

Peterborough Safeguarding Adults Board Newsletter



Who should read this newsletter?

Everyone with an interest in safeguarding adults at risk, to enable them to live their lives free from abuse and neglect, and to access and receive appropriate care. We hope this newsletter will be an important means to keep you up to date, and to share good practice and important information.

Issue 4

May 2016

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Message from the Chair



*Dr Russell Wate QPM,
Safeguarding Adult Board
Independent Chair*

It is with great pleasure that I introduce you to the 4th edition of our Adult Safeguarding Board newsletter.

Within this edition of this newsletter, there are a number of interesting articles ranging from coercive and controlling behaviour to the work of the DoLs team.

I hope you find the newsletter both interesting and of use.

One year has now passed since the Care Act of 2014 came into being. So much has been done by all partners before and after this to safeguard our adults in need of care and protection, that they must be thanked for theirs and their staff hard work in relation to this.

Since, the last newsletter the board has run a learning from safeguarding adults reviews conference, 70 delegates attended and there was good feedback from those that attended.

Also since the last newsletter there has been updated Care Act Statutory Guidance published in March 2016. I know that a number of you will be thinking 'What already', but there is contained within this update some much needed clarification.

I would ask that you contact the team if you have any ideas or wish to write an article for our next edition. The same applies for what for our next conference should be about.

Finally, we now have a new safeguarding website which can be located at www.safeguardingpeterborough.gov.uk



Restorative Justice in Cambridgeshire

Cambridgeshire Constabulary are working with partners and volunteers across the county to develop, embed and deliver an extended range of restorative justice services which can now be used for any crime and is run alongside the justice process, not as part of it.

If you have been a victim of crime, when you are ready, restorative justice can help.

Restorative justice gives victims the chance to meet or communicate with their offender within a controlled environment to discuss the harm that has been caused and to find a way to repair that harm.

It can help empower victims, lets them have their say and helps them to move on with their lives.

It can help offenders to recognise the impact of what they have done, take responsibility and make amends and reduce re-offending.

If you have been a victim of crime or would like more information about Restorative Justice in Cambridgeshire please call 0800 781 6818 or email restorativejustice@cams.pnn.police.uk or visit www.cams.police.uk/victims/rj/

Here we tell the touching story of how it helped a distraught victim and dragged a serial thief away from a life of crime. The real names of those involved have been changed to retain their anonymity.

IT'S a crime many might consider low-level and commonplace but when Helen's handbag was stolen from her car it had a devastating effect.

It contained irreplaceable pictures of her late husband, the only contact details for a long-standing friend and her driving licence, which left her afraid in her own home.

"William also broke down in tears and apologised for what he had done"

But five months later, 62-year-old Helen was given an opportunity that changed everything.

Through Restorative Justice, she met the thief who had caused all the upset and anxiety and the meeting helped her to a better place.

The meeting was voluntary for both parties and in a safe environment with a trained practitioner to direct proceedings.

Helen explained to prolific 35-year-old thief William, from Peterborough, that on the night of the crime in February this year, she was dropping off flowers to a friend who had helped her out at a charity event she had organised the night before.

The event was to celebrate a charity she and others had set up some years ago for victims of severe burns but was now closing after a number of the founders had died. The charity was close to Helen's heart, as her daughter had suffered severe burns, but with only her and another founder, who had just been diagnosed with a terminal illness, remaining, the hard decision was made to shut it down.

After dropping the flowers off at the friend's house in Peterborough she went back to her car and the bag was gone. Incredulous, Helen went back to the filling station she had

been to earlier thinking maybe she had left the bag there but after sitting for an hour going through CCTV, it showed she had left with her bag so she called the police.

She then listed to William the things that had been in the bag and were now lost, among them: more than £400, which was part of the money raised in the raffle at the charity event; perfume (a gift from a friend); reading glasses; birthday money vouchers; her driving licence (which had given her sleepless nights for a week and resulted in her buying a new home alarm system); her only address book, which was the contact for her friends, and the photos of her late husband.

Helen was visibly emotional as she explained that everything else could be replaced apart from these pictures.

William also broke down in tears and apologised for what he had done.

"The meeting was voluntary for both parties and in a safe environment"

He had been with his ex-girlfriend at the time and had taken the handbag after noticing Helen's car was unlocked. He spent the money on drugs for them both and gave the perfume to the ex-girlfriend.

The bag is now lost but William, who was caught by police and admitted the offence in March this year, said he would search the streets in a bid to retrieve it.

Helen said it was good to look William in the eye at the conference and have the opportunity to speak to and help him.

