



COMMUNITY VISION & PARTNERS EAST RIDING SAFEGUARDING CONFERENCE 2026

WELCOME AND HOUSE KEEPING

- **Welcome**
- **Importance of networking**
- **Agenda for the day**
- **Toilets**
- **Fire alarm**
- **Staff wellbeing and safeguarding**

Self neglect: recognising risk, strengthening response

Hannah Hardy
East Riding Safeguarding Adults Board

East Riding Safeguarding Adults Board

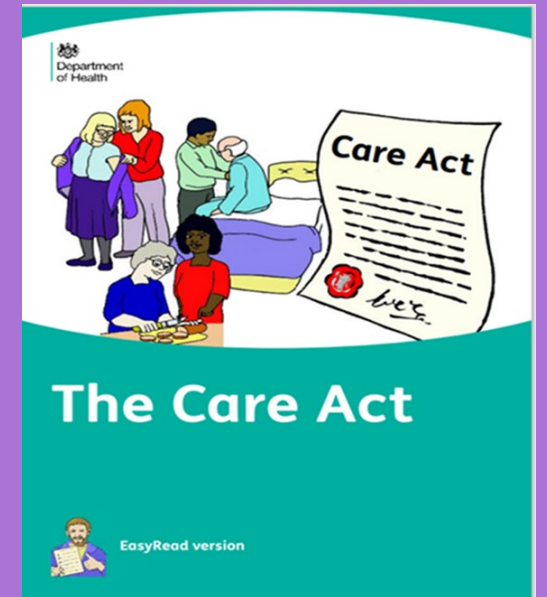
Safeguarding Adults Boards (SABs) have three key duties, as defined in the Care Act 2014.

They must:

Develop and publish a strategic plan setting out objectives.

Publish an annual report detailing the effectiveness of work.

Commission Safeguarding Adults' Reviews (SARs) when criteria is met.



Background

East Riding Safeguarding Adults Board (ERSAB) has seen a high proportion of safeguarding adults reviews take place for people who are thought to have come to harm due to self neglect. This is also seen regionally and nationally.

Self-neglect is a presentation we see where an individual is thought to be neglecting to care for their personal hygiene, health, or surroundings, posing a serious threat to their own safety and wellbeing

Causes/factors that can increase the risk of self neglect are known to be:

- Mental health
- Physical or cognitive difficulties or changes
- Trauma

Why is self neglect a priority for ERSAB?

Nationally and locally, self-neglect features disproportionately in Safeguarding Adults Reviews. The prevalence and complexity of self-neglect is increasing.

Making self-neglect a local priority enables the system to move from reactive responses to early recognition, with proactive and preventative responses, rather than responding at crisis point.

Frequent themes from local SARs include the need for:

- effective and timely multi-agency information sharing,
- improved understanding and identification of self-neglect,
- effective record-keeping, ensuring the voice of the adult remains central,
- continued professional curiosity and prompt professional resolution and escalation.

National SAR analysis

2 National SAR analyses have been completed by Professors Michael Preston-Shoot and Suzy Bray. They looked at data from over 900 SARs, a disproportionate amount were related to self neglect, and found the following themes:



Narratives of self neglect?

For a number of years ERSAB have seen increasing need for services related to hoarding disorders and behaviours. There has been a good local response to this need. ERSAB have not been notified of the death of an adult related to hoarding.

ERSAB have been notified of the death of adults considered to be contributed to by self neglect in the following circumstances:

- Homelessness
- Alcohol and drug use
- Older people who refuse or don't engage with care and support

[MARM framework has not been used to support practice]

Key themes in lived experience

Isolation by self or others

Neurodivergence

Mental Health

Abuse by others (ACEs, Trauma, Exploitation, Domestic Abuse)

Health inequality

Poor living conditions

Deemed to be making lifestyle choices



Why is self neglect difficult?

Often hard to answer the key questions:

What is going on?

What does the person want?

What might help?

Just because we can do it, should we do it?

Although we should do it, can we do it?

Orr, D et al (2026)

When is self neglect not self neglect?

When it's the person self-caring as best they know how

Have you come across or heard about similar situations?

How often does this apply to self-neglect across the board?

Does it make a difference to think of it this way?

The dilemma

We cannot force people to have deep cleans. We cannot force people to stop taking drugs or alcohol. We cannot force people to not be traumatised anymore.

BUT we can work with people and we can see them and we can speak to them, and we can find out what they want and we can help them to work towards that.

And that's the key thing: that what the person wants and needs might not line up with our priorities. We have to bend and flex to promote engagement and support change

How should we respond?



Person first approach

Listen, learn and know the persons story, what they want and what they see as important



Support for practitioners

Good, regular, psychology-based support and supervision to manage fear, anxiety and burnout
Specialist training in key areas of practice eg; substance use



Interprofessional curiosity and multi-agency working

Sharing information, thinking and working together to problem solve and find solutions - MARM



Compassionate persistence

Keep showing up, building trust, knowledge and relationships



How should we respond?



No wrong door

Understand each other better, reduce signposting and work together



Legal literacy

Keep the MCA in mind and other frameworks that support and safeguard people (Care Act S9, S11 and S42)



Trauma aware practice

Understand what's happened to the person as the golden thread through the work to support them



Work with risk not against it

Use harm reduction approaches



Questions?

References and resources:

- Braye, S, Orr, D & Preston-Shoot, M (2014) Self-neglect policy and practice: building an evidence-base. Social Care Institute for Excellence. <https://www.scie.org.uk/self-neglect/policy-practice/evidence-base>
- LGA, ADASS and PCH Second National SAR Analysis 2024 - <https://www.local.gov.uk/publications/second-national-analysis-safeguarding-adult-reviews-april-2019-march-2023-executive>
- ERSAB MARM procedures - <https://www.ersab.org.uk/policies-and-guidance/#marm>
- Mental Capacity Law and Policy (2024) Safeguarding Adults Reviews – themes and implications from a national analysis: in discussion with Professor Michael Preston-Shoot. <https://www.mentalcapacitylawandpolicy.org.uk/safeguarding-adults-reviews-themes-and-implications-from-a-national-analysis-in-discussion-with-professor-michael-preston-shoot/>
- National SAR Library - <https://nationalnetwork.org.uk/search.html>
- Orr, D et al. (2026) 'We try to jump those hurdles': inter-agency dynamics of referral with self-neglect cases in England. Journal of Interprofessional Care, 40(1): 31-39.
- Orr, D et al. (2026) [Improving collaborative inter-agency systems and practice in self-neglect: a realist review and interview study](#). NIHR
- Research in Practice (2024) Radical Safeguarding Toolkit for Homelessness. <https://www.researchinpractice.org.uk/adults/content-pages/open-access-resources/radical-safeguarding-toolkit-for-homelessness/>





Home Office

Prevent awareness

Community Vision & Partners
East Riding Safeguarding Conference
2026

Lisa.Clappison@eastriding.gov.uk

What terrorism is

Terrorism is an action or threat designed to influence the government or intimidate the public. Its purpose is to advance a political, religious or ideological cause.

- endangers a person's life, other than that of the person committing the action
- involves serious violence against a person
- causes serious damage to property
- creates a serious risk to the public's health and safety
- interferes with or seriously disrupts an electronic system



National Threat Levels

Low – an attack is highly unlikely



MODERATE – an attack is possible but not likely



SUBSTANTIAL - an attack is likely



****SEVERE** - an attack is highly likely



CRITICAL - an attack is highly likely in the near future

Prevent and CONTEST



Prevent

To stop people from becoming terrorists or supporting terrorism.



Pursue

To stop terrorist attacks happening in this country or against UK interests overseas.



Protect

To strengthen our protection against a terrorist attack.



Prepare

To mitigate the impact of a terrorist attack.

Objectives of Prevent

Tackle the ideological causes
of terrorism

Early Intervention

Rehabilitation &
Disengagement

Channel Panel Support

The Channel programme is:

voluntary

confidential

a support programme – not a criminal
sanction and it will not affect a person's
criminal record



Prevent targets specific groups

Prevent does not target any particular faith or community. It focuses on all types of terrorism and is based on risk, not identity.



Prevent is about getting people into trouble

Prevent is about support, not punishment. It works like other safeguarding processes.



You need to be an expert

You do not need specialist knowledge. Your role is to notice concerns and report them.

Local risks – Humberside 2025

- **Islamist terrorism (IT)**
- **Extreme Right Wing (ERW)**
- **Self-Initiated Terrorism (S-ITs)**

Produced by
INTELLIGENCE HUB

Humberside / East Riding Statistics

- Humberside 174 referrals
- 37 referrals East Riding
- 54% no ideology identified
27% ERWT
- 43.2% U18s
- 89.5% Males 10.5% females



What radicalisation is

Radicalisation is the process of a person legitimising support for, or use of, terrorist violence. It is where terrorism begins.

- Can happen online or offline
- No single profile of someone vulnerable
- Often linked to unmet needs or vulnerabilities
- Happens gradually over time



Possible Vulnerabilities and Susceptibilities

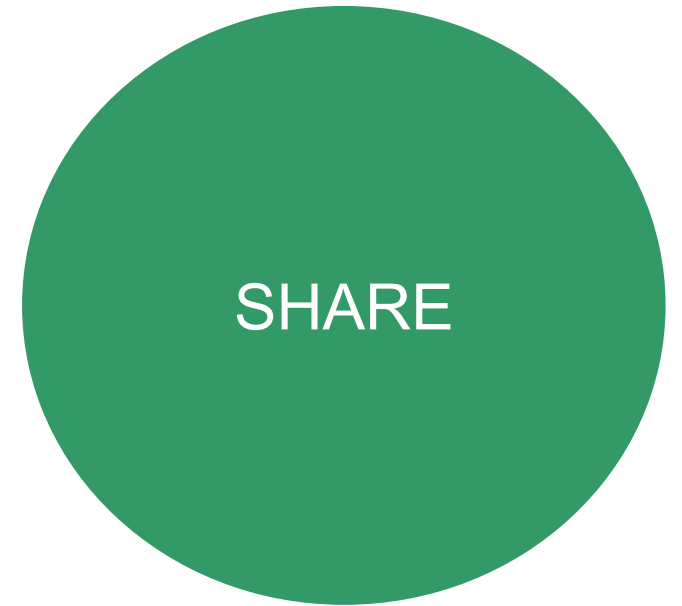
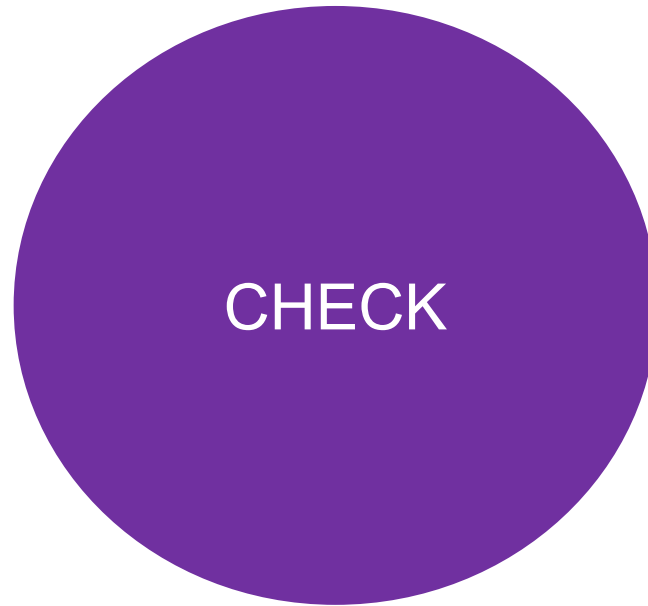
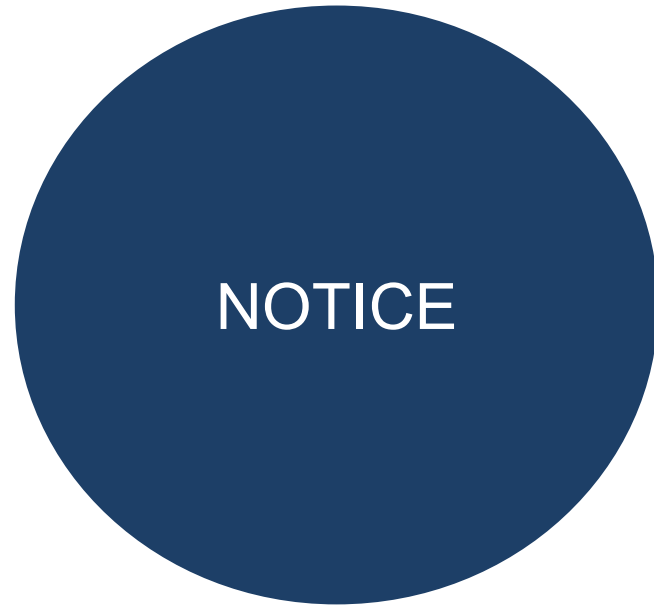
- Adolescence or period of transition
- Adverse childhood experiences
- Disability
- Discrimination
- Domestic abuse
- Extremist material
- Family breakdown / dispute
- Financial problems / poverty / social disadvantage
- Grievances – local, national or global issues
- History of violence
- Homelessness
- Illness
- Isolation or loneliness
- Learning disability
- Links to criminality
- Loss or bereavement
- Mental health
- Neurodiversity
- Peer pressure /Gang influence
- Physical/emotional abuse
- Sexual abuse
- So called honour-based violence
- Socially excluded
- Thoughts of suicide/self-harm
- Trauma from conflict
- Unemployment
- Victim of abuse
- Victim of crime
- Victim of hate crime

What behaviours might you NOTICE?



CHECK

	Online Behaviour • More than one online identity • Spending more time online and accessing extremist online content • Downloading propaganda material
	Increasingly Agitated or Violent Behaviour • More argumentative in their viewpoints • Being abusive to others • Justifying the use of violence to solve societal issues
	Changing Associations • Changed friends • Altered their style of dress or appearance to accord with an extremist group • Using a new vocabulary • Isolated from friends and family
	Increasingly Anti-social Behaviours • Unwilling to engage with people who are different • Secretive and reluctant to discuss their whereabouts • Adopted the use of certain symbols associated with terrorist organisations





Prevent – Support for people at risk of radicalisation



Information, resources, and local guidance on referrals for Prevent within the East Riding of Yorkshire.

Close all

Open all

What is Prevent?



What are some of the signs to look out for?



How do I make a referral?



Training, resources and contact



 Feedback

 Top



If you're worried about someone being drawn into terrorism, you can:

- call the **ACT Early Support Line** in confidence, to share your concerns with their specially trained officers – Tel: 0800 011 3764 (open 24/7)
Note: this phonenumber is for the public, friends and family that may be worried about someone close to them.
- contact **Humberside Police Prevent Team** by ringing 101
- call the **Anti-Terrorist Hotline** (reports can be anonymous) on 0800 789 321

**In an emergency where your own or others' safety is at risk,
call 999**

follow the guidance on the ACT Early website [ACT Early](#)



[Home](#) > [Crime, justice and the law](#) > [Reporting crimes](#)

Report online material promoting terrorism or extremism

Report illegal or harmful information, pictures or videos you've found on the internet.

You can report things like:

- articles, images, speeches or videos that promote terrorism or encourage violence
- websites made by terrorist or extremist organisations
- videos of terrorist attacks

You can make your report without leaving your name and contact details.

Start now >

Before you start



Call 999 if you are reporting a crime that is in progress or if someone is in immediate danger.

Related content

[Terrorism and national emergencies](#)

[Report suspicious activity to MI5](#)

[Report hate crime](#)

The East Riding is
LOW RISK
Not NO RISK!

‘Goole man found
guilty of planning a
terrorist attack ‘
- 3 November 2025



Jordan Richardson has been
convicted of planning an act of
terrorism and possessing and
disseminating terrorist information.

Why the VCSE Sector Matters

VCSE organisations often:

Build trusted relationships

Work with vulnerable individuals

Support isolated communities

Notice changes in behaviour early

Your role:

Notice concerns

Respond appropriately - **Check**

Share safeguarding concerns where necessary



Questions?



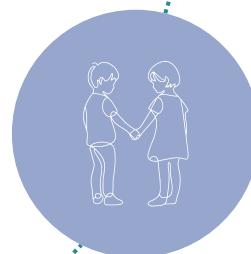


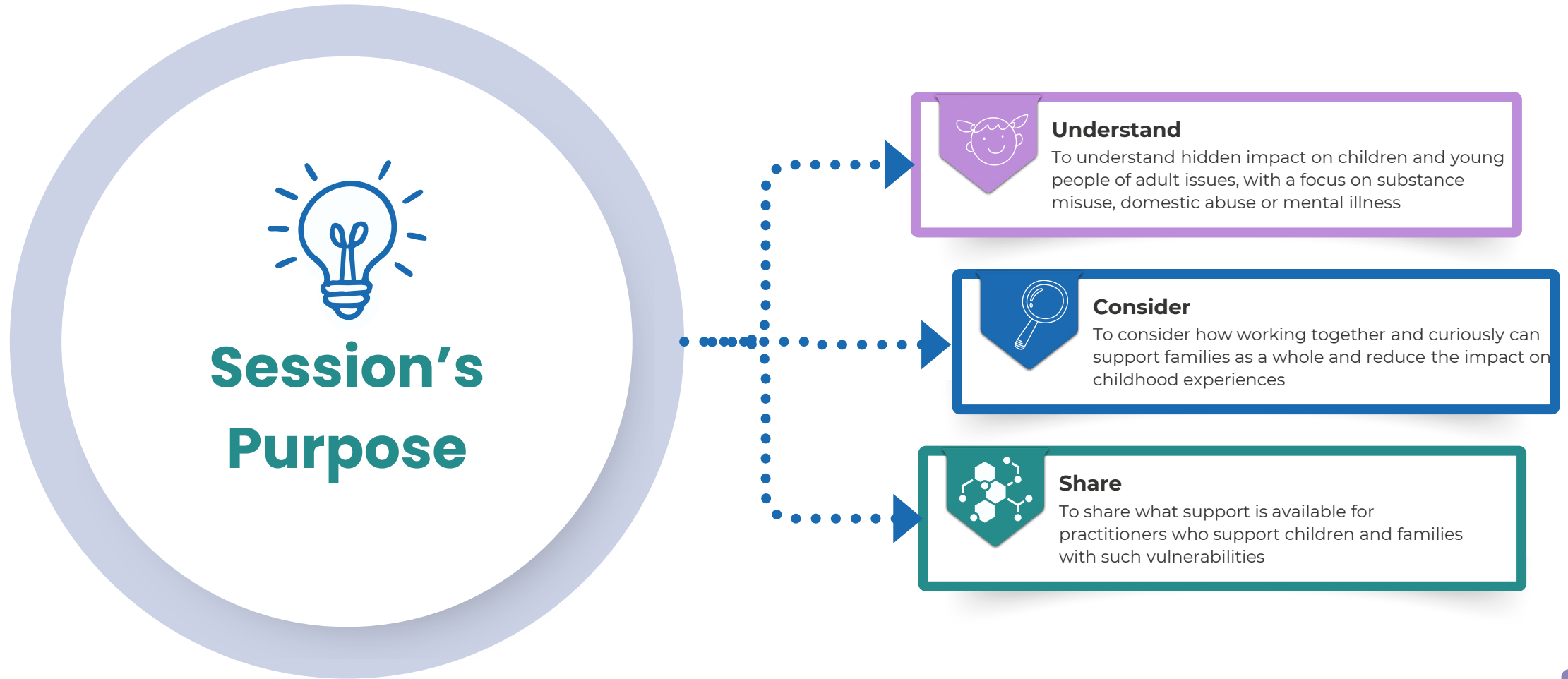
BREAK 11:15-11:30



Adult vulnerabilities and issues that impact children

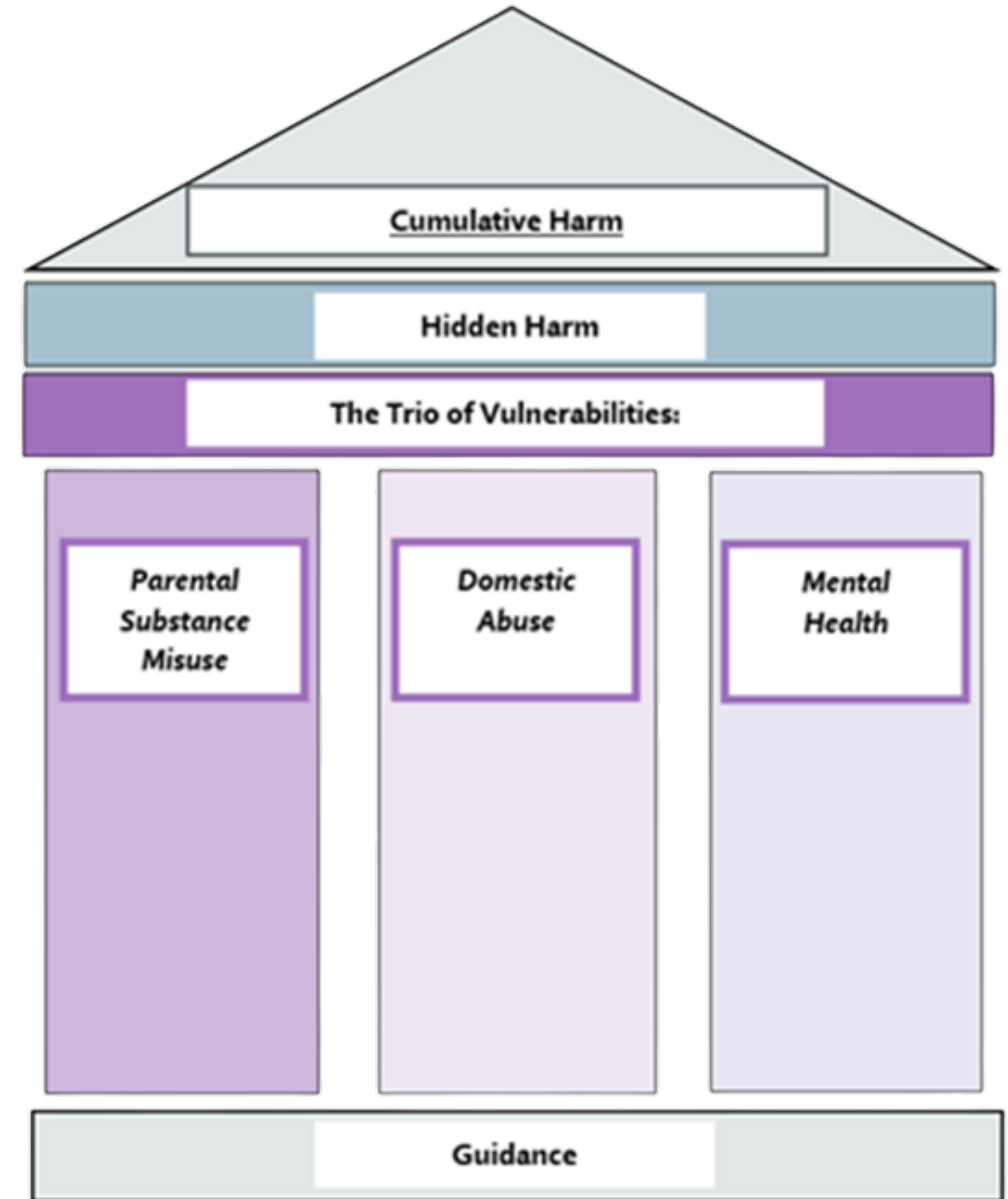
Chelsee Blundell & Katie Field
ERSCP Business Unit





Cumulative Harm

Hidden Harm and Trio of Vulnerabilities are overarching terms used to describe the co-morbidity of neglect, mental health and substance misuse of adult carers and its immediate and long-term impact on the safety and wellbeing of children and young people.



What is hidden harm?

Not recognised

Parental problem drug use and its actual/potential effects on children has been defined by the Advisory Council on the Misuse of Drugs as Hidden Harm (ACMD, 2011).

This is because the harm children and young people experience is often hidden, or if seen, is not recognised always as harm.

Unseen

There is a cumulative risk of harm to a child when different parental and environmental risk factors are present in combination or over periods of time (Sidebotham et al 2016).

In it's simplest form Hidden Harm is harm that is hidden from sight.

Realities

As practitioners it is important to remember that coping may not mean being resilient, for some children it may mean doing what they can or have to do to get by (Silent Voices, 2012).

The context of the child's and the parents' characteristics, vulnerabilities and risks interact with their environmental circumstances particularly domestic abuse, parental mental ill-health, and alcohol or substance misuse.

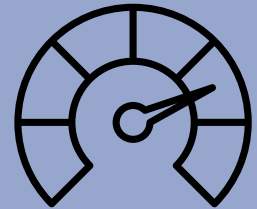


Trio of Vulnerabilities

Trio of Vulnerabilities (ToV) previously referred to as the 'toxic trio', is the combination of domestic abuse, parental mental ill-health and substance misuse within a family.



Each of these issues is hard to manage on its own and can have a severe impact on family life, particularly for children. However, these problems rarely exist in isolation; there is often a complex interaction between them.



It is important to be aware of the ToV because it is viewed as a key indicator of increased risk of harm to children and young people.



Studies such as 'New learning from serious case reviews' Brandon et al. (2012) have shown that, in 86% of incidents where children were seriously harmed or died, one or more of the trio played a significant role.



The trio of vulnerabilities explained...

Substance Misuse

This is the long-term misuse of drugs and/or alcohol by a parent or carer. This includes parents and carers who:

- consume harmful amounts of alcohol (for example if their drinking is leading to alcohol-related health problems or accidents)
- are dependent on alcohol
- use drugs regularly and excessively
- are dependent on drugs

It also includes parents who aren't able to provide the appropriate care and supervision their children need because of their substance misuse. Most parents and carers who drink alcohol or use drugs do so in moderation, which doesn't present an increased risk of harm to their children (Cleaver, Unell and Aldgate, 2011). However, parents and carers who misuse substances can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children being at risk of harm.

Domestic Abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can also happen between adults who are related to and can include physical, sexual, psychological, emotional, or financial abuse. Domestic abuse can include:

- sexual abuse and rape
- punching, kicking, cutting, hitting with an object
- withholding money or preventing someone earning money
- taking control of someone's everyday life, including where they go and what they wear
- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill or harm them, a partner, another family member or pet.

Since 2020, children have been recognised as victims of domestic abuse.

Parental Mental Ill-health

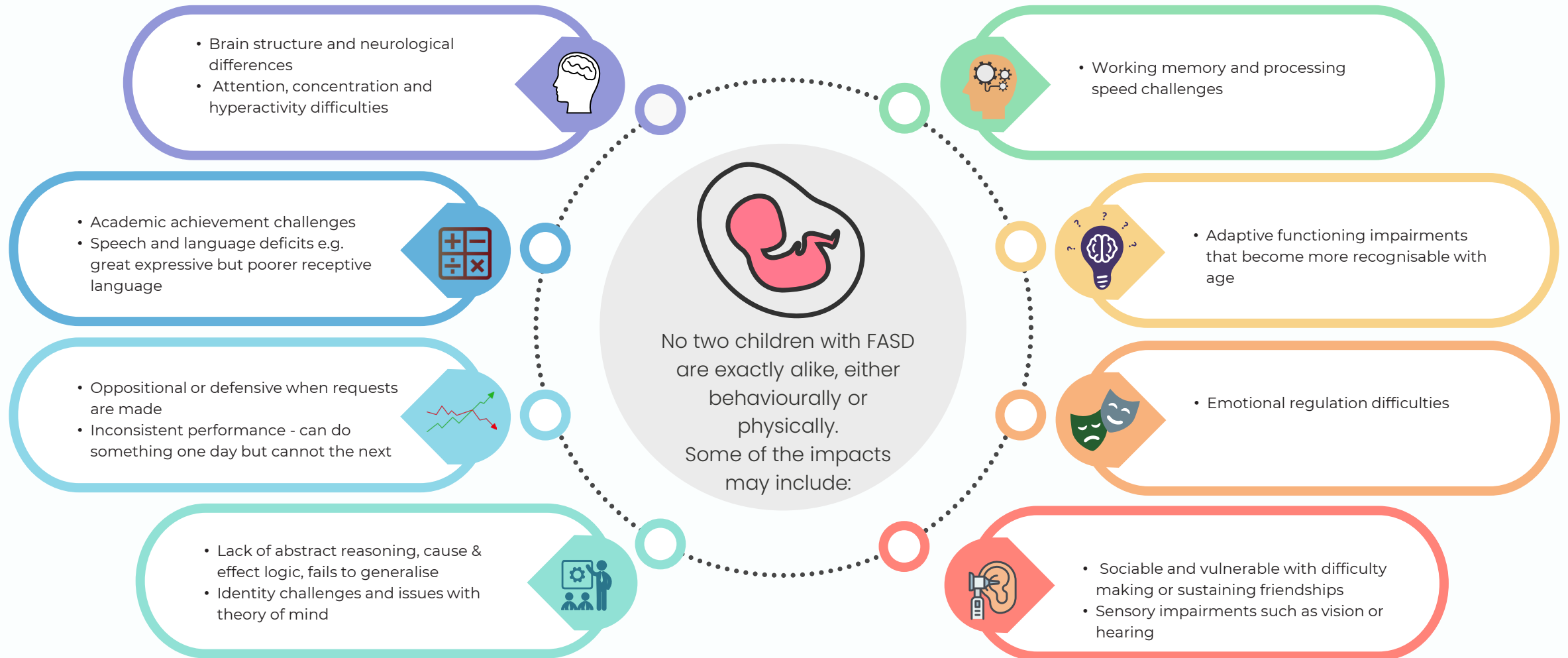
Many parents with mental health problems are able to give their children safe and loving care, without their children being negatively affected. But sometimes, it does and they need support from family, friends, neighbours and/or professionals, to help them care for their children. The term 'parental mental ill-health' in this context: parent/carer has a diagnosable mental health condition. This can include:

- depression
- anxiety disorders
- schizophrenia
- bipolar disorder
- personality disorders

Mental ill-health can vary in severity and impact differently on people's lives. This depends on individual circumstances and support they receive. Problems might occur alongside other stressful life experiences. Challenges may arise as a result of the condition, contribute to its development, or make it worse. Coping with lots of challenges at once can make it difficult provide children with the care needed



FASD: PERMANENT AND LIFELONG IMPACT



IMPACT...

When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm.

Watch this short video to help understand the impact of such adverse childhood experiences:



Here are a few examples of the often invisible impacts of living with an adult who suffers with substance abuse, ill mental health and or domestic abuse:



Attachment

A parent who is suffering from a severe ill mental health episode may find it difficult interacting with a child, impacting on their development



Exploitation

A child who is surrounded by caregivers addicted to substance misuse, can often be placed in high risk situations of CSE/CCE/CSA



Extra Responsibilities

Children living with adults who have severe vulnerabilities can often be left with extra responsibilities such as cooking or watching younger siblings



Behaviour

In an attempt to cope children will adapt their behaviour, which is often presented in ways that are anti-social, risky and/or withdrawn



YOUNG CARERS

For many children who are living with a parent(s) with adult issues , they will have taken on roles as a young carer such as providing emotional support, completing domestic tasks, providing sibling care or even medication and personal care to name but a few...

The Stats...

Despite the seemingly large proportion of estimated children noted to be living as a young carer in the UK, it is recognised that this figure is likely to be substantially underestimated



800'000

Estimated 800,000 young carers aged 5 -17 in the UK – 6 in every secondary school class (Children's Society)

5

Under the age of 5

It is believed that there are young carers who are under the age of 5 taking on such big responsibilities for their family



27%

27% of children are recorded as not attending school to prioritise the care giving



Invisible

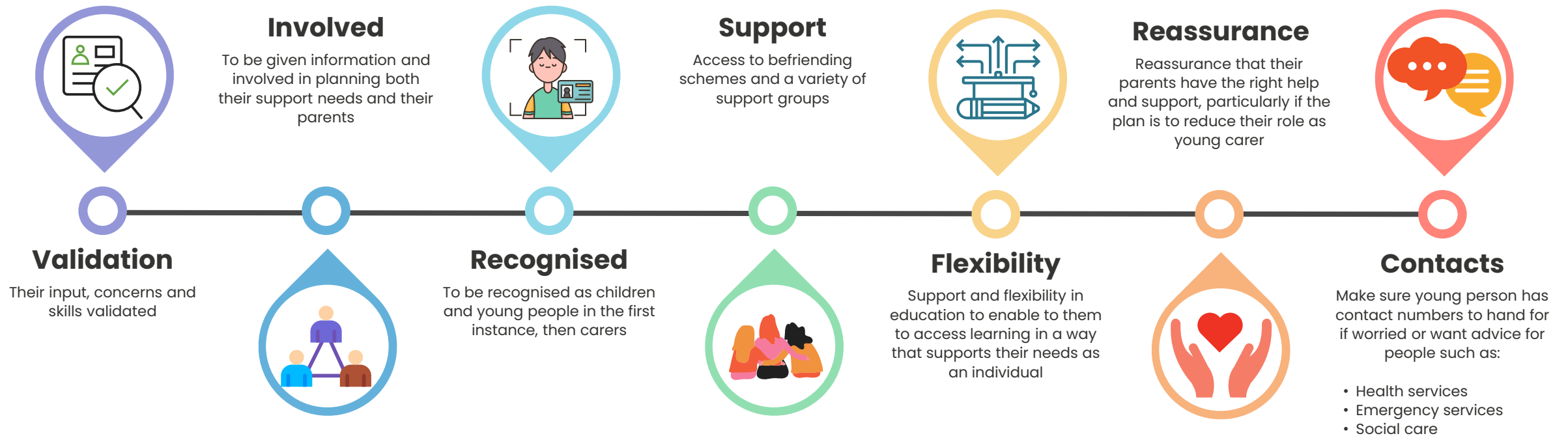
These children are often invisible and disadvantaged - despite being entitled to a Care Assessment and a Child in Need in their own right, this is often not recognised



Unaware

Young people don't necessarily think their caring role is negative thing and often accept and take pride in their role

WHAT YOUNG CARERS NEED



Remember...

Question

Practitioners should consider, in particular, that babies may be suffering from withdrawal symptoms if parent was using/misusing during pregnancy and, as such may be difficult to care for. Open questions such as 'can you tell me about your use of alcohol or drugs?' may prompt a more open discussion rather than a closed question such as 'do you use illegal drugs?'

Challenge

Practitioners should be aware that parents may try to minimize their drug and/or alcohol use and its impact on their lifestyle. It is important that judgments are based on evidence and not a desire to be optimistic about the family's resilience and should therefore be prepared to challenge an individual's account of their drug/alcohol misuse.

Assessments

Assessments should be based on a consideration of the impact of the parental drug/alcohol misuse on the child/ren within the family. Practitioners must also be mindful of the relationship between drug/alcohol misuse and mental health and domestic abuse.

Proactive

Practitioners working in both Adult and Children's Services must adopt a proactive approach to routinely enquiring about drug and/or alcohol misuse and consider how this may impact children within the family.





Tools and Useful Resources

National Good Practice Resources

- [Alcohol and Families Alliance](#)
- [Adfam](#)
- [Mind](#)
- [NSPCC](#)
- [The Alcohol and Drug Service](#)

East Riding Drug and Alcohol Services



Assessment tools

Alcohol Screening Tool
Question Hidden Harm
GCP2 – Graded Care profile for child neglect (requires licensed training – available from ERSCP training)
GCP2A – Graded Care Profile Antenatal Tool for neglect (requires licensed training – available from ERSCP training)
DASH– Domestic Abuse Risk Assessment (Training required before use)
Adult Wellbeing Scale
CAFCASS Tool for drug use
CAFCASS SCODA assessment
NEST Tool

Generic assessment tools

Early Help Assessment
Single Assessment (including pre-birth where necessary)

ERSCP

Website: www.erscp.co.uk

Strategy: Alcohol and substance misuse and the impact on the child

Procedure and Guidance: Working with substance misusing parents and those who come into regular contact with children and young people

Training: Free training to support and access assessment tools as well as further consolidating understanding of different elements of safeguarding



Useful contacts:

East Riding Hubs

Central hub (in Hull): hnf-tr.erphull@nhs.net Tel: 01482 336675 Drop-in services in Withernsea, Hedon and Beverley

East Hub (in Bridlington): hnf-tr.erpbredlington@nhs.net Tel: 01405 608210 Drop-in services in Anlaby/Hessle, Goole, and Pocklington

West Hub (in Goole): hnf-tr.erpgoole@nhs.net Tel: 01262 458200 Drop-in services in Driffield, Bridlington and Hornsea

Safeguarding and early help report a concern lines:

Monday-Friday 08:30-17:00

Children's Safeguarding Hub (01482) 395500

Early Help Hub (01482) 391700

Out of Hours Emergency Duty Team (01482) 393939

Aces Video



Learning from Reviews



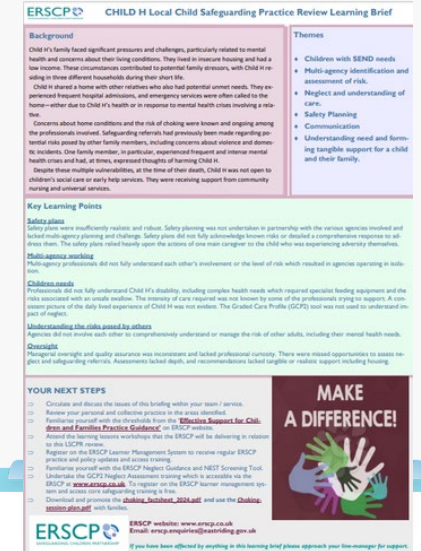
'Professionals sometimes lose sight of the needs of the child whilst trying to address the multiple and interdependent concerns faced by their parents/carers. Case reviews emphasise the importance of child-centred assessments and the need for ongoing assessment of risks faced by children.'



'Sometimes practitioners focused exclusively on how a parent's mental ill-health was impacting the parent. This meant that the needs of the child were not given sufficient priority.'



'professionals need to understand the dynamics of domestic abuse and the effect it can have on children, and not make assumptions about gender roles within relationships where there is domestic abuse. Professionals must prioritise the impact that living with domestic abuse has on children.'

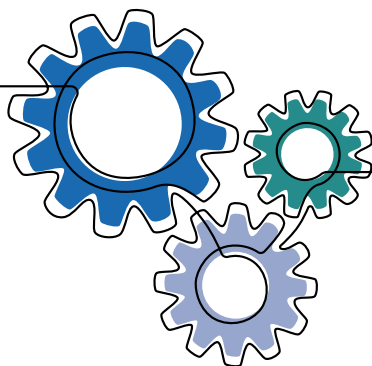


Agencies did not involve each other to comprehensively understand or manage the risk of other adults, including their mental health needs.

We must consider children when assessing and identifying vulnerabilities in adults, if we don't the outcome for a child could be fatal...



Thank you



Get in touch with us:



01482 396 994



www.erscp.co.uk



erscp.enquires@eastriding.gov.uk



[ERSCP LMS](#) for Learning & Development



Non-Fatal Strangulation Awareness

**Section 70 Domestic Abuse
Act 2021**



Non-fatal strangulation offence (S70 Domestic Abuse Act 2021)

- Not retrospective (7 June 2022)
- No absolute definition of 'strangulation' or 'strangles'
 - ‘ the obstruction or compression of blood vessels and/or airways by external pressure to the neck impeding normal breathing or circulation of the blood’
- Non-fatal = does not result in death of the victim.
- No physical evidence needed
- Intentional act - cannot be committed recklessly
- Extra-territorial jurisdiction

Four main methods of strangulation

1. Manual strangulation
2. Chokehold or head lock
3. Ligature
4. Hanging
5. Pressure on the neck from a foot or knee

Non-fatal suffocation offence

No absolute definition of 'suffocation'

'to deprive a person of air which affects their normal breathing'

Methods of non-fatal suffocation could include:

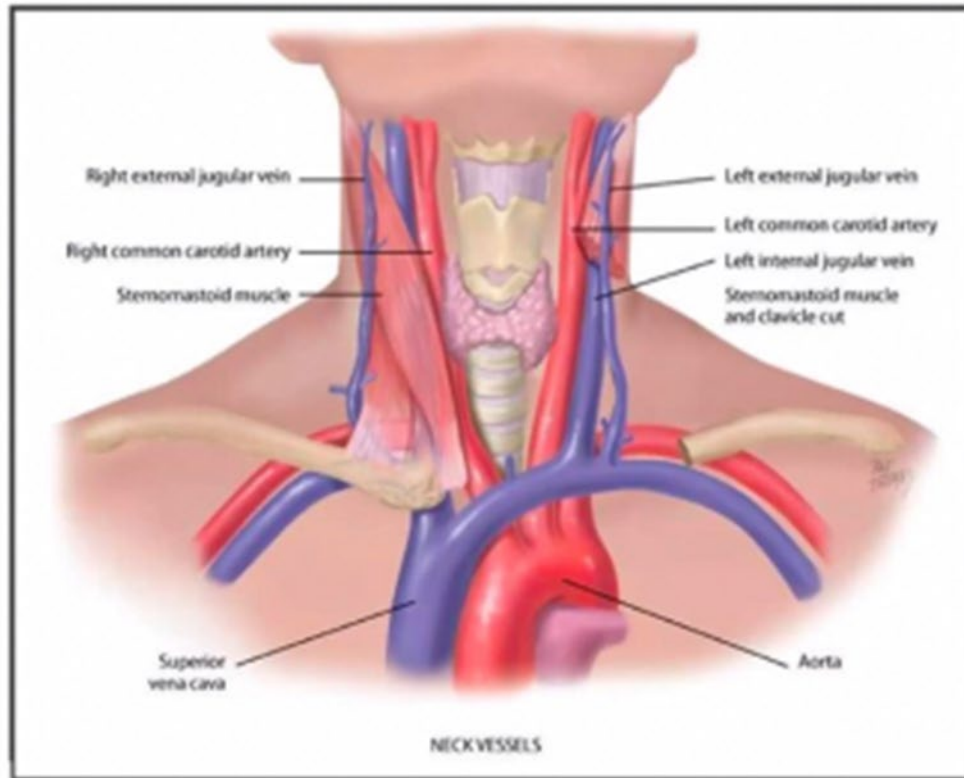
- any other force or suppression applied to a person to cause a restriction of breath
- any action that causes a person to be deprived of air which affects their normal breathing

The offence can be committed **intentionally** or **recklessly**.

Why does it Matter?

- Most lethal form of physical violence
- Loss of consciousness in seconds, death in minutes
- 7x more likely to be killed in the next 12 months
- 6x more likely of a victim attempting suicide
- Gendered
- Most victims believe they were going to die – but are unaware of health consequences
- Clients need medical attention
- Safeguarding children

Strangulation or asphyxiation was the second most frequent cause of homicide for women killed by men in the decade leading up to March 2020



Blocking airway and oxygen supply to the brain

Brain uses 20% of oxygen

Cracking an egg – 5 psi

Block jugular vein - 4 psi



Opening Can requires – 20 psi

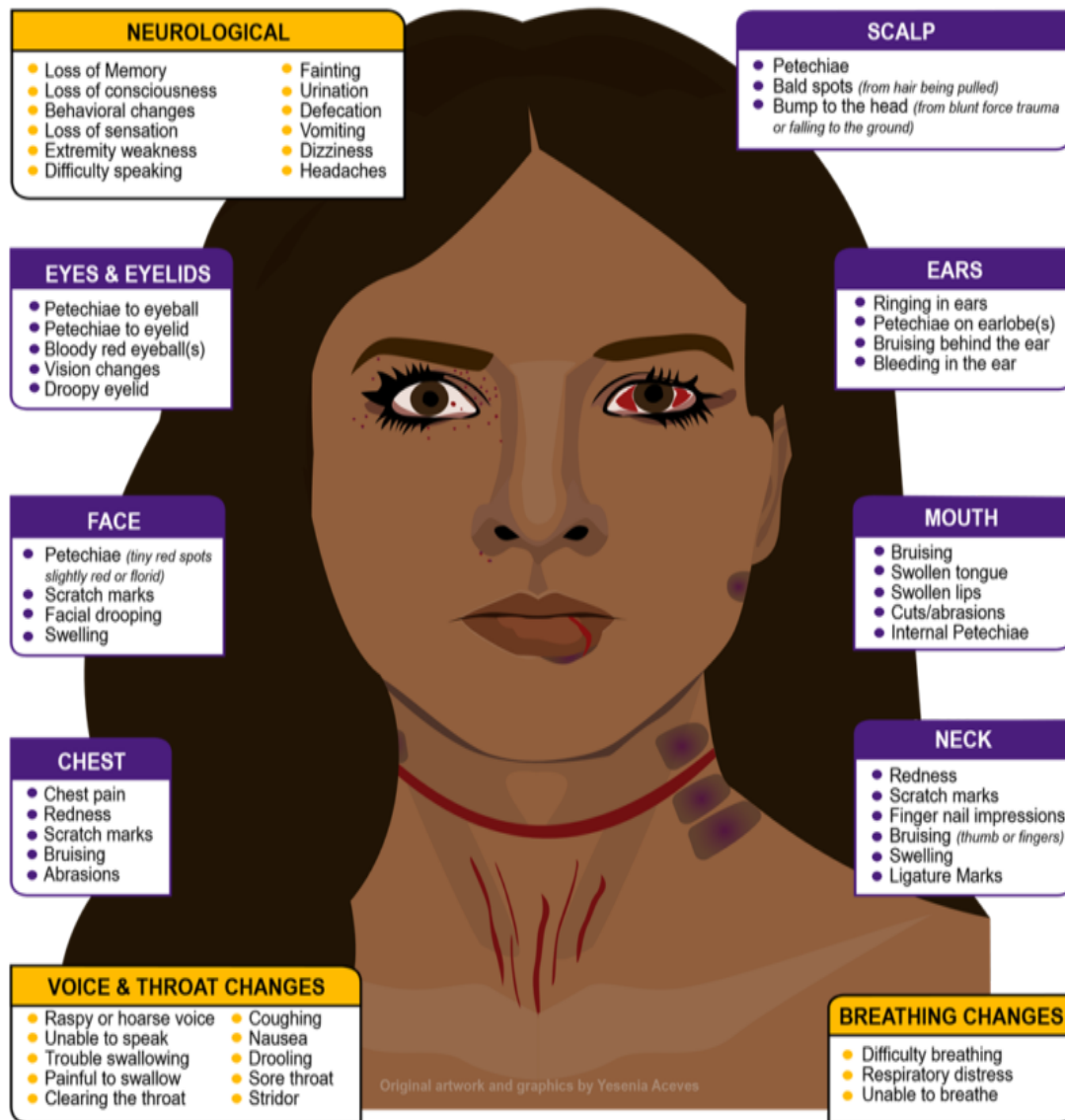
Block Carotid Arteries -11 psi



Handshake requires – 40-80 Psi

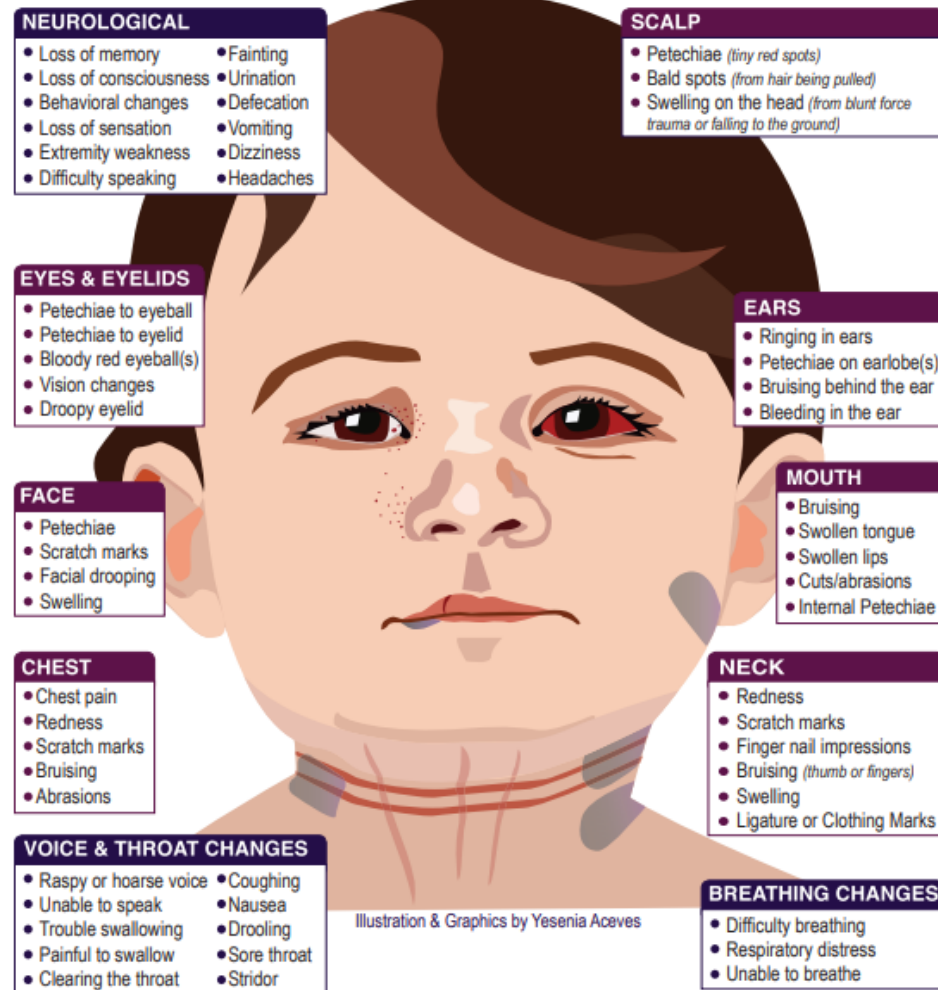
Block Trachea - 34psi





SIGNS AND SYMPTOMS OF STRANGULATION

(VISIBLE SIGNS MAY NOT BE PRESENT)



Source: Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.



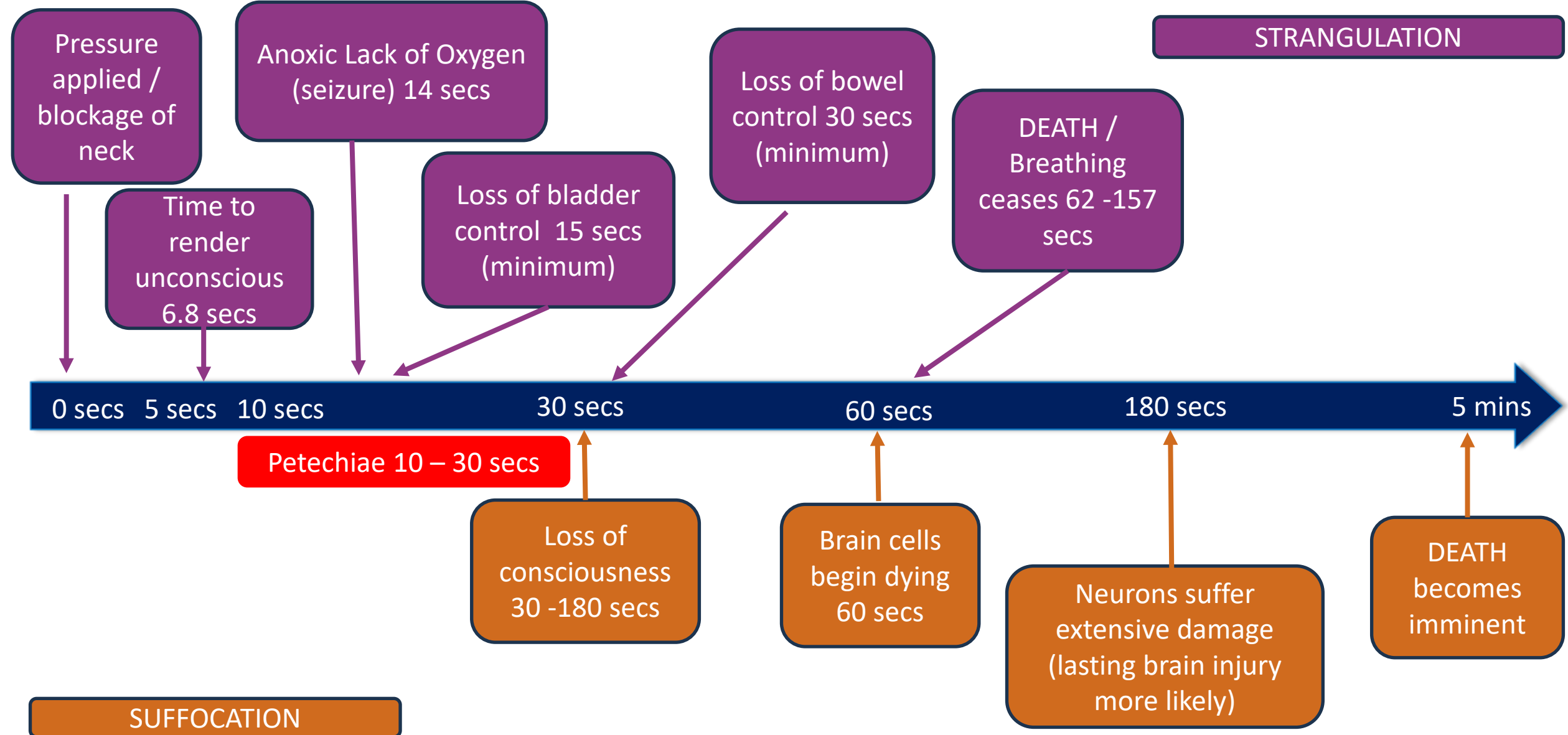
- **Only 50% of NFS leads to visible injuries**
- Anytime someone makes it so you can't breathe, you are at risk of serious **health consequences** that last days, weeks, or even months. Strangulation is also so dangerous because of **how quickly it can lead to death.**
- Medical attention is essential whether there are visible injuries or not

Strangulation and sexual violence

- Consent must be informed and able to be withdrawn
- Victims are uninformed of the risk and health implications – **there is simply no safe way to strangle!**
- Red Wings Study – USA 1943
- Safe words or ‘tapping out’ - how good are these if you can’t speak or move or lose consciousness?
- No oxygen = no memory!



Strangulation and Suffocation Timeline



Language is important.....

What is **Strangulation** ?

Obstruction or compression of blood vessels and/or airways by external pressure to the neck impeding normal breathing or circulation of the blood. Non-fatal strangulation is where such strangulation has not directly caused the death of the victim.

What is **Suffocation**?

Suffocation is to deprive a person of air which affects their normal breathing.

What is **Choking**?

Mechanical obstruction of the windpipe (trachea), such as a stuck piece of food.

Garroted
Stifled
Throttled
Asphyxiated

I couldn't breathe
I was restrained
I was choking
I was smothered

He gagged me
He pinned me down
He held me up against the wall
He put pressure on my neck

Proposed ICB medical advice 2026

- If **immediate** medical attention is needed dial **999**
- If NFS occurred in less than 6 weeks **prior-** advise the victim to attend the **Emergency Department**. Explain the seriousness of NFS.
- If NFS occurred **longer** than 6 weeks ago and no immediate medical attention is needed advise them to consult a GP.

- Police
- independent domestic violence advocate (IDVA) = DVAP
- independent sexual violence advocate (ISVA) = Blue Door
- Sexual assault referral centre (SARC)
- Counselling



Key messages

- **There is no safe way to strangle!**
- 50% of victims will have no visible external signs
- No oxygen = No memory
- High Risk: women who have previously experienced NFS are 7x more likely to be murdered
- Always encourage survivors to seek medical advice as soon as possible





Questions?





LUNCH 12:30-13:30

The Papyrus logo consists of a teal speech bubble with a tail pointing towards the bottom left. Inside the bubble, the word "PAPYRUS" is written in a bold, black, sans-serif font.

PAPYRUS

SUICIDE PREVENTION

Awareness, Resources,
Knowledge

The Spark logo features a red four-pointed starburst icon to the left of the word "SPARK", which is written in a bold, black, sans-serif font.

SPARK

UK SUICIDE 2024

7,147

Total number of
registered suicides of
all ages

1,866

Total number of registered
suicides of **young people under**
35

267

Total number of
registered suicides of
10 – 19-year-olds

0300 102 2470
HopeLine 24/7

TEXT HOPE to:
88247



EMAIL:

pat@papyrus-uk.org



WEBCHAT:

papyrus-uk.org

British Sign Language
240 Languages

HOPELINK / PAPYRUS app library





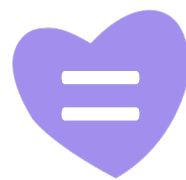
RESOURCES



LANGUAGE MATTERS



**COMMITTED
SUICIDE**



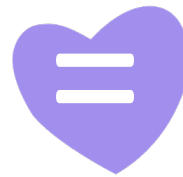
**DIED BY
SUICIDE**

**COMPLETED
SUICIDE**



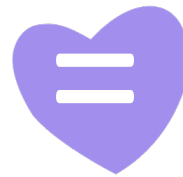
**ENDED
THEIR LIFE**

**GENUINE
SUICIDE
ATTEMPT**



**SUICIDE
ATTEMPT**

**FAILED
SUICIDE
ATTEMPT**



**SUICIDE
ATTEMPT**

BEING SUICIDE SAFER



Have suicide prevention policies at every level



Train staff in suicide prevention



Display our resources



Talk about suicide safely and openly

**What is one thing
you're going to do
differently moving
forwards?**



PAPYRUS

THANK YOU

Promote
HopeLine24/7

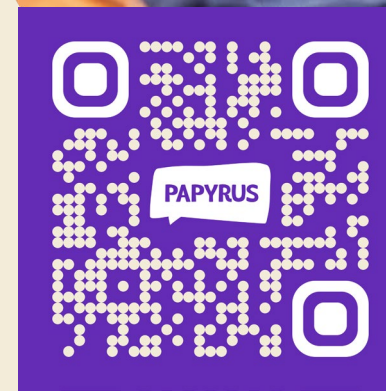
Talk about
suicide

Access our
resources

Fundraise for
us

Volunteer for
us

Train with us



Chloe.fisher@papyrus-uk.org

Alzheimer's Society

Elaine Agar

East Riding Alzheimer's Society

Elaine.Agar@alzheimers.org.uk



Safeguarding and support for carers



What is dementia



Signs and symptoms



What support may be needed



Safeguarding and dementia

Contracted Service with
East Riding council

Dementia Adviser 1-1
support via: face to
face, telephone, email,
teams, at a GP practice,
keeping in touch calls

Eight Activity groups

A Good Life with
Dementia

Voluntary Income
services

Brain Health

Dementia Voice

Young Onset group

Companionship calls

The East Riding Carers Support Service

Rachael Barron – Senior Carer Support Officer



Nationally we have learnt



Centre for Care research found that the economic value of the support provided by unpaid carers in the UK is now **£184 billion a year**. [Carers UK]



The Carers UK State of Caring 2025 survey found that **42%** of carers said their physical health has suffered as a result of caring, and **30%** said their physical health was bad or very bad. **Three quarters (74%) of carers said they had felt stressed or anxious, and 40% feel depressed. 35% of carers said their mental health was bad or very bad.**



Carers are often unable to find time to attend appointments, medical check-ups or treatment due to their caring responsibilities and working.



Without proper support, carers are often pushed to breaking point and have to give up work, stop caring or are even hospitalised themselves.

Adult Carers In The East Riding of Yorkshire

In the East Riding, **46,863** people identified themselves as providing 1 hour or more of care per week. An increase in 12,463 people from the 2011 census.

Of these carers approx. **4,600** are currently registered with Carers Support Service.

Potentially around **41,000** carers are not in contact; being known as 'hidden' carers.



About the East Riding Carers Support Service

- ✓ We support carers and those caring for someone over the age of 18 who live in the East Riding.
- ✓ We provide support for all informal carers; whether they are providing support for 1 hour per week or 24 hours per day.
- ✓ We offer support to carers of all long-term health conditions, illnesses, mental health & substance misuse.
- ✓ We also offer advice to any members of staff, health and social care professionals and the public who want to gain further knowledge and information about care and support available for carers.



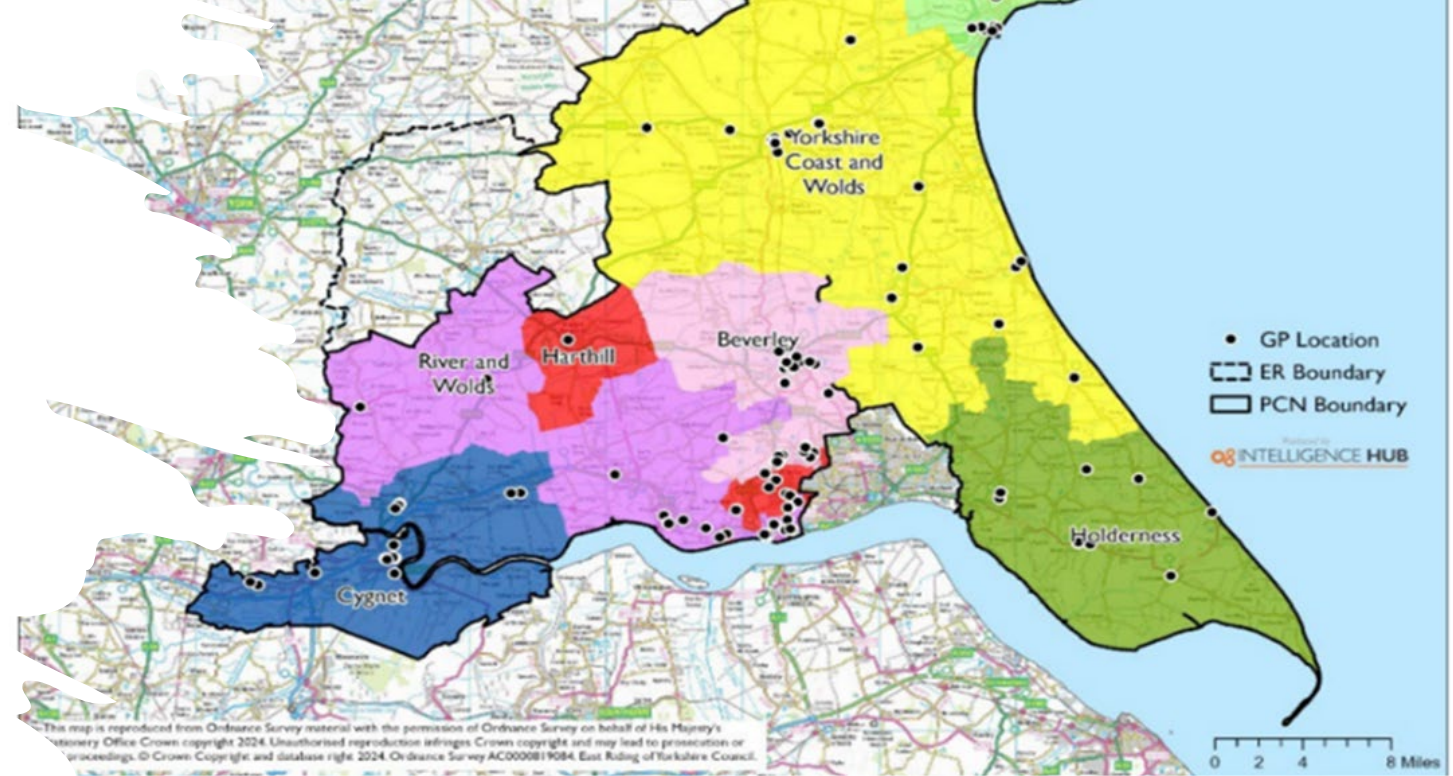
Contact details

Tel: 01482 211255

Email:

East.riding@alzheimers.org.uk

[Website: East Riding Dementia Services and Support – Dementia & Alzheimers Support East Riding of Yorkshire](https://www.alzheimers.org.uk/east-riding-dementia-services-and-support)



We Care

...building carer-friendly communities
together

- + East Riding Carers Support Service,
Cross Street, Beverley, HU17 9BA
- + Email: ERcarers@eastriding.gov.uk
- + Freephone: 0800 917 6844
- + Telephone: 01482 396500



FINAL THOUGHTS FOR THE DAY
THANK YOU FOR ATTENDING