

WELCOME



To the Keeping Bristol Safe Partnership Annual Conference

Please be aware there is a scheduled fire alarm at 10am, you do not need to leave the building.

House Keeping

- Be kind – to yourself and others
- Confidentiality
- Be inclusive
- Embrace professional challenge
- Please keep phones and devices on silent
- Fire exits



Agenda



10:00 – 10:10	10 minutes	Welcome
10:10 – 10:25	15 minutes	Keeping Bristol Safe Partnership Strategic Plan 2023 - 2026
10:25 – 10:40	15 minutes	PEC Trustee Group
10:40 – 11:25	45 minutes	Trauma Informed Practice (Bristol model, training taster, lived experience and Q&A).
11:25 – 11:40	15 minutes	MORNING BREAK Opportunity to submit questions for plenary
11:40 – 11:55	15 minutes	Changing Futures
11:55 – 12:15	20 minutes	Domestic Abuse SOS Professionals' Video screening (<i>12 mins long</i>) with introduction from Domestic Abuse and Sexual Violence (DASV) Victim and Survivor Forum
12:15 – 12:30	15 minutes	Making safeguarding personal in practice, self-neglect and risk enablement in safeguarding adults
12:30 – 12:40	10 minutes	Tabletop exercise: how is Making Safeguarding Personal being taken forward across the partnership?

12:40 – 13:00	20 minutes	Plenary with KBSP Executive Group
13:00 – 13:30	30 minutes	LUNCH BREAK Opportunity to submit questions for 2 nd plenary
13:30 – 13:45	15 minutes	Partnership Bingo
13:45 – 14:05	20 minutes	Combatting Drugs
14:05 – 14:20	15 minutes	Serious Violence and Safer Options
14:20 – 14:35	15 minutes	Child Sexual Abuse
14:35 – 14:50	15 minutes	Final Plenary with KBSP Executive Group
14:50 – 14:55	5 minutes	Reflecting on the day – feedback via Slido virtual poll
14:55 – 15:00	5 minutes	Event close
CLOSE 15:00		

Mark Runacres –
Bristol Police
Commander





KBSP: STRATEGIC PLAN

CHILDREN

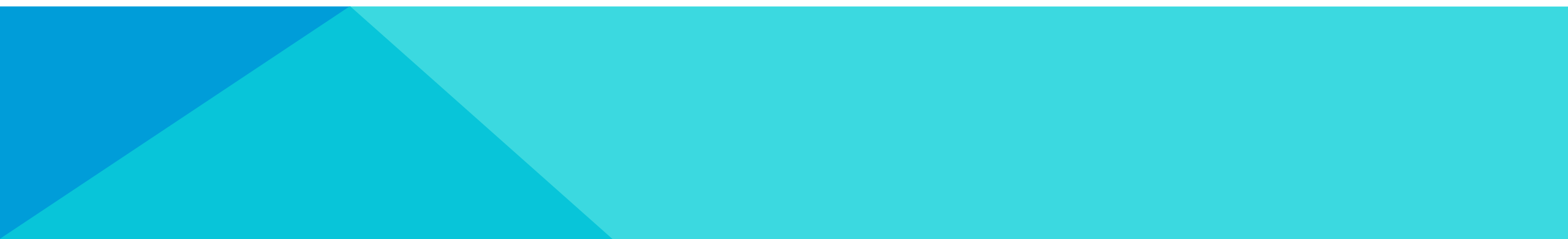
ADULTS

COMMUNITIES

KBSP Event

06th October 2023

BACKGROUND

- Bristol is the largest city in the Southwest and one of the 11 'Core Cities' Bristol has been the fastest growing of all the Core Cities over the last decade.
 - Bristol is increasingly diverse with at least 45 religions, 187 countries of birth and 91 main languages spoken.
 - Bristol has the highest number of children living in poverty in the Southwest with 21% of our young people living in deprived areas.
 - 8% of people in our most deprived areas report not being able to afford an internet connection
 - The proportion of older people in the population is expected to increase by 40% by 2043
 - 125% increase in the use of food banks for children from 2019 to 2021
 - Increase in number of children on child protection plans
 - Increase in the number of self-neglect and complex safeguarding cases presenting to adult social care
- 

THE BUILDING BLOCKS

LEARNING & WORKFORCE	WORKING TOGETHER	EQUALITY & INCLUSION	SYSTEMS & PROCEDURES	VOICE & PARTICIPATION	QUALITY & PERFORMANCE
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THE PRIORITIES FOR KEEPING CHILDREN SAFE

- **Workforce sufficiency** and development of **trauma informed and culturally competent** workforce
- **Work together with partners** to improve children's Multi-Agency Safeguarding Hub (MASH) arrangements and the alignment of MARAC
- Children with the most acute mental health needs are provided with timely and not delayed when discharge of children from hospitals resolved
- **Work in collaboration to** embed a safeguarding system which supports young people experiencing extra familial harm and their parents who may need help to protect and safeguard their children.
- **Promote an anti-discriminatory approach** to improve equality and disproportionality recognising multiple disadvantage, discrimination and intersectionality increases safeguarding risks

Improve systems & procedures so families can easily access information and services when they need support, and these are delivered in a timely and responsive way to meet the family's needs.

- Ensure the **voice of children & young people** are heard and improved outcomes are achieved.

- **Undertake multi-agency quality assurance activity,**

ALL AGE EXPLOITATION

➤ A better understand of the root causes of violence and exploitation and build an integrated system to prevent and protect children from violence and exploitation

➤ Working together with children and young people, families, and wider communities to strengthen our prevention and response and recovery for those who have been exploited.

➤ Implementation of an Adolescent Exploitation Service for children and young people up to the age of 25 who are being exploited and experiencing high levels of risk

➤ Transitional safeguarding of 16-25 years who require support into adulthood

THE PRIORITIES FOR KEEPING ADULTS SAFE

- **Workforce sufficiency** and development of **trauma informed confident and culturally competent** workforce
- **Work together with partners** to establish a robust risk management approach to improve timely & co-ordinated responses to complex safeguarding cases e.g. MASH for self neglect, street homelessness
- **Work in collaboration with neighbouring local authority areas** to better safeguard individuals and families fleeing countries due to war and who seek asylum.
- **Promote an anti-discriminatory approach** to improve equality and disproportionality recognising multiple disadvantage, discrimination and intersectionality increases safeguarding risks
- **Improve processes, procedures and pathways and co-ordinated approach to risk management** of complex cases. eg, self neglect, young adults transitioning into adulthood, those who are street homeless and those with multiple disadvantage
- Ensure the **voice of adults** with care and support needs is heard and their preferred outcomes are achieved in line with MSP and CQC framework.
- **Undertake multi-agency quality assurance activity**, use of research and analysis of data and performance to drive evidence based approaches and identify new issues eg cost of living and increase in neglect cases

Learning &
Workforce

THE PRIORITIES FOR KEEPING COMMUNITIES SAFE

Working
Together

- Skilled partnership workforce which is trauma informed and which promotes anti-discriminatory practice
- Production of a full SNA for crime and disorder, substance misuse and reducing re-offending strategy

Equality &
Inclusion

- Improved joint working to prevent and reduce crime and ASB, improve community confidence and identify and share information to better protect victims, disrupt offenders and bring them to justice.

Systems &
Procedures

- Strong multi-agency approaches to prevent and reduce serious violence, providing improved targeted interventions to young people and the disruption and prosecution of organised crime networks
- Drug and alcohol offending behaviour is reduced across the city, young people and communities are educated and access into treatment and support is timely.

Voice &
Participation

- Engage, educate and inform communities about community safety and safeguarding issues including campaigns and awareness raising eg exploitation, radicalisation, hate crime, modern slavery, domestic abuse etc and provide resources on how to report and access help and support. Seeking views on the effectiveness of community safety initiatives.

Quality &
Performance

- Using research, data and lived experience to inform the improvement of community safety projects and support for victims and learn from DHRs and thematic reviews



KBSP Trustee Group

Strategic Plan 2020-2023

Priority 2 - Citizens of Bristol are our equal partners

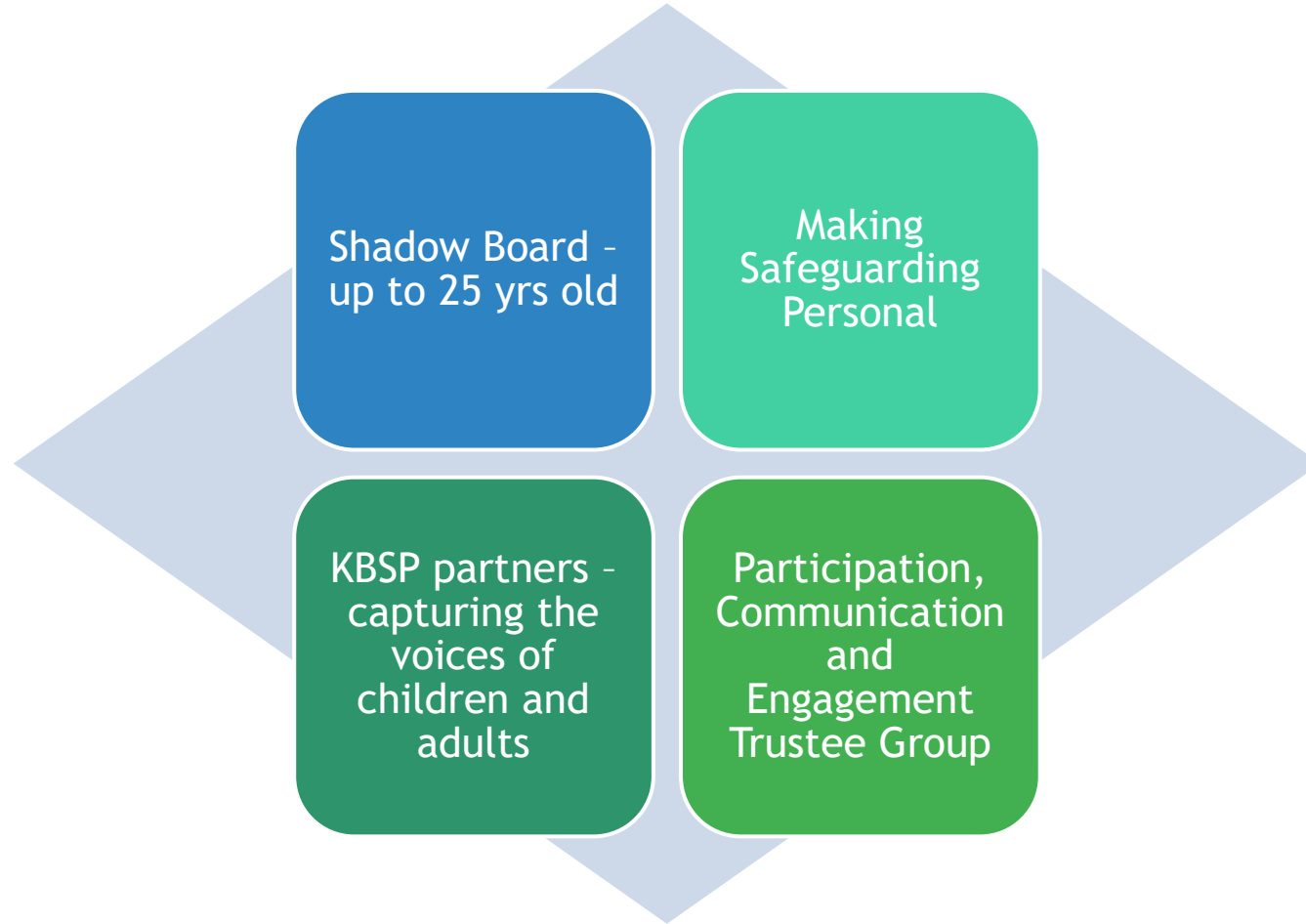
Ensuring individuals and their choices remain the centre of all work

Strategic Plan 2023-2026

Our Building Blocks



Voice and Participation



Participation, Engagement and Communication Trustee Group

- ▶ Ensure the voice of communities underpins the development of strategies and services and supports decision making.
- ▶ Ensure participation and engagement is evidenced in the work of the 6 strategic delivery groups; support access to local groups and forums; help with consultation and coproduction work.
- ▶ Support the KBSP Executive in its quality assurance of local safeguarding systems and services ensuring the voice of people who use our services and live in our local communities is evidenced.

Trustee Group Introduction

- ▶ First recruitment / introductory meeting in July 2023
- ▶ Applying for grant funding from November 2023-July 2024 to be paid to complete research with support from Bristol University
- ▶ Have training opportunities through KBSP
- ▶ All have either used commissioned services, being a victim of abuse or had a family member in this situation and are passionate about improving services across the city.
- ▶ Currently looking at recruitment for 2-4 new members

Trustee Group Introduction

- ▶ Amy - Domestic Abuse and child protection
- ▶ Gemma - Homelessness assessment and pathways
- ▶ Julie - Modern slavery
- ▶ Hannah - Drugs and Alcohol & SEND
- ▶ Stuart - Families in education and trauma informed support in schools
- ▶ Susan - Support for offenders



D I G N I F I®
- Behaviour Change Solutions -

KBSP Presentation



The Dignifi Model

10+ years in the making

Culmination of personal and professional experiences:

Personal background: childhood trauma, ACEs

Professionally: YOS, CJS, VCS, contract management, Interchange manager

Using Lived Experience to support systemic change.

1. *Develop a model for staff, minimising the impact of vicarious trauma*
2. *Develop a model that supports emotional regulation*
3. *Non-clinical – simplifying complexity and valuing lived experience By including service users*
4. *Widening the lens beyond ACEs and moving beyond being trauma informed, moving towards being trauma responsive'*

Some of our work

- Support for Care Leavers struggling to move on from trauma, service runs across Greater Manchester.
- Working in men's prisons in the North to develop peer- peer models.
- CJ focussed training in Prisons, Probation and Police. Covering awareness, recovery, disproportionality, racism and the adultification of black children.
- Domestic Abuse and developing positive relationships - Understanding the complexity of relationships for children who have had attachment trauma, developmental trauma and/or have been exposed to domestic abuse. Supporting professionals to develop relational practice.
- Working with South Glos council to develop trauma responsive practice across 'The People Department'.
- Working with Bristol Council on Council Wide Systemic change, everything from developing a practice model, aligning policy and practice and training the workforce in 1000s.

Trauma and its impacts

Widening the lens beyond ACEs and understanding the wider impacts of trauma



Dr Karen Treisman

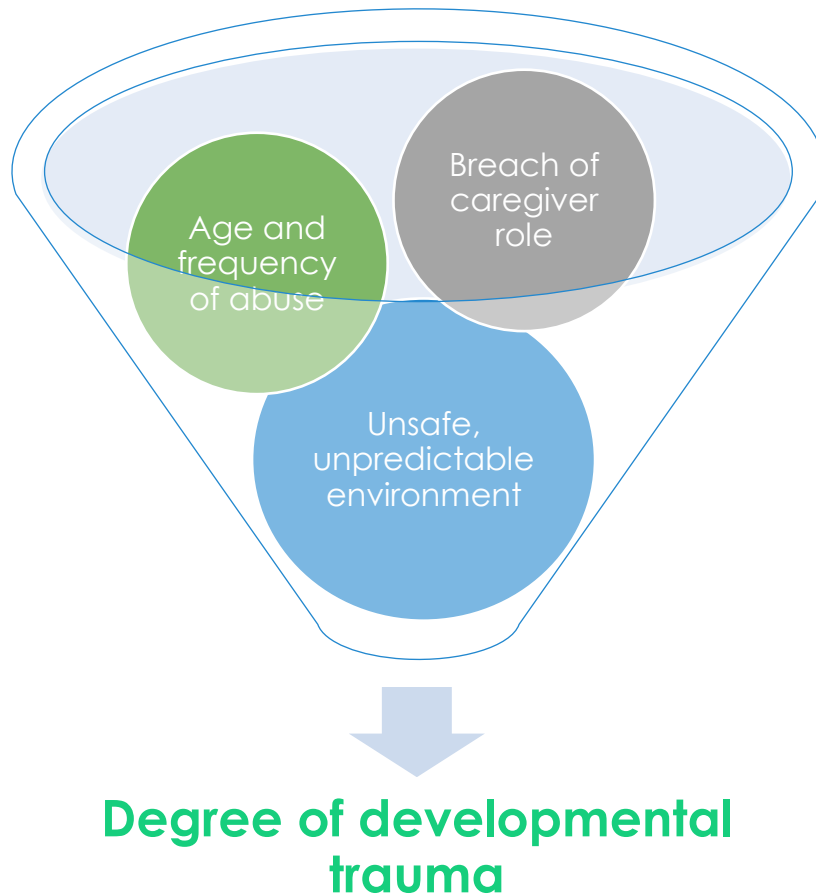
Layering up our understanding of trauma:

How does racial, systematic and institutional trauma impact upon our views of authority figures?

What is the impact of doing work that constantly exposes us to traumatic situations?

Post covid recovery – What has been the impact of the collective trauma we all faced?

