

UHD Safeguarding Team Newsletter

February 2022



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Welcome to the second edition of the UHD safeguarding newsletter. I have been the lead for Adult Safeguarding at Poole Hospital for nearly six memorable years.

Safeguarding is not something we just do; it needs to be at the heart of everything we do. Being the lead for adult safeguarding is far more than ensuring we have the best policies and procedures on the intranet, its more than developing pathways. It's about me working in partnership with you, empowering you to ask the difficult questions and helping you to understand your responsibilities and what actions should be taken.

Each newsletter will have a different focus and this month is adult safeguarding and we hope you find it interesting.

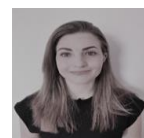
Teresa Izzo

Team Update

The Safeguarding team would like to welcome **Mandy Deans** and **Michelle Ioannou** to the team as Domestic Abuse Health Advocates.



Mandy is based at Poole and can be contacted On 07484 060084
Mandy.deans@uhd.nhs.uk
For more information on DA [here](#)



Michelle is based at Bournemouth and can be contacted on 07483 132 186 / Bleep 2191
michelle.ioannou@uhd.nhs.uk
For more information on DA [here](#)

If you have any questions or would like to arrange training for your area please contact Mandy or Michelle.

There is now a single system for domestic abuse risk assessment and referrals across UHD. You can access the risk assessments and referrals via the e-forms portal (Chrome only) just like all other e-forms.) It will look like



We would also like to welcome Helen Beaulieu and Kelly Phillips to the team both of whom bring a wealth of knowledge and operational experience to the team.

Helen has joined the team on secondment as the Lead for Adult Safeguarding on RBH site. Many of you may know Helen in her previous role as sister on Kimmeridge ward.

Kelly has become the lead midwife in the OASIS team (Offering Additional Support In Safeguarding) and works across both sites.

Team Contact Details:

Pippa Knight

Named Nurse for Safeguarding Children / Domestic Abuse Lead (RBH site) – Ext 4235

Helen Beaulieu

Adult Safeguarding (RBH site) Ext 4580

Lynne Lourence

Named Nurse for Safeguarding Children (PH site) –Ext 8275
Mobile 07387 526 131

Natalie Hawker

Specialist Nurse for Safeguarding Children (PH site) Ext 3348
Mobile 07733 008 433

Teresa Izzo

Lead for Adult Safeguarding (PH Site) – Ext 2619
Mobile 07884 500020

Naomi Rees

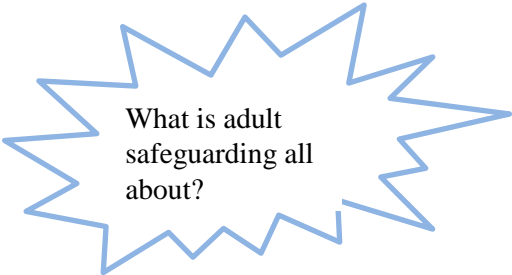
Learning Disability Nurse UHD
Mobile 07785 419332

Kerry Medina

Named Midwife for Safeguarding Children Ext 2155
Mobile 07825 193584

Kelly Phillips

Lead Midwife for Safeguarding Ext 8459
Mobile 07760131416



What is adult safeguarding all about?



One definition of **safeguarding** means protecting an adult's right to live their life safely, free from abuse or neglect. It also includes how people and organisations work together to prevent the risk of abuse. We need to work with the adult to ensure their wellbeing is promoted and allow them to have control over their decisions.

Who is an adult at risk?

The Care Act 2014 defines that safeguarding applies to an adult who:

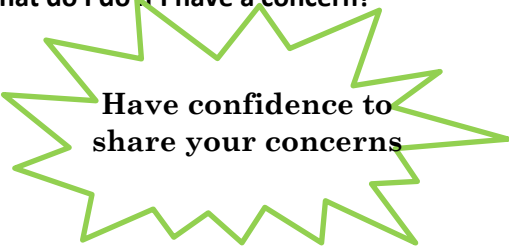
- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experiences of abuse or neglect.

Anyone can be vulnerable at certain times in their life

What is abuse?

It may be a deliberate act, but could also be the outcome of negligence or ignorance.
Abuse is a violation of an individual's human or civil rights


What do I do if I have a concern?



Have confidence to share your concerns

- If possible ask the patient what they want to happen
- Complete a cause for concern via the e form portal
- If you are unsure what to do contact a member of the Safeguarding team.
- Document your actions

YOU MIGHT THINK:



It's probably nothing
I don't want to interfere / they're probably just having a bad day /
I'm too busy to do anything about it anyway...

Don't assume everything is ok.

Think: What if I'm right.
As a professional you have a responsibility to do something.
Your concern on its own may seem small but shared with other key professionals may build up a picture to ensure the right support is in place.

In January this year we sent 84 cause for concern to social services.

The majority of concerns identified came under the category of neglect, followed by domestic abuse and self-neglect. The youngest patient who we identified a safeguarding concern was 19 the eldest was 97.

Demystifying Adult Safeguarding

What is a section 42 enquiry?