She said: "It was quite a shock and I had a sickening feeling when it first happened. It took a while to sink in and it didn't help having so much in my bag that I didn't realise I had.

Ever been a victim of crime and wondered why?

POLICE

Restorative Justice could be for you

Coercive or controlling behaviour now a Crime

Victims who would otherwise be subjected to sustained patterns of domestic abuse will be better protected under a new offence, which came into force on 29th December 2015.

The government's new [coercive or controlling behaviour offence](#) will mean victims who experience the type of behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice. The offence will carry a maximum of 5 years' imprisonment, a fine or both.

Minister for Preventing Abuse and Exploitation Karen Bradley said: "No one should live in fear of domestic abuse, which is why this government has made ending violence against women and girls a priority. Our new coercive or controlling behaviour offence will protect victims who would otherwise be subjected to sustained patterns of abuse that can lead to total control of their lives by the perpetrator. We are sending a clear message that it is wrong to violate the trust of those closest to you and that emotional and controlling abuse will not be tolerated."

Referrals, prosecutions and the volume of convictions for domestic violence and abuse have risen to their highest ever levels.

The government is committed to supporting the police to bring offenders to justice and to ensure victims have the support they need to rebuild their lives.

Coercive or controlling behaviour does not relate to a single incident, it is a purposeful pattern of incidents that occur over time in order for one individual to exert power, control or coercion over another.

The new offence aims to close a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members.

This sends a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.

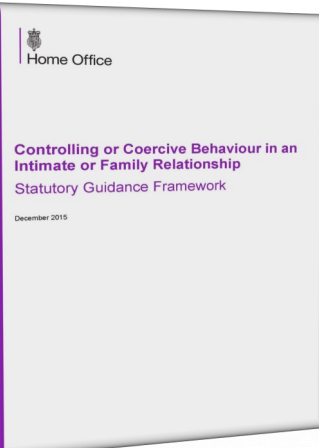
Statutory guidance framework: controlling or coercive behaviour in an intimate or family relationship

This statutory guidance is for the police and criminal justice agencies. It may also be relevant to assist the work of non-governmental organisations and voluntary organisations. It extends to England and Wales only.

This guidance provides information on:

- identifying domestic violence, domestic abuse and controlling or coercive behaviour
- circumstances in which the new offence might apply
- the types of evidence for the offence
- the defence

<https://www.gov.uk/government/publications/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship>



Care Act ~ Statutory Guidance

On the 10th March 2016, the Department of Health published the refreshed edition of the Care and Support statutory guidance. It is available at <https://www.gov.uk/guidance/care-and-support-statutory-guidance>.

The statutory guidance supports implementation of part 1 of the Care Act 2014 by local authorities, the NHS, the police and other partners. The new edition supersedes the version issued in October 2014. It takes account of regulatory changes, feedback from stakeholders and the care sector and developments following the postponement of social care funding reforms to 2020.

See more at: <http://www.local.gov.uk/web/guest/care-support-reform/-/journalContent/56/10180/7740017/ARTICLE>

Links to govt. website: <https://www.gov.uk/guidance/care-and-support-statutory-guidance>

Transition from children's to adult services

New health and social care guidance from NICE – the National Institute for Health and Care Excellence – aims to improve support for thousands of young people receiving health or social care as they become adults.

“It’s been really encouraging that co-production and collaboration was at the heart of its development and I hope that will model how it will be implemented in practice. We supported the participation of five young people and carers on the guideline committee, so those voices and perspectives have been really heard. What better way to help improve the experience of young people in transition than by bringing together the wide-ranging knowledge of experts by experience, practitioners and other experts to consider what works to make life better for young people; focussing on what’s positive and possible for them as individuals rather than a pre-determined set of options.” SCIE’s chief executive Tony Hunter”

The independent committee of experts who developed the new guideline found that support for young people moving from children’s to adults’ services can often be patchy and inconsistent. SCIE is the lead partner for the NICE Collaborating Centre for Social Care, which drew up the guideline.

[The new NICE guideline \(http://www.nice.org.uk/guidance/ng43\)](http://www.nice.org.uk/guidance/ng43)
[NICE Collaborating Centre for Social Care \(http://www.scie.org.uk/nccsc/\)](http://www.scie.org.uk/nccsc/)
[NICE news and features: The new guideline \(http://www.nice.org.uk/news/article/place-young-people-moving-into-adult-services-at-the-heart-of-decisions-about-care\)](http://www.nice.org.uk/news/article/place-young-people-moving-into-adult-services-at-the-heart-of-decisions-about-care)

Launch of new Safeguarding Board website

The websites for both the Peterborough Safeguarding Children Board and the Peterborough Safeguarding Adults Board have both now moved to a single address www.safeguardingpeterborough.org.uk

This is aimed at helping professionals across both the children’s and adults workforce in Peterborough with a single location for multi-agency training, policies, procedures and learning from Case Reviews (SCRs/SARs).