Developmental trauma and normalisation



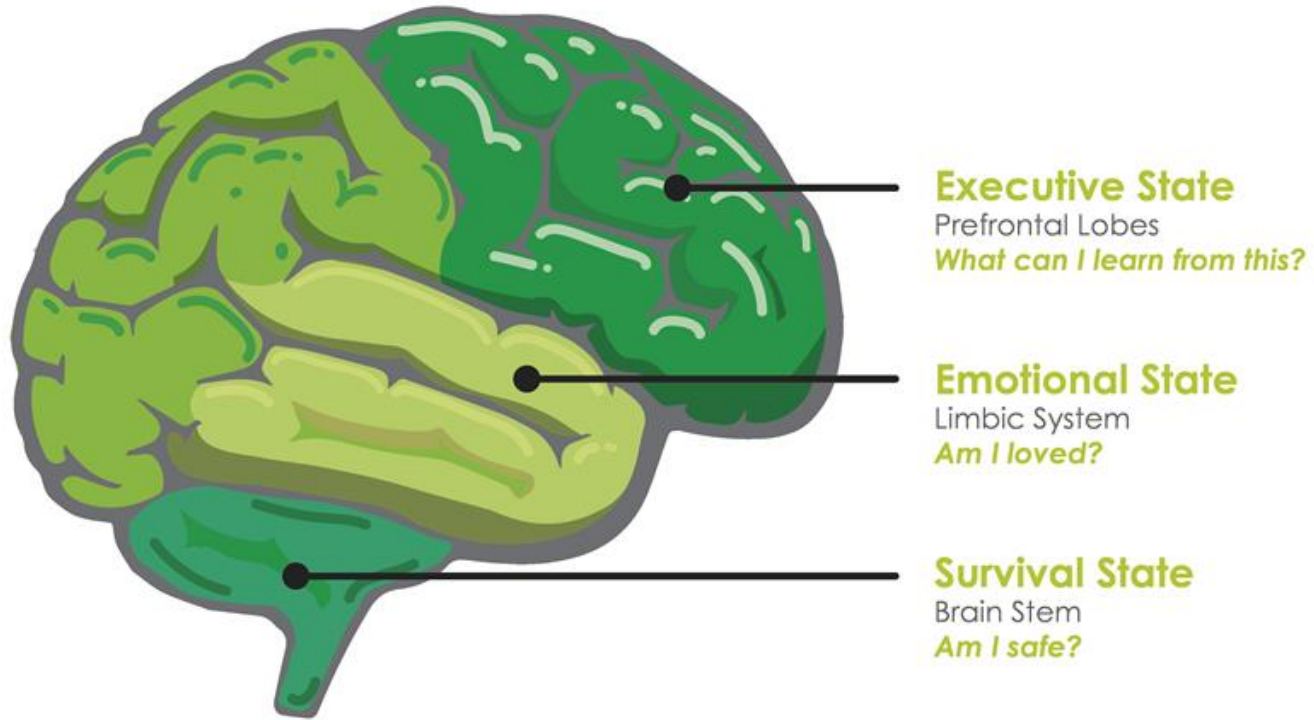
Primary caregiver too traumatised to be emotionally available:

- minimising or denying abuse?
- modelling acceptance of abuse in relationships?
- unable to protect child from abuse?

Attachment theory: infant patterns of relating to intimate others continue into adulthood – expectations / fears.

- Depending on the child's perception of abuse, this can lead to volatile partner attachment patterns in adulthood.

The Dignifi Model

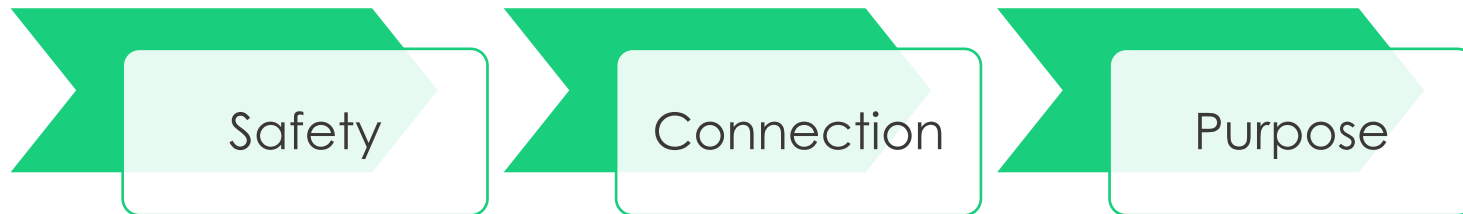


Trauma is visceral, it lives in the body.

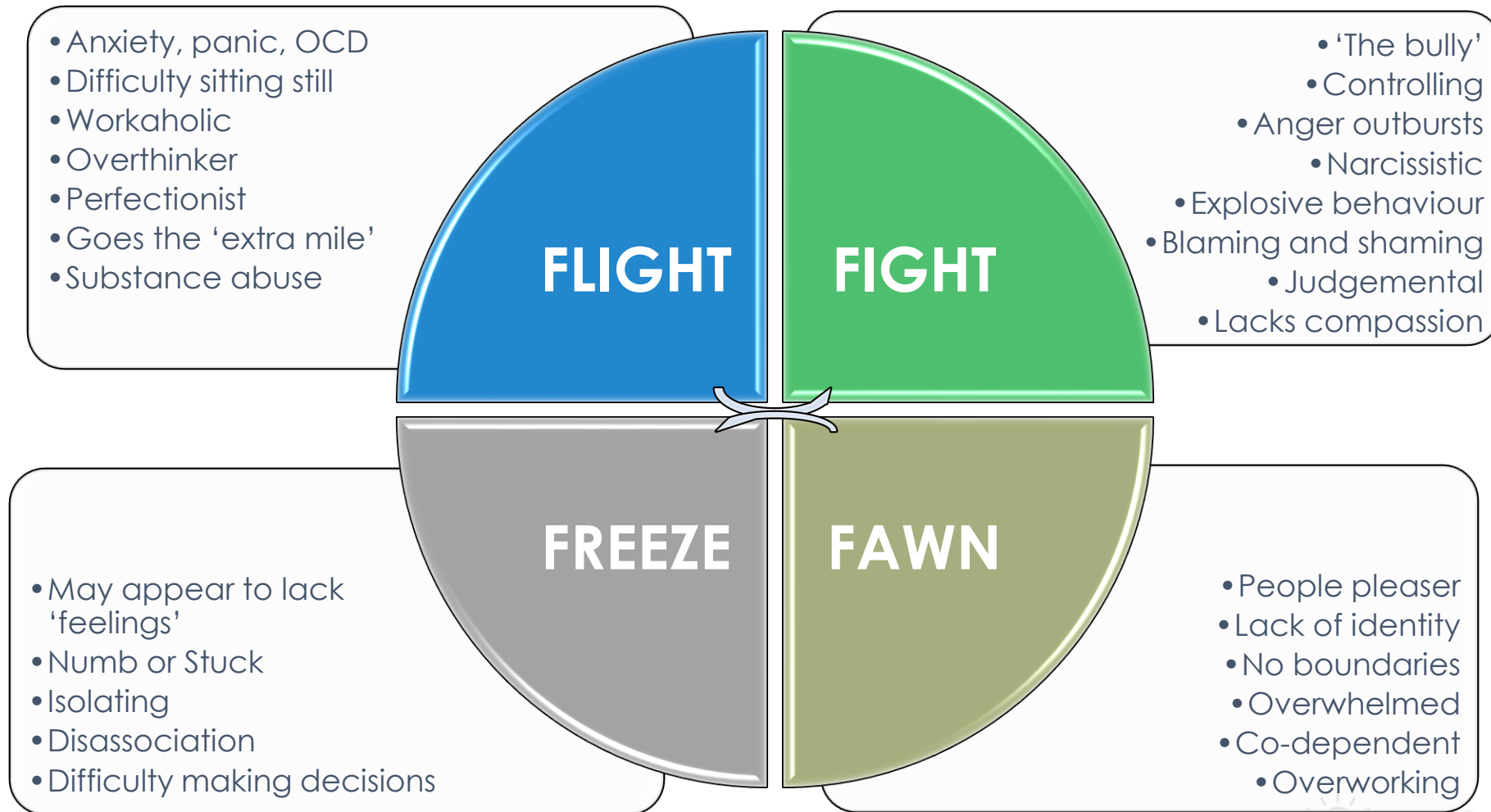
Ongoing exposure to trauma can make people hyper-vigilant and sensitive to any possible re-occurrences.

Minimising re-traumatisation through managing triggers and helping people to articulate their feelings rather than their 'story' supports recovery.

Understanding the 'cause' to manage the 'affect'.



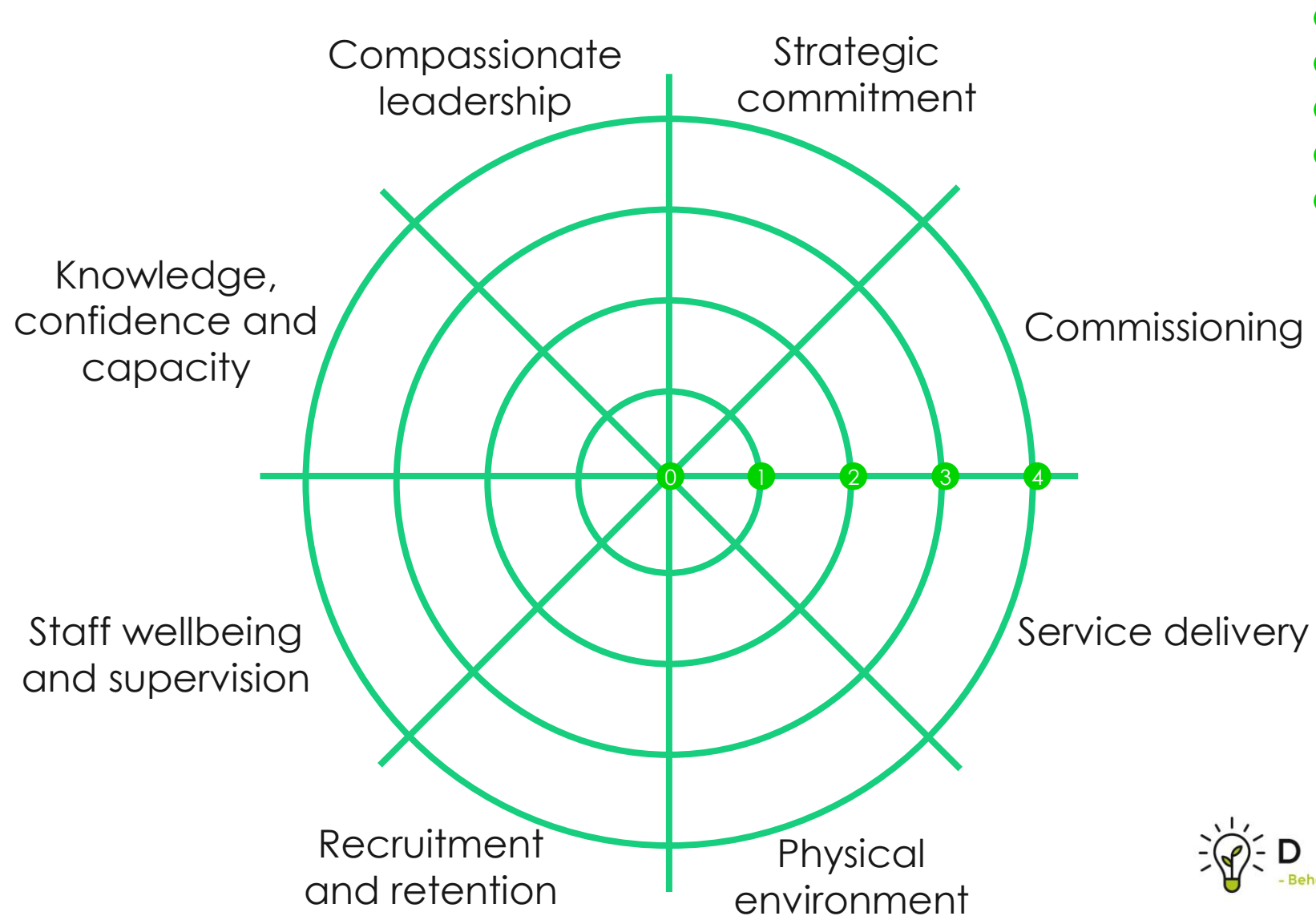
Some of the Adaptations we can see long-term



Changing Systems

And supporting the development of trauma responsive practice in organisations

Baseline and Aspiration wheel



A Developing Model with Bristol City Council – Trauma Responsive Practice across BNSSG

	Safety and Trust	Inclusive Collaboration	Empowered Choice
Compassionate Leadership	Strategic commitment to policy change and action	Empathic and relational inclusion	Devolving control for creative synergy
Supportive Teamworking	Creating psychologically safe teams	Maintaining thriving teams	Developing knowledge and skills to foster creative autonomy
Prioritised Wellbeing	Safe environments to promote compassion	Allyship: psychological safety for people from minoritized groups	Ongoing reflective practice and communicating needs
Collaborative Partnerships	Safe environments to genuinely engage people in recovery from experiences of trauma	Collaborating with partners to progress the development of the model	Trauma-responsive commissioning processes in place
Responsive Service Delivery	Shame sensitive practice and BNSSG's 5R's knowledge and skills framework is embedded	Inclusion of people with lived experience to refine/design and deliver services	Services designed to meaningfully engage people and respond to need - doing 'with and not to'.
Quality Assurance, Monitoring and Evaluation			

Including Lived Experience in everything we do!

Meet Aisosa

Here to share his journey with Dignifi and his role in the development of Local TI Systems!

Missing teen could be in Woolwich Thamesmead or Lewisham

11th July 2014



Aisosa Henkoma

By Mark Chandler

Share

A missing 16-year-old from Wales could be in Woolwich Thamesmead or Lewisham, police say.



Reflections to take away

1. How responsive is your service to adaptations from trauma?
2. How do you currently respond to trauma and how would will you develop that along with lived experience and evolving research?

Connect and Collaborate

For further information about work on trauma informed practice please contact:

Bristol:

Bonnie Curran, Planning and Development Manager, Bristol City Council:

Trauma.informed@bristol.gov.uk

BNSSG:

Hazel Renouf, Trauma Informed Systems Manager, NHS Bristol, North Somerset & South Gloucestershire ICB: hazel.renouf@nhs.net

Join over 600 professionals on the **Bristol Trauma Informed Practice Network** – email Bonnie for sign up link

KBSP website hosts information and resources: Bristolsafeguarding.org – professional resources section



Any questions for
us?



For more information:

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BREAK

11:20-11:35



Please use the post-it notes as an opportunity to submit questions to the KBSP Executive



Keeping Bristol Safe Partnership conference

6 October 2023

Changing Futures at a glance

THE ISSUE

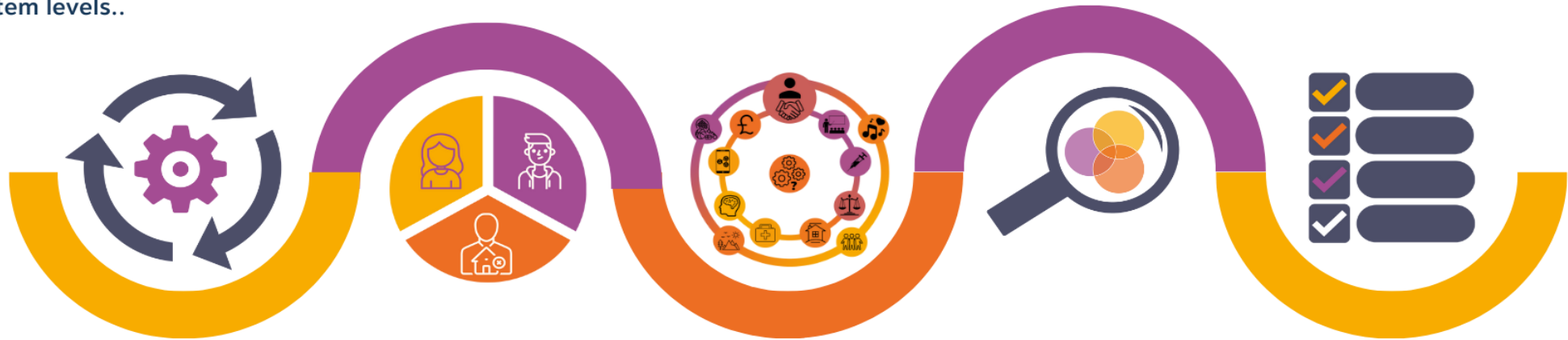
People facing multiple disadvantage are not being supported adequately and can get stuck in a revolving door. Changing Futures in Bristol is a £3.3M multi-agency programme working to create sustainable change at individual, service and system levels..

MY TEAM AROUND ME

Operational delivery began in March 2022. We are piloting a MTAM approach of working with people facing MD to support them in living a life beyond services.

OUTCOMES

1. Embed My Team Around Me
2. Collective safety planning and considered risk-taking
3. Integrated commissioning processes and earlier intervention
4. Lasting cultural and system change



WHO ARE WE WORKING WITH?

