

NHS England Midlands and East Safeguarding Directory of Projects

April 2017 – March 2018



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Introduction to the directory of safeguarding projects in NHS England Midlands and East 2017/18

Within NHS England each region is allocated programme funds for safeguarding each year. Taking into account the national safeguarding priority areas, bids were invited from across the NHS England Midlands and East geography. £234,000.00 was agreed at the Regional Safeguarding Steering Group to be allocated from the regional safeguarding programme funds for these projects.

Priority areas recognised nationally as areas of focus for these funds were;

- Looked After Children (LAC)
- Female Genital Mutilation (FGM)
- Child sexual exploitation (CSE)
- Mental capacity Act/Deprivation of Liberty (MCA/DoLS)
- Prevent agenda – preventing radicalisation
- Domestic Abuse (DA)

Following a review process, all bidders were communicated with and informed of the outcome. This resulted in £234,000.00 of non-recurrent funding being allocated to support 19 projects across the region. Successful bidders were contacted and invited to accept the bid amount and complete an update template at specified bi-monthly intervals. The reporting framework took into account the Chief Nursing Officer's Leading Change Adding Value Programme and also the Triple Aim for patients - better outcomes, better experience and better use of resources.

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- Female Genital Mutilation (FGM)
- Child Sexual Exploitation (CS)
- Mental Capacity Act / Deprivation of Liberty (MCA / DoLS)
- Prevent Agenda – preventing radicalisation
- Domestic Abuse (DA)

This directory provides a detailed description of projects undertaken, supported by non-recurrent safeguarding funds, across the region within 2017/18.

Safeguarding projects in NHS England Midlands and East

NHS Birmingham and Solihull CCG: Modern slavery pop up - awareness campaign.

Aim of the Campaign

The aim of the campaign was to work with multi-agency partners, including the West Midlands Police, Birmingham City Council, the West Midlands Anti-Slavery Network and the CCG Partnership and Engagement Team/CSU, using the 'Liberate' brand to raise awareness of modern slavery through a targeted campaign.



Campaign launch

The launch was held on Friday 23rd March 2018 outside Grand Central (New Street Station) in Birmingham City Centre. This consisted of a mock recruitment campaign and a small immersive theatre pop-up that was held in a transit van. The aim of this was to demonstrate the realities of modern slavery to the general public.

The campaign launch was a huge success and was the top news item on BBC Midlands Today, BBC WM, ITV Central News, and also featured on Free Radio and Heart FM. It is estimated that the total audience reach was over three million people, the social media was buzzing throughout the day and over the following weekend. The Twitter Thunderclap reached over 800,000 people and was backed by lots of high profile local, regional and national organisations.

Next steps

The next step will be to spread the messages out through a series of follow up community events.

Contact

Melody Bridges (melody.bridges@nhs.net)

NHS Ipswich and East Suffolk CCG: A framework and teaching package for adult safeguarding clinicians in primary care across the three counties.

Three named professionals in safeguarding adults representing nine CCGs applied for the bid. Dr. Pippa Harrold Named GP for vulnerable adults on behalf of the Norfolk and Waveney CCGs, Sally-Jane Papworth Named Nurse Safeguarding in Primary Care from Cambridgeshire and Peterborough CCGs and Tabitha Griffin, Named Nurse Safeguarding Primary Care from Suffolk. The aim of the bid was to highlight the issues of the Mental Capacity Act and domestic abuse. The bid was for £19,000.

The focus was to have a selection of training opportunities across the three counties for primary care clinicians. The sessions used the same handouts but had different speakers. The educational events scheduled for half day periods and were advertised through the NHS training website and locally.

The feedback on the events was positive but the time constraints of the bid did have an impact upon the initial session. Otherwise, attendance was good and opportunities taken by professionals attending.

Two further sessions are planned in two of the counties. Highlights for the organisers were having the bid accepted and the events but the time constraints and the unknown territory of finance were a challenge to be negotiated. We would suggest that other professionals apply for bids for their chosen areas.

Contact

Tabitha Griffin tabitha.griffin@nhs.net

NHS Derbyshire CCGs: Best practice in tackling self-neglect.

Problem Statement

Staff struggle with the concept of self-neglect in patients in the context of wider mental capacity and safeguarding issues.

The CCG and the local safeguarding adults board (LSAB) needed to understand the lessons from audit of safeguarding adults reviews (SAR), to ensure that future SARs achieve the best outcomes for the people of Derbyshire. From our LSAB case file audit work we have been able to identify that staff across agencies struggle with self-neglect and the interface between the Mental Capacity Act, the Mental Health Act and the Human Rights Act.

What we hoped to achieve

There is an ongoing audit of safeguarding referrals in both Derby City and Derbyshire County the findings of which are shared with both city and county SABs. The focus on self-neglect referrals would be audited six months after the training event to allow enough time to accumulate enough referrals to evaluate the effectiveness of the training.

In Derby and Derbyshire we have an operational sub group of our boards where examples of operational cases are shared and discussed. We would be able to evidence self-neglect cases which have achieved good outcomes as a direct result of staff attending the training event.

