



Bath & North East Somerset  
Local Safeguarding Children Board

## Bath & North East Somerset Joint Safeguarding Newsletter Summer 2016

Welcome to the B&NES Local Safeguarding Childrens Board (LSCB) and Local Safeguarding Adults Board (LSAB) first joint newsletter.



Members of both the LSCB and LSAB are very much aware of the huge volume of information that cascades to practitioners over the course of a year. The nature of work with children and adults in need of support is such that change and improvements are inevitable and all practitioners should keep themselves up to date. In this, our first joint newsletter, we have attempted to deliver a brief summary of the latest developments that every practitioners needs to know about safeguarding.

Furthermore we have selected content that is relevant to both domains of work. There are clear inter - dependencies between the needs of adults as well as children and I stress the importance of reading ALL of this newsletter, not just the bits that you think are relevant to the work that you do. I hope that you find it both informative and useful. Please let us know what you think of it, especially if you have any suggestions about format or content, by contacting our Business Support Manager Dami Howard by email on [dami\\_howard@bathnes.gov.uk](mailto:dami_howard@bathnes.gov.uk) or by ringing 01225 396350.

## Child Sexual Exploitation (CSE)



BASE (Barnardo's Against Sexual Exploitation)

has been working in B&NES to support children who are being sexually exploited since April 2015. We have worked hard with B&NES Council and other agencies to agree which young people should be supported by BASE and which young people should go to the Willow Team, which provides more preventative support.

BASE have never turned down a referral in B&NES. This is a good sign of people properly understanding BASE's role. Since April 2015, we have supported 30 young people in B&NES who have faced CSE. BASE staff assertively reach out to young people, making contact with them in their communities through text, face to face meetings and by offering practical help. This all works to build the young person's trust and confidence in their BASE worker. The work aims to get the young person to recognise the situations they are in as abusive and unhealthy and take steps to protect themselves. Many young people have succeeded in becoming safer but this is not work with quick results, as many of the young people face a range of difficulties in their lives.

We have seen a growing number of these young people who have initially been groomed through involvement in gangs.

BASE also works with the Police to support their efforts to target perpetrators of child sexual exploitation. Positively, we have seen a significant increase in Police activity over the last year.

BASE also delivers training to people who work with children in B&NES to help them recognise and respond to child sexual exploitation more quickly and in the best ways. We have trained 43 people in the last year and have the following courses planned, all of which can be booked through the LSCB:

26 September 2016: Half Day Awareness Raising, Half Day

19 October 2016: Working with CSE Skills & Practice, Full Day

21 November 2016: Working with Parents and CSE, Full Day

26 Jan 2017: Half Day Awareness Raising, Half Day."

The LSCB continues to develop the resources and expertise within our agencies to tackle the risks to young people from Child Sexual exploitation. The LSCB has made progress across a number of different approaches. We have continued to offer training to staff, as well developing a new format for information sharing meetings. In

addition we have continued to refine guidance for staff which seeks to reflect the rapid development in national awareness across the subject of Child Sexual Exploitation. In the autumn we will be launching a series of leaflets which have been designed to provide key information to parents, professionals and to young people. These were developed following consultation with young people and parents, who were keen for an easy to access leaflet that highlights some key information and contact details. These will be distributed to agencies in September. Along with other regional LSCB's and Avon and Somerset Police, we have also been involved in producing a series of awareness raising posters. These are now being circulated to public facing offices to assist in raising awareness with the public.

Many agencies have also asked for the facility to discuss concerns with a Social Worker at an early stage, often in circumstances where concerns may be uncertain, or where further checking out of initial concerns can be explored. In order to meet this need, the LSCB assisted in the creation of a Single Point of Contact (SPOC) for CSE referrals. This is designed to ensure that all issues relating to CSE concerns can be screened by the lead practitioner for CSE, as well as ensuring continuity of decision making. The SPOC address is [CSE.Referrals@bathnes.GCSX.gov.uk](mailto:CSE.Referrals@bathnes.GCSX.gov.uk)

In addition to the work on CSE, the LSCB and LSAB is also working with both Boards in North Somerset on a joint Protocol on Sexual Exploitation for both adults and children.