This new site is constantly being updated with new information.

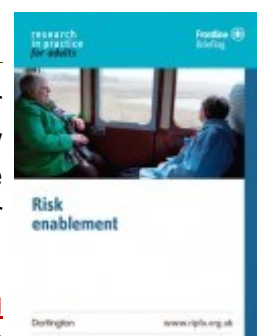
If you feel something is missing or would like to make a suggestion, please let us know at pscb@peterborough.gov.uk

Risk Enablement: Frontline Briefing

With the cultural shift currently taking place in social care, enabling people is a core skill for frontline workers - influencing how people are consulted, how risk is worked with and how outcomes are achieved. This Frontline Briefing explains how risk enablement relates to the *Care Act 2014*, identifies examples of good practice and provides useful tools and methods for working effectively with risk.

This briefing is accompanied by a reference chart [Risk enablement \(CHART\): Frontline Briefing](#) which provides an outline of some of the key definitions and considerations in risk enablement.

Safety, Enablement, Empowerment and Prevention, at the centre of everything we do



Operation Pheasant



Operation Pheasant (Peterborough) is a multi-partnership operation set up in October 2014 to look at identifying and actioning any concerns regarding potential Human Trafficking especially around servitude and slavery, but also sexual exploitation.

Education and awareness has been rolled out through dedicated presentations by trained officers to a wide range of partners and NGOs.

Partner agencies and practitioners, statutory, voluntary and local community have a direct and key link into how we protect and support identified Human Trafficking victims with the support networks they offer, strategies and joint working, accommodation, (short and long term), experience in dealing with differing nationality's, cultures, languages and experience in social care, leading to a victim focused approach.

As such our links with our multi agency partners are pivotal in delivering the Operations aims and objectives within identifying and assisting victims of Human Trafficking, prosecuting offenders and assisting in the gathering of intelligence on persons, premises and activities.

Human Trafficking is, by its very nature, a covert crime, meaning that it is difficult to establish the scale of the problem, although the harm that it causes is very clear.

Organised criminals see Human Trafficking as a lucrative and relatively low-risk crime, viewing the individual victims merely as another profitable commodity.

Operation Pheasant is not just about law enforcement, but about inter agency working providing care for the most vulnerable in our society, co-operation allows for open and direct contact and communication for all involved, protecting victims and disrupting further criminal activity.

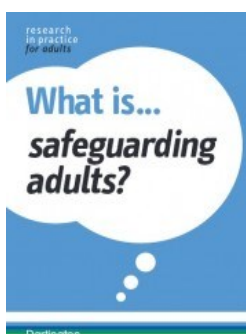
Victims of Human Trafficking under such circumstances may have been kidnapped, or may be held against their will, and some will be unwilling participants in sex acts, being subjected to regular and ongoing rape.

Intelligence has identified many premises within Peterborough that contain foreign workers, from a variety of countries. The combined effect of national research and local intelligence leads to reasonable grounds to suspect that premises exist within Peterborough where trafficked persons including children are being held in at times unsanitary and crowded conditions with no way to break free from exploiters with violence being an acute threat at anytime.

Furthermore, intelligence has shown a high increase in the number of brothels and prostitutes working within, which is where the teams focus is. Officers are engaging, building up trust and trying to identify which females are most at risk.

The Home Office introduced the Modern Slavery Bill identifying the issues raised to be addressed and will only enforce current legislation to address all areas of Human Trafficking and how all law enforcement and multi-agency partners and organisations should work together to address any raised concerns.

We are asking all of our safeguarding partners and the public to be aware of the signs of human trafficking and exploitation and would encourage anyone with potential information or concerns about persons or locations to contact the police on 101 or in the event of an emergency call 999



What is safeguarding adults?: Customer Guide

Research in Practice for Adults have updated their customer guide: What is Safeguarding Adults?

Safeguarding adults is about detecting and preventing the abuse of adults who might be unable to protect themselves. It is something that everyone needs to know about.

[Click here for more details](#)

Learning from Safeguarding Adults Reviews Conference

On 17th March, the SAB held a “**Learning from Safeguarding Adults Reviews (SAR)**” conference. This event was aimed at Care Home managers and their senior staff as well as Safeguarding practitioners. The aim of the event was to pass on the learning from the recent SAR’s that have taken place in Peterborough.