Any future SARs commissioned by the Midlands and East region SABs will hopefully demonstrate learning from the event and achieve higher quality SAR reports. This will be due to the individual management review authors gaining a better understanding of what information is important and applying better recommendations and SMART action plans.

What we achieved

Our self-neglect conference was held as planned on 23rd March and was well attended. We will be doing some audit work with the local authority later in the year to try to see if we have had greater success in supporting people who self-neglect as a result of practitioners attending this event.



A video on hoarding which was shown at the conference was posted onto [You Tube](#)
We also updated the Derbyshire safeguarding adults app which is available via the App store.

Contact

Michelle Grant (michelle.grant3@nhs.net)

NHS Stoke on Trent CCG: The named GP child safeguarding educational and networking programme.

Named GPs for child safeguarding are newly commissioned roles.

A named GP is responsible for primary care training, GP representation at serious case reviews (SCR's) and safeguarding children boards, as well as being the safeguarding champions within CCGs. However, there is still a great deal of variability in the roles and responsibilities of named GPs locally and nationally.

There are many innovative ideas, audit and training strategies, and as many named GP's work in isolation there is a need for sharing information between areas so that best practice can be shared and we can work collaboratively

The named GP educational programme delivers the opportunity to facilitate quarterly meetings that allows named GPs to meet and share best practice, such as how they deliver level one, two and three intercollegiate training to primary care, national priorities such as FGM, CSE, PREVENT, honour based violence and early intervention. Moving forward, we want to share lessons learnt from SCRs and how GPs are best managing safeguarding in their own areas

Named GPs are supported by designated nurses and designated doctors for child safeguarding so there would be added benefit to invite designated doctors and nurses who have a higher level of expertise to the meetings along with named GPs. This will enhance working together to streamline best practice, share ideas and local initiatives and training strategy and also discuss local audit and national priorities.

The aim of the programme is to:

- Examine the roles and responsibilities of named GPs,
- Discuss how we are delivering our contractual duties.
- Sharing of best practice
- How to we can integrate into safeguarding teams and work collaboratively with other named and designated professionals
- How we provide quality assurance to CCGs
- How we communicate with GP practices
- Audit of our work
- Named GP appraisal
- Training for primary care
- Information governance

The inaugural whole day event was held on the 9th May 2018 at Stone House hotel in Staffordshire. It was a great opportunity to network, support each other and help us to deliver excellence to CCGs in this relatively new role. Sufficient funding has been

secured to organize future events to discuss how we can best use the funds in the future to allow us to maximize the educational benefits.

Contact

Dr Janey Merron (jane.merron@nhs.net)

NHS Nottinghamshire CCGs: Domestic abuse recognition and referral awareness for GP practices.

Nottinghamshire Health and Wellbeing Board and the Police and Crime Commissioner have identified domestic and sexual abuse as priorities for action 2017-2020

£8000 was secured in Dec 2017 from NHS England to support Nottinghamshire Women's Aid Integrated Services and Nottinghamshire Women's Aid to deliver GP practice based briefings in relation to domestic abuse.

The aim of the project is to facilitate primary care staff to recognise and respond appropriately to survivors of domestic abuse by providing practice based education sessions intended to:

- Identify risk factors and complexities relating to domestic abuse
- Improve confidence in asking routine questions in relation to domestic abuse safely
- Respond appropriately to disclosures of abuse both current and non-recent
- contribute to safe effective support planning
- Build relationships with local Domestic Abuse Referral Services and to make appropriate referrals and consultations.
- Intended Outcomes
- Equip GPs and Primary Care staff with an enhanced knowledge on how to recognise and respond to victims of domestic abuse through practice based briefings and accessible education materials.
- increase confidence in primary care staff to ask routine questions around domestic abuse
- improve links and communication between GP primary care staff and local domestic abuse services
- Enable Women's Aid services and Multi Agency Risk Assessment Conferences (MARACs) to receive improved numbers and quality of referrals from GPs and Primary Care practitioners in relation to domestic abuse

Progress

An initial planning meeting was held on 29 January and the development of a training package, including evaluation tools is underway.

A communication briefing will be cascaded to all practices by the end of March, requesting expressions of interest for sessions, which are planned to be rolled out to as many of the 90 plus Nottinghamshire GP practices between April 2018 and March 2019

Contact

Val Simnett (val.simnett:nhs.net)

NHS South West Lincolnshire CCG: Safeguarding champions in care homes across Lincolnshire.

The Lincolnshire CCGs project was to introduce safeguarding ambassador's across care homes and domiciliary care settings to enhance safeguarding practice.

The initial proposal was to improve engagement with care home providers / managers and staff to empower them to promote safeguarding, undertake safeguarding training and lead on safeguarding within their own care homes / domiciliary care settings, empowering individuals and improving outcome for patients.

The safeguarding ambassador role across the organisation will also enhance and streamline safeguarding practice in order to ensure consistency, up to date competency and confidence in providing advice and support to staff. The essential responsibility however remains with the Registered Manager.