### **Self Harm: Guidelines for professionals working with young people**

*"If I've got a burn on my arm, it takes the focus off what I am feeling. It hurts but it lets me stop feeling the hurt inside me, which is worse".*

Most staff working with young people in B&NES will know of someone who has self-harmed. It's not always easy to know how best to respond and so local guidelines are available to help.

However, a recent audit for the LSCB found that only 29% of the 178 respondents were able to name the self-harm guidelines that had been disseminated by LSCB in autumn of 2015.

These are a helpful guide to decision making and sources of support, so it's worth taking some time to read them, or to keep them somewhere accessible should the need arise. They can be found at

[http://www.bathnes.gov.uk/sites/default/files/banes\\_self\\_harm\\_including\\_suicide\\_guidelines.pdf](http://www.bathnes.gov.uk/sites/default/files/banes_self_harm_including_suicide_guidelines.pdf)

The flow chart on page 8 might be the most practical part to focus on, as well as considering how this might sit alongside any policy or protocol you have in your own organisation for responding to self-harm. Feedback from LSCB members suggests a very short 'key points' summary might be more helpful for front line staff than the longer guidance document. We will look in to this further to see what could be most helpful.

The audit also found that the highest rated areas for further guidance or training were 'sources of support' and 'agreeing a plan or referral'. These issues are addressed in the existing guidance, so again it's worth having another look.

Some people believe that self-harm is an 'attention seeking behaviour'. However, most self-harming is done in private and over a period of time before help is sought. Figures from the Office for National Statistics suggest that up to about 10% of secondary school pupils self-harm. This might include any of cutting or scratching skin, hitting self, pulling out hair, over/under eating, burning body or taking an excess of alcohol, medicine or non-prescription drugs. The meaning and triggers vary, but self-harm is any behaviour where the intent is to cause harm to oneself.

An act of self-harm is not necessarily an attempt at suicide and may be seen by the person in a different way, such as a distraction from emotional pain, self-punishment or a way of coping with past and current events.

Suicidal ideation is a thought or belief that one might be better off dead. Fleeting thoughts such as this can be quite common amongst adolescents but if they become frequent, with or without self-harm, then this is a cause for specialist assessment to consider diagnosis, risk and treatment options.

Nonetheless, research shows that a person who repeatedly self-harms is at a much higher risk of future suicide than the general population.

Overall in our population, the rate of young people being admitted to hospital as a result of self-harm is similar to the England average. Rates amongst 10-19 year old girls are double that of boys. Deaths from suicide are also similar to the England average, and the highest rate is amongst 45 to 59 year old males, followed by 30-44 year old males.

The guidelines contain useful information about factors that young people say contribute to or trigger self-harm, as well as how to respond if someone discloses thoughts of self-harm, a superficial injury or even serious injury or overdose, with or without suicidal intent.

It also has template incident forms, fact sheets for young people and also one for parents and carers.

Lastly you'll find additional information about organisations that can provide further support, as well as contact information for Child and Adolescent Mental Health Services (CAMHS).

More information about self-harm or suicide prevention training opportunities for the children's workforce in B&NES can be found at: <http://bathnes.learningpool.com>

## Prevent



### **Ever wondered what to do if you are worried a child is being radicalised or is at risk of travelling to Syria or other conflict zones? Concerned about the consequences of making a referral about this?**

'Prevent' is part of the government's counter terrorism strategy, aimed at preventing people becoming involved in or supporting terrorism. It is a multi-agency safeguarding approach to identifying people vulnerable to extremism or radicalisation and intervening in a supportive way to reduce vulnerability and push/pull factors attracting people towards a violent ideology or terrorist cause. We work closely with schools, social services, health, probation and other partners to identify and share information, manage risk and challenge extremist ideologies, be they Islamist, extreme right or left wing.