The key speaker was Professor Hilary Brown who talked about why people abuse and what factors contribute to an environment which allows abuse to take place. She also talked about the importance of good supervision and acknowledged that sometimes the work that care staff and their managers do is very difficult and they need support and good systems in place to help them. She also discussed the importance of good record keeping, she said it wasn’t about good handwriting or being able to write a novel, but instead about how the records were used, were they functional and fit for purpose. *“The paperwork in any service setting should function to structure the skilled input of nursing and care staff. Good records are kept not as a chore, or as a “back-covering” exercise, but because they are the means by which consistent individually tailored care can be delivered”*

I learnt how to improve my supervision

Lesley Crosby, deputy Chief Nurse at PSHFT gave a presentation about the Duty of Candour explaining how this should be applied and the responsibility it places on staff.

“General Medical Council and NMC emphasise the importance of candour:-‘If a patient under your care has suffered serious harm, through misadventure or any other reason, you should act immediately to put it right, if possible. You should explain fully to the patient what has happened and the likely short and long term effects. When appropriate you should offer an apology’ - GMC, Good Medical Practice Guide”

Alison Butler, a CQC Inspector gave a presentation about CQC’s role in Safeguarding and the role of the registered manager. She outlined the common themes found in well led organisations:

- *Effective systems to manage and develop staff*
- *Safe care promoted – good oversight of care*

I will do more to implement understanding of duty of candour

and staff communication

- *A can do, will do, attitude*
- *Effective partnership working*
- *Continuous development of the service/manager/staff with best practice followed*
- *Service/staff recognised through awards*
- *Strong links with local community*

The last presentation was given by Elaine Dobson, who currently works with the Discharge Team at the hospital but is better known for her work as Care Home Educator, talked about recognising the deteriorating patient and acknowledged how care home staff know their residents best and can see when someone is unwell or their condition is changing. She reminded delegates of the benefits of using aids such as the Waterlow Score card (pressure ulcer risk assessment/prevention tool) and the Must tool (Malnutrition Universal Scoring Tool) to regularly assess their residents, make plans for their care and take action as soon as it is required.

She also outlined the accountability care staff have:

- Every single nurse and care worker is responsible for their own actions
- Responsibility of the residents who are allocated to you during shift
- Duty of care
- Quality of care
- Evidence of competence.

I need to put more in our care plans, including what to do if...

The event was very well attended with 69 delegates, and feedback was very positive with 85% saying they would apply what they learnt every day in their work. 74% said it was completely relevant to their work.

The presentations are available on our website—www.safeguardingpeterborough.org.uk/adults-board/information-for-professionals/adult-safeguarding-training/

Publication of Safeguarding Adult Review—Care Home A

This Safeguarding Adults Review (SAR) considered the serious failures in care in relation to older people within a residential and nursing home, and explored how a sub-culture of cruelty and disrespect arose that led to the prosecution of 5 individual members of staff and the dismissal of another two. The review focused on an on-going pattern of verbal abuse and psychological cruelty that either went unnoticed, and/or was allowed to continue unchecked throughout 2013.

This review also considered another significant safeguarding concern in relation to perceived failures in obtaining timely medical care for a specific resident of the same home who died in March 2013. This particular case demonstrated how the home failed to have adequate care plans in place, and it provided further evidence of the extreme vulnerability of the residents, some of whom had very complex needs or who were particularly challenging, at the time of the abuse.

As the independent author said “poor care does not arise in a vacuum. It grows where staff are under pressure and do not have the appropriate knowledge or skills, and where there are home managers who don’t deal with this properly, or are not supported to do so. Serious bullying undermines the judgement of colleagues and cuts across appropriate accountability and supervision”.

View the full report at <http://www.safeguardingpeterborough.org.uk/adults-board/sars/>

Mental Capacity Act: Learning from Others

The last few months have seen some interesting cases coming to the fore in terms of adult safeguarding and the application of the Mental Capacity Act. The Court of Protection has not been shy in rebuking local authorities when practice has fallen short of expected standards.

One such case is *Essex County Council v RF (2015)* where a judge concluded that due legal process was flagrantly disregarded. The case involved a 91 year old man who was removed from his own home into residential care by Essex County Council. This course of action was taken due to concerns that social workers had regarding P’s vulnerability to financial abuse and his alleged poor self-care. P was initially assessed as lacking capacity to make his own decision about whether to go into care and was taken from his own home by social workers despite him being described as ‘reluctant’ and ‘distressed’ at the time of removal. Essex County Council had no legal authority for this action but maintained that P had gone into care ‘voluntarily’.