The safeguarding ambassadors have subsequently enrolled in the programme to support them to deliver their organisation's own safeguarding policies and procedures and to introduce the new Lincolnshire multi-agency safeguarding adult policies and procedures implemented in April 2018. This has enabled agreed protocols that are evidence based practice based on national, regional and local guidance.

As a result of the initiative we now have over 100 safeguarding ambassadors in care homes and domiciliary settings.



The initial feedback from the newly engaged Safeguarding Ambassadors has confirmed these forums and contacts give a platform for adult care home settings / domiciliary care settings to have improved safeguards in place by professionals that now have easy access to guidance on how to recognise and respond to abuse.

It has enabled both the Safeguarding Adult named professionals and MCA and DoLS named professionals to have improved engagement with care home providers / managers and staff. They are now empowered to undertake the safeguarding and MCA training and lead of safeguarding within their own care homes, supporting individuals and improving outcomes for patients.

Future events will continue to work to improve the knowledge of health and multi-agency professionals of the Adult Safeguarding and MCA / DoLS agenda and continue to improve practice skills which will improve health outcomes for patients. This also enables improved person-centred safeguarding practice which builds on the existing work around already in place with Making Safeguarding Personal.

Contact

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NHS Southend CCG: Resources to facilitate attendance at the dental practice.

Background

The need for a dementia focused dental resource was highlighted following a safeguarding concern raised in the Southend CCG area where a dentist inappropriately asked for consent from a carer attending with a resident from a care home. It was identified that something was required to assist dentists and dental staff to gain consent and to assist those caring for someone with dementia to understand their visit to the dentist.



A scoping exercise was undertaken using local contacts and resources including the community dental service. There was found to be a great deal of information available on dementia and some which focused specifically on dementia and dentistry, and although these all had merit, they did not meet the need identified.

Aim and Objective

The initial aim of the project was to facilitate effective trips to the dentist for those with dementia but during development this was expanded to include anyone who might have difficulty understanding the need to attend the dental practice.

- Facilitate good understanding of consent with regard to dental treatment
- Avoid delay in treatment due to perceived or actual lack of mental capacity to understand the need to attend the dentist and what this involved
- Encourage carers to discuss oral health and dental care as part of everyday health care

Development

It was decided that the messages could more effectively be passed by creating three separate resources:

- Photo flip cards for carer aided discussion
- Mental Capacity Act 2005 Decision Makers' flow chart for dental practice staff
- Tips for the dental practice staff A4 poster



These were chosen as no similar resources could be found that met the aims. The initial draft of each resource was taken out for engagement with a wide range of professionals.

Conclusion

The resources have been

- disseminated and awareness of them has been raised by presenting them at various events
- Feedback on their use is being gained.
- This information will be used to develop the resources and evaluate impact.
- Requests for their use in other areas has been requested and agreed.

Contact

Andrea Metcalfe (andreametcalfe@nhs.net)

NHS Telford and Wrekin CCG: GP safeguarding conference.

Telford and Wrekin CCG implemented a very successful safeguarding conference in June 2016 with excellent evaluations by stakeholders. A further adult, children and looked after children safeguarding training conference will provide further awareness and training to health staff who were unable to attend and reach the wider primary care front-line practitioners locally to safeguard the population of Telford and Wrekin.

Contact

Audrey Scott-Ryan (a.scott-ryan@nhs.net)

NHS Telford and Wrekin & Shropshire CCGs: Pan Shropshire safeguarding adults forum.

Telford & Wrekin and Shropshire CCGs submitted a bid for funds to support a pan Shropshire and Telford Adult Safeguarding Forum for both residential and domestic care providers across the local health economy. The Forums are facilitated by Shropshire Partners in Care (SPiC) with both CCGs and the respective Local Authorities providing support and input.

The aim of the forum is to promote safeguarding by increasing awareness of common safeguarding challenges/concerns across the local care home economy; promoting and reinforcing the Mental Capacity Act (2005) and Deprivation of Liberty, raising awareness and promoting the Prevent agenda and promoting joint working and joint solutions around safeguarding issues.

Through the sharing of information and learning from both local and national safeguarding enquiries/reviews the forum supports both the promotion of and a culture of safer practice and risk management. Through discussions the group is supported to gain a wider understanding of other organisations roles and responsibilities whilst raising the profile of collaborative working across the sector.

Individual invitations have been forwarded to providers who have been historically 'hard to reach', with a good response.

To date two meetings have been held with a further two planned for over the year. Bookings are taken on line with events being oversubscribed – as a result provider places are limited to ensure as wide an audience as possible. Each agenda and pack from the meetings are available for download with the first meeting having had over 110 downloads http://www.spic.co.uk/downloads/cat_view/393-safeguarding-adult-forum

A questionnaire to evaluate how practice has been impacted is currently ongoing.

Contact

Kathy George (k.george2@nhs.net)

NHS Wolverhampton CCG: Empowerment of hard to reach communities (new arrivals – Black, Asian and Minority Ethnic Communities) in the prevention of violence against women and girls.

