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 29
October 2022

Welcome

to the latest edition of Safeguarding Matters.

The focus of this edition is to share the learning from a number of case reviews that have been undertaken across the Leicester,Leicestershire and Rutland Safeguarding Partnerships, Inking to national themes and safeguarding priority areas.

The cases under review cover a wide spectrum and it is recommended that you don't just consider those with direct relevance but development your 'Whole family/community' awareness.

The learning is presented to enable reflection on practice and service development. There is an action plan that you can use to plan how you might take the learning forward as an individual,within a team, department or organisation.

Thematic Briefings:

- Child Neglect
- Safeguarding the Unborn Baby
- Perplexing Presentations – Fabricated and Induced Illness

Domestic Homicide Review:

- Frank DHR Co existing Care and Support, Domestic Abuse, Mental Health

Safeguarding Adult Reviews:

- Dora and Keith – Isolated couple and non-engagement with services
- Person D - Coexisting Substance Use &Mental Health (SUMH)
- Martin - Self-neglect in the context of harmful alcohol misuse
- Mrs Moyo- Co existing Care and Support, Domestic Abuse, Mental Health

In other News

NHS Integrated Care Boards (ICBs)

NHS Integrated Care Boards (ICBs) are statutory bodies established from 1 July 2022, replacing Clinical Commissioning Groups (CCGs). In Leicester, Leicestershire and Rutland this means that the functions of Leicester City CCG, West Leicestershire CCG and East Leicestershire and Rutland CCG will become the NHS Leicester, Leicestershire and Rutland Integrated Care Board.

The ICB is part of the integrated care system (ICS) with partners in LLR and will deliver a health and care system in Leicester, Leicestershire and Rutland that tackles inequalities in health, delivers improvements to the health and wellbeing and experiences of local people as well as providing value for money.

Follow this link to the website NHS Integrated Care Boards (ICBs)

The Dynamic Support Pathway (DSP) is an all-age early intervention pathway for people with Learning Disabilities, Autism or both

The Dynamic Support Pathway (DSP) for Leicester, Leicestershire and Rutland (LLR) is a multi-agency pathway developed to facilitate timely support for individuals (all age) with a Learning Disability, Autism or both, whose health or wellbeing is deteriorating. The goal is to identify concerns early and provide additional support that will prevent further deterioration or escalation that could lead to a crisis. The pathway is now live. Referral forms and referral process information are available on the following webpage:
www.leicspart.nhs.uk/services/dynamic-support-pathway/

For further information please contact:

For Children and Young People Email: lpt.childrens-lda-dsp@nhs.ne

For Adults Email: lpt.adult-lda-dsp@nhs.ne

Disclosure and Barring Service (DBS)

The DBS has created an animated video guide and leaflet to help improve understanding of the DBS checking process in England, Wales, the Channel Islands, and the Isle of Man.

The video and leaflet cover: the different types of DBS check, and how to apply; what type of information may be included on DBS certificate; what countries DBS covers; and the DBS Barred Lists.

Read the news story:

DBS works with partners to create animated guide to DBS checks

Watch the video on YouTube:

A guide to DBS checks

Read the leaflet:

A guide to DBS checks (PDF)

Procedure and Guidance updates

Learning from Multi agency reviews, audits and national guidance can lead to reviewing current procedures, reminding staff of their existence and developing new ones.

Please ensure you have access not only to your own agency internal procedures and the Leicester, Leicestershire and Rutland Multi-Agency Prorocedure and Guidance.

LLR Safeguarding Children

Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children

This procedure outlines an assessment process for practitioners to determine the requirement to inform children's social care when a pre-mobile baby (PMB) or a non-independently mobile child (NIMC) (which may be due to a disability cognitive or physical) is found to have bruising, marks, or injury.

Medically Unexplained Symptoms, Perplexing Presentations and Fabricated or Induced Illness (Fii)

This procedure aims to provide clarity around the responsibility and accountability of professionals/practitioners (both medical and non-medical) when concerns regarding potential Fabricated or Induced Illness (FII) are identified. It provides a step-by-step guide to the management of Perplexing Presentations and FII and signposting for LLR practitioners.

Thresholds for access to services - For children and families in Leicester, Leicestershire & Rutland

This guidance is for practitioners in all agencies who have direct or indirect contact with children, young people and their families in Leicester, Leicestershire and Rutland. Using the guidance will help practitioners and managers to identify the support that a child, young person or family might need and how best this support can be provided.

LLR Practice Guidance: Supporting Children and Young People who Self-Harm and/or have Suicidal Thoughts

The purpose of the guidance is to:- Improve understanding of self-harm and suicidal ideation,encourage information sharing, support, advice and responses to children and young people who self-harm and/or experience suicidal ideation.