Following P’s admission into care he was illegally deprived of his liberty as an authorisation under the Deprivation of Liberty Safeguards (DOLS) was not granted for a further two months. In addition there were, for a period, additional restrictions placed on P’s contact with friends and his attendance at church.

During P’s time in care there were capacity assessments completed which concluded that he had ca-

capacity to make his own decisions about his care, treatment and residence. An independent Best Interests Assessor (BIA) concluded, some 4 months after P’s initial admission, that he had capacity and should be allowed to return home.

P’s initial DOLS expired and was not re-authorised for 10 months rendering his deprivation unlawful. Throughout his time in care P was objecting to his placement and consistently asked to go home. Despite being assessed as having capacity and a BIA stating that it would be in P’s best interests to go home, Essex County Council did nothing to facilitate this and as a result P was detained against his wishes for 17 months.

Fortunately this case did have a happy ending and P was eventually returned home with a full package of care. This was partly prompted by an independent report by a nurse specialist. Essex County Council was ordered to pay £60,000 damages and waive P’s care home fees. The judge in this case described the conduct of Essex County Council as ‘totally inadequate’ and stated that the protection for the individual enshrined in the Mental Capacity Act had been ‘ignored’. This case is a timely reminder that state interventions in the lives of vulnerable adults have to be based in statute or common law and professionals cannot act on safeguarding concerns alone.

See the full judgement at www.bailii.org/ew/cases/EWCOP/2015/1.html

Mental Health Act Annual Report 2014/15

Overview

There are 57 mental health NHS trusts and 86 independent mental health hospitals registered with CQC. Throughout the year we visit these services to interview patients and review practice.

During 2014/15, 51% of all mental health inpatients were subject to the Mental Health Act 1983 (MHA) with 19,656 detained inpatients on 31 March 2015.

We carried out 1,292 MHA visits, meeting over 5,900 patients to discuss how the MHA and its Code of Practice were being applied to them.

Our Second Opinion Appointed Doctors also made 14,375 visits to patients in hospital and the community and we received 227 notifications following the death of people detained in hospital.

Findings

Providers must manage and monitor their use of the MHA better

In the spirit of consistency with physical health services – true parity – psychiatric patients need to be fully involved in decisions about their treatment.

Service User Reference Panel member

In our monitoring of the MHA we expect to see providers following the standards of the Act and its Code of Practice, and have information and data systems in place that tell them where improvements are needed. However, our findings have shown that services were struggling in 2014/15 to meet the previous Code and failing to collect or review information for use by leadership teams.

Understanding and improving the way the Mental Health Act is being applied for patients must be a priority for all

At a time of national commitment to ensuring parity exists for people using mental health services, our findings demonstrate this is not being consistently realised for the people we have spoken to over the year. Although we will continue to monitor the way the MHA and Code are applied, we will not see a real change without a system-wide effort to tackle these issues and improve the care provided.

There is unacceptable variation in the way providers are applying the Code of Practice

We found many examples of services making improvements following our visits and observed good practice in the way providers are supporting and protecting patients' rights. However, we also highlighted issues with the way the Code is being applied.

Providers are failing to make sure patients receive the support they need to be involved in their care

The biggest issue we found for patients who were subject to the MHA in 2014/15 was a lack of support to be involved in their care and treatment. This included the information they were given, access to external support such as advocacy, and care planning. We are concerned by this finding, as not supporting patient, family and carer involvement may limit people's recovery and could result in longer stays in hospital, poor discharge or an increase in the potential for readmission.

We have also found some examples of outstanding care, including around reducing the use of restrictive interventions and the involvement of carers. We encourage other services to learn from these and consider how they can be applied in their local areas.

Greater priority needs to be given to deaths in detention

We are concerned by the lack of an independent system for investigating the deaths of detained patients in healthcare settings, and believe there is much greater opportunity for learning to take place when deaths occur, and for improvements to be put in place.

Read the full Mental Health act Annual Report here

[Monitoring the Mental Health Act in 2014/15 PDF | 1.18 MB](#)

Deprivation of Liberty Safeguards 2014/15

About the Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005, which provides the essential framework for people who need to make decisions on behalf of someone else who lacks mental capacity. They are used to protect the rights of people who are deprived of their liberty so that they can be given necessary care or treatment. .