The project's principle objective is to develop coordinated community responses to domestic abuse, an ambition underpinning national and local Ending Violence Against Women and Girls Strategies' (VAWG) aims and intended outcomes, namely:

- Prioritise early intervention/prevention of violence/abuse for victims and their children
- Provide access to support/information when needed for women/girls to make informed choices, and reduce repeat victimisation
- Challenge deep-rooted social norms/attitudes/behaviours in all communities
- Increase reporting especially from harder to reach communities
- Hold perpetrators to account
- This project will equip members of hard to reach communities specifically new arrivals, Black, Asian, and Minority Ethnic communities with:
 - increased confidence in reporting domestic abuse, female genital mutilation, and modern day slavery/trafficking
 - facilitated reporting pathways
 - access to appropriate projects/services
 - resilience to becoming victims, preventing serious harm and associated effects on health and well being
 - sustainable legacy of well-informed community members/networks raising awareness across communities
 - reduction in the cost of Domestic Violence to health organisations within Wolverhampton



It also responds to recommendations identified in recent Wolverhampton Domestic Homicide Reviews in relation to the need to raise awareness of domestic abuse, related cultural issues, and safety planning within our communities and learning from regional Serious Case Reviews by adopting a 'think family' approach

The project is on track and has continued as planned:

1 October 2017: translation and printing of the resources on which the project relies

1 November 2017: start of community awareness raising sessions

1 February 2018: 26 women and 20 men have received their training and are equipped to start cascading messages into their communities

1 May 2018: 60 women and 30 men will have received their training and be equipped to start cascading messages into their communities

31 October 2018: 120 women and 60 men will have received their training and be equipped to start cascading messages into their communities

November 2018: Project end evaluation

Emergency Reporting Cards have been well received by Wolverhampton's Main Police station. A particular PC has gone out of her way to cater for the needs of this project. She is particularly welcoming to participants and has created information packs to distribute to participants when they visit. Visual aids to remind reporting staff have been displayed in reception areas (out of sight of the public) at the Police Station and at Refugee and Migrant Centre and appropriate staff have been trained in understanding them.

Six sessions have been held: three for women and three for men. An extra session for males was held to increase numbers.

All participants have been invited to give written feedback which has been extremely positive.

Contact

Annette Lawrence (annette.lawrence@nhs.et)

**NHS Castle Point and Rochford CCG: Implementation of NICE Quality
Standard Domestic Violence and Abuse QS116**

The Domestic Abuse Seminar planned in February for GPs on information sharing was unfortunately cancelled due to adverse weather conditions. Funds have been carried over and a scaled down event will be planned for October this year.

Contact

Sharon Connell (sharon.connell@nhs.net)

NHS Cambridgeshire and Peterborough CCG: Promoting safeguarding children amongst independent contractors

The data from the survey of providers showed good practice was in place such as having a safeguarding lead in place and holding regular staff meetings. We used this information to draw up recommendations for all independent contractors.

Visits are now underway to individual practices in Cambridgeshire and Peterborough to present our findings and discuss the information in the draft copy of the resource pack. We also wanted to know if they felt this was helpful; what other support we could offer, and how best this could be sustained.

The visits are proving extremely positive and we will continue to hold them. Practitioners like having the local contacts and information available to them, and find the resource pack very helpful. They do use their individual guidance on the internet for advice and support, indicating that they are aware of their safeguarding children responsibilities and would like a more joined up approach.

The CCG was invited to the Local Pharmacy Committee to present this project and the findings, and they were very interested with discussion around the best way to sustain this vital link.

The visits have promoted a lot of discussion between practices themselves, and they are now looking at ways to sustain this with support from the CCG.

There has been a lot of discussion around holding a conference to present this project and findings but many of the practices have indicated that they would not be able to attend due to increase in workload, so we are also looking at different ways we can promote this work to all independent contractors.

Contact

Sarah Hamilton (sarah.hamilton5@nhs.et)

NHS Luton CCG: Developing the 'Think Family' model in emergency departments through safeguarding supervision. Developing a health passport for all LAC Children, learning disabilities and dementia across the three CCGs in line with 'Think Family'.

The current change in our local demography results in difference in culture, poor understanding of safety and difficulty in accessing right guidance and advice. This therefore presents additional challenges to frontline practitioners who deal with these issues daily. In addition there are mental health issues, and practices that are eroding communities such as honour based killing, FGM, CSE and radicalisation. Frontline staff are expected to deal with these issues and carry on with the rest of their work.

The three CCGs recognise this and want frontline staff to be emotionally prepared and feel confident when dealing with these issues. Training safeguarding supervisors across three hospitals– Luton & Dunstable hospital, Bedford Hospital and Milton Keynes hospital and other providers that cover the Sustainability and Transformation Partnership (STP) areas for Luton, Bedford and Milton Keynes CCG is a priority.

The project will focus on how effective safeguarding supervision can support critical thinking in working with children, adults and their families and contribute to building and sustaining practitioners' emotional resilience; and developing 'professional curiosity.'

Objectives & Outcome measures: Adding Value - 6c's

Care - for children and young people who are at risk of significant harm. Care for adults affected by harm and abuse.