60 people, 20 in each of the following cohorts:

- Young people with experience of racial trauma and criminal justice involvement
- Women experiencing domestic abuse
- People with experience of long-term homelessness and mental ill health

3 LENSES

We look at all our work through 3 different lenses:

- Lived experience of multiple disadvantage
- Trauma-informed practice
- Equality, diversity and inclusion

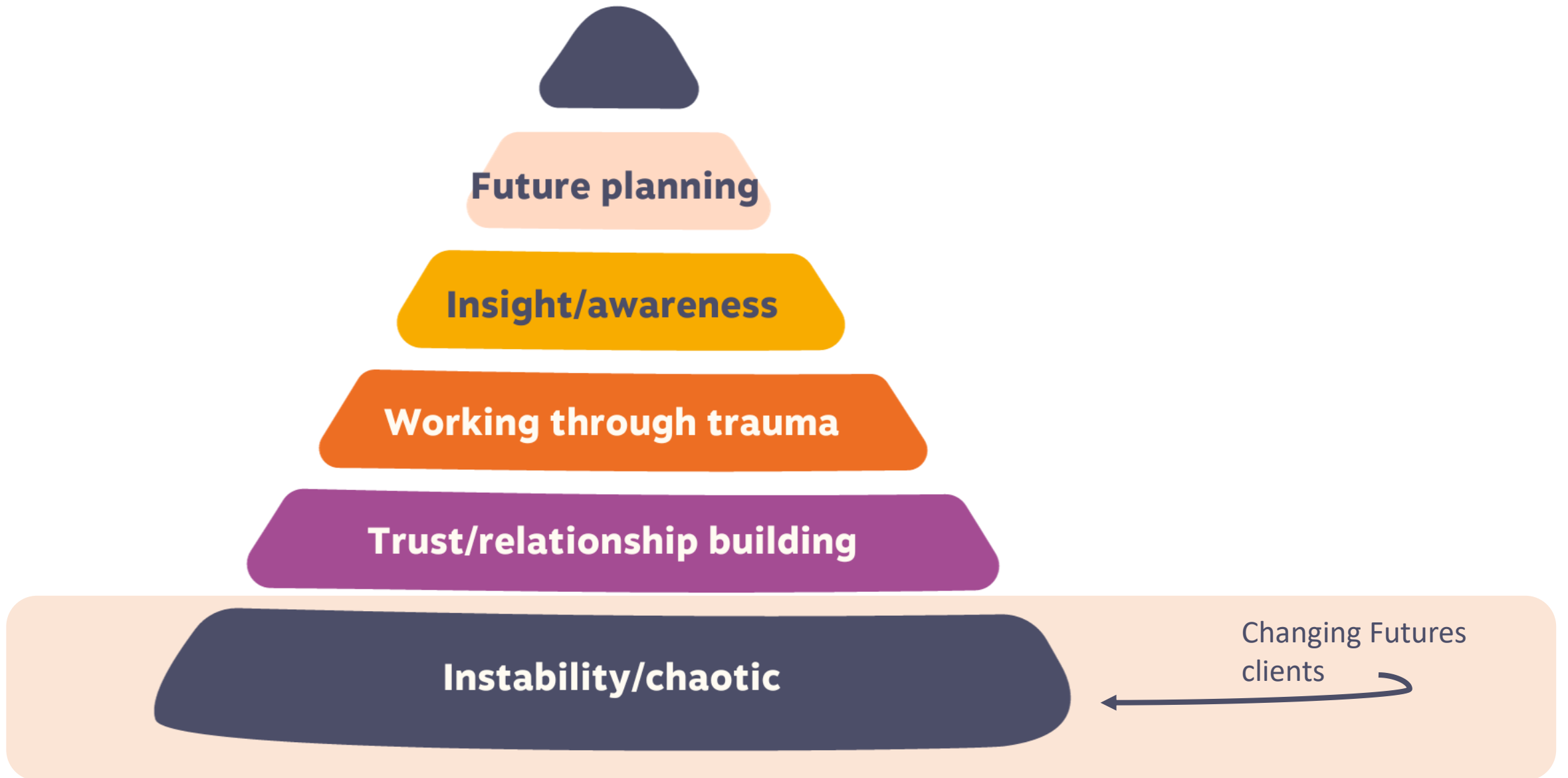


Meet Sarah

- Grew up in overcrowded household, parents were alcoholics and prone to violent outbursts
- Mum left the family home when she was 8 and dad left her and her older sister to look after the younger ones
- Struggled to fit in at school and was regularly racially abused by peers and staff
- Ran away from home at age 15
- Met an older male on the street who introduced her to drugs
- Alternates between sofa surfing and being in and out of hostels– often abandons placements due to loneliness/lack of community
- Has contracted Hepatitis B and C
- High risk of overdosing from ketamine and heroin use
- Aspires to be in rehab and have mental health treatment
- Autistic
- Very talented visual artist, engaging in hostel art group
- Would like to have her own flat and wants to get a dog for company



Trauma-recovery model and our clients



What are the issues?

- MD has a very significant and lasting impact on people's lives
- Intersectionality is challenging
- There is a mismatch between what's on offer and what people need
- Assessment processes and thresholds conflict
- Transitions between services are challenging
- We're missing opportunities to intervene earlier
- Siloed working



My Team Around Me (MTAM) Approach

Shared goals:

- Service continuity
- Shared accountability
- Client-led, trauma-informed and strengths-based
- Innovative and flexible practice
- 3 teams piloting the approach (CF, HMO, LINK)



Collective safety planning

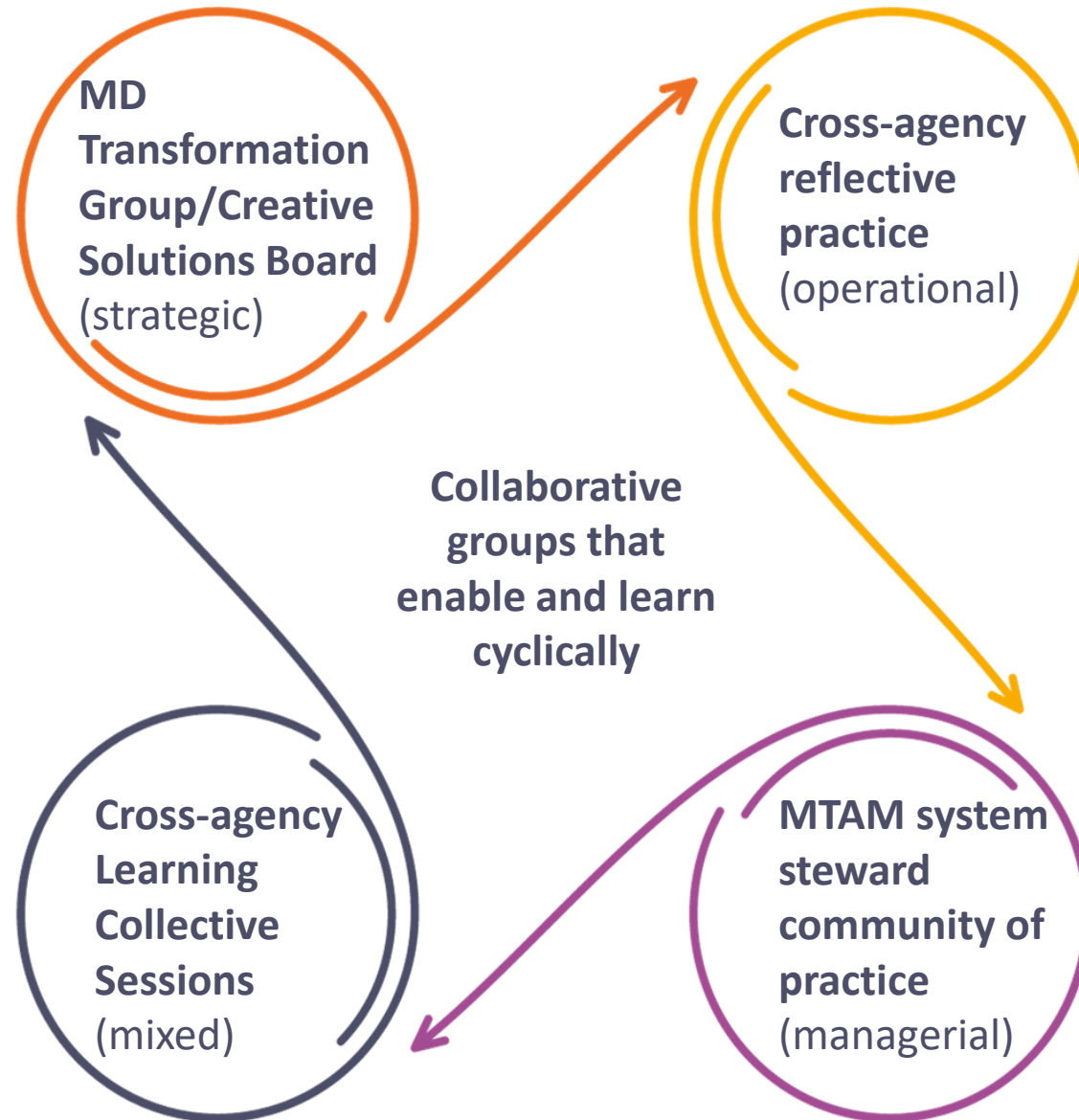
- Collaborative working to increase engagement and reduce harm
- A tool to support safety and positive risk-taking, coproduced with partner agencies
- Puts the client's voice in the foreground and ensures everyone's perspectives are included
- Support network for professionals
- Empower and enable innovation



Collective safety planning - example

- Couple of clients with MD who have experience extended periods of street homelessness. Currently housed in separate single sex emergency accommodation provision – on 2nd warnings and at risk of eviction due to breach of house rules for staying at each other's properties.
- The collective safety planning tool prompted the team to focus on client strengths and wishes.
- Team recognised the risk associated with domestic abuse, alongside risks to health due to homelessness.
- Team did some creative thinking to explore how the risks can be managed to provide stability and address the additional health issues.
- Positive risk taking – team agreed to support these clients to be accommodated in mixed-sex Level 2 Homeless pathway housing provision as continuing to separate them will cause further placement breakdown.

Learning cycle approach





For more info:

www.changingfuturesbristol.co.uk

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Katherine.Williams@changingfuturesbristol.co.uk

Ben Muton-Phillips

Ben.muton-Phillips@changingfuturesbristol.co.uk

Tom Dunn

Thomas.dunn@changingfuturesbristol.co.uk

Introducing the Domestic Abuse and Sexual Violence (DASV) Victim and Survivor Forum



[Click here to watch SOS Video Professional -SUBTITLES on YouTube](#)



**Making Safeguarding Personal,
Self-Neglect
and Risk-Enablement in Practice.**

**Claudine Mignott
Service Manager -Safeguarding Adults
DoLS and Transitions.**

Presentation Purpose:

During this presentation we aim to:

- **Introduce Adult Safeguarding:** To provide an insight into the Adult Safeguarding arena in social care in Bristol, including what works well, and what areas provide challenges.
- **Highlight Themes, Research and Guidance:** To share key themes in Adult Safeguarding: Self-Neglect, Risk Enablement and Making Safeguarding Personal with a focus on the context of Practice.
- **Celebrate Collaboration:** To share information about some the improvement work underway in social care, in partnership with KBSP.
- **Focus on the Adult:** As we discuss the themes and topics, we'll keep the focus on the Adult experience and Safeguarding outcomes.

Understanding Adult Care Frameworks

- Human Rights Act 1998
- Care Act 2014
- Equalities Act 2010
- Mental Capacity Act 2005
- Criminal Courts and Justice Act 2015
- Mental Health Act 1989 (amended)
- Data Protection Act 1998 (GDPR)
- Public Interest Disclosure Act 1998

Understanding Adult Safeguarding Duty

- **Care Act 2014** - The Care Act 2014 replaces the 'No Secrets' guidance.

Specific adult safeguarding duties apply to any adult who:

- **has needs for care and support (whether the local authority or anyone else is meeting any of those needs),**
- **and is experiencing, or at risk of, abuse or neglect,**
- **and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect. Safeguarding duties also apply to people who pay for their own care and support. (s42)**

- The primary safeguarding duties and responsibilities lie with the Local Authority as lead organisation for safeguarding under the Care Act, but all individuals and partners involved should cooperate, (some have a duty to).

There is no eligibility criteria in Safeguarding, criteria is s42.1 and s42.



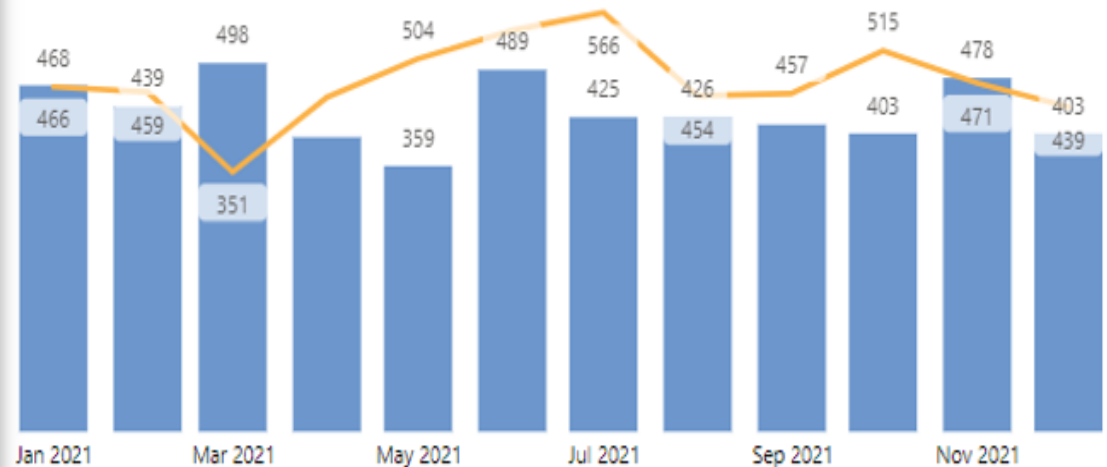
Adult Safeguarding in Bristol – Setting the Scene

- Increase in Safeguarding Demand** - Bristol has seen an increase in the numbers of Safeguarding referrals rise year on year since the covid pandemic lockdowns. In 2021 5024 Safeguarding referrals were received compared with 5874 noted in 2022.

2021

Referrals made and Concerns same Period last year by Start of Month

● Safeguarding Referrals ● Referrals same Period last year



2022

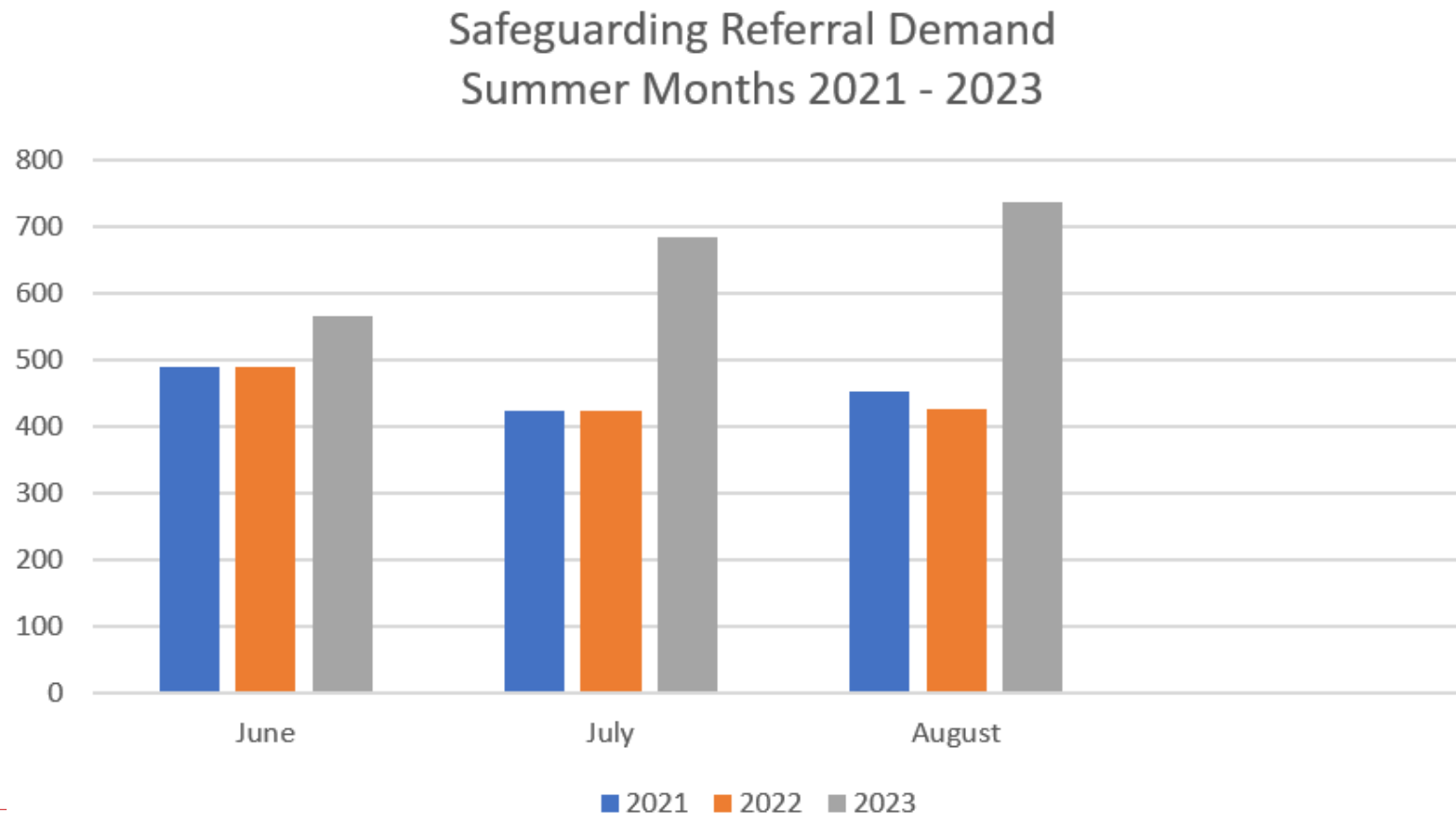
Referrals made and Concerns same Period last year by Start of Month