September 2022 Updated Chapters

Chapter Name	Details
Child Exploitation, CSE and Assessment of Risk Outside the Home (Contextual Safeguarding)	Child Criminal Exploitation chapter has been amended to add a link in the Further Information section to Tackling Child Exploitation: Resources Pack (Local Government Association).
Bullying	In Section 1, Definition information has been added in line with the Review of Sexual Abuse in Schools and Colleges (Ofsted) and the definition of sexting was expanded to include taking and distributing nude or semi-nude images.
Children of Parents with Learning Disabilities	This chapter has been updated, in line with current case law and should be re-read.
Children of Parents who Misuse Substances	A links has been added in Further Information to NICE Quality Standard QS 204 Foetal Alcohol Spectrum Disorder, Guidance - Foetal Alcohol Spectrum Disorder: Health Needs Assessment and Guidance: Parents with Alcohol and Drug Problems - Adult Treatment and Children and Family Services and to the publication Children's Needs – Parenting Capacity - Parental mental illness, learning disability, substance misuse, and domestic violence
E-Safety: Children Exposed to Abuse through the Digital Media	This chapter has been amended and the definition of sexting expanded to include taking and distributing nude or semi-nude images. The Further Information section has also been revised.
Gang Activity, Youth Violence and Criminal Exploitation Affecting Children	A link has been added to CPS Guidance on Victims of Modern Slavery, Human Trafficking and Smuggling. This guidance aims to identify victims of modern slavery, human trafficking and smuggling at an earlier point in criminal investigations.
Harmful Sexual Behaviour	This chapter has been amended to reflect the Review of Sexual Abuse in Schools and Colleges (Ofsted, June 2021) and Keeping Children Safe in Education (September 2021). See the Ofsted report in Further Information together with Tackling Violence Against Women and Girls Strategy (Gov.UK 2021).
Safeguarding Children Vulnerable to Violent Extremism (PREVENT)	Links have been added to Get help if you're worried about someone being radicalised and to Guidance - Prevent Duty Self-assessment Tool: Further Education. A self-assessment tool to assist colleges and providers in the further education and skills (FE) sector in England to review their Prevent responsibilities.
Underage Sexual Activity	This chapter has been amended to include information on sexual harassment and violence following the Review of Sexual Abuse in Schools and Colleges (Ofsted, June 2021) and Keeping Children Safe in Education. See the Ofsted report in Further Information.
Agency Roles and Responsibilities	This chapter has been updated as the Police, Crime, Sentencing and Courts Act 2022 has extended the definition of Position of Trust within the Sexual Offences Act 2003 section 22A to include anyone who coaches, teaches, trains, supervises or instructs a child under 18, on a regular basis, in a sport or a religion. Links were also added to the HMPP Child Safeguarding Policy.

LLR Safeguarding Adults

Registration and re registration required for automatic notification of updates.

October 2022 Update	
Chapter Name	**Detail**
The Care Act 2014	A link has been added in the scope box to a SCIE video: An Introduction to the Care Act.
Disclosure and Barring	A new section 4.2 has been added to provide detail on the adult first service provided by the Disclosure and Barring Services (DBS).
Domestic Abuse	This chapter has been updated to reflect the Domestic Abuse Act 2021. Additional practice guidance has also been added.
Making Safeguarding Personal	This chapter was reviewed and updated following the publication of Revisiting Safeguarding Practice (DHSC), as linked above, which highlights the practice principles which should underpin all adult safeguarding work.
Mental Capacity	A link has been added in the scope box to the Mental Capacity Toolkit published by the University of Bournemouth and a link to the latest edition of Carrying Out and Recording Capacity Assessments published by 39 Essex Chambers.
Whistleblowing	This chapter has been reviewed and updated throughout. Additional links to sources of support and advice for staff who have concerns have been added.
Modern Slavery	This chapter has been rewritten to reflect the latest version of the Modern Slavery Statutory Guidance, published by the Home Office.
Resolving Professional Disagreements	A note has been added to say this guidance applies to all staff in health and social care, front line practitioners and managers, providers in residential and domicilary care.
New chapters	
No Recourse to Public Funds	This chapter outlines the main considerations when working with people who have no recourse to public funds.

Contact us

Leicestershire and Rutland Safeguarding Children Partnership and Safeguarding Adults Board

The Safeguarding Partnerships Business Office, Room 100, County Hall, Glenfield, Leicestershire, LE3 8RF.

Telephone: 0116 305 7130

Email: lrspbo@leics.gov.uk

Trading Standards Scams News

A round-up of the latest scams alerts

Leicestershire County Council

The latest edition of the Leicestershire Trading Standards Service scams newsletter details of the latest scams and information about how to protect yourself and report a scam.

ICON
Babies Cry, You Can Cope!

I = Infant crying is normal
C = Comfort methods can help
O = It's OK to walk away
N = Never, ever shake a baby

ICON is a programme adopted by health and social care organisations in the UK to provide information about infant crying, including how to cope, support for parents/carers, how to reduce stress and prevent abusive head trauma in babies.

Leicester Leicestershire and Rutland Children Safeguarding Partnerships have worked together to produce a range of resources to support practitioners and raise awareness about crying babies.

ASSESSING WHETHER A CHILD IS THRIVING

Recognising neglect and responding with authority

By Dr Alun Elias-Jones Consultant Paediatrician, Designated Doctor for Safeguarding Children

A recent serious case has highlighted difficulties in assessing whether a child is thriving.