Compassion - in understanding the impact of the 'toxic trio' on families

Competence - in applying motivational interviewing skill and appreciative inquiry when working with children, young people, adults and families

Communication - with other practitioners across all partnership reflecting in appropriate referrals that meet thresholds

Courage - to challenge in a non-judgemental well and draw on learning

Commitment - to child, young person, adult and family focused interventions

Progress

The funding from NHS England has made it possible for 48 health professionals to be trained on delivering safeguarding supervision across the STP since March 2018.

Contact

Patricia Oparah (patricia.oparah@nhs.net)

NHS Nottingham City CCG: “Missing appointments matter”

Nottingham City CCG applied for funding following on from the “Was not brought” animation produced by Nottingham City Safeguarding Children Board (NCSCB), NHS Nottingham City CCG and Nottingham City Social Care in 2017. This animation was for aimed at professionals rethinking the impact to a child if they were not brought to an appointment. The ‘Was not brought’ animation received national and international interest.

Further conversations resulted in a successful bid, with the overall expectation to ensure appointments are attended and healthcare is delivered to the patient. Overall the patients’ health needs will be assessed and care/treatment is addressed.

Aim

The aim of the project is to reduce non-attendance of appointments.

The Audience will form two parts:

- Primary - parents of children/carers of vulnerable adults (especially with mobility or communication issues).
- Secondary – general public

The initiative will be delivered considering the Think Family agenda, adults and children at risk, the learning disability agenda, victims of domestic abuse and all other areas under the arena of safeguarding support.

Expected outcomes:

It is expected to see a reduction in the number of non-attendances. Patients and carers have no choice if the only alternative is not to attend the appointment. When the latter occurs this would begin to trigger professionals to consider the established “Was Not Brought” message.

Other successful outcomes that this message will deliver are:

- a) Missed appointments would be reduced for vulnerable people
- b) Reduction in safeguarding referrals
- c) Potential improvements in the health and wellbeing for vulnerable people

The animation will be available long term and can be shared across the wider health communities and services.

Progress:

A multi-agency group was held in early January 2018, once a production company was agreed, to develop an animation which would be a public facing message.

The group met for several meetings to develop the story line resulting in the animation being built with final changes currently being made. The aim is to cascade

the package to all providers of health care locally and the multi-agency teams, which can show the animation in areas accessible to the public.

The name of this animation was agreed as “Missing Appointments Matter”

A package to establish the impact of this message is being developed to ask providers to give some details of nonattendance rates prior to showing the animation. This will be review six months after the cascade of the animation.

In six months an analysis report will be made to share with interested areas to review the impact and consider any message to engage with the public to ensure appointments are attended.

Contact

Led by Sandra Morrell (sandra.morrell@nhs.net)

NHS Nottingham City CCG: Improving health outcomes for young people entering the UK under the reunification to families scheme

In the later months of 2016, Nottingham City Council advised the CCG of a cohort of 27 young people to be placed in the city. Initial work was to identify where primary health care has been requested through the scheme, but little information was available. The reason for the project became apparent due to the minimal health information on these young people, and that they appeared not to be registered for primary care services.

Aim

The aim of the project is to understand how existing health services and multiagency working including primary care and secondary health services meet the needs of children and young people entering Nottingham as part of the reunification scheme. The cohort identified are vulnerable to poor health and may be exposed to risks of child abuse and neglect, radicalisation, gang violence, child sexual exploitation, modern slavery, forced marriage and FGM. It is unclear whether existing services are effectively meeting their needs and whether multi-agency working is well coordinated.

Outcomes

The overall work when concluded will inform practice, help deliver better outcomes and services as per the Chief Nursing Officer's strategic aims both locally and nationally through shared learning.

An evaluation report will describe:

- Access to health services and describe any barriers perceived by service users, staff and commissioners
- Information – how visible are services to users and staff including information and promotion of services
- Joined up working – what are the pathways through health services including referral pathways and information sharing, and multi-agency working
- Participation – how are service users involved in their healthcare and decisions made about their healthcare

The report will provide information on the activity of health services and identify areas of good practice and any gaps in services. It will include both quantitative and qualitative data including the perspectives of services users, health providers and professionals, commissioners and those working in partner agencies.

Progress

A small team of health professionals with a link to the local authority officer have looked to establish a baseline list of the young people to be able to track on the national spine to establish at least Primary Health care services.

The former has undertaken extensive research and as of April 2018 has now been established.

The project group have developed qualitative questionnaires to send to primary and community health services.

The next stage of the project is to send the questionnaires to primary care and community services to establish further the health care pathways.

On receipt of the completed qualitative feedback from services an analysis of data will be produced in a report to inform both commissioners and other channels deemed necessary to receive the information of the outcomes of this work.

Contact

Sandra Morrell (sandra.morrell@nhs.net)

NHS Shropshire CCG: Tackling hoarding and self-neglect project.

This project has a number of elements aimed at raising awareness of good practice when working with adults who self-neglect and promoting a better consistency of approach. The purpose is better define the relationship with adult safeguarding and how existing resources are used to enable the workforce to effectively support adults who are experiencing self-neglect. The resources developed as part of the project will be shared outside of the target area by embedding the new materials and learning resources on the Keeping Adults Safe in Shropshire Board website as well as the Telford and Wrekin Safeguarding Adults Board website.