● Safeguarding Referrals ● Referrals same Period last year



Adult Safeguarding in Bristol – Setting the Scene

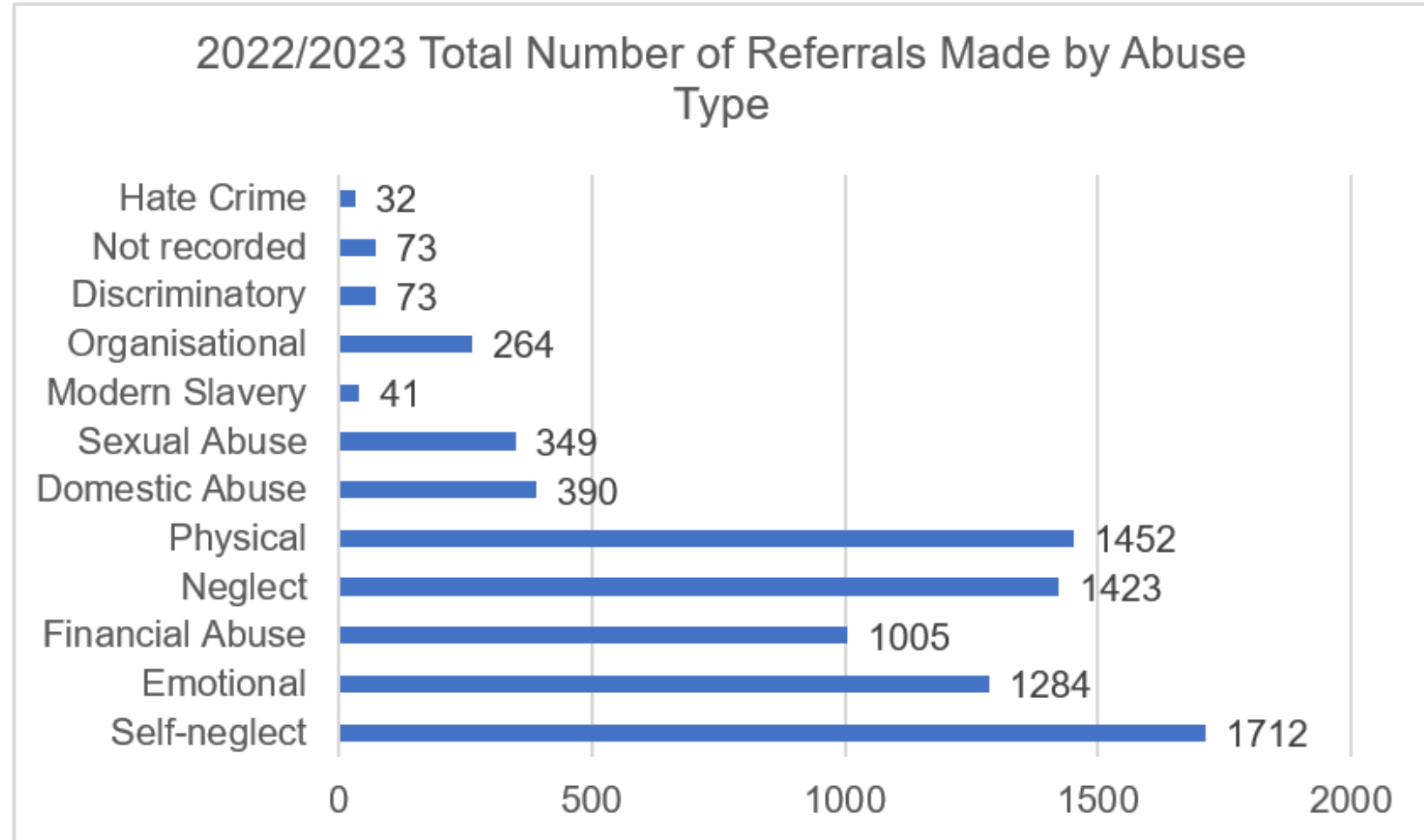
Safeguarding Demand in 2023 – Referral rates continue to increase. In the summer this year, unprecedented numbers of referrals were received into the front door. Summer months are historically the period we see less referral activity. **In July 685 referrals were received and in August 739.**



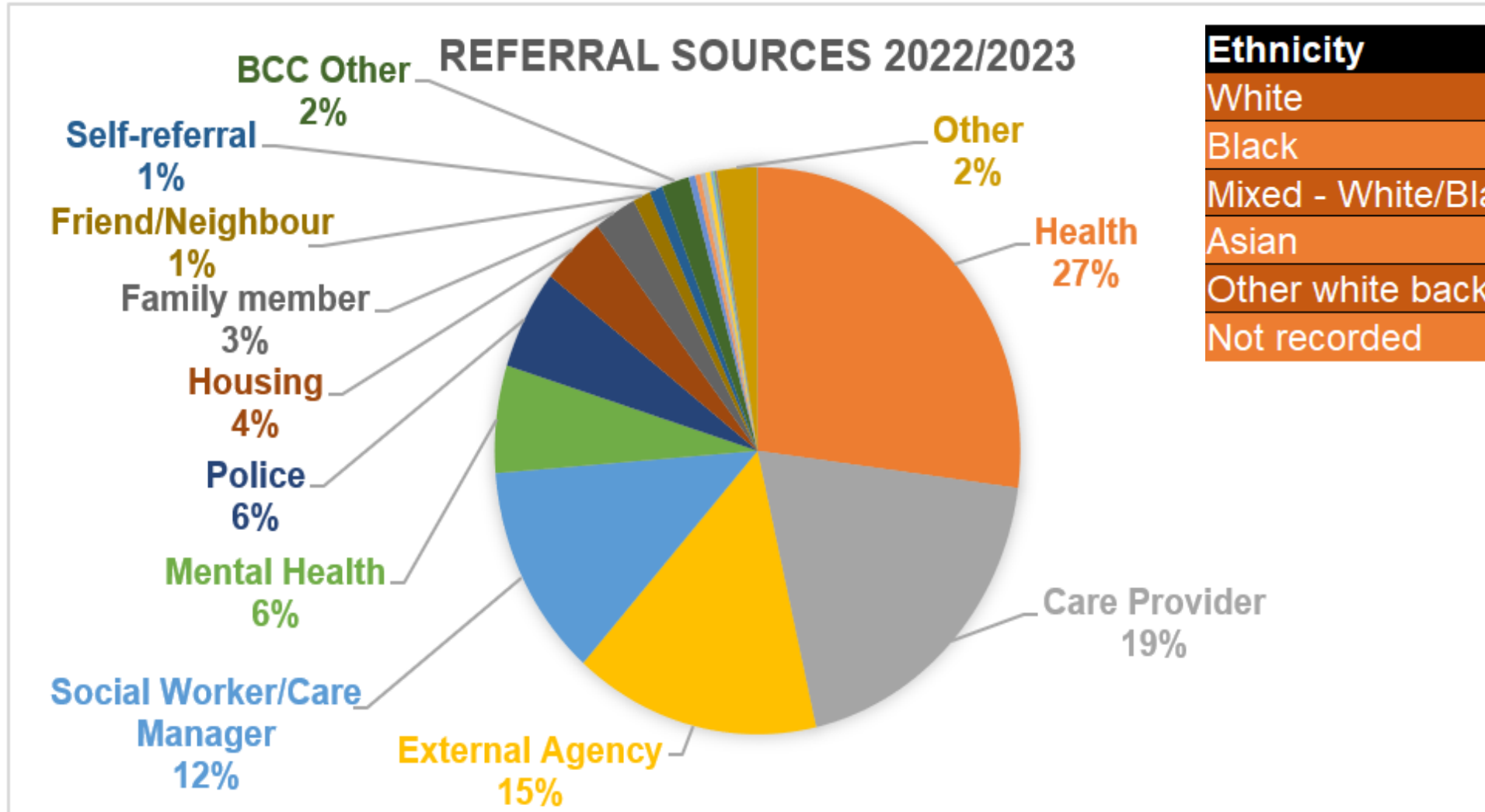
Adult Safeguarding in Bristol – Setting the Scene

Referral Trend Detail:

- Self-Neglect remained Highest received abuse type, closely followed by other forms of Neglect and Physical abuse.
- This trajectory is set to continue next financial year, as so far this year, the picture is similar.



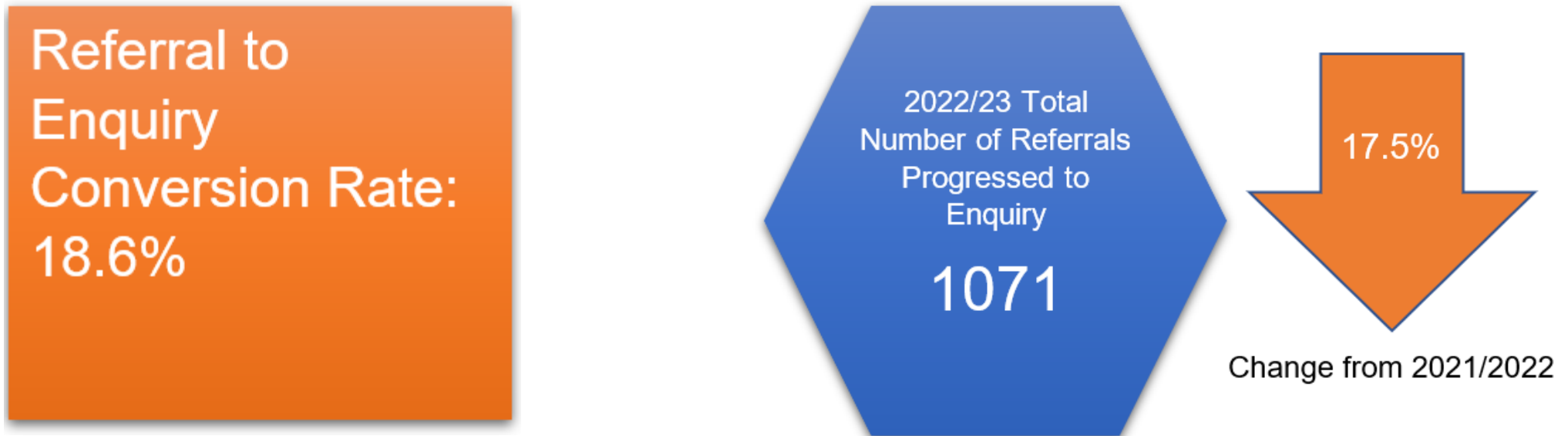
Adult Safeguarding in Bristol – Setting the Scene



Ethnicity	Total
White	617
Black	44
Mixed - White/Black	14
Asian	14
Other white background	8
Not recorded	374

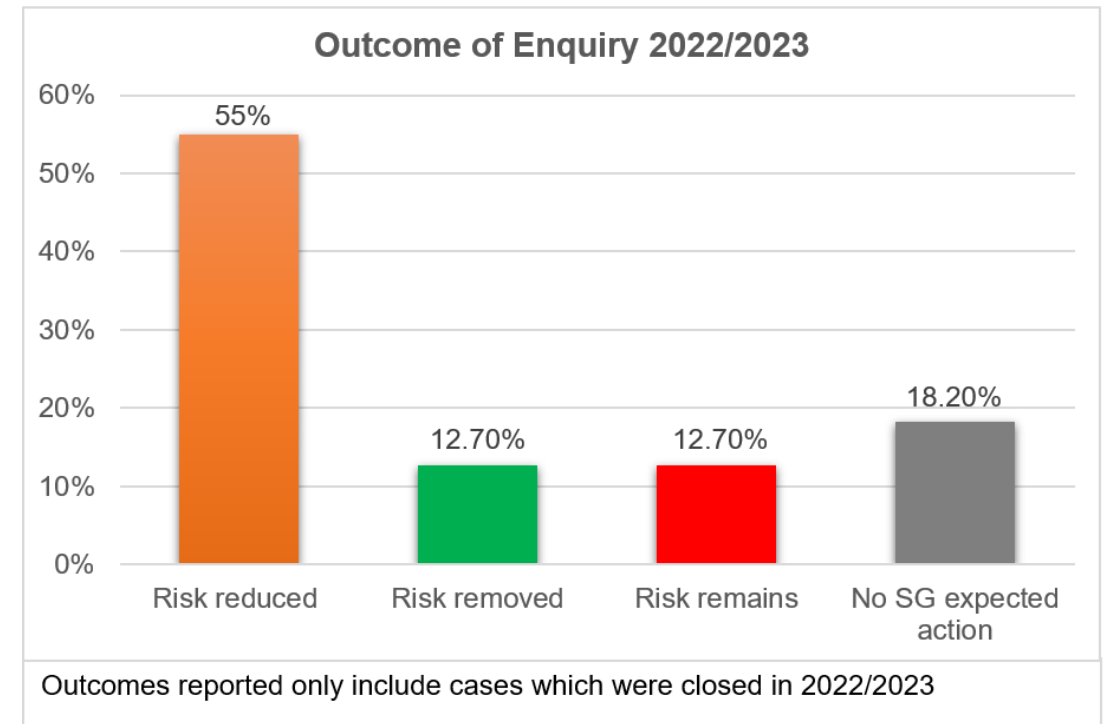
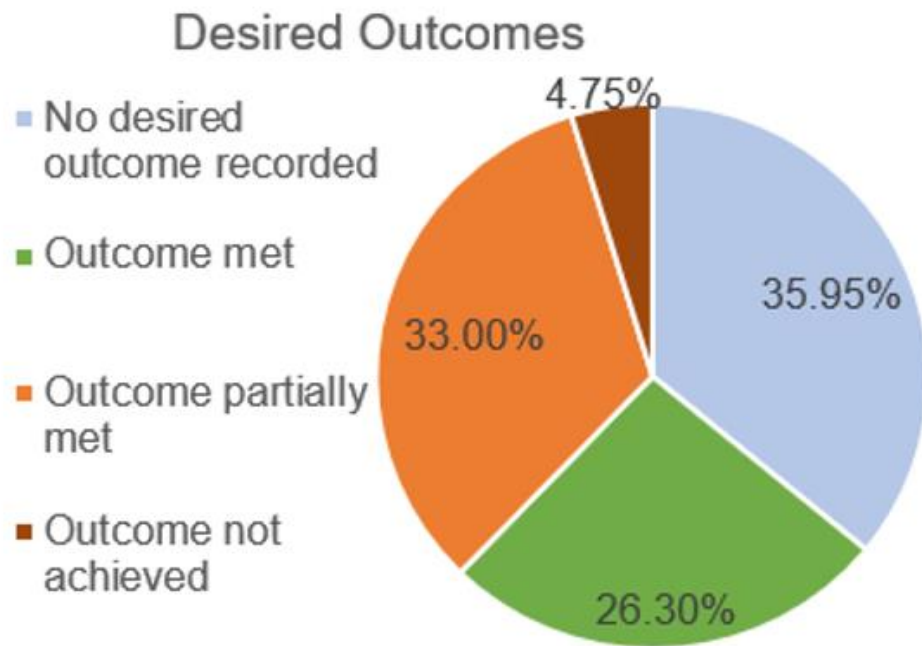
Adult Safeguarding in Bristol – Setting the Scene

- The conversion rate shows a % of referrals that are converted to s42 Enquiry at the s42.1 stage.
- This highlights that around 81% of referrals received do not meet Safeguarding criteria.



Safeguarding Enquiry Outcomes

This slide provides a snapshot of the recorded outcomes of Safeguarding referrals for 2022/2023.



Making Safeguarding Personal (MSP)

‘Nothing about me without me’

- **Local Government Association (LGA) initiative in conjunction with the Association of Directors of Adult Social Services (ADASS).**
- **ADASS Concerns Framework – Apply alongside MSP**
- **MSP is now incorporated into the Care Act 2014, we adopted in new Standard Operating Procedure (2021)**

The ethos and guidance instructs us that:

- **Adults at risk are encouraged to make their own decisions, identify what they need to make themselves feel ‘safe’ or ‘safer’ and are provided with support and information to empower them to do this.**
- **This means understanding the Persons wishes for independence, choice and control and working with risk to achieve the outcome.**
- **Practice should be person led and outcome focused.**

Risk Enablement – The Balance of Wellbeing and Risk

- Risk enablement is an approach that recognises that carefully considered risks can empower individuals, enable them and help improve their wellbeing.
- If an individual wants to partake in an activity that has potentially negative risks associated, supporting them to identify the negative consequences associated, and finding a way to minimise them, can minimise risk and ensure safety.



Risk Enablement

- The KBSP and have produced a Risk Enablement Guidance for the KBSP workforce and ASC have produced a Risk Assessment Tool to complement this.