A primary school age boy was noted to be getting very thin by the school and he was seen to be stealing food from other pupil's lunch boxes and from bins. The school correctly made a referral to social services and asked for the boy to be reviewed by the GP. He was at home on a diet with certain foods excluded as the parent was concerned the boy may have an underlying diagnosis which, however, had not been made by a Doctor. The GP saw the child and measured his weight and height and entered it into the NHS BMI calculator, which gave a BMI of 15.1 kg/m2 and was told the measurements were in the healthy weight range and thought no further action was required

However, the GP was not aware that the child had been born on the 40th centile and for 6 years had grown along the 75th centile. Also the GP was not aware that 3 years previously when aged 6 years he had a healthy weight of 20.6 kg and 3 years later it was only 22.0 kg (9th centile) so he had gained only 1.4 kg in 3 years whereas at this age a boy should have been gaining 2 kg annually which is a clear indication of failing to thrive He was referred for both a community paediatric assessment and hospital assessment but before being seen was admitted as an emergency with a BMI of 14.75 kg/m2 with severe malnutrition. In hospital with vitamin supplementation and normal food he gained a staggering 4.55 kg in 11 days.

Lessons to be learned are:

(1) When assessing whether a thin child is thriving it is important to relate a current height and weight to previous measurements.

(2) A series of measurements should be plotted on an appropriate growth chart

(3) If a child drops on full centile range from the 75th down to the 50th this is a warning sign

(4) If a child drops two centile ranges down from the 75th to 25th the child needs appropriate medical assessments and referrals

(5) If a child drops further this should initiate an urgent paediatric medical assessment to consider any possible medical organic causes for weight loss and an expert dietary review

(6) Although a child on the 9th centile is in the normal range for age it is crucial to compare that with previous measurements and centile lines

(7) This case has demonstrated the need to be able to access a full set of measurements in order to make an accurate assessment of whether a child is thriving or not.

The national weighing guidance for GPs is at variance with the Healthy Together School Nurse weighing guidance. The guidance for GPs is to check weight against a BMI, whereas School Nurses would look at the BMI and the child's weight over a period of time against the growth/centile chart.

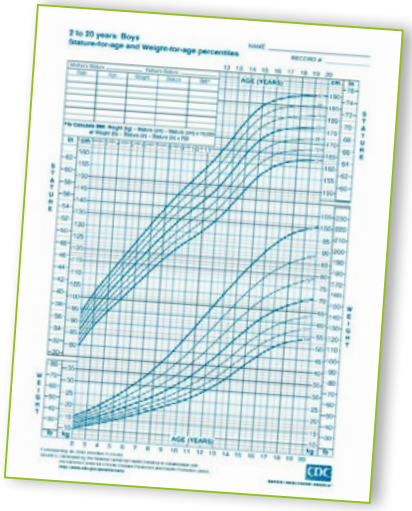
When considering a child's growth, it is noted that a visual presentation of this in the growth chart can assist other agencies to visualise and understand the impact

Key messages for multi-agency practitioners

"In cases of suspected neglect, or reported concerns about a child appearing thin, hungry, and seeking food, any agency should proactively advise that the child is weighed (whether this is by a GP, Health Visitor or School Nurse) and the results entered onto the child's centile chart."

Health expertise should be used in multi-agency support to children

The use of centile and growth charts will be promoted as part of multi-agency understanding of neglect.



7-Minute Briefing - Child Neglect

01 Background

Locally across Leicester, Leicestershire & Rutland (LLR), we continue to see neglect cases, some of which have warranted a review of the case. The LLR Neglect Toolkit was originally launched in July 2016 and was updated and re-launched in 2021 to include adolescent neglect. This briefing will help practitioners to identify useful resources and approaches to respond to neglect in its various forms.

02 Definition of neglect (Working Together 2018)

"The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a.) provide adequate food, clothing and shelter (including exclusion from home or abandonment); b.) protect a child from physical and emotional harm or danger; c.) ensure adequate supervision (including the use of inadequate caregivers); d.) ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs."

Neglect often co-exists with other forms of abuse, as seen with the recent national cases of Arthur Labinjo-Hughes and Star Hobson.

03 Persistence of Neglect

Neglect is usually – but not always – something that is persistent, cumulative and occurs over time. It can continue without a critical event, or incidents may be widely spaced, but its effects are corrosive to children's/young peoples' development. Neglect can also occur as a one-off event e.g., where there is a family crisis, or a parent is under the influence of drink/drugs. It is possible that one-off incidents are part of a wider background of the neglect of the child, thus any incident-based reports need to be assessed to identify whether there are patterns, however widely spaced.

04 Neglect Toolkit

The LLR Neglect Toolkit gives the practitioner a mechanism to capture the here and now as well as the development of neglect over time. It highlights the importance of taking a child developmental approach to neglect and thinking about the implications for the child's/young person's age and stage of development. The linked scoresheet for home use allows practitioners to break down their analysis, considering key areas such as physical care, health, safety and supervision, love and care, stimulation, and education.

05 Key Practice Points

- Neglect's presentation as a "chronic condition" requires the collation and analysis of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is of concern.
- Keeping a focus on the child/young person has to be a priority.
- If parents/carers have complex and multiple needs, they need support to address these so that they can parent their children effectively. Professionals may feel empathy for them and develop a tolerance for actions/inactions which are detrimental to the child. This type of a parent-centred approach invokes a risk that the focus on the child/young person, the actual or potential harm they experience and the impact on their development becomes marginalized and they are seen as the problem to be fixed. Articulated negative attitudes should be gently challenged and recorded as spoken by another.