Key findings

There has been a tenfold rise in Deprivation of Liberty Safeguards applications in 2014/15

Since their introduction in 2009, numbers of applications to use the Deprivation of Liberty Safeguards were consistently low. However, this changed in March 2014 following the ruling of the Supreme Court which clarified the test for when people are deprived of their liberty. Since then, applications have increased tenfold from 13,715 in the year ending March 2014 to 137,540 by March 2015.

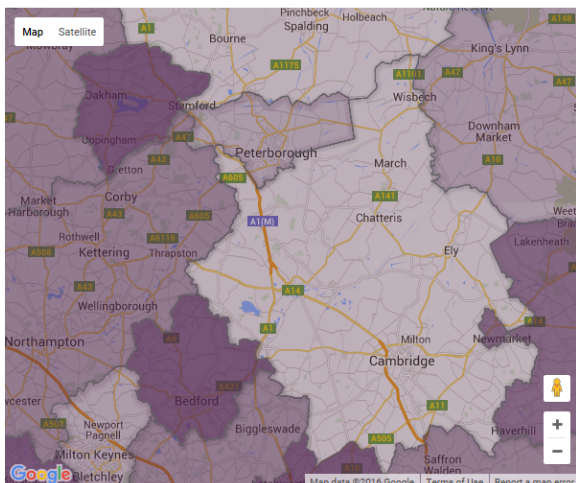
Providers' use of the Deprivation of Liberty Safeguards is variable

Through our inspections in 2014/15, we found that staff training and awareness of the Deprivation of Liberty Safeguards varies across providers, as do the existence and implementation of policies and processes. We found examples where some providers may be unlawfully depriving people of their liberty.

Improvement is needed across the health and social care sector

We believe that the current pressures on the system are unsustainable. We welcome the Law Commission's consideration on the process for authorising deprivations of liberty and await its final proposals for reforming the system. It is also important that providers and local authorities follow the current legislation and Codes of Practice to the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure that people's rights are protected.

We will continue to monitor the response of providers and the wider system going forward. We will continue to use our inspections and reports to encourage improvements in practice, and challenge providers if they are not meeting legislative requirements which may include taking enforcement action.



Data in this map from [HSCIC's Mental Capacity Act 2005, Deprivation of Liberty Safeguards \(England\), Annual Report 2014-15](#).

Read the full Deprivation of Liberty Safeguards Annual Report here [Monitoring the Deprivation of Liberty Safeguards 2014/15 PDF | 3.53 MB](#)

Spotlight on: Bill Bailey and the DoLs Team



My name is Bill Bailey and I have recently joined the DoLs team in Peterborough as the MCA/DoLs team manager.

I have worked in social care since the 1980's and I qualified as a social worker in 1990 and my experience includes working in learning disability, physical disability, older people and hospital teams as well as being a practice assessor and senior practitioner in a community team for adults. I qualified as a Best interests' Assessor in 2009 and played a lead role in developing a DoLs team in a neighbouring local authority following the recent case law, known to all Best Interest Assessors as 'Cheshire West'. **(P vs Cheshire West and Cheshire Council and P and Q vs Surrey County Council (2014) UKSC 19)**

This landmark court ruling stated that, regardless of the purpose of the home or hospital providing care to a person, European Human Rights legislation provides every adult with the same rights, especially around their freedom. Any person who might lack capacity to consent to their care and treatment in a care setting requires an authorisation of such a detention. In assessing whether the persons' placement is appropriate, proportionate

and in their best interests, the BIA and a specialist Doctor must consider whether the placement amounts to a deprivation under the Cheshire West ruling and whether it is the least restrictive option for the person's care in order to safeguard their rights. The council is required to authorise such requests made by care homes and hospitals which then provides an opportunity for family members or appointed advocates to monitor and review the detention, thus affording the same rights to the person as others detained under the Mental Health Act or in Police custody.

Peterborough's response to this legislation has been to create a team consisting of three administrators and four dedicated DoLs Best Interests' Assessors with a wealth of adult social care experience in areas such as mental health nursing, lecturing on Mental Capacity, neurological conditions, learning disability and safeguarding. There are also experienced BIA's in social work teams who are able to undertake assessments by arrangement, as well as some external practitioners to assist in reducing outstanding requests for authorisations.

Following further case law (**[Re MIG and MEG \(2010\) EWHC 785 \(Fam\)](#)**), there is also a need to offer the same protection to individuals who live in sheltered and supported living schemes, who may be being deprived of their liberty.

The DoLs team is supporting a Deprivation of Liberty response to this group, whereby their rights are protected by an application directly to the Court of Protection. A co-ordinator and social worker BIA are working with involved social workers and our legal team in supporting these applications to the Court. This is also a significant piece of work which has been developed from scratch and the team are making good progress in taking applications to Court.