A section 42 enquiry relates to the duty of the Local Authorities to make enquiries, or have others to do so, if an adult may be at risk of abuse or neglect. This happens whether or not the authority is providing any care and support services to that adult. It aims to decide what, if any, action is needed to help protect the adult.

During Quarter 3 2021-2022 The Trust received 13 requests from the local authority to complete a section 42 enquiry into a concern that an adult patient may have been at risk of abuse or neglect whilst in our care.

11 section 42 concerns were around discharge.

2 section 42 concerns were around the care the patient perceived.

Key Learning Identified following section 42 enquiries

A section 42 enquiry is not about blame, but is an opportunity to seek out learning and reduce the risk to the patient and other patients.

When reviewing the concerns around discharge it was identified that communication was a consistent theme in all the concerns.

- If your patient is being discharged to their own home and will have a package of care or are going to a care home best practice is to complete a transfer of care letter.
- If your patient has any wounds, bruises, pressure ulcers best practice would be to update the body map and send a copy home with the patient.
- Remember to check EPR for any updates from Social services re any care the patient received prior to admission.

Click [here](#) to link discharge planning resources including Transfer of care forms that can be used when a patient is being discharged to a care home or to their own home with support

Restraint

Please remember when completing a DATIX/
Learn after a restraint intervention that you
complete the mental capacity factor box.

[Quick guide to restraint](#)

- ☐ Dementia
- ☐ Delirium
- ☐ Mental ill health condition
- ☐ Reaction to anaesthetic or medication
- ☐ DOLS - Subject to deprivation of liberty safeguards
- ☐ Severe learning disability
- ☐ Brain injury
- ☐ Other medical illness affecting capacity

Thought
for the month:

The world is a dangerous place to live; not because of the people who are evil, but because of the people who don't do anything about it. – Albert Einstein

SAFEGUARDING IS EVERYONE'S BUSINESS.

Play YOUR part in keeping children, young people and adults with care and support needs safe from abuse and neglect.

February Focus Domestic Abuse

The role of the hospital based Domestic Abuse Health Advocate:

Victims of domestic abuse in hospital are often in the immediate aftermath of a crisis: severe physical assault, drug/alcohol related medical needs, attempted suicide or self-harm.

The risk of immediate harm must be reduced, particularly when hospital release is imminent. Half of the clients in hospital are still in a relationship with the perpetrator, which means they face additional risk

Research suggests that domestic abuse victims feel safest disclosing to health practitioners – and four out of five victims never tell the police.

Think – is it safe to ask?

Never ask in the presence of another family member, friend or child over the age of 2 years

Frame the question first before asking a direct question: 'As domestic abuse is so common, we now ask about it routinely'.

Direct Question:

- 'Do you feel safe at home?'
- 'Do you live with anyone who hurts, threatens or abuses you?'
- 'Is there anyone you are afraid of?'

The impact on children:

Domestic abuse isn't just about the injuries we can see. The hidden harm to victims and children is even greater.

Research indicates that there is a strong link between domestic abuse and all types of child abuse and neglect.

Domestic abuse can impact a child's development and wellbeing. They may be physically harmed or face emotional suffering that can lead to behavioural issues, low self-esteem, bullying, self-harm or anti-social behaviour

Safelives estimate that at least one child in every reception school class has been living with abuse for their whole life.

The Domestic Abuse Act 2021 has defined domestic abuse as any incident between two people who are 'personally connected' and aged 16 or over, where behaviour includes:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional, or other abuse

The Act also recognises children who witness or experience abuse as victims in their own right.

When might the domestic abuse risk increase or escalate?

- Separation or discovery of a new relationship
- Disputes over child custody
- Pregnancy/new birth
- Community issues & isolation
- Credible threats to kill
- Use of alcohol and drugs

According to Refuge, women are at the greatest risk of homicide at the point of separation or after leaving a violent partner. On average, victims experience 50 incidents of abuse before getting effective help.

Perpetrators vary in age and might come from a different socio-economic demographic, cultural background, ethnicity or religion.

Perpetrators can occupy any profession or live in any geographic region.

Leaving abusive relationships:

Fear of safety can be a reason not to leave abusive relationships. Other reasons include:

- Isolation
- Shame
- Low confidence
- Lack of support

Two women a week are killed by a current or former partner in England and Wales alone (Office for National Statistics, 2019).

According to ManKind, one in 6-7 men will be a victim of domestic abuse in their lifetime.

Domestic abuse & pregnancy:

Domestic violence during pregnancy puts a pregnant woman and her unborn child in danger. It increases the risk of miscarriage, infection, premature birth, low birth weight, foetal injury and foetal death.

Around 30% of domestic abuse begins during pregnancy, while 40–60% of women experiencing domestic abuse are abused during pregnancy.

The National Institute for Health and Care Excellence recommended that all pregnant women should be routinely asked about domestic violence as part of their social history. NICE guidelines suggest that women should have the opportunity to discuss their pregnancy with a midwife in privacy, without their partner present, at least once in the antenatal period.