For example, a young girl from Bristol recently tried to travel to Syria. She was from a supportive family but had been in contact with extremists online and was tempted to join the so-called caliphate. Daesh produces very attractive propaganda material online and uses social media effectively to spread their twisted extremist ideas. The girl was stopped at Bristol airport and her passport seized. Through the multi-agency Channel process (a bit like a child protection strategy meeting and safeguarding plan) the police Prevent team (part of SWCTIU), a Home Office intervention provider and her college have been working with her to point out the true meaning of Islam, of jihad and other issues, and to provide opportunities for her in the UK. We also took the unusual step of applying for Ward of Court to prevent her travelling on a subsequent occasion. She is now settled in the UK, has just got married and her opinions have changed significantly. Risks of travel and radicalisation are now very low.

In BANES, we have seen very few referrals, of which none have had an Islamist theme.

Prevent does not target Muslims, cannot spy on people and does not intervene in cases of people who just have strong political or religious views – just cases where there is a threat or risk of violent extremism in the ideology or vulnerability presented.

Please get in touch with us on by email at

[channelsw@avonandsomersetpolice.pnn.uk](mailto:channelsw@avonandsomersetpolice.pnn.uk) or phone on **0117 9455539**. This is how we receive referrals, send out some useful resources and offer advice. If you have concerns about a child, as for all safeguarding issues, please consider the context and background. By all means speak to the child about their comments or interest in the subject, whether this is an isolated incident or part of a pattern of behaviour. We are likely to contact you for more information anyway, will gather information from police systems and other agencies, will usually refer the case to the MASH or CYPS referral teams and signpost to other relevant agencies. We don't always visit the subject of a referral but where necessary and possible, will do so by arrangement, in plain clothes and with a relative, teacher or other support present.

**Dickon Turner (DI, Prevent, SWCTIU)**

## Multi-Agency Safeguarding Hub (MASH)

The vast majority of Local Authorities now have MASH arrangements in place. Nationally, there is considerable differentiation in terms of how a MASH functions, what their remit is, and which partners are part of the MASH (although usually this will include a central partnership between Children's Social Care and Police). The focus of each MASH is driven by local need and presenting pressures.

The most effective and well performing MASH's have been those which are co-located, giving the different agencies the opportunities to properly understand each other's thresholds and decision making.

Although some MASH arrangements have been criticised in inspections for not being as effective, the majority have been evaluated as being effective and contribute to safer decision making and improved communications between agencies.

Avon and Somerset Police have assisted in developing MASH arrangements in each of the LA's across the Avon and Somerset areas. Currently a MASH exists in Bristol, South Glos and Somerset. The B&NES MASH will go live on 19<sup>th</sup> September 2016 and will be based at the Police Station in Keynsham.

- The Key Partners in the B&NES MASH will be: -
  - Children's Social Care
  - Adult Social Care
  - Sirona care and health
  - Avon & Somerset Constabulary
  - Avon & Wiltshire Partnership (AWP) – Adult Mental Health
  - Clinical Commissioning Group (CCG)
- The focus for the joint Children's/Adults MASH will be on cases where there are concerns for either Adult Safeguarding or Children's Safeguarding where the level of concern is uncertain or undetermined. (i.e. that there may be a level of potential concern but the referral requires a speedy check on the presenting concern and/or a clearer assessment of historical information – in order to assist in making a decision about whether or not it constitutes a safeguarding concern.)
- Where there are clearly safeguarding concerns for either an adult or a child these cases will follow existing safeguarding procedures. The focus of the MASH is speed-up and improve decision making (based on shared information) for cases where the safeguarding threshold is uncertain and an information check from key agencies will assist decision making and planning.
- All existing "front door" arrangement will remain in their current configurations. The decision to forward the referral into the MASH arrangement will sit with the existing Duty Teams (there will be no direct referral at the MASH).

A briefing Event is being held on the 7<sup>th</sup> September, please see flyer attached



MASH event  
07.09.16.pdf

## **Making Safeguarding Personal**

The BANES Recovery Team have been working assertively to enhance the way they 'Make Safeguarding Personal'.

Traditionally within Adult Safeguarding there's been little information on the quality of their involvement as a result of safeguarding or the difference safeguarding has made to their service users. It has tended to focus on quantitative data rather than qualitative information.