The key to all of these placements is that individuals have a say in their care and living arrangements and if they are unable to contribute to the plans for their future, then a Mental Capacity Assessment must be carried out at the time of the planning. Where the person lacks capacity then a best interests' decision should be taken by all those involved, including families and friends, so that their known wishes are taken into account. The recording of this work will demonstrate to the Courts that staff act in the person's best interests and are compliant with the Mental Capacity Act and relevant Human Rights Legislation.

Court rulings are changing the landscape of DoLs month by month, so it is important that changes in law are reflected in working practice and that time is spent on research and understanding the implications of case law. Training will play a role in keeping staff updated and the DoLs team are happy to support colleagues and signpost to resources.

I hope to meet many of you in the coming months as I settle in at Peterborough.

The DoLS Team		
Team Manager	Bill Bailey	01733 207192
Coordinator	Sue Young	01733 452497
Business Support Officer	Sian Lomax	01733 453505
Coordinator – Court of Protection	Paula Spelman	01733 452434
Best Interest Assessor	Julie Perry	01733 207243
Best Interest Assessor	Anne Frost	01733 207255
Best Interest Assessor	Anna Barrett	01733 207254
Best Interest Assessor	Loice Zhanda	01733 452523

Adult Sexual Exploitation

Peterborough Safeguarding Boards have been working with the Safer Peterborough Partnership to consider the issue of adult sexual exploitation since the role of the Sexual Exploitation Co-ordinator was extended to the area of adult safeguarding in April 2015.

With all of the media and professional attention that child sexual exploitation has rightly received in the last 10 years, it seems that the consideration of adult sexual exploitation should be the next step. After all, research suggests that the majority of women who find themselves sex working have experienced abuse in their childhood.

We have recognised that children cannot consent to sexual activity in exchange for money or gifts and we no longer recognise terms like ‘child prostitute’, so shouldn’t we be considering whether these vulnerable women, who we still refer to as ‘prostitutes’ are any more able to consent?

On Wednesday 13th April, two members of the Board’s business unit teamed up with Poppy Williams, from the Safer Peterborough Partnership to work with a small group of women from HMP Peterborough to explore issues around sexual exploitation in the context of sex work. Huge thanks must be offered to the women who took part in the workshop, for their openness and honesty. Their participation offered significant insights into what is all too often hidden away.

Some of the key messages that came out of the work were as follows:

- Everyone’s story is different
- Just need to talk – don’t need answers all the time
- Street working is most dangerous
- Sex for money is sex for money
- Children are considered vulnerable but adults in similar situations are considered criminals
- Sex and relationships education in schools is very important

It is intended that these messages will be used to raise awareness of the dangers and vulnerabilities associated with sex work with professionals and senior managers from partner agencies of both Boards agencies. It is hoped that this workshop will be the start of further work into the area of adult sexual exploitation, with a view to improving awareness, and supporting some of the women involved.

Safe and Well

A new way of making the community safer is to be rolled out across Cambridgeshire.

Targeting the elderly and vulnerable, Safe and Well visits will not just encompass fire safety but also see firefighters undertake a series of other activities to make someone’s home a safer place for them.

Five key areas will now be included in the Safe and Well process, which include home fire safety check, fall prevention assessment, alcohol awareness, warmth, and burglary and scam reduction.