06 Key Practice Points

- Where there are reported concerns about a child appearing thin, hungry, and seeking food, any agency should proactively advise that the child is weighed (whether this is by a GP, Health Visitor or School Nurse) and the results should be entered on the child's centile chart.
- Practitioners must employ professional curiosity and consider parental motivation, capacity to change, parental disengagement, avoidant behaviour or any disguised compliance.
- There should not be an overreliance on professional observations of the home or the child's outward appearance. A clean and tidy home does not automatically mean there is no neglect. There should also not be an overreliance on the parent's/carer's self-reporting. There is a need for authoritative practice to respond to/engage parents so the child can be seen, and their needs assessed, including, if required, for a health assessment within Child Protection processes.

07 Reviewing Practice / Reflective Questions

Have you witnessed or been informed by the wider network of any key indicators?

Have any of your previous judgements become fixed? Have you employed critical thinking and challenge? Are you prepared to challenge the fixed views of others?

Have you triangulated information? Have you listened to the views of other practitioners, the wider family and those who know the child well?

Have you considered signposting adults who need support to relevant services? If they may be eligible for statutory health or care services, have you made a referral to those agencies? If the adult has their own safeguarding issues due to their vulnerability, have you considered contact with Adult Social Care?

7-Minute Briefing Safeguarding Un-Born Babies

*The concept of the "Baby's First Home" has been conceived by Jane Wiffin, as part of her work on neglect

01 Background

This briefing considers learning from a number of children's cases across Leicester, Leicestershire & Rutland, involving mothers with vulnerabilities and their un/born babies.

02 "Baby's First Home"*

The womb is the unborn "baby's first home". Sometimes it is thought that an unborn baby is safer than a baby that has been born. The "1,001 Days" concept notes that, in addition to being important in its own right, the mental and physical wellbeing of the mother is important for the baby's healthy development. A variety of factors affecting a mother, such as substance misuse, domestic abuse and sex working, can mean that a baby in the womb is *already suffering actual harm*, rather than being at risk of harm. When these factors are identified, practitioners should find out more / consider contacting specialist services.

03 Potential vulnerabilities that can affect the mother and, in turn, the un/born baby are:

- Alcohol misuse
- Substance misuse, including smoking tobacco during pregnancy
- Mental Ill Health
- Adverse Childhood Experiences (ACEs)
- Domestic Abuse
- Learning Disabilities and/or Learning Difficulties
- Homelessness
- Sex working.

The impact of these vulnerabilities can be an increased risk of miscarriage, premature birth, low birth weight and sudden infant death syndrome. These issues may impact on the mother forming an initial attachment to the unborn baby.

04 The Perinatal Period

Practitioners should not just be responsive to the current situation. It is important to sit down with the mother and father to discuss what life will look like when the baby is born, including a realistic understanding of what life will be like as a parent of a newborn, and what they and their baby will need. There should be multi-agency information sharing and early planning processes. Where the Social Care threshold is not met, there could be consideration of Early Help offers. Consistent messages and advice should be given across services.

05 Support Network

Explore work with fathers/partners, wider family members and the known support network – what are they observing regarding behaviours and how do they think agencies can best ensure safety for a baby and vulnerable adult. The support network will have a role in reducing risk to the un/born baby. Ask questions, build plans together and identify who is best placed to do the work. It is important to work with other practitioners across agencies to achieve safety around the child. Writing down key actions, roles and responsibilities in a plan for everyone will make expectations clearer.

06 Working with a vulnerable mother

- Employ professional curiosity – ask questions
- Where appropriate, consider the mother's willingness and likelihood to change. There is a need to create hope, but this should be based on capacity and motivation. For example, when working with pregnant women who express a wish to reduce their alcohol intake, consider how this is explored and supported post birth to maintain reduced intake, including signposting to support services.
- Consider the reflexivity of the prospective parent and how they understand the impact of their own upbringing
- Consider the drivers behind the mother's behaviours
- Where there is a pattern of engagement and disengagement, try to understand why.

07 Resources to support practice

LLR SCP Pre-Birth and Post Birth Planning procedure

LLR SCP Thresholds for access to services

My first 1001 days – Leicestershire County Council

"The best start for life: a vision for the 1,001 critical days"

"The Myth of Invisible Men"

7-Minute Briefing Perplexing Presentations and Fabricated or Induced Illness

01 Introduction

Fabricated or Induced Illness (FII) is a complex issue which can be difficult to identify. New national guidance has introduced new terms to capture the complexity of presentations which usefully assist practitioner responses. It has introduced the terms Medically Unexplained Symptoms (MUS) and Perplexing Presentations (PP), alongside FII. This national guidance is now set out within the new local procedure.

02 New Terminology – Medically Unexplained Symptoms (MUS)

MUS are where a child complains of physical symptoms, which are presumed to be genuinely experienced, but are not fully explained by any known disease or injury. The symptoms are likely based on underlying factors in the child (usually linked to mental wellness and their ability to function or factors in their social environment) and this is acknowledged by both clinicians and parents.

Click here for a scenario.

03 New Terminology – Perplexing Presentations (PP)

PP has been introduced to describe the commonly encountered situation when there are alerting signs of possible FII (not yet amounting to likely or actual significant harm), when the actual state of the child's physical, mental health and neurodevelopment is not yet clear, but there is no perceived risk of immediate serious harm to the child's physical health or life. The essence of alerting signs is the presence of discrepancies between reports, presentations of the child and independent observations of the child, implausible descriptions and unexplained findings or parental behaviour.