Recovery Practitioners are continuing to enhance their skills, knowledge and judgement to work with people to 'Make Safeguarding Personal'. Service users have an opportunity to discuss the outcomes they want with their case coordinator at the outset of the safeguarding process. They are asking questions like "What would be your desired outcome?" or "What do you want to happen?" If the service user is unclear, practitioners have an opportunity to set out the possibilities and to weigh up with them the risks and benefits of different courses of action.

Below is a list of areas which have been identified as good practice and have been adopted across the team:

- Recognising service users as experts in their own life and from this platform negotiating the levels of risk enablement and safeguarding.
- Actively involving carers in decision-making processes when relating to their loved one.
- Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met. Outcomes are integral to practice and the recording of practice generates information.
- Recording the results in a way that can be used to inform practice and provide accumulated outcomes information for LSA Boards

Professionals regularly use supervision and case load management to discuss current safeguarding cases. They have a progressive working relationship with the safeguarding team and regularly seek professional advice to ensure safe practise or to pre-empt the need for a strategy meeting.

There has been a positive change in culture and practice as a result of 'making safeguarding personal' and this is integral to the way Recovery practitioners work. There is a focus on the person, the resources and the networks that they can draw on to help them to manage their situation.

Senior Practitioner in the BANES Recovery Team Charlotte Kitama-Brown said 'I am honoured to be working with a passionate and skilled team who embrace the principles of making safeguarding personal. I feel confident that Recovery practitioners are facilitating a person centred approach which helps empower the service user and retains dignity and respect throughout the process. As we continue to strive towards excellence we hope to continue to empower our service users to take the lead in making decisions about their own safety.'

## Revisions to the Care Act 2014

In March 2016 the Department of Health issued revised guidance on the Care Act 2014 the main changes were in Chapter 14, Safeguarding:

<https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>.

Some of the alterations are small, taking into account changes in legislation or changes that acknowledge the developing areas of abuse, for example there is an additional paragraph on financial abuse that provides extra detail about the forms of scamming that are developing.

The most substantial changes are, however, in the areas of: self neglect; allegations about people in positions of trust and the provision of expert advice. Details regarding these changes are provided below.

### 1. Self Neglect

The revised guidance states that “ordinarily, an enquiry under Section 42 of the Act is not appropriate where people are failing to care for themselves”. In the note accompanying the revision the Department of Health emphasize that other interventions should be sought for people who are self neglecting before consideration is given to using the safeguarding procedures. This approach is reflected in the LSAB’s Policy and Procedures to Support People who Self Neglect, which contains a multi-agency response to self neglect that sits outside of the safeguarding process.

[http://www.bathnes.gov.uk/sites/default/files/siteimages/lsab\\_self-neglect\\_policy\\_final\\_version.pdf](http://www.bathnes.gov.uk/sites/default/files/siteimages/lsab_self-neglect_policy_final_version.pdf)

### 2. Allegations regarding people in a position of trust.

This is a new section in the Care Act guidance. Within this section are two key requirements:

Safeguarding Adults Boards must have an agreed framework and process for how allegations against people working with adults with care and support needs (i.e. those in positions of trust) should be notified and responded to. The LSAB is just starting to develop this framework and is hoping that a joint policy can be agreed with neighbouring Safeguarding Adults Boards.

The guidance also reminds organisations that:

- ✓ When a person’s conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the local authority’s designated officer.
- ✓ If an organisation/employer removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service.

### 3. Designated Adults Safeguarding Manager

The role of the Designated Adult Safeguarding Manager has been removed from the guidance. There are, however, some clear expectations regarding the provision of

professional/expert safeguarding advice and guidance. These include the expectations that:

- All social workers undertaking work with adults have access to a source of additional advice and guidance.
- Principal social workers and senior healthcare safeguarding professionals have a broad knowledge base on safeguarding and making safeguarding personal and are confident in its application in their own and others' work.
- All providers of healthcare have in place named professionals, who are a source of additional advice and support in complex and contentious cases within their organisation.
- There is a designated professional lead in the CCG, who is a source of advice and support to the governing body in relation to the safeguarding of individuals and is able to act as the lead in the management of complex cases.
- All commissioners and providers of healthcare ensure that staff have the necessary competences and that training in place to ensure that their staff are able to deliver the service in relation to the safeguarding of individuals.
- The contact details on the Police and CCG strategic leads for safeguarding should be provided to the Board and all Board members.