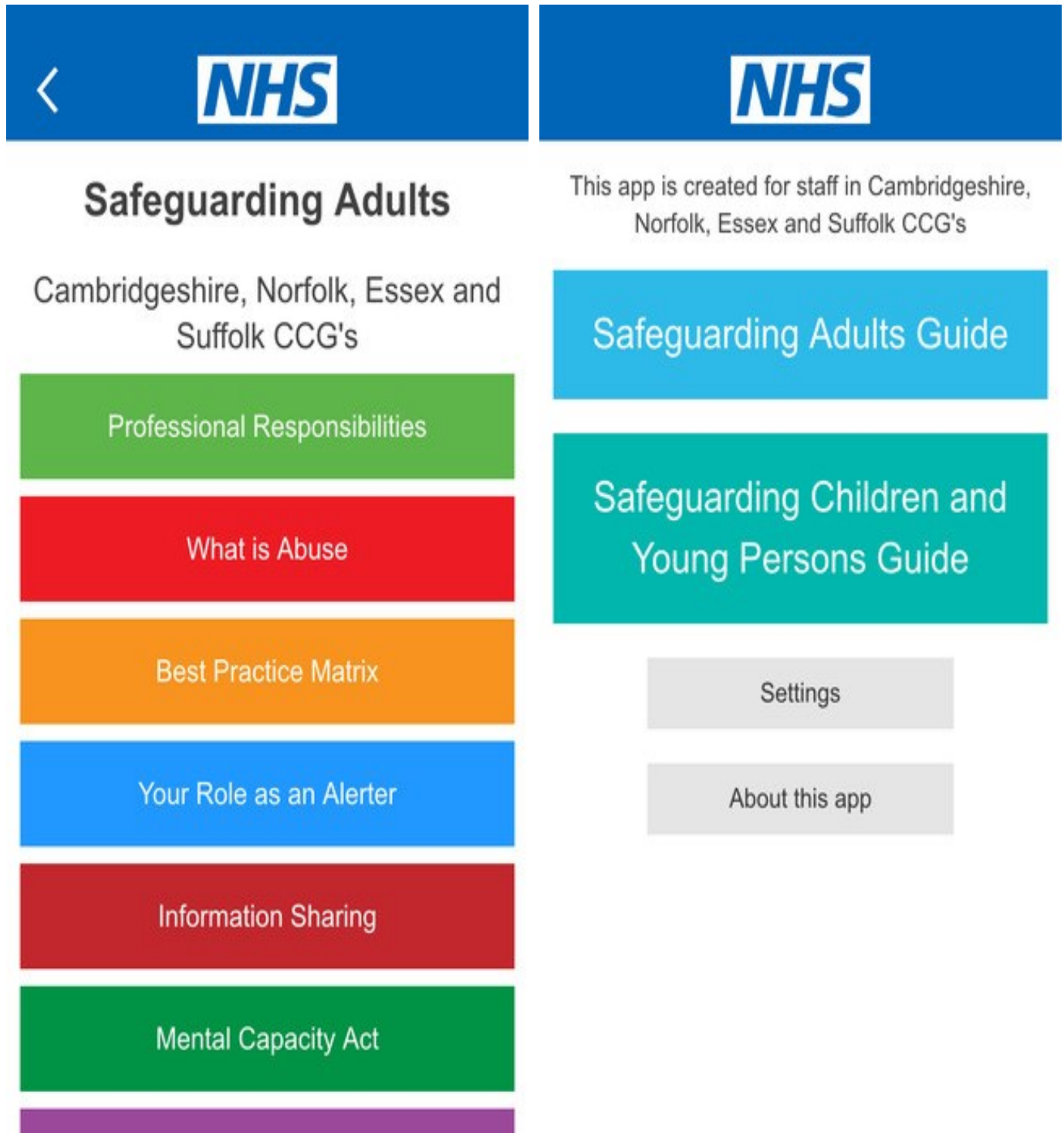
Chris Parker, Head of Community Fire Safety, said: “Implementing this fresh new approach to community safety will reinforce our position as a key community partner and deliver a model that is consistent, sustainable and most importantly, provide the best possible service to our communities.

“With the fire service now considered to be a health asset, it was natural to review our role with partners to see how we could better support vital community work. The move to Safe and Well Visits has been welcomed by the other agencies we are working with and we now have greater access to data on those who are most vulnerable in our community meaning our resources are utilised in the most efficient way.”

Trials of the developing Safe and Well Visit are underway and it is hoped they will be rolled out county-wide this summer.

NHS Safeguarding Guide App

You may be aware that a safeguarding repository tool providing an overview of necessary legislation and guidance covering both adult and children's safeguarding is now available for free on the [Apple app store](#) and [Android Play stores](#). Using the search terms "NHS" and "safeguarding" within the app store on your device (with the exception of Microsoft devices currently) will bring up the option to download the app.



The resource tool can also be viewed through www.myguideapps.com/nhs_safeguarding/cam for health staff who use desktops rather than remote devices.

This app has been co-developed by the NHS England team in the East and the safeguarding forums in the East in recognition of the need for healthcare staff to have a one-place port of call for safeguarding information.

Choose the right care



	<p>Self care</p>	<p>Grazed knee Hangover Sore throat Cough</p>
	<p>NHS 111</p>	<p>Unwell? Unsure? Need help? GP surgery closed?</p>
	<p>Pharmacy</p>	<p>Diarrhoea Hayfever Painful cough Runny nose</p>
	<p>Your GP</p>	<p>Ear pain Fever Persistent vomiting Unexplained pains</p>
	<p>Urgent care centre or minor injury unit</p>	<p>Broken bones Severe sunburn Sprains Strains</p>
	<p>Emergency Department or