This project will be led by Shropshire Partners In Care and the various work streams have been funded by the bid monies made available from NHS England. **Elements to the project**

Joint safeguarding adults board prevention event June 14th 2018

A joint safeguarding adults board event (Shropshire and Telford and Wrekin) was organised by the project lead and included keynote sessions from Professor Michael Preston-Shoot, renowned for his co-authorship of the Learning from the London safeguarding adult reviews (SARs) and research on working with adults who self-neglect. Sessions focussed on 'Best practice evidence for working with adults who self-neglect and why it matters' and 'The importance of the MCA - what learning from safeguarding adult reviews (SARs) tells us about best practice for those who lack capacity'. These sessions were followed by short reflective workshops to identify any changes to practice needed and how these will be achieved.

On-going learning after the event will be achieved through the two hour sessions being filmed. This footage will be hosted on YouTube and links embedded in the SAB websites for those who were not able to secure a place or for recap of learning.

Workbook and PowerPoint presentation

The project lead carried out research in order to develop a reflective learning workbook to record knowledge and guide learning concerning working with adults who self-neglect. This will include information about how to work with adults who self-neglect and there will also be activities to complete within the workbook in order to enhance the knowledge and learning. This can be utilised to demonstrate continued professional development.

A PowerPoint training package presentation is being developed to be hosted in the Shropshire Partners in care and keeping adults safe in Shropshire board (KASiSB) websites.

Local self-neglect roadshows – these will be arranged with the local authority to launch this new initiative.

Linking to local guidance

The project lead will liaise with the KASiSB representatives to update the current guidance on self-neglect and ensure this guidance is linked in the workbook.

Reporting to the KASiSB in Shropshire

A report on the project will be presented as part of the project including recommendations for local practice development.

Contact

Paul Cooper (paulcooper2@nhs.net)

NHS East and North Hertfordshire CCG: Harmful sexual behaviours.

Background

Hertfordshire colleagues participated in local authorities research consortium (LARC) research to identify training needs on this topic, and the results showed that staff did not feel confident in addressing /talking about sexualised behaviour with children and young people (CYP). A number of workshops held on this topic over recent months also revealed varied understanding on the subject including the ability to respond to behaviours across the partnership.

Learning from a recent serious case review identified that staff did not respond effectively to signs of harmful sexual behaviour in a child leading to further harm within the family. This can result in long term consequences in terms of care requirements and adverse emotional impact on others.

Proposal

Train multiagency staff to recognise signs and symptoms of harmful sexual behaviour using the Brook sexual behaviours traffic light tool.

The expectation from the harmful sexual behaviour training delivered by Brook is that front line staff across the Hertfordshire multiagency partnership recognise and respond to signs/symptoms of harmful sexual behaviour (HSB) also known as sexually harmful behaviour (SHB) and be competent in the use of the Brook sexual behaviours traffic light tool in their practice.

Training started at the end of March 2018 for all professionals across the Hertfordshire safeguarding children board partnership. Evaluations demonstrate that the training has been well received by the majority of attendees, with some requesting further training such as train the trainer. There are places available on the train the trainer day which is offered to those expressing interest.

Designated twilight sessions were arranged for the education department to encourage school staff to attend after school. The first session had over 100 attendees and looked at issues including harmful sexual behaviours and training on use of the Brook tool. A further two sessions have been arranged later in the year.