Helen Wakeling, Safeguarding Lead: Adults & Quality Assurance, B&NES Council

### Quality Checkers – Experts by Experience



In 2012 Your Say was asked to set up a Quality Checking Team of '**Experts by Experience**' to visit services for adults with learning disabilities across B&NES to give feedback to the Council's Commissioning Team about the services being delivered and how they are experienced by people with learning disabilities.

We all have a learning disability and together we have real life knowledge and experiences of Long Stay Hospital settings, Residential Care, Supported Living, Day Services, Personal Budgets and PA support as well as our own personal experiences of support from our families and friends, GP's and health services, our working experiences and our lives as adults with learning disabilities.

We bring all this experience together to help us and others to think about how other people with learning disabilities may experience their lives.

We have developed a whole range of resources to use when we go out to do a Quality Check and now in 2016, we have grown in our knowledge and experience by completing 17 Quality Checks.

The Quality Check has 3 different parts:-

1. Visits to the service to look at the service that is provided. To make our observations and collect information about what we see, hear and smell.
2. Questionnaires or interviews for all the residents or tenants who are happy and able to complete these. To find out what the people receiving the service think and feel about their service
3. Interviews with the Manager and staff. To find out what staff and the Managers understand about key issues in the lives of people with learning disability and their thoughts about the service and those they support.

The 3 different parts of the quality check are all interested in 8 key issues in the lives of people with a learning disability. These include: Making choices; Being independent; Your support; Being safe and How to complain.

We visit each service at least 3 times by appointment – usually for about 3 hours each visit.

During our visits it is really important we meet with and are able to observe the residents or tenants – we need to speak them and staff; see how support is given by staff and look at the environment where people have the service. We are looking for good things and things that could be shared with others to improve their services. But we are also looking for things that could be done better or differently and improve people's lives.

We have found that there are some things which are an issue in most of the services we have Quality Checked. The two big concerns for us are:-

Choice and Control: During the interviews with staff we have been really disappointed how few staff have a good understanding of Choice and Control. Very often staff say that they give 'us' choices but that they as staff need to control the choices and decisions the people they support make to keep them safe. This really worries us as all staff should know that by making sure we are making our own choices we can be in control of our own lives and this makes us much safer.

Safeguarding: We have found that lots of staff do not really understand what Safeguarding means.

Lots of staff can give lists of types of abuse but not link this to their own service or their own practice.

Even more worrying though is that staff very often talk about Safeguarding as something to protect staff!

### **What have we done about this?**

- When we write our report and recommendations for services we often say that staff need a better understanding of Choice and Control and Safeguarding and last year we agreed with the Commissioning Team that we would develop a training course for services where this is an issue.
- We have successfully provided this course 8 times. The course is written by us and explains what Choice and Control and Safeguarding mean for us.

- We are repeating it this year and also providing a course about the Mental Capacity Act and DoLS.
- Since our presentation with the LSAB in June, we have agreed with Commissioners to share a summary of our safeguarding concerns with the LSAB.

## **Stop Adult Abuse Week 13-19 June 2016**

This year the Week grew and was picked up by Wiltshire and Somerset as well as the old Avon Area. Bath and North East Somerset theme was Prevention and focused on increasing awareness with the public by using social media and encouraged Board members to use the #Stopadultabuseweek as well as using more traditional methods to raise awareness.

Hard copy newsletter had a reach of over 7000, emails went to over 2000 people. The Avon and Somerset police force took a lead on social media providing public facing posts which were shared by many partners. The Constabulary sent out daily messages to our 83.9K twitter and 57.2k Facebook followers; the Facebook post for Bath and North East Somerset on 14 June reached 1,777 people.