Click here for a scenario.

04 Fabricated or Induced Illness (FII)

FII is a clinical situation in which a child is, or is very likely to be, harmed due to parent(s) behaviour and action, carried out in order to convince doctors that the child's state of physical and/or mental health and neurodevelopment is impaired (or more impaired than is actually the case). FII results in physical and emotional abuse and neglect, as a result of parental actions, behaviours or beliefs and from doctors' responses to these. The parent does not necessarily intend to deceive, and their motivations may not be initially evident.

Click here for a scenario.

05 Essential Principles

- As indicated from the definitions, these cases can span a spectrum of concerns from a child with unexplained symptoms and an overly concerned parent to a child with induced/fabricated illness and an abusive parent.
- With all children with complex needs, there needs to be good communication between the professionals involved with their care, not just relying on parental response.
- There must be effective information sharing between professionals, agencies and with parents/carers.
- There should be a move away from the inability to appropriately challenge the parents because of concern about FII except where challenging will put the child at immediate risk of harm.

06 Essential Principles

- There is a need for continuous professional curiosity.
- It is easy to lose focus on the harms occurring to the child when considering these types of cases. Concentration on proving FII can be a distraction from placing the needs and welfare of the child at the centre of professional concern and may hinder conversations with parents and delay making referrals for support and safeguarding.
- Accurate record keeping of incidents and conversations is important in recognising the problem and effectively safeguarding the child.

07 Role of the individual practitioner

If any practitioner is concerned about a child's presentation:

- Refer to the procedure and flowchart
- Seek advice (as per the flowchart)
- Consider making a referral to your agency's safeguarding lead
- Record your concerns.

A practitioner may be asked to be involved in:

- Practitioner training
- Discussions with parents/carers
- A Strategy Discussion
- A Health Professionals Meeting
- Health and Education Rehabilitation Plan Meeting(s)
- A criminal investigation.

Scenario – Child with Medically Unexplained Symptoms

Staff at a child's nursery observe that the child is frequently complaining of stomach aches for which there is no obvious reason. The nursery contacts the parents, and they are not aware of the problem. Therefore, it appears the child could be having an issue at nursery, and this is manifesting itself in a physical issue. The nursery's Designated Safeguarding Lead (DSL) considers the flowchart within the procedure and goes down the right-hand column. When the parents, nursery and, potentially, the GP work together, talking to the child about their symptoms, it is realised they are linked to anxiety around certain aspects of nursery life. The parents, nursery and, potentially, the GP come up with a plan to work together to resolve the issues.

Scenario – Child with Perplexing Presentations

From both their records and observations of teachers and teaching assistants, a school has noticed that a child has been away from school for several long periods with a number of different reported medical problems. The school speaks to the parents and the school is not satisfied with the explanation given by the parents, as they cannot seem to give any detail about GP or hospital visits. Also, when the child is in school, they are not observing the same things that the parents are reporting. The school's Designated Safeguarding Lead (DSL) considers the flowchart within the procedure and goes down the right-hand column. The school talks to the parents again and requests permission to speak to the GP. These things could happen:

- It could be that the parents give permission, the school speaks to the GP and this conversation explains the situation. There is agreement that the school will continue to monitor the situation and continue to liaise with the parents.
- It could be that the parents refuse permission. The school continues to be concerned but does not consider the issue to be an immediate safeguarding concern. They contact Children's Social Care, and a professionals meeting is held.

Scenario – Child with Fabricated and Induced Illness

Medical professionals have identified that over a period of months a child has been taken to both the GP and Walk-In Centres with a variety of physical complaints. It is recognised that the child has previously suffered from an illness, but medical professionals are not observing the same things that the parents are reporting. These things may be happening:

- The parents genuinely believe that the child is ill.
- The parents are exaggerating the child's existing symptoms.
- The parents are deliberately inducing symptoms in the child.

A medical professional considers the flowchart within the procedure. If there are immediate concerns for child safeguarding, a medical professional contacts the Police and Children's Social Care (left-hand side of the flowchart). If there are no immediate concerns for child safeguarding, a medical professional contacts the Integrated Care Board (ICB) Named GP Safeguarding Doctor. The case could result in a Health Professionals Meeting and, potentially, a Health and Education Rehabilitation Plan Meeting (right-hand side of the flowchart).

7 Minute Briefing – Domestic Homicide Review (DHR) – Frank

Purpose of this Briefing:

To share the recommendations and learning from the DHR

To facilitate discussion on practice and service delivery

To encourage reflection on current work

To provide links to resources

02. Background:

Frank (90) lived with his wife, Elsie (80), and their son, Tom (40). Tom has an extensive mental health history and was known to various medical and mental health services. Frank also had significant health problems and both he and Tom were cared for by Elsie.

Frank was found deceased having been stabbed by his son Tom.