The Bristol Tool 2 Layers of complexity and intersectionality.

The assessment of risk is multi-faceted in that there is a Risk Enablement Focus where we assess risk with the Adult At Risk. In addition to supporting Making Safeguarding Personal, we must be clear of our legal duties to assess, manage, share and report risks as we protect the Adult. We learn from Thematic from Safeguarding Adult Reviews (SARS) that additional Layers of risk must be considered to assess whether this increases the risk to the Adult and whether as a consequence, alternative actions are required.

Internally, when Safeguarding concerns, or risks to adults become serious enough appropriate action must be taken at Team, Operations and at Strategic level. Usually related to sharing information, escalating it, referring to partners for a response to trigger multi-agency protection planning, and/or sharing the risk internally with the appropriate strategic level, especially where usual processes are not supporting outcomes.

This tool will support and guide in considering the risks in better detail, and making clear the expected actions in such scenario's to support a deeper analysis of the situational risk.

Type & Safety	Not Safeguarding	Safeguarding Screening & Proceed to Referral		
Risk Level	Low	Medium	High	Critical
MCA	There are no concerns about the adults ability to make a capacitous decision.	There is uncertainty about ability to make a decision in a capacitous way. Perhaps the person has an LD or Mental Disorder, and capacity fluctuates. Consider "pentameter caselaw" and only use "presumption of capacity" if lawful.	There is a significant disturbance in or impairment of the functioning of the mind or brain following assessment, which prevents safe decision making and protection. Hate/Mate crime Under a DoLS/LPS Under MHA or subject to s117.	Significant Risk and increased violence Anti-social behaviour in the context of MD. Forensic history Risk to life
Actions to Mitigate:	Mental Capacity Actions and Recording. Where mental capacity concerns impact the ability of an Adult to understand the risks or engage with the protection planning actions, a mental capacity act assessment around the decision should be completed.			

	Where the outcome is that on balance, the person lacks Mental Capacity, our legal duty to take action under the parameters of the Mental Capacity Act 2005 is engaged.			
	Where the 'presumption of capacity' principal is relied upon, this must be recorded in detail with reference to the evidence available to support the presumption. Where a person meets the criteria for s.1 MCA 2005, relying on presumption of capacity may not be good practice or legally defensible. Seek advice if unsure.			
Self-Neglect: Exacerbated by Physical illness/Mental Disorder. <ul style="list-style-type: none"> Diabetes (treated-untreated) Ulcerated Limbs Cancer (untreated) Alcohol Related illness Poor personal Hygiene Untreated Mental disorder Conditions linked to hoarding environment. 	One omission, not impacting on overall safety and wellbeing. The person has unmet care and support needs or risky behaviours, but these can be met via information and advice, assessment, care and support planning.	As minimal harm but with a risk of reoccurrence or emergence of a pattern which causes concern Behaviours that result in risk to wellbeing, but this risk is not considered significant.	Several omissions causing distress and having impact on overall safety and wellbeing of the person. Behaviours that result in significant risk to wellbeing and the person. They may be accepting of limited support.	Ongoing and frequent neglect that is causing serious and imminent risk to safety and wellbeing. Behaviours that result in serious and imminent risk to own safety and wellbeing and the person have persistently refused support. Risk needs immediate escalation with a strategic and MA Risk Management Meeting convened. With ALL <u>health related</u> conditions, in the Safeguarding Protection planning space, health should lead on plan to manage MCA assessment and any treatment related to the concern.
		The person may be accepting of limited support.		

- This Guidance will launch with soon along with the risk assessment tools.



Risk Enablement

Risk Assessment Tools – Supporting Risk Enablement

1. **Risk Enablement** - Measurement of Risk with MSP – Risk Enablement Lens
2. **Intersectionality and Layers of Risk** – How do layers of risk increase concern and require alternative course of action?
 - **Escalation** – Various Internal Sources
 - **Second opinion before closures**
 - **Additional actions** - MSP/Specking to Adult before Closure
 - **Multi-agency Action Plan before closures**
 - **Partnership Actions**
3. **Safeguarding Threshold Decisions**

Challenges – Mental Capacity

Mental Capacity is a pivotal consideration in Adults Safeguarding.

The adult should be able to understand:

- what harm has occurred;
- the risks and consequences of the harm;
- specific protective measures and what they entail.

Very often capacity is unknown at the point of referral.



Mental Capacity Act 2005

Challenges - Consent

Consent must be the start of the conversation with the Adult In Safeguarding Adults.

In Safeguarding consent from the adult should be obtained for:

- consent to starting the process;
- consent to sharing information;
- consent to safeguarding enquiries proceeding;
- consent to protective measures being discussed and planned.



Consent can be overridden in line with the Human Rights Act to manage specific risks. This must be justified and there must be a legitimate aim to overriding consent for any of the above.

Challenges – The Complexity of Self-Neglect

Mental Capacity – Do they consent? Work must be undertaken in this area first.

- Understanding Self Neglect – **Neglect of self, environment, refusal of support.**
- **Neglect of self:**
 - Poor Hygiene –(Hair care, dirty clothing)
 - Malnutrition
 - Unmet medical needs – (Ulcers, Diabetes)
 - Lifestyle choices that lead to harm
 - Addiction/Substance use
 - Social Isolation
 - Evidence of child neglect by the Adult – Dual response



Challenges – The Complexity of Self-Neglect

- **Neglect of Environment:**

- Unsanitary or dirty conditions resulting in hazards and harm.
- Hoarding (links to mental disorder)
- Fire Risk
- Poor property maintenance
- Poorly cared for pets
- Vermin
- Lack of heating or running water
- Poor financial management



The above usually comes with refusal to engage or see situation as a risk to them or fear of engaging.

Challenges - Robust Partnership Working

Partnership working is often the only way to positively address Self-Neglect due to the layers of risk involved.

The agencies who may be best placed to support people who self-neglect may one or a combination of:

- **Mental health services accessed via the GP**
- **Secondary Mental Health Services**
- **Voluntary services to provide advocacy and practical support**
- **Housing tenancy support officers**
- **Environmental services**
- **Fire services**
- **Social work safeguarding enquiries, needs assessment and care planning**
- **Ongoing support and intervention**

What about Learning from Bristol SARs?

- Learning from Bristol SARS – (Self-Neglect Thematic).
 - 1. Professional understanding of the risks associated with self-neglect of health conditions and nutrition**
 - Cross agency strategy and procedures are needed to address risk and escalate health risks
 - Addressing layers of risk: Addiction/Intersectionality
 - 2. Involving informal carers/family members at all levels during the Safeguarding Process**
 - More a of focus on MSP is required
 - 3. Use of the safeguarding process to reduce risk**
 - Use of Key Policy and procedure - Multi-agency Self Neglect Policy & Escalation process
 - Use of discussion forums to prevent complex high-risk cases from moving forward
 - 4. The impact of the COVID-19 pandemic and increasing resilience**
 - Risk assessment tools and processes
 - Risk enablement process

What are we doing about it?

- **KBSP Risk Enablement Policy** – With Adults informed risk assessment tools.
- **KBSP Self-Neglect Working Group** – Developing a self-neglect Pathway and Discussion Forum.
- **KBSP Transitional Safeguarding Pathway** – focus on ensuring a safe transition for Young People in Safeguarding.
- **Review of Safeguarding Referral Form** – Consent, reduce inappropriate referrals, more discussion.
- **Review of Internal Safeguarding Forms (LAS)** – Due for review, streamline and update to reflect new guidance.
- **Multi Agency Safeguarding Hub** – MASH project led by ASC and KBSP
- **Internal Pathways** – Repeat Referrals and Interim Self-neglect Pathway

BCC ASC Safeguarding Adults Team

Contact

- Email: safeguardingadults@bristol.gov.uk
- Phone: 0117 903 6629

Safeguarding senior leadership

- Strategic Safeguarding Lead tracey.judge@bristol.gov.uk

Operations

- Safeguarding Service Manager: claudine.mignott@bristol.gov.uk
- Team Manager: louisa.ratcliffe@bristol.gov.uk



How is Making Safeguarding Personal being taken forward across the partnership?

10 minutes to discuss on your tables, please talk to colleagues in different agencies.



Plenary with the KBSP Executive

20 Minutes





LUNCH BREAK

13:00-13:30



Please use the post-it notes as an opportunity to submit questions for plenary



PARTNERSHIP BINGO

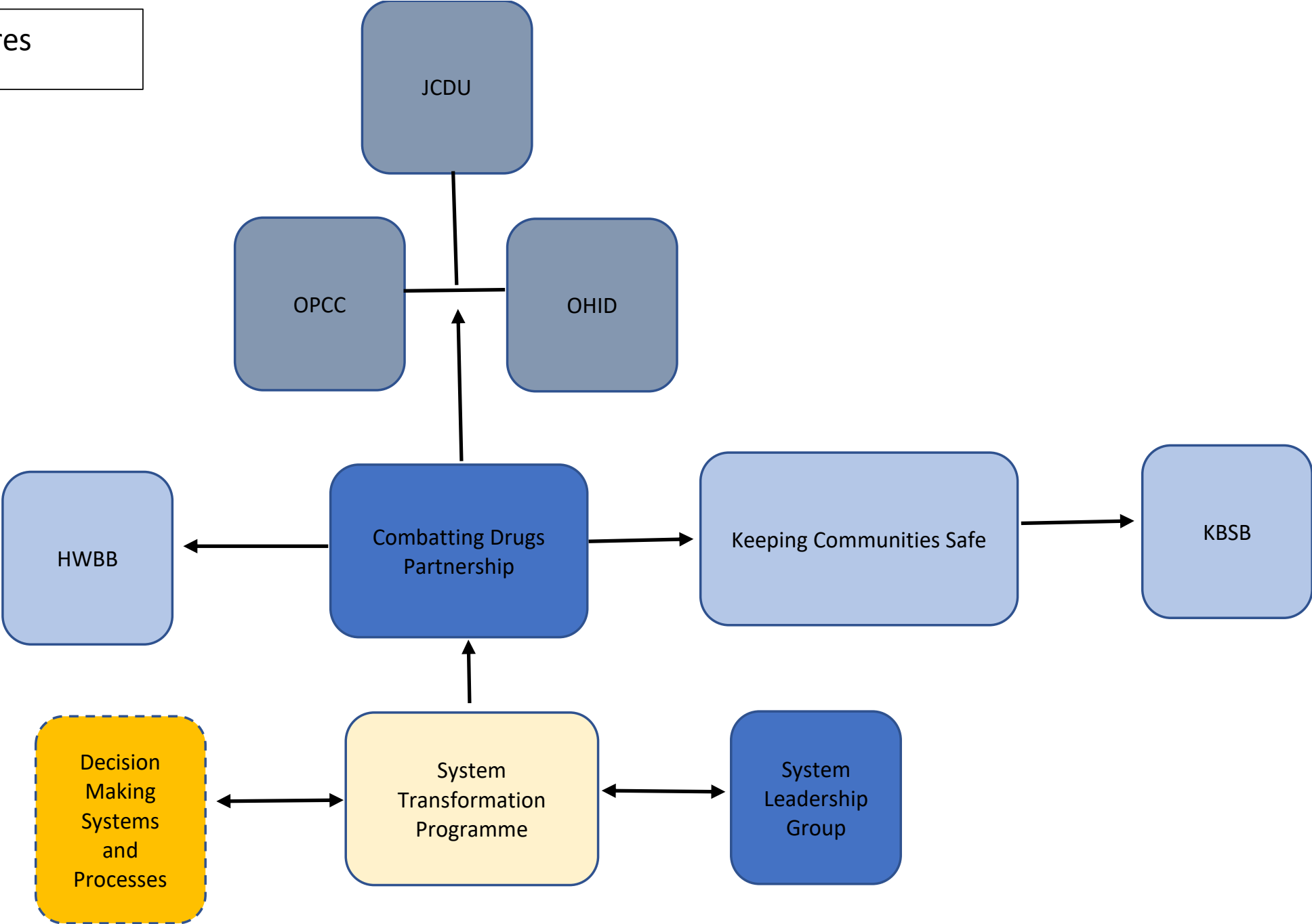
13:30-13:45





Bristol Drug and Alcohol Programme

Partnership Structures



STRENGTHS

Passion
Commitment
Local knowledge

WEAKNESSES

Insufficiently data driven
Not having enough lived expertise
Not working as one system
Not looking up and out enough

SWOT

OPPORTUNITIES

Improve use data and insights
Put lived expertise at the centre
Focus on outcomes
Learn from the best

THREATS

Impacts of austerity
New substances
Drug markets
City 'pull factors'

System Transformation Programme

Combatting Drugs Partnership (Chairs: Christina Gray & Mark Runacres)

D&A Transformation Programme System Leaders Group

Transformation Programmes

1. Continuity of Care

2. NHS/Health Services

3. Drug- Related Deaths

4. Homelessness

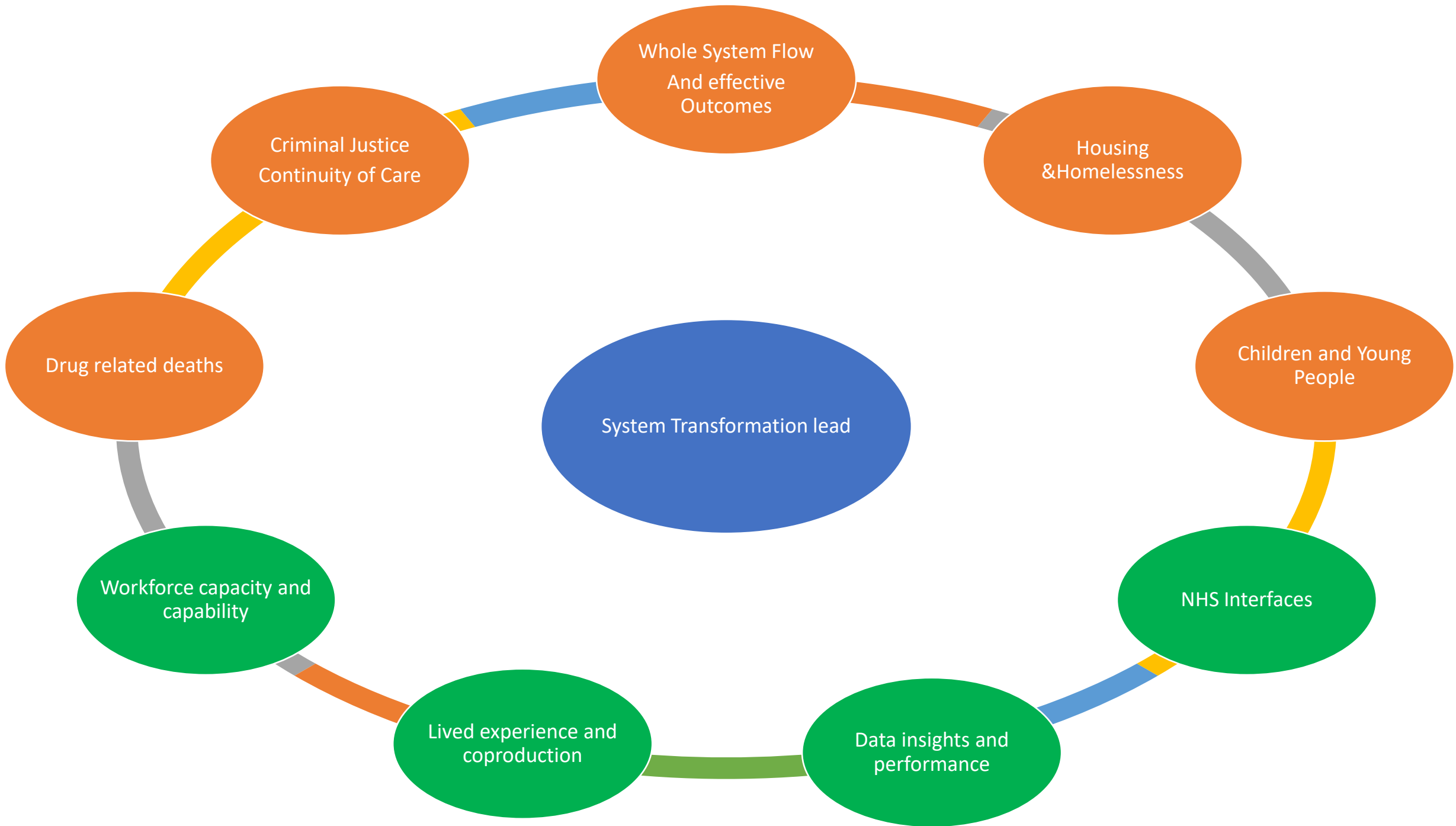
System Flow & Effective Outcomes

Coherent system plan built on existing ROADS and other contracts PLUS new investment

ENABLING PILLAR: Evidence

Qualitative (user voice, expert opinion) &
Quantitative (system flow, efficiency, effectiveness, KPIs)

ENABLING PILLAR: Workforce
Capacity, Capability, Integrated Working



Metrics

Continuity of care from prison to community

29% Target 70%

Drug related deaths

53 in 12 months (rate 5.8 per 100,000)