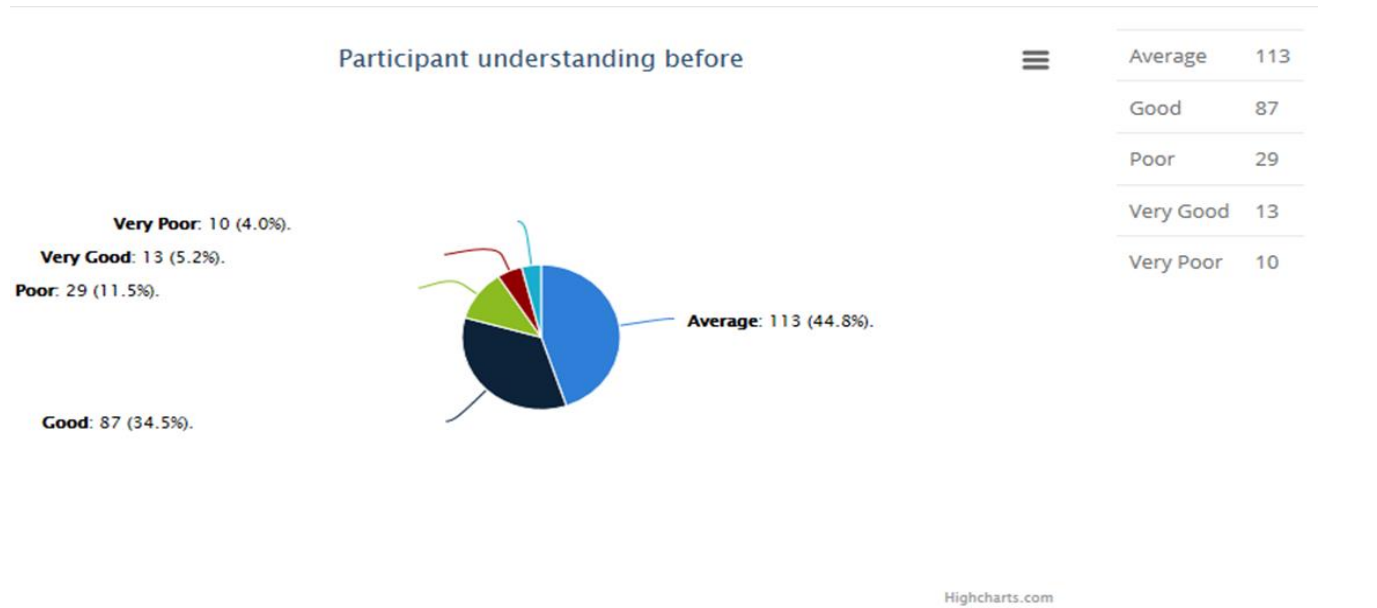
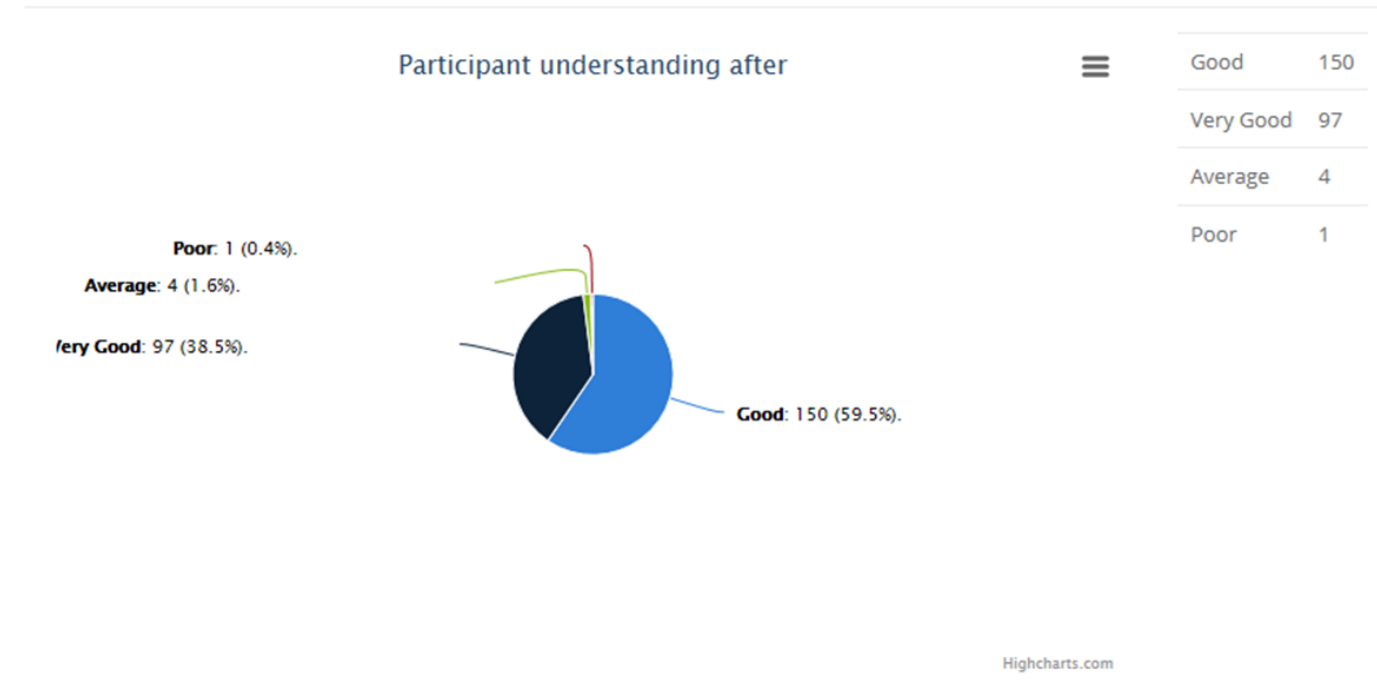
Training for GPs was delivered on the 24th April with over 40 attendees, and also included training on the Brook tool.

Aim of training

The expectation is that training will improve staff skills and raise their confidence to talk to children and young people about sexualised behaviour. Another objective is that staff are knowledgeable about signs of HSB and can understand what is harmful and what is normal development.

It is expected that staff will be competent to provide parents/carers/professionals with advice and support them to manage and effect change in CYP behaviours.

Evaluation to Date



Overall Evaluation

Staff feedback demonstrates that they can:

- Identify sexual behaviours; normal or not
- Consider the information I receive more logically and help me to ensure appropriate referrals are made.
- Expand knowledge+ use the tool
- Better understanding & how to address situations & support families through education & discussions.
- Challenge (or back up!) professionals views on what is harmful sexual behaviour and help with identification & response.
- Dovetail into existing practice
- Use with CYPs as well as the agree/disagree activity.