03. Risks Identified:

Elderly carer of two adults with support needs

Impact of Tom's mental ill heath on his elderly parents

Impact of Tom not taking his medication

Potential evidence of Domestic Abuse – coercion and control by son to parents

Elsie's minimisation or lack of awareness of signs of controlling behaviour by her son

07 Resources

[Safeguarding Adult Procedures - Domestic Abuse]

[Making Safeguarding Personal]

[Mind – Information and Support]

[Carer's Assessment Leicestershire]

[Carer's Assessment Rutland]

04 Findings:

All Health agencies to ensure that staff are aware that non-concordance with medication should be considered a trigger for a re-assessment of the risk the patient is to themselves and also to others within the environment the patient is located

Leicestershire Partnership NHS Trust through the transformation programme, training and awareness raise the need for adherence to the requirements of the Care Programme Approach to assess the risks involved in managing patients who have been detained for treatment and are being discharged paying specific attention to:

- The family's wishes and concerns
- The patient's concordance with medication
- The effects of non-concordance of medication may have on the family and others in the household
- To consider the 'whole family approach'.

When dealing with multi-generational families, all agencies must consider the 'whole family' approach and how they react and respond to each and how an individual's physical or mental health and circumstances may impact on other members of the family present. This issue should be embedded in training within each agency

05 Additional Learning:

Understanding of Domestic Abuse of Older people, including recognition and barriers to reporting.

A clear understanding in relation to other agencies' procedures for reporting, information sharing and articulation of risk and risk assessments regarding returning patients to a place of safety.

06 Reviewing Practice:

Think Family – Family dynamics and impact of presenting issues

Ask – What is the lived experience of each individual?

Consider – Is Domestic Abuse present?

Multi-Agency working – Are you clear of the role of others involved? what should happen if risk increases?

7 Minute Briefing – Dora 89 and Keith 90

01 Background

Couple found deceased ; Post-mortem examinations revealed that K died because of a broken hip and D died from hypothermia. It appears that K may have had a fall and, as K was unable to call for any help, she had died sometime later as J was not able to care for her. D was diagnosed with Alzheimer's in 2013 with needs for care and support due to the progression of the condition. J provided care and had declined offers of support other than the visits from Mental Health provision to update assessments and review medication.

02 Safeguarding Concerns

Isolation, No contact with family, Refusal of support services, Carer strain, K's shouting at D heard by neighbours, No plan if carer is unable to care

03 Summary of Learning – Good Practice

A range of support services and advice were offered; Carers Assessment, sitting service, Domiciliary support, Respite Care, Assisted Technology, Alzheimer's Society and Age UK contacts.

As part of the Pandemic response Contact Plus had been in regular phone contact with J: Arranging support with shopping (Morrison's delivery).

Message in a bottle provided.

Staff did visits both arranged and unannounced and made phone calls. COVID did not stop agencies from making 'in person' calls .

Workers attempted to keep a relationship with K

D was seen and spoken to on her own

Agencies communicated and worked together well

04 Summary of Learning to reflect on in practice

Safety Planning -Where an older person with frailty is a carer for an adult who lacks the capacity to independently maintain their wellbeing, safety planning should be completed to ensure that if the carer partner becomes unwell or sustains an injury assistance can be summoned for the carer and the adult that they are caring for.

Who could be involved – who could tell us if there was a problem?

The vulnerabilities of a carer should be highlighted within care planning and risk assessment, especially where challenging behaviour is present

If Assistive technology is declined, it should be revisited, and advice sought if risks of significant harm are present.

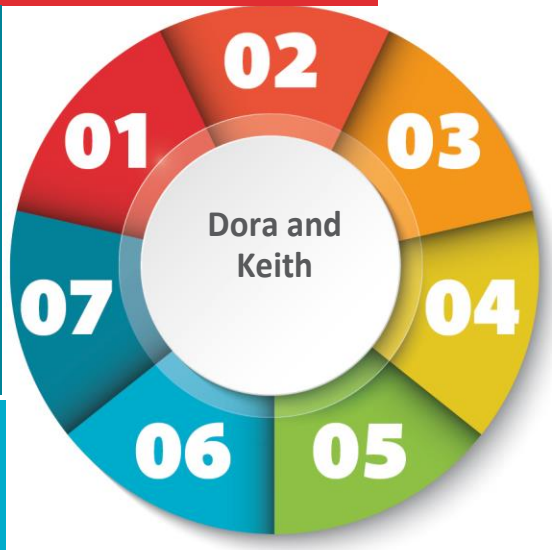
05 Summary of learning -

Factors in Assessents of Risk

Impact of Carer Strain – how does this manifest; what does it look like? Are circumstances/relationships dynamic and changing.

Balancing the focus between carer and the cared for

Having a conversation about aggression to understand if there is a safeguarding concern.



06 Summary of Learning

Professional Curiosity – Triangulation of information for example returning to the referrer and rechecking information

Research indicates that DVA in older people is often missed. This maybe that signs, and indicators are considered to be carer stress or due to symptoms of Dementia/Alzheimer's as opposed to being considered in the context of Domestic abuse

Mental Capacity – Best Interest decisions

The need to have those difficult conversations – to 'challenge' and ask 'is this the right thing for her' given their isolation and K providing sole support, information regarding best interest decisions and D's rights may have provided K with more insight around decision making re package of care

07 Resources to Support Practice

Professional Curiosity Resource Pack –Case Scenario 'Dora and Keith'

Message in a bottle

'How to' guides to assess Mental Capacity in specific situations

Mental Health Glossary of terms

SAR 7 Minute Briefing D Aged 29

01 Background

Person D had a significant history of mental health issues, which included periods of inpatient admissions. Person D would often attend a cross border out of area hospital, which sometimes meant that information was not always shared across agencies in a timely manner. Person D had a child, F with their partner E, who obtained full custody of F during the scoping period. Also, Professionals believed that this was a trigger point for the decline in D's mental health. Both E and F also have mental health issues and misused substances which may have been another contributing factor. D was living alone and was isolated at the time of her death

02 Safeguarding Concerns and Incidents

During the last 27 months of D's life, there were

- Several periods of acute crisis, including a hospital inpatient admission
- Mental health issues with D, her partner and child.
- Substance Misuse coupled with mental health issues
- Impact of loneliness leading to homelessness
- Losing access to her young child
- Non-engagement with services.