Increase by 20% numbers accessing treatment

Current in treatment: 3355

The Safer Options Approach

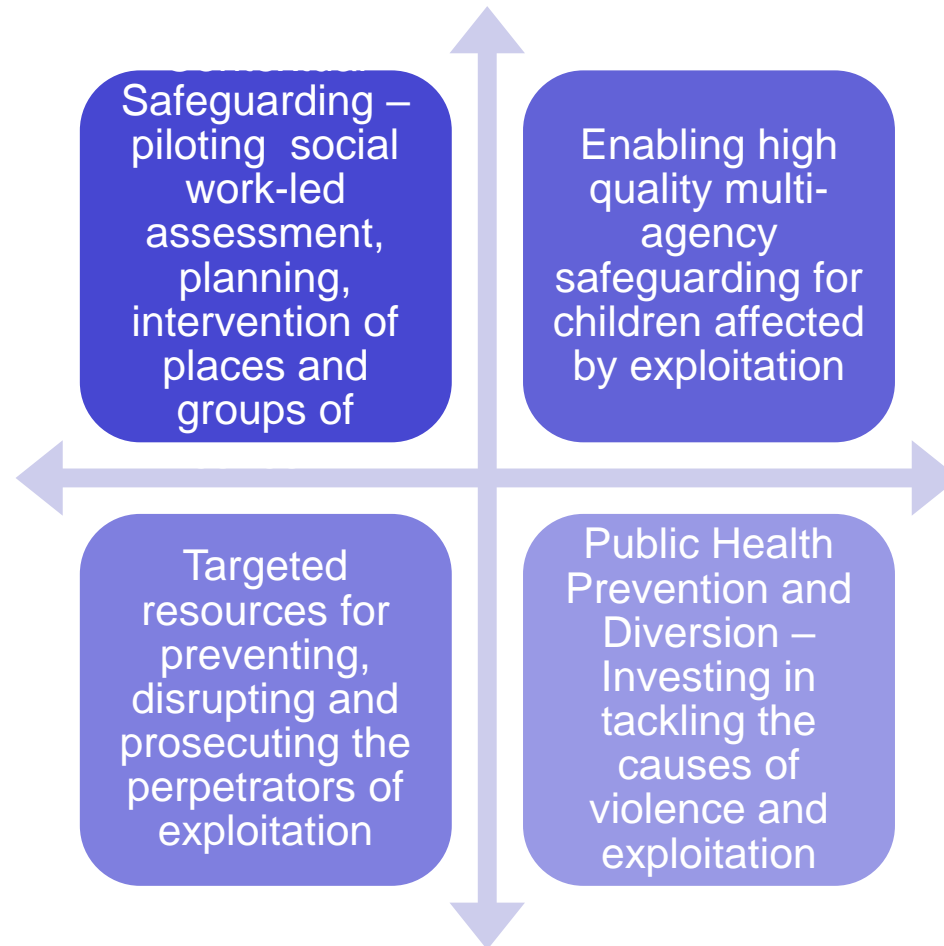
Building an integrated system to prevent and protect children from violence and harm in our communities

What is “Safer Options”?



Bristol

Violence
Reduction
Partnership

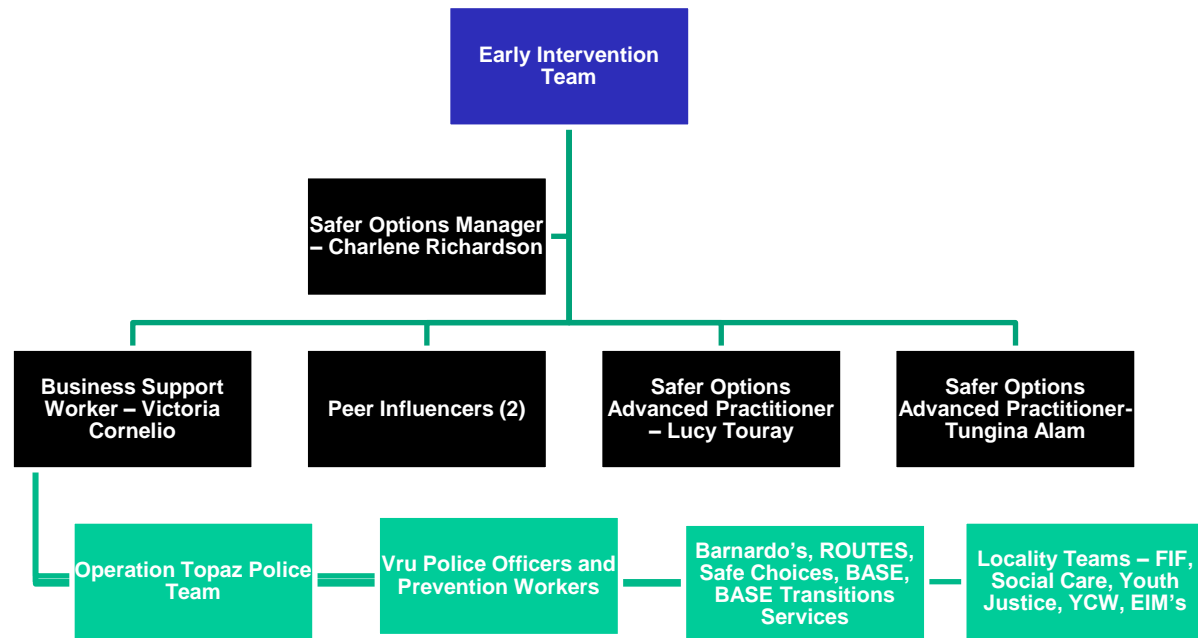


Safer Options is the name we give to a coordinated whole system response to prevent serious violence and exploitation.

Safer Options provides an umbrella under which new initiatives are brought together to enable a coherent response to extrafamilial harm to develop

Safer Options is Bristol’s devolved violence reduction unit which is part of the Avon and Somerset-wide violence reduction partnership. In Bristol we have decided that our approach will span all forms of extrafamilial harm.

Safer Options Hub



Children and Families Services



Our aims



Develop a coherent system which:

- Minimises duplication of safeguarding decision-making processes and maintains core assessment, planning and review pathways
- Recognises exploitation primarily as a safeguarding issue not a community safety/criminal justice issues
- Brings in non-traditional safeguarding partners into our safeguarding practices for information sharing and intervention including community intelligence, licencing, housing, community safety, businesses
- Improves live-time data and information sharing with the police
- Develops ways of assessing risk outside the family home within our statutory frameworks
- Retain focus and investment on early intervention and prevention whilst providing therapeutic services for those at the highest risk
- Builds multi-agency workforce skill and capacity in delivering services to adolescents as an expectation for all social workers and FIF workers

	What this looks like in Bristol
Coordination	Multi-disciplinary team (Safer Options Hub) bringing together Violence Reduction practitioners and exploitation practitioners focused on workforce development; capacity-building; piloting new approaches; coordinating information; brokering bespoke support for children
Assessment	Maintained single early help and social care assessment framework for all types of abuse and neglect. No duplicate assessment process. Single assessment includes contextual safeguarding prompts and contextual safeguarding triangles to aid balancing extra-familial harm and familial harm. Training roll-out beginning this month following pilots with University of Bedfordshire.
Multi-agency leadership	Weekly multi-agency meetings in each of the three localities coordinating the areas operational strategic response to exploitation and serious violence. Chaired by social care Deputy Service Manager. Dynamic information sharing with increasing focus on contextual pathways for assessment and intervention with groups and places
Dynamic data products	Safer Options app; Police Violence Reduction app; Exploitation app. Live-time multi-agency Qlik apps which model known risk and use predictive analytics to enable strategic targeting of resource
Education inclusion	Multi-year investment in Education Inclusion Managers focused on delivering projects supporting schools to reduce educational exclusion. Recently scaled up force-wide as recognition of good practice model by Home Office.

Prevention, Diversion and Community Intervention

Preventative Interventions



Bristol
Violence
Reduction
Partnership

- **Girls groups:** group programme supporting girls on the periphery of groups exposed to extrafamilial harm. One in each locality of the city.
- **Education Inclusion Workers:** workers embedded in six secondary schools providing enhanced pastoral care and preventative interventions in the school environment to young people at risk of exploitation
- **Detached and in-reach youth work** across the city linked to hot spots and areas of higher need. Model of “pop-up” youth club in summer holidays
- **Prevention Workshops** Universal workshops raising awareness on SYV, Exploitation, County lines, knife crime and negative influences of social media and working with young people to raise aspirations.
- **The Bright Outlook (NHS) Programme** an NHS led anti-knife crime programme working with selected young people from secondary schools across Bristol.

Proactive Interventions



- **Weapons and Drugs in Schools:** 48 hour rapid response by Education Inclusion Managers putting in place risk assessment and preventative programme of work reducing exclusion
- **Hospital Rapid Response:** 24 hours rapid outreach services from Barnardo's offering specialist support to any child presenting in a hospital trust in the area with an injury from serious violence
- **Late-night outreach:** youth work, police and social work targeted outreach in areas where there is concern about organised exploitation of children/missing children. Includes proactive engagement programme with adult street sex workers to build confidence in information sharing about children being exploited through organised crime
- **Targeted Group work:** . Working in partnership with local youth organisations to co design and deliver. This programme is centred around supporting identified friendship groups of young people aged 11-25 involved in CCE/ SYV to manage conflict and improve relationships. Project Workers will create open and safe spaces for young people to share their experiences, challenges, and perspectives around living in the community, whilst supporting them with decision-making and goal setting.

Targeted Interventions and Diversion



- **Community Mentoring:** framework of 20 providers of community mentors across the city offering 3-12 months of community mentoring support for young people at medium/high risk of exploitation and their siblings
- **Parent Support Groups:** parent-led support groups in each area of the city providing advice, guidance and peer support as parents of children affected by exploitation
- **Call-in Project:** deferred charging programme for 16-21 year olds in East/Central arrested for crimes related to drug-dealing and serious violence
- **BDP New Leaf Project:** young people's substance misuse project for young people dealing or using cannabis (accepts referrals through out of court disposal as well as direct)

Participation, voice and influence



- **Connecting Communities:** community development meetings with VCS groups to engage community organisations in issues related to exploitation and serious violence and shape strategy
- **Community meetings:** community development meetings run by lead VCS groups to engage community members in issues related to exploitation and serious violence and shape strategy
- **Child safeguarding practice reviews:** engagement of parents and young people central to commissioning of reviews and shaping recommendations
- **Safer Options approach 2020:** independent research on the views of young people for delivering CCE services
- **Youth Violence Summit:** Consultation with young people across the city to develop a youth manifesto on SYV.



Participation, voice and influence

Peer Influencers

What are the peer influencers?

- The peer influencers are young people who work around helping other young people. We have good understanding of the struggles young people face being young people ourselves. We mainly work around sexual exploitation and criminal exploitation.

Role

- Evaluating the work of Safer Options – Measuring the impact of commissioned work incl. Girls Groups, Schools Workshops and Community Mentoring.
- Developing and Leading on projects that matter most to you with the guidance provided by the Manager.
- Being part of recruitment and sitting on interview panels.
- Consultation – Seeking the views and voices of young people on the issue affect them in relation to exploitation and serious youth violence and possible solutions.

Participation, voice and influence

- Developing Resources based on guidance provided.
- Raising Awareness – working in the community or schools to raise awareness with young people about what is exploitation, county lines, SYV, knife crime etc.
- Sharing your views and experiences with VRU senior managers and external partners to help shape how we fund programmes, manage campaigns and influence policies.
- Attending monthly Peer Influencers meetings and participating in training.
- Sitting on different boards – representing the voice of young people on different boards that link to Safer Options – including the SYV prevention board.

Next Steps



- Building on Success
- Developing New Pathways
- Community Engagement
- Training & Development
- Conference
- Campaign



Centre of
expertise
on child
sexual abuse



Working with the National Centre of Expertise on Improving Bristol's Response to Child Sexual Abuse

Why we are implementing the Child Sexual Abuse Pathway in Bristol

Far more children are sexually abused than services identify

Child sexual abuse in 2020/21: Trends in official data
[csacentre.org.uk](https://www.csacentre.org.uk)

An iceberg graphic where the tip is above the water line and the much larger base is submerged. The water line is represented by a horizontal dashed line. The numbers are placed at different levels relative to this line: 2,600 is above, 46,000 is on the line, 89,000 is below, and 500,000 is in the dark blue area below the water.

2,600 children on a child protection plan due to child sexual abuse
(England and Wales)

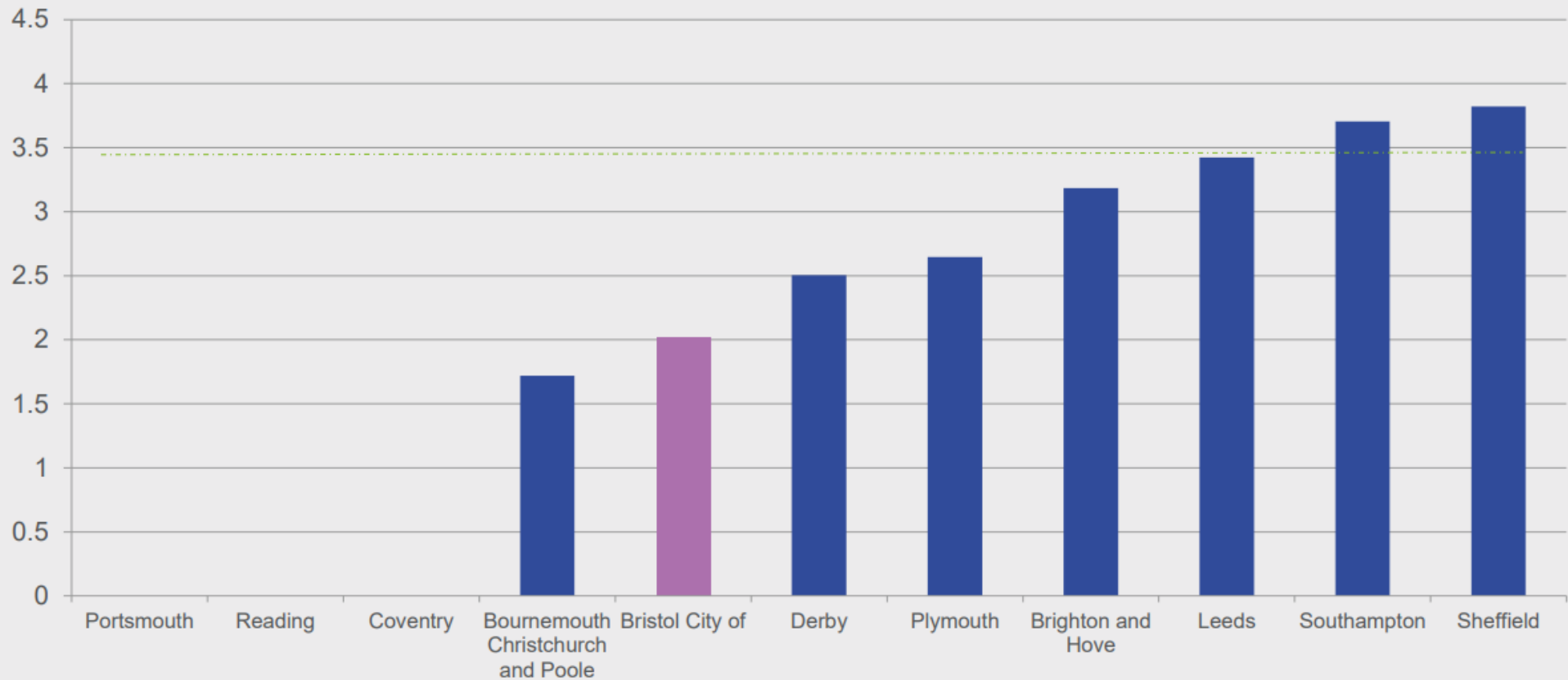
46,000 children assessed at risk of sexual abuse*
(England)

89,000 child sexual abuse offences recorded by the police
(England and Wales)

500,000
children estimated to experience child sexual
abuse every year**

Sources: Home Office, Police recorded crime and outcomes, 2020/21; Department for Education, Characteristics of Children in Need, 2020/21. * Includes assessments in child sexual abuse and exploitation. ** Estimate calculated using single-year prevalence estimates by age group (Radford et al, 2011, Childhood abuse and neglect in the UK today) and the Office for National Statistics 2020 population estimates. Please note: numbers rounded to the nearest hundred.