Twitter:

Date	Impressions	Total engagements
17 June	9958	75
16 June (SSAB film)	5821	223
15 June	6197	78
#WEAAD2016	6124	48
14 June	5843	59
13 June	7266	87

These articles were also displayed on the police website:

- [Thinking it? Report it. Help stop adult abuse](#)
- [We're supporting the UN's World Elder Abuse Awareness Day](#)
- [Could you spot the signs that might signal adult abuse?](#)
- [Supporting Stop Adult Abuse Week](#)

Members of the LSAB Communications sub group designed a resource to increase participation from partners with ideas of how to get involved and a prize draw quiz was developed linked to a short video to encourage safer practices and to provide messages that safeguarding is everyone's business. The pack can be found [here](#). Well done to a member of staff from Care South, who won the prize draw and thankyou to everyone who took part in Stop Adult Abuse Week to raise awareness of safeguarding adults at risk.

On the 15<sup>th</sup> June the LSAB held two workshops on to discuss the theme of prevention with a focus on SELF NEGLECT, providing updates on the Care Act 2014

and launching the new Self Neglect Policy.

[http://www.bathnes.gov.uk/sites/default/files/siteimages/lsab\\_self-neglect\\_policy\\_final\\_version.pdf](http://www.bathnes.gov.uk/sites/default/files/siteimages/lsab_self-neglect_policy_final_version.pdf)

The LSAB used a case study to discuss the issue from the perspective of health, mental capacity, social care, mental health, housing, Environmental Health and drug and alcohol services.

The session also highlighted the changes to the new Multi-Agency Safeguarding Procedure which will come into effect from September.

A range of providers, including Sirona, RUH, Curo, Swallow, B&NES Council and Banets CCG ran specific events/actions during the week to raise awareness amongst their staff, service users or the public. Activities included:

- Domestic Abuse training session
- Multi-agency Level 2 safeguarding training sessions.
- Banners and leaflets made available at Paulton and St Martin's Hospitals
- Session on the Abuse training pack for service users at the Learning Disability Provider Forum
- Safeguarding discussions in staff meetings
- Self neglect Wordsearch
- Use of internal intranet, payslips and computer screens to inform staff of the week in advance and during the week

Next year we hope that more of our neighbouring Local Authorities will join the week and we plan to focus on developing more resources and increasing the use of social media.

### **Joint LSCB/LSAB Working**

In addition to the joint working on radicalisation, FGM, MASH and sexual exploitation we are also shortly to be launching a joint website and holding a joint Stakeholder event in November.

### **Training:**

**LSCB:** LSCB Inter Agency Safeguarding Children and Child Protection Training is available through the Learning Pool: <http://bathnes.learningpool.com/>

Female Genital Mutilation (FGM) [www.fgmelearning.co.uk](http://www.fgmelearning.co.uk)

**LSAB:** LSAB Multi Agency Safeguarding Adults training is available through Sirona care and health:

Sirona Training <http://www.sirona-cic.org.uk/training/>

Email: [training@sirona-cic.org.uk](mailto:training@sirona-cic.org.uk)

Female Genital Mutilation (FGM) [www.fgmelearning.co.uk](http://www.fgmelearning.co.uk)



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## Lay Members Needed –

### **Bath & North East Somerset Local Safeguarding Adults Board (LSAB) and Local Safeguarding Children's Board (LSCB)**

Both Boards are keen to seek Lay members and the opportunity to bring a different and independent perspective to the work of the Boards.

- Do you have an interest in the safeguarding of children and young people and their welfare?
- Do you have an interest in the safeguarding of adults with care and support needs and their carers?
- Have you experience in the work of the voluntary sector or community activities?

Are you interested or have experience in supporting the Board's commitment to the safeguarding and promotion of the health and wellbeing of adults and the welfare of children?

Then, we would be **interested** in hearing from you.

As a Lay Member you will be independent of the agencies of the Safeguarding Boards. You will act as a critical friend and support the Board by taking an active role at meetings.

"It's everyone's responsibility to safeguard and we need the whole community to support us in achieving our vision"

This role is unpaid but out of pocket expenses are reimbursed. You don't have to be an expert in anything!

If you think you might be interested in taking part in the work of the Safeguarding Adults or Children's Boards, please get in touch with our Business Support Manager Dami Howard on 01225 396350 for an informal chat. Here's the [Lay Member information pack](#) where you can find out more and apply.