07 Raising your Awareness

Working with people with coexisting Substance Use &Mental Health (SUMH) issues https://www.turning-point.co.uk/reports

Turning Point Screening Tools & Turning Point Referral Form: Wellbeing Turning-Point Leicestershire Professionals

Leicestershire Partnership Trust Mental Health information: LPT- Adult Community Mental Health

Leicestershire Adult Social Care: Leicestershire ASC mental health information

03 Summary of Learning

- Non-mental health professionals need a greater understanding of mental health conditions.
- Professionals need to fully understand dual diagnosis.
- Mental Capacity Act assessments - to ensure that decisions made are recorded and outline the lawful basis for detaining an individual in Hospital, especially when they have capacity.
- Impact of lack of direct work carried out by mental health services in between crises episodes meant missed opportunities to support D.
- Need for improved coordination between agencies to effectively manage the utilisation of available mental health resources.
- Professional Curiosity needs to be evidenced across all services, especially where the family all have mental health issues.

06 Reviewing your Practice

- Consider different ways to engage the service user?
- When and how you would seek information from mental health services?
- How would you record your rationale and decisions about mental capacity with consideration to lawful basis?
- How can you better understand the impact of substance misuse on mental health (dual diagnosis)?
- In which circumstances would you consider the impact of adverse trauma?

05 Reviewing your Practice

Substance Misuse:

All legal and illegal drugs, alcohol; Volatile substances, i.e. solvents & nitrous oxide, over the counter and prescribed drugs.

The effect substance misuse can have on the areas of personal life: Relationships, Health / Mental Health, Finances, Work/Education / engagement with services / capacity and whether this fluctuates

04 Summary of Learning

- There was Inconsistent sharing of information across services and agencies – particularly across local authority borders.
- A lack of awareness of what constitutes homelessness
- Trauma impact following a parent loosing access rights to their child needs to be better understood and explored.
- Trauma impact following non-recent sexual abuse and awareness of support services/agencies needs to be better understood.
- CSC referrals indicating mental health issues in one or both parents, information should be obtained from mental health services before a decision is made on whether a case meets the threshold for CSC involvement.

LEARNING SUMMARY

Leicester Safeguarding Adults Board
WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

BACKGROUND FOR "MARTIN"

- Martin was alcohol dependent and his health had significantly deteriorated due to alcohol use
- He was being supervised by probation and was awaiting a court appearance for two further offences
- Martin was known to a number of agencies due to his alcohol dependence, poor health, suicidal ideation and history of offences
- Martin was found deceased in a local park.

SAFEGUARDING CONCERNS

- Self-neglect in the context of harmful alcohol misuse
- Physical and mental deterioration and increased involvement of health services due to escalating consumption of alcohol
- Suicidal ideation and depression
- Engagement with specialist alcohol misuse services
- Delays to planned rehabilitation due to outstanding criminal justice matters

KEY THEMES

- Access to alcohol and substance misuse rehabilitation when criminal justice proceedings are outstanding
- Agency engagement with the Vulnerable Adult Risk Management (VARM) process
- Communication between organisations

KEY LEARNING

- No formal written process in place to govern how organisations should proceed in circumstances where someone is deemed ready to access alcohol and substance misuse rehabilitation but is awaiting resolution of criminal justice proceedings. Without clear, consistent and measurable processes, any decision-making is likely to be inconsistent and subject to disagreement and dispute
- Agency engagement with the Vulnerable Adult Risk Management (VARM) process and effective management of this process
- Communication between organisations when a process within one organisation impacts on another organisation's plan for managing the wellbeing of, and risks to, a person in receipt of services

OVERALL FINDINGS

- There is no formal process for organisations to follow when a person who is deemed ready to access an alcohol rehabilitation placement is awaiting resolution of criminal justice proceedings. The lack of clarity is unhelpful as each organisation's role and process is unclear, causing difficulties with organisations' expectations of each other
- It is not clear what processes organisations have in place to manage risks to a person when their rehabilitation placement has been delayed, having already been deemed ready to access and having undertaken the detoxification treatment
- Many key organisations did not attend the VARM meeting, despite having been invited, limiting the effectiveness of any discussion to manage the risks to Martin.

