviews
- Individual agency board reports
- Inspection reports and peer reviews
- Complaints and commendations
- Multi-agency / single agency practice audits
- Feedback from people in our communities
- Information from staff and from training

Evidence is drawn together in an Annual Assurance Statement. Assurance is overseen by the LLR Performance Subgroup. Regular reports are shared with the Safeguarding Adults Boards. Key issues are included within the Safeguarding Annual Reports.

The Quality Assurance Framework storyboard can be found [here](#)

Training & Upcoming Events

Mental Capacity Act: Basic Awareness and Mental Capacity Act: In Practice

The Leicester, Leicestershire and Rutland Safeguarding Adults Boards have commissioned 2 different types of Mental Capacity Act training courses provided by Edge Training and Consultancy Ltd. – **Mental Capacity Act: Basic Awareness** and **Mental Capacity Act: In Practice**. These are being held over 18 sessions throughout 2024-2025 for staff working across our local area.

Mental Capacity is a priority area for both our boards. Learning from local reviews and audits indicate that locally our understanding and consistent use of the Mental Capacity Act could be improved, a theme which is mirrored nationally. Therefore, please encourage your staff to take up this opportunity to enhance their knowledge and existing skillset and circulate amongst colleagues.

Links to where you can book a place and local procedures:
<https://lrsb.org.uk/mental-capacity-act-training>
[MCA link to procedures](#)

Programme Content:
 The course will include the following key topics:

- Adults: consent and the Mental Capacity Act
- Overview of the Act – who, when, where and why?
- The principles of the Act
- How the Act works – capacity > best interest > restraint > DoLS
- When and why to use the Act?
- Assessing mental capacity – the four point test – detail

THE MENTAL CAPACITY ACT: IN PRACTICE
 This full day course by Edge Training and Consultancy Ltd. has been commissioned by the Leicester, Leicestershire and Rutland Safeguarding Adults Boards. It aims to enable participants working in our local area to maximise their skills in implementing the Mental Capacity Act 2005 confidently and apply this in daily practice.

LEARNING OUTCOMES
 On completion of this course participants will be able to:

- Understand the key parts of the Mental Capacity Act 2005
- Explain how their working practices will be affected by the legislation
- Demonstrate how the Act will affect people who use services
- Illustrate how they will use different parts of the Act in their job role

THE MENTAL CAPACITY ACT: BASIC AWARENESS
 This half day course commissioned by the Safeguarding Adults Boards in our local area to be able to apply it to services.

LEARNING OUTCOMES
 By the end of the course participants will be able to:

- Understand the Mental Capacity Act
- Explain how the Mental Capacity Act will affect people who use services
- Illustrate how they will use different parts of the Act in their job role

Programme Content:
 The course will include the following key topics:

- Importance of the Mental Capacity Act – recent case law
- Why do I need to use the MCA? Consent and the MCA
- When should I assess capacity?
- The importance of capacity – detail
- The importance of one or more than one assessors
- How do I assess capacity? Practical points
- What should I write? Guidance from case law and local policy/systems
- Implied consent? Care plans and frequency of assessments
- Best interests – overview and detail
- Best interests meetings – guidance
- Factors, assessing and disputes with best interests
- Court of Protection – when and why to use
- Social work assessments and reviews – applying the Act
- Restraint – definition and criteria for use
- Deprivation of Liberty Safeguards – what, where and why
- Identifying care plans that may be DoLS and Local Authority responsibilities
- Attorney (MCA) – the right to MCA and the duty to refer
- Lasting Powers of Attorney & Deputies – impact on care and what happens
- Working with LPA's and Deputies in practice and dealing with concerns

Trading Standards Scams News

The latest edition of the scams newsletter can be found here
www.leicestershire.gov.uk/business-and-consumers/trading-standards/trading-standards-news

Trading Standards Scams News
 A roundup of the latest scams alerts
 Spring 2024

Welcome... to the latest edition of the Leicestershire Trading Standards Service scams newsletter. Here you will find details of the latest scams and information about how to protect yourself and report a scam.

Stop! Think Fraud Campaign
 Fraud accounts for around 40% of all crime in England and Wales, with an estimated 3.2 million offences each year. The cost of fraud to society is approximately £8.8 billion in England and Wales. The UK Government has launched a National Campaign Against Fraudsters aren't funny. They'll pick on anyone and will use a wide range of methods to steal your money, or obtain personal information, for their own financial gain.

Fraudsters are becoming more sophisticated in their approach and fraud is becoming less easy to protect yourself.

Be wary if anyone:

- asks you to share a one-time passcode
- asks for your PIN or password in full
- asks for payment before sending a price or lost delivery
- asks for a direct transfer of cash or cryptocurrency
- asks for money before you've met in person (typical of romance scams) or checked with your loved one directly to make sure it's actually them asking for money
- asks you to click on suspicious links.

For further information about the campaign, you can go to <https://stopthinkfraud.org.uk/>

Contact us

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

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