Children on a child protection plan under the cat. of sexual abuse as a rate per 10,000 children 0-17, Bristol and its statistical neighbours, 2019/20

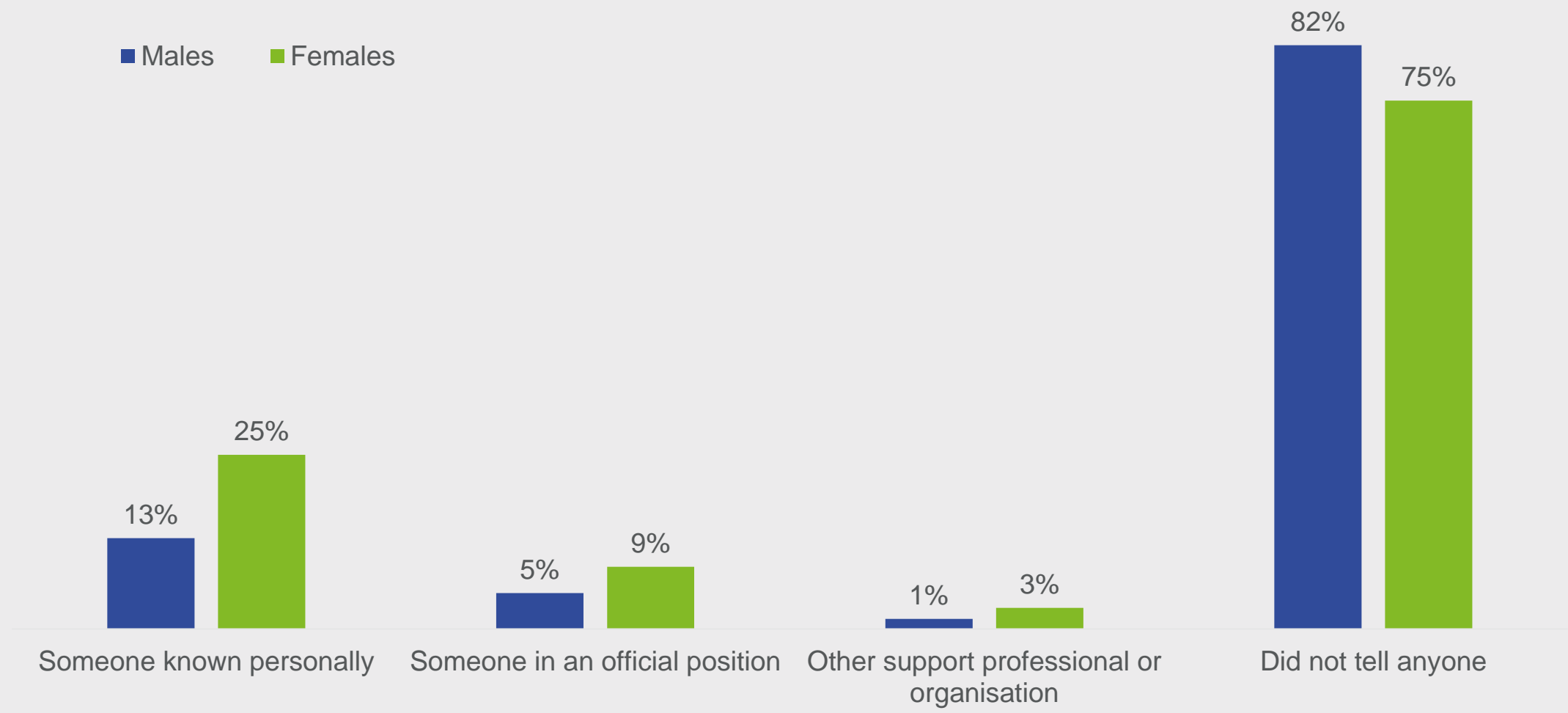


The number of CSA offences recorded per 1,000 child population (0-16), Avon and Somerset police and neighbouring police forces, 2019/20



Who was told at the time (ONS 2020)

■ Males ■ Females



“Professionals rely too heavily on children to verbally disclose”

(Report into Child Sexual Abuse in the Family Environment, JTAI 2020)

Why we can't expect children to tell us



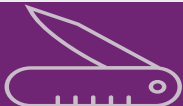
Lacking language



Don't recognise it as abuse



Shame or embarrassment



Threat or manipulation



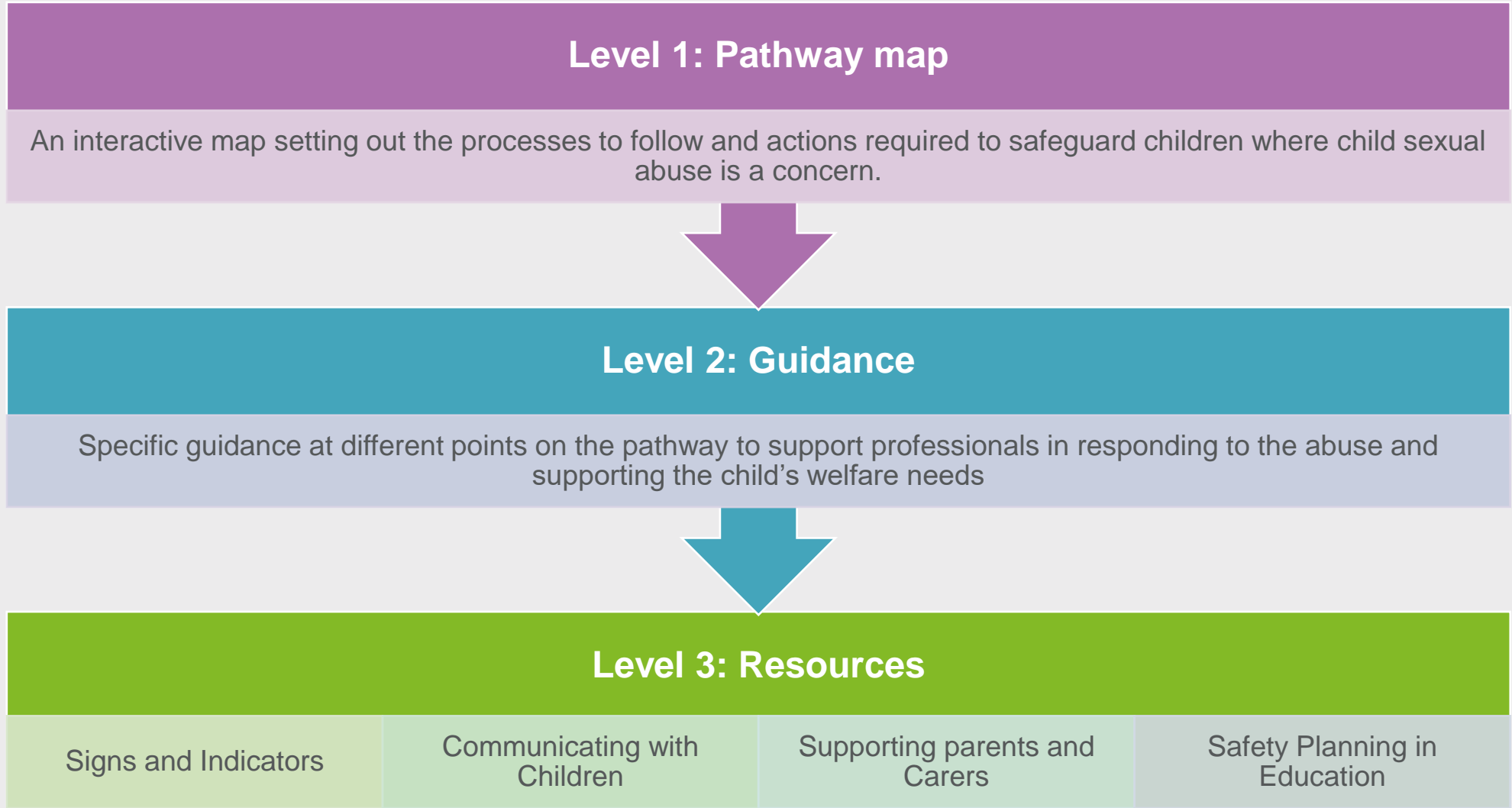
Fear of the consequences



Feeling responsible

<https://csapathway.uk/>

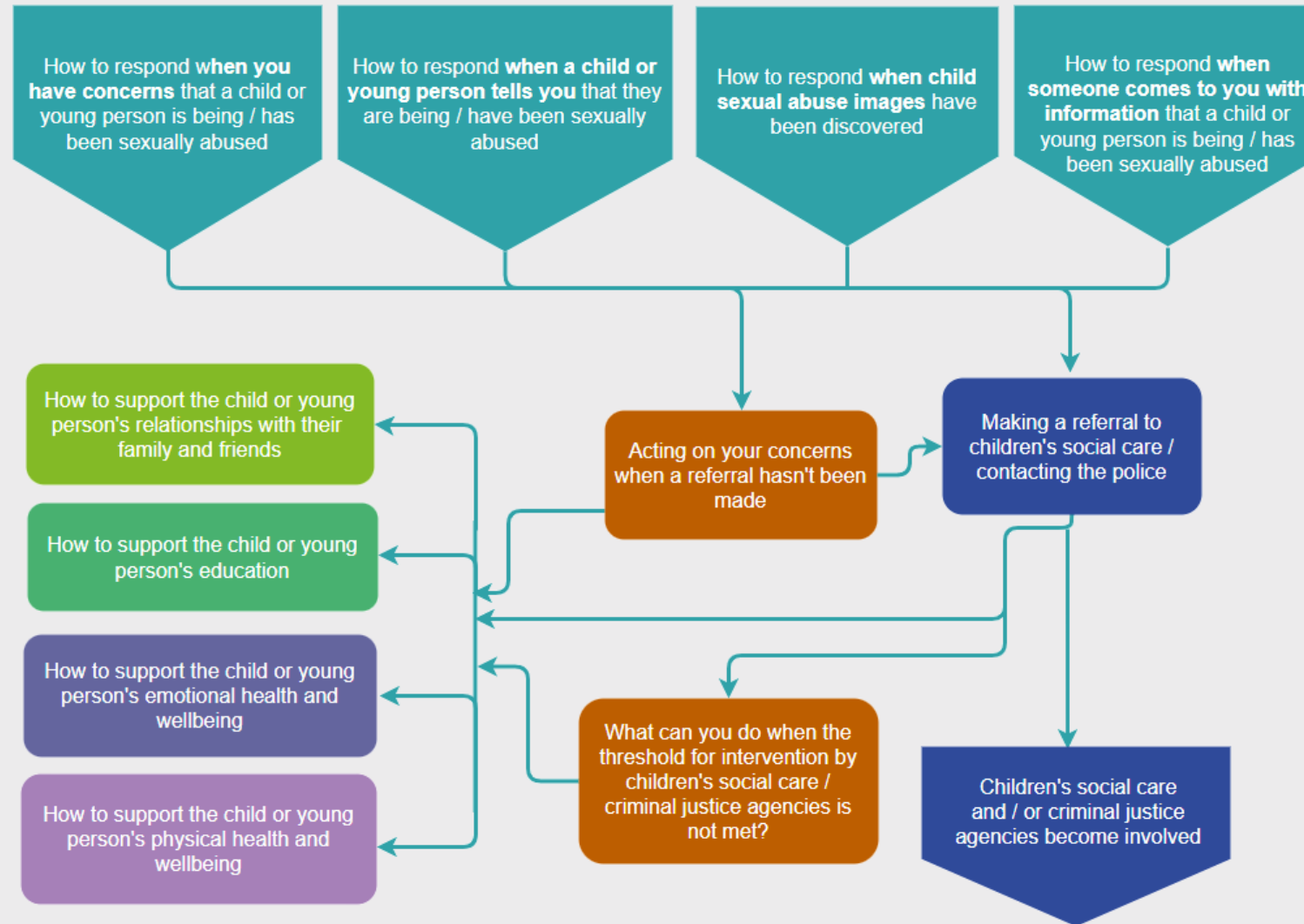
The Child Sexual Abuse Response Pathway



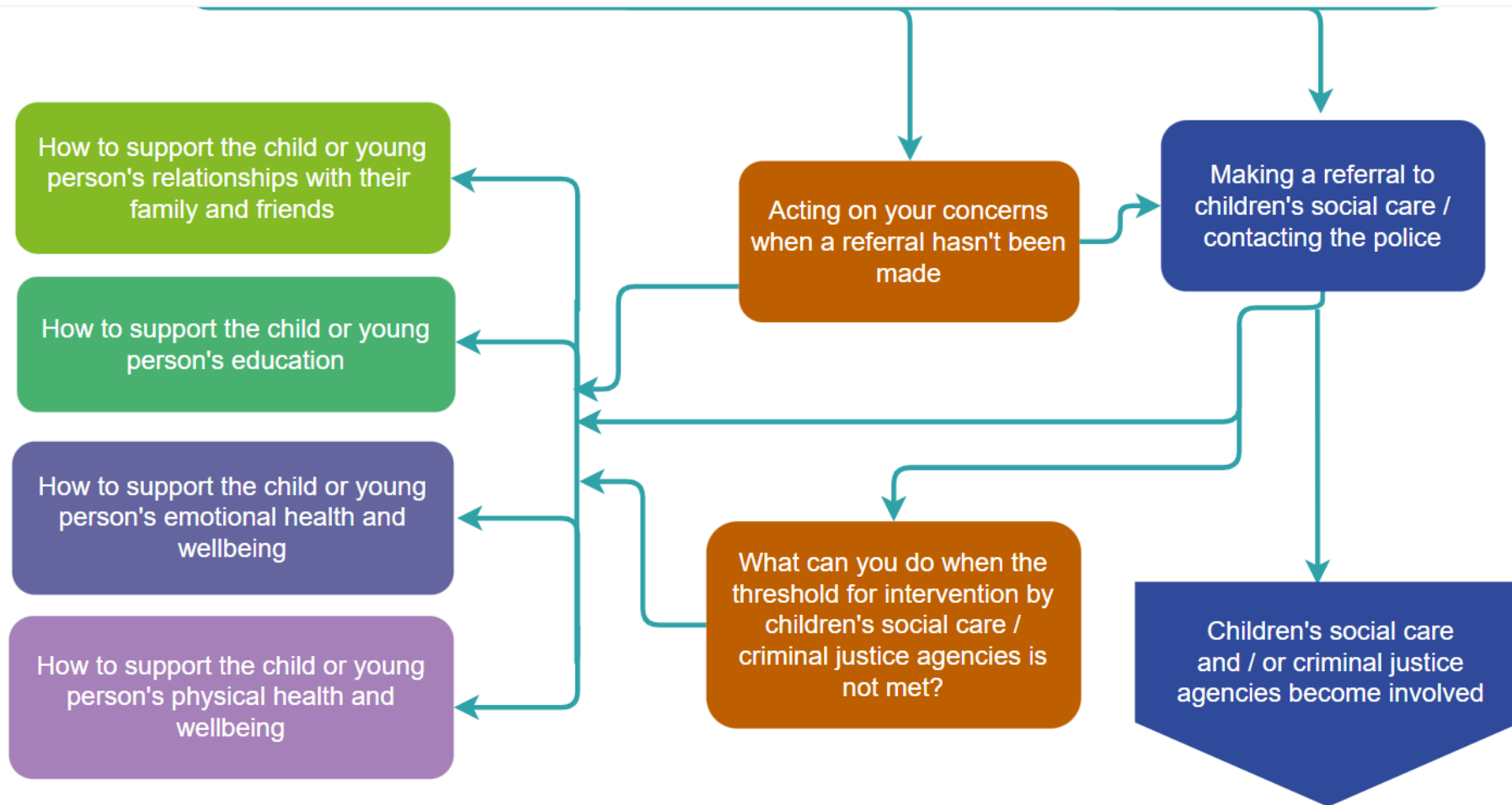
A focus on all forms of sexual abuse



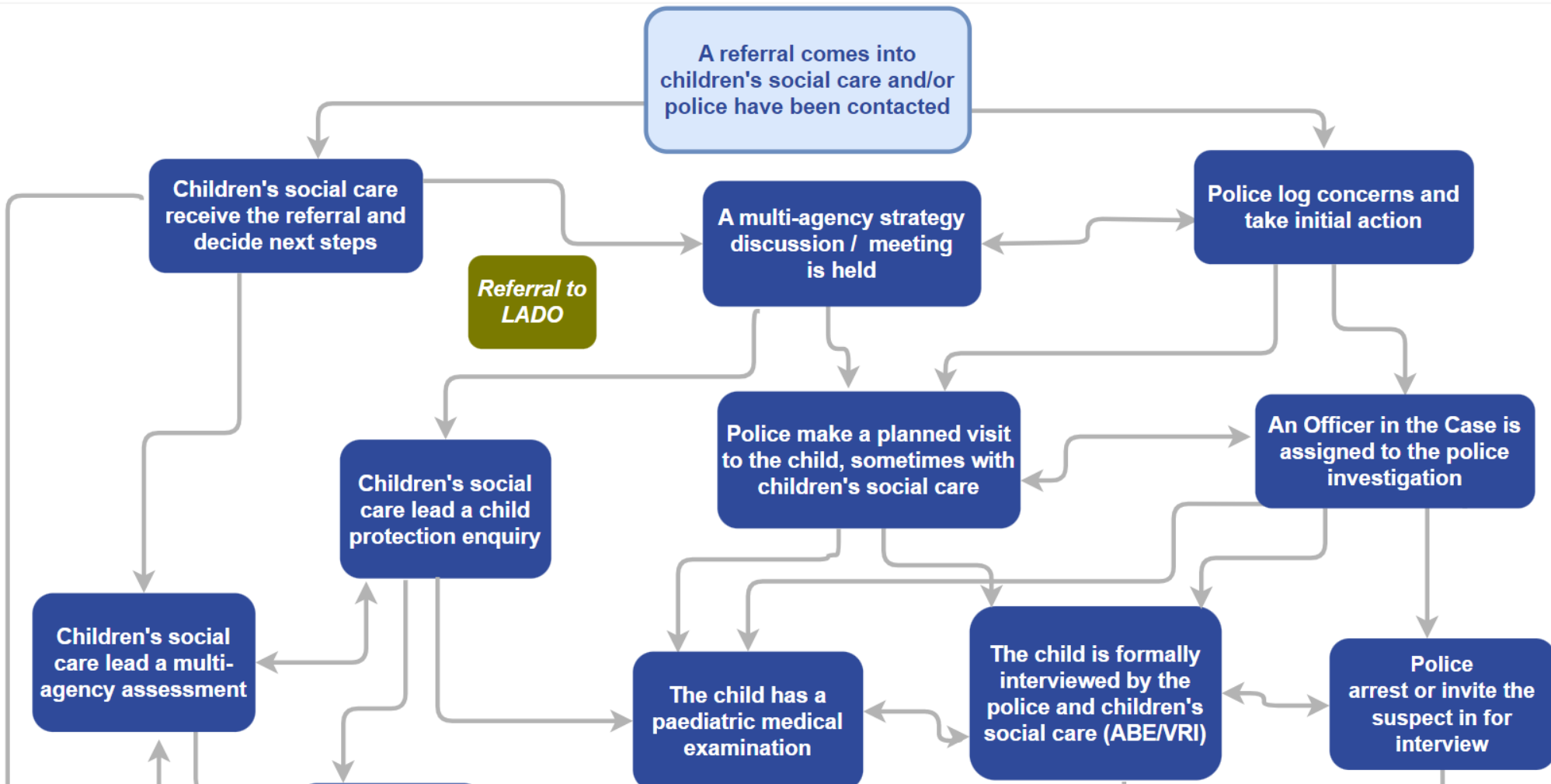
The Child Sexual Abuse Response Pathway



THE CHILD SEXUAL ABUSE RESPONSE PATHWAY



THE CHILD SEXUAL ABUSE RESPONSE PATHWAY



Impact, signs & indicators

The longer term impacts of child sexual abuse

IICSA, 2017

Physical health	Emotional wellbeing, mental health and internalising behaviours	Externalising behaviours	Interpersonal relationships	Socio-economic	Religious and spiritual belief	Vulnerability to revictimisation
<ul style="list-style-type: none"> Physical injuries High BMI Problems related to child birth Unexplained medical problems 	<ul style="list-style-type: none"> Emotional distress Trauma / PTSD Anxiety Depression 	<ul style="list-style-type: none"> Substance misuse Risky and inappropriate sexual behaviour Offending 	<ul style="list-style-type: none"> Reduced relationship satisfaction and stability Issues with intimacy and parent-child relationships 	<ul style="list-style-type: none"> Lower educational attainment Higher unemployment Financial instability Homelessness 	<ul style="list-style-type: none"> Dillusionment with religion Faith as a coping mechanism 	<ul style="list-style-type: none"> Sexual revictimization in childhood and adulthood Other types of victimisation

The Traumatic Impact of Child Sexual Abuse

Betrayal

Traumatic sexualisation

Confusion

Stigmatisation

Powerlessness

Secrecy

How might this impact present in children and young people?

How does the impact of child sexual abuse present in children? (Adapted from Rosaleen McElvaney, 2016)

Fear

- The child may be scared of the person who has harmed them and be reluctant to see them
- Fear of others
- Lonely and isolated-wary that people will find out about the abuse and reject them

Anxiety

- May feel anxious about the abuse and been threatened by the abuser
- Can manifest as worries about going to school, friendships, being alone, difficulties sleeping

Low mood

- May become quiet and withdraw from friendships, and may appear sad or reluctant to talk.
- Non-organic symptoms (e.g. tummy pain or headaches)
- Immune system may be affected

How does the impact of child sexual abuse present in children? (Adapted from Rosaleen McElvaney, 2016)

Difficulty regulating emotions

- Struggle to regulate
- Appearing more irritable, hostile, impatient or angry towards peers or adults

Confusion with roles

- May oscillate between appearing 'grown up' and wanting to look after others, and...
- Appearing more 'child like' in their inability to complete tasks

Sexual pre-occupation/discomfort or confusion about their body

- May display sexualised behaviour which is incongruent with developmental stage, or have sexual knowledge not expected for their age
- May be preoccupied with sexuality, engage in repetitive sexual behaviour, masturbating or being fascinated with body parts
- Puberty particularly challenging time

How does the impact of child sexual abuse present in children? (Adapted from Rosaleen McElvaney, 2016)

Grief

- If abuse by someone the child loves or likes, they may experience a grief reaction in relation to loss of trust

Disrupted relationships with others

- May be less trusting of others
- Or, they may not want to separate from others and may appear dependent on adults around them

Becoming abusive to others

- May wish to have control over others in response to feeling a loss of control in their own lives
- May manifest as bullying

How signs and indicators might be explained away

Demographic	Example
Gender	Expressing angry, aggressive or violent behaviour Masturbating or sexually self-soothing excessively Excessive use of pornography Teenagers having sex with lots of people
Disability	Bruising or marks in unusual places Wetting or soiling incidents unrelated to toilet training Regressing to younger behaviour Appearing distracted, distant or disassociated at times Asking another child to behave sexually or playing sexualised games
Ethnicity	Behaving in a sexually inappropriate way with adults Adultification bias- sexually uninhibited behaviour seen as a 'natural' characteristic of certain racial groups
Sexuality	Teenagers having sex with lots of people Being secretive about online/mobile phone use or upset/angry afterwards
Intersectionality	The interconnected nature of social categorisations

Missing the signs...

(“People don’t talk about it”: Child sexual abuse in ethnic minority communities, IICSA, June 2020)

“What I needed at that particular time was somebody who was sensitive enough to see that this was a vulnerable person here. The issue was actually not about the anger and the aggression, or the violence, it’s actually about somebody who was actually crying out for help.”

(Male focus group participant)

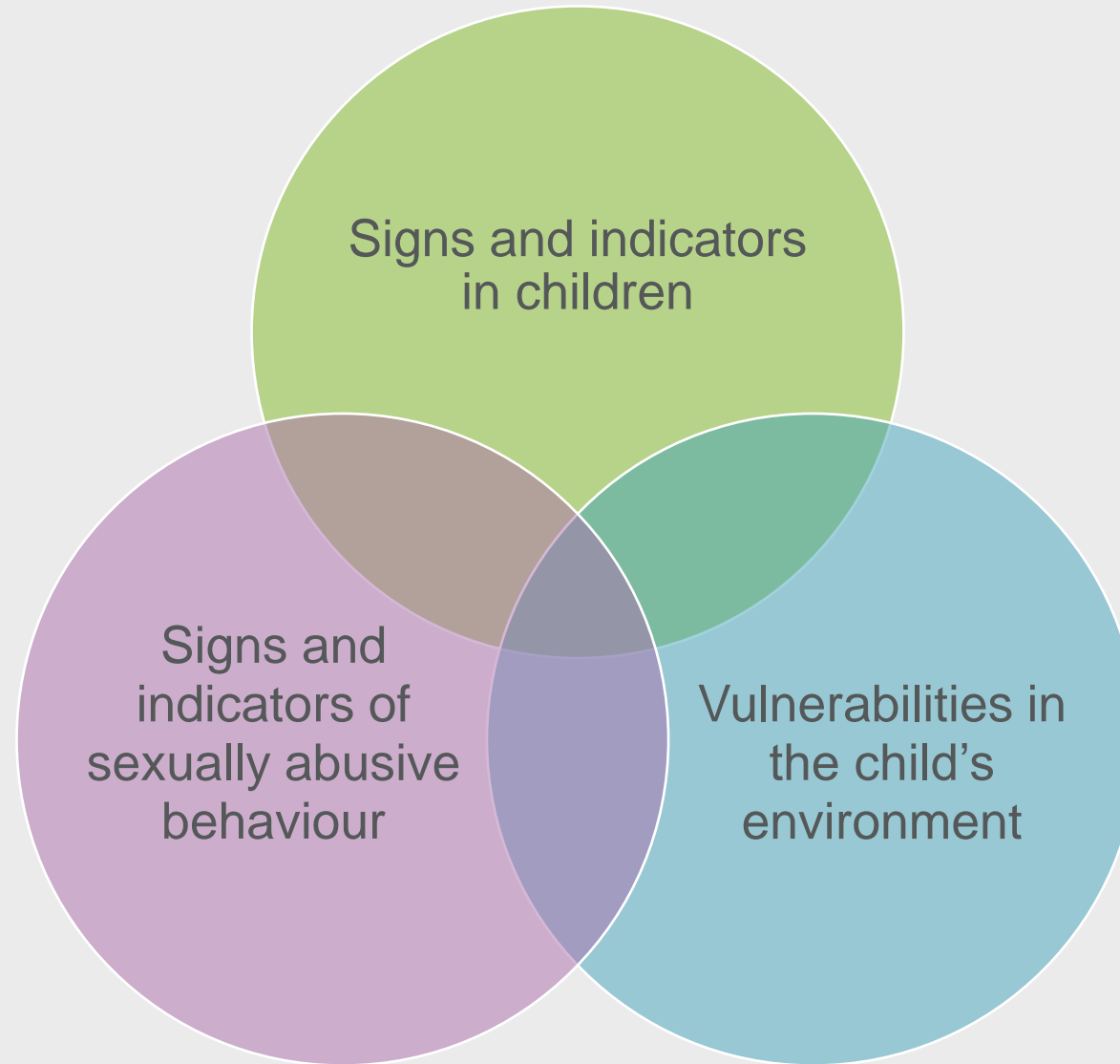
The evidence:

Sexual abuse is rarely 'clear cut'

Rarely will we
reach a position of
'absolute knowing'



Building a picture of concerns



Vulnerabilities in the child's environment

Factors which may increase the opportunities for abuse to occur.

Including:

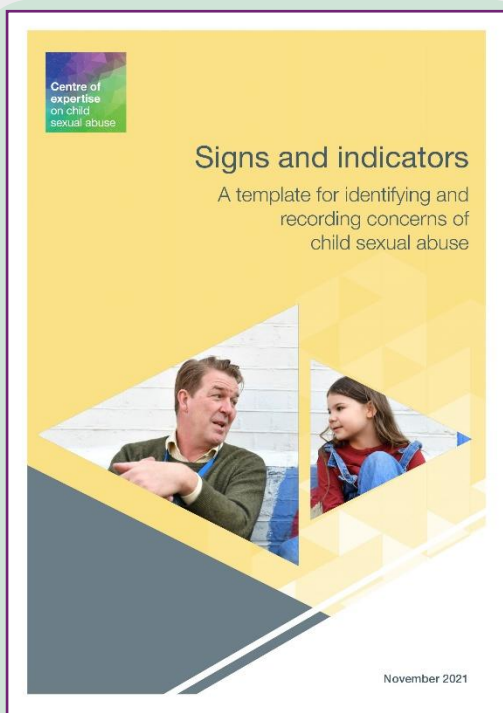
- Children who live in conditions of neglect are **five times more likely** to be sexually abused than those with no experience of neglect.
- Children who spend time in residential care are **four times more likely** to be (or have been) sexually abused than those who live only in a family home.
- Disabled children are **at least twice as likely** as non-disabled children to be targeted by abusers.

Factors which increase the pressure on families and can undermine their ability to protect children.

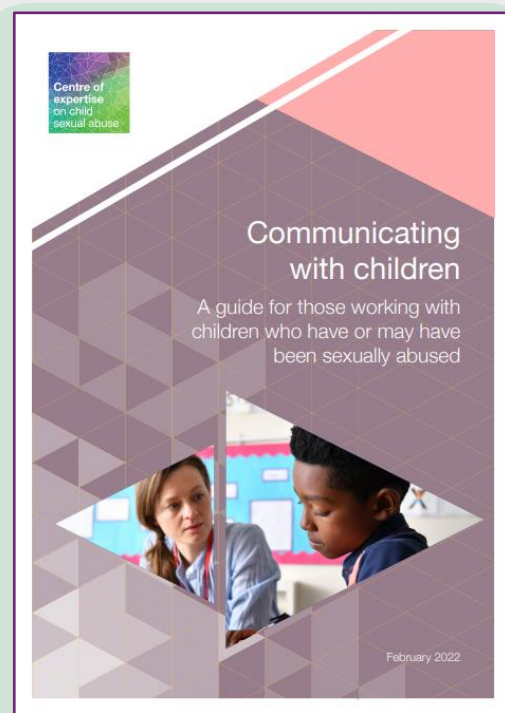
Including:

- Children who live in a household with someone misusing alcohol or drugs are **three times more likely** to be sexually abused than children not exposed to parental substance misuse.
- **Over a half of children** who are sexually abused also experience other forms of child abuse, most frequently emotional abuse or domestic abuse.

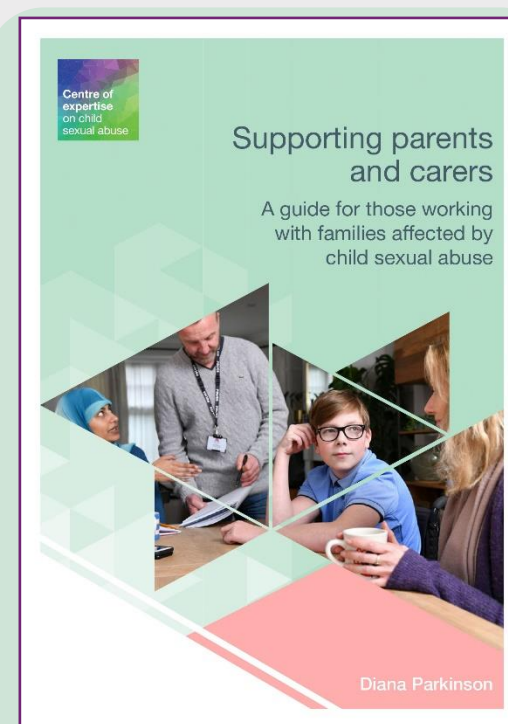
Additional resources



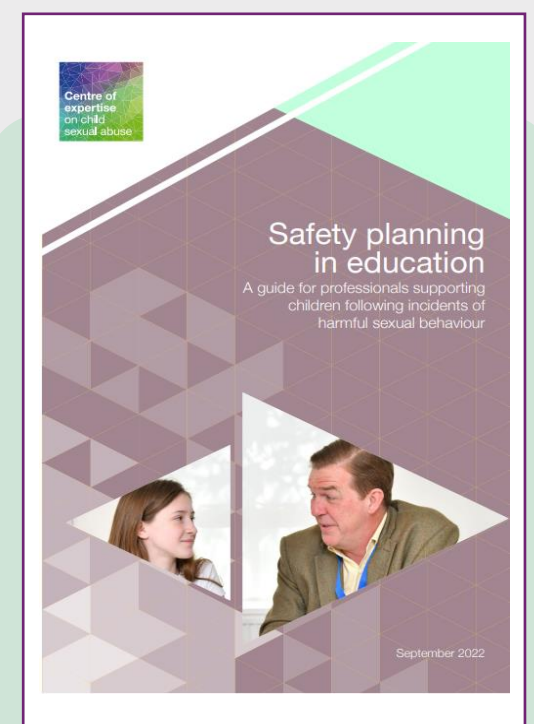
[Signs & Indicators Template - CSA Centre](#)



[Communicating with Children Guide - CSA Centre](#)

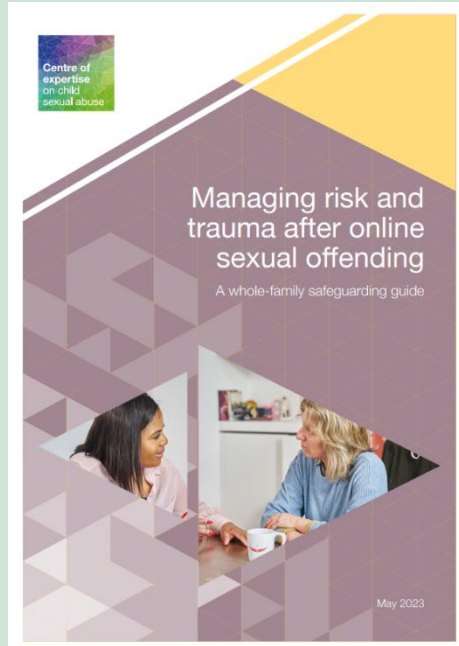


[Supporting Parents and Carers Guide - CSA Centre](#)



[Helping education settings identify and respond to concerns - CSA Centre](#)

Additional resources



[CSA Risk and Trauma](#)

Free e-Learning

[eLearning - CSA Centre](#)

Identifying and responding to intra-familial child sexual abuse

A short, introductory eLearning course to support professionals working with children to have the knowledge, skills and confidence to act.

Take the course for free today >

If you are affected by anything that has been discussed today...



The Survivors Trust

Find help, support and advice in your area: [Survivors Trust directory of services.](#)



Rape Crisis helpline [0808 802 9999](tel:0808 802 9999)

www.rapecrisis.org.uk



National Association for People Abused in Childhood [0808 801 0331](tel:0808 801 0331)

<https://napac.org.uk/>



SurvivorsUK

Online help for male survivors of sexual abuse and rape.

<https://www.survivorsuk.org/ways-we-can-help/online-helpline/>

Plenary with the KBSP Executive

15 Minutes



Slido Poll



Please use the QR code below to access the Slido poll to provide feedback and reflections of the day.

Join at
slido.com
#1030 989



EVENT CLOSE & GOODBYE



CONTACT US:

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 KBSP@bristol.gov.uk

 [@KBSPPartnership](https://twitter.com/KBSPPartnership)