RECOMMENDATIONS

- Multiagency practice guidance should be produced to govern decision-making, and the role of organisations, when a person deemed ready to enter alcohol or substance misuse rehabilitation is awaiting a criminal justice charging decision. This should cover circumstances including:
  - when rehabilitation should, and should not, be delayed
  - risk mitigation plans to manage risks to a person during any delay in accessing the planned rehabilitation placement
- The organisations which did not attend the VARM meeting should be asked to review their organisational response and provide assurance that it was in line with the LLR VARM policy, encompassing the points below and giving consideration to sharing any learning internally:
  - Whether attendance should have been prioritised
  - If attendance should not have been prioritised, whether information relevant to managing risks to Martin could have been shared in advance of the meeting to aid decision-making

REPORT LINK

- Access the full report at: https://www.leicester.gov.uk/health-and-social-care/adult-social-care/what-support-do-you-need/safeguarding-adults-board/safeguarding-adults-reviews-sars/

SAFEGUARDING ADULTS REVIEWS

- Conducting Safeguarding Adults Reviews is one of the key purposes of the Safeguarding Adults Board (SAB) under the Care Act 2014, mandatory when someone with needs for care and support who is living in a SAB's area suffers death or serious harm or abuse and there is a concern about how agencies worked together to safeguard that person. The reviews seek to gather learning with the aim of preventing similar situations in the future.
- The reviews aim to include the views of family and/or friends.

Leicester Safeguarding Adults Board

WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

LEARNING SUMMARY

BACKGROUND FOR "MRS MOYO"

- Mrs Moyo has needs for care and support and receives care from a home care provider
- Mrs Moyo's son, 'Joseph', lives with her. Joseph's mental health has deteriorated, and his family begin to seek help from agencies, starting in October 2019. Joseph does not have a GP and has been discharged from the care of his mental health consultant
- Calls are made to the Police due to concerns about Joseph's aggressive behaviour towards Mrs Moyo and the Police attend the address
- Mrs Moyo is subjected to a sustained assault by Joseph on 16 December 2019 and is admitted to hospital.

SAFEGUARDING CONCERNS

- Domestic Abuse
- Difficulties accessing treatment pathways for mental health, especially without a GP
- Visibility and consideration of adults with needs for care and support
- Assessment of risk by agencies

KEY PRACTICE AREAS

- Opportunities for Preventative Intervention
- Responses to escalating concerns

KEY LEARNING

- For agencies to understand the nature of carer roles and 'significant others' and incorporate this into assessments of assets, protective factors, stress factors and risks.
- The need to improve communication between probation and AMHS in working with offenders, pre-sentence, in release planning and post release support and monitoring.
- Where a person is not registered with a GP, the need to consider the impact of this within discharge planning and communications with others involved.
- There were missed opportunities to conduct an assessment that may have revealed the wider picture. The need for improved risk assessment and safeguarding minded practice by the ASC Contact and Response team was highlighted. There was a need to make further enquiry, following concerns raised by family.
- Domestic abuse, mental ill health and substance misuse were present in relation to Joseph and presented the combined 'trilogy of risk' or 'trio of vulnerabilities' that Leicester City Safeguarding Children and Adult Boards have been raising awareness of.

RECOMMENDATIONS

- Leicester's Strategic Offender Management MAPPA Board should:
  - use learning from this review to inform their strategic plan for 2021-2022, specifically, the action to improve publicity, pathways and gateways into mental health services
  - seek to develop mechanisms to strengthen partnership working between AMHS and Probation pre-sentence, pre-release, and post-release
  - seek assurance on the quality of the release plans and that registration with a community GP is a component within the release plan
- Learning from this review should be shared with the relevant Home Office departments (Her Majesty's Prison and Probation Service and Domestic Abuse). The learning should be used to influence national policy and guidance on the need for information sharing and joint work between AMHS and Probation at key junctures in the offender pathway: pre-sentence (including Fast Delivery Reports), pre-release, and post-release.
- LPT need to assure that their policies (and application of those policies) for Did Not Attend and Discharge, take adequate account of circumstances when a patient is not registered with a GP i.e.
  - Reasonable attempts are made to support service users to register with a GP
  - Lack of GP registration is factored into risk assessment and,
  - Risk assessment is used to inform proportionate communications with other agencies, family and carers, in line with information sharing guidance
- The SAB, and its constituent agencies, should use learning from this SAR to inform training and supervision, in relation to safeguarding and domestic abuse:
  - Reinforcing the value of multi-agency collaboration
  - Recognition of carers and significant others within assessments, including consideration of assets, protective factors, stress factors and risks.
  - Fundamentals of a robust risk assessment; understanding and working with barriers to disclosure (including safe enquiry).

REPORT LINK

- Access the full report at: https://www.leicester.gov.uk/health-and-social-care/adult-social-care/what-support-do-you-need/safeguarding-adults-board/safeguarding-adults-reviews-sars/

SAFEGUARDING ADULTS REVIEWS

- Conducting Safeguarding Adults Reviews is one of the key purposes of the Safeguarding Adults Board (SAB) under the Care Act 2014, mandatory when someone with needs for care and support who is living in a SAB's area suffers death or serious harm or abuse and there is a concern about how agencies worked together to safeguard that person. The reviews seek to gather learning with the aim of preventing similar situations in the future.
- The reviews aim to include the views of family and/or friends.

7 Minute Briefing Action Plan

Title of 7 Minute briefing			
Name of organisation		Team Manager	
Name of section and team		Contact Details	

Identify the learning or recommendations that are relevant to your team and your team's discussion on those points	
1	
2	
3	

Please ensure that you keep a copy of this discussion and plan for your records

7 Minute Briefing Action Plan

What actions have been agreed to improve practice?

What needs to happen?	Who will do it?	By When?	How will you know when this has been done?	How will you know if it has worked?

Please ensure that you keep a copy of this discussion and plan for your records