Quotes from people attending the training:

"The traffic light tool is really useful and impressed me. Website has scenarios and a quiz to identify risky behaviours."

"Will help me to address behaviours."

"I am now more aware of scenarios."

"I feel confident in learning where I need to take action and where I can continue to have conversation relating to unclear issues in my practice."

"It's good to have a useful tool now to refer to and work through."

"Will help with developing and delivering sessions around SRE with staff and young people."

Contact

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NHS Birmingham South Central CCG: Identification and referral to improve safety (IRIS) focus victims age 60+.

The Identification & referral to improve safety (IRIS) programme is aimed at identifying and supporting victims of domestic violence (DV), and has been running across GP practices in Birmingham since 2015. The IRIS programme was identified as a means of meeting recommendations made for general practices which came from the city's numerous domestic homicide reviews (DHRs). Since DHR commenced in 2011 Birmingham is now on its 30th DHR.

So far IRIS has identified and supported over 600 female victims of DV across Birmingham – women who would not otherwise have received help. Of this group around 7-8 per cent have been women 60+ women who do not ordinarily access DV support. In fact, Birmingham & Solihull Women's Aid (B&SWA), our partner in IRIS, has rarely had women 50+ access their services.

IRIS involves joint working between the third sector specialist DV services, B&SWA, and general practices. Initially we started with 25 IRIS accredited general practices, then in 2016 this was increased to 50 practices and this year thanks to the new Chief Executive of the newly combined Birmingham & Solihull CCG and the Chair of the West Midlands Violence Prevention Alliance (WMVPA) we can offer it to all 200+ practices.

Working with the University of Birmingham the needs of this age group are being evaluated in terms of the support and the refuge accommodation they may require. Some of the women identified have additional needs that come with old age (The oldest woman so far identified was 86 years). Many of them do not want to leave the home that they have lived in for numerous years and hence it is about what keeps them safe whilst they remain at home.

The final report is not yet complete, due to the number of women willing to talk with researchers has been quite low. A proportion of the money received has been set aside for materials and training for professionals once the needs are identified, as well as publicity materials for this age group so that they can be available in general practices and other venues, that may be frequented by this age group, so that they are aware that help is available.

Contact

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NHS Nene & Corby CCG - Northamptonshire countywide safeguarding forward view projects

There have been a number of safeguarding issues around child sexual exploitation (CSE), Domestic abuse, peer on peer assault and mental health issues which on closer inspection have had a gang related aspect.

It has been recognised by a number of professionals that they have a limited knowledge in this area and how to ensure that appropriate safeguards are put in place.

Project Vision

Raise awareness across the health economy of gang related safeguarding issues and the appropriate response to ensure the safety of the population.

The benefits to patients and the population will include:

- earlier identification of gang related issues thus reducing the harm caused by initiating early help or safeguarding procedures
- reduction in the number of peer on peer assaults
- support for families to help exit or resist involvement with gangs
- identification of vulnerable young people adults at risk of their homes and lives being taken over by gangs; and
- improved partnership working.

Objectives and outcomes

- To train a cohort of trainers across the health economy to raise awareness in their organisations.
- To increase the awareness across the whole of the health economy of gang related safeguarding.
- Health professionals have clear understanding of how to identify gang related safeguarding and the increased risk to children and vulnerable adults.
- Increase the early help offer to families to reduce the pull of the gangs.
- Reduction of CSE Drug use domestic abuse

Contact

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NHS Birmingham South Central CCG: FGM support and referral service for primary care and FGM Service.

Project outline

The project was set out in response to the following;

1. How to improve compliance with mandatory reporting and recording duties of female genital mutilation (FGM) and its relevancy to all health professionals?



The project will develop further skills, knowledge and abilities to identify victims and girls at risk of FGM. Reporting duties have been distributed and are continually being embedded in practice via safeguarding websites and bulletins, GP forums and online training. Assurance that practitioners are aware of their legal duty to report and record disclosures of FGM has been obtained through provider safeguarding committees and through the named professional's development of the primary care assurance framework.

2. To achieve increased compliance of GP's registering and using the clinical audit platform (CAP) for FGM

Current data has shown a low uptake of registrations, which is also reflected nationally and locally. Within Birmingham and Solihull CCG out of 309 practices only 17 per cent of the practices have registered on the CAP.

3. Awareness raising and training for primary care

The project will benefit GP practices by helping them to engage with prevalent communities and give them the confidence to talk about FGM with their patients and acknowledging the cultural sensitivity of what is a hidden crime.

4. The benefits to GP practices and the communities they serve and to encourage partnership working with third sector organisations

The project will also work with third sector advocacy agencies to also offer support, counselling and sign posting to victims and their families, within the primary care networks and creating a safe place for victims or survivors.

Conclusion

It is hoped that by leading change through raising awareness and education to families and communities, that the health and well-being of victims and survivors of FGM will improve. By providing an accessible quality service, care will be provided for these women and girls through improved skills and increased knowledge within

the workforce in order to identify potential victims and survivors of FGM. By obtaining assurance that victims and survivors will have better outcomes, experience and improve access to health will impact on their lives, families and their communities.

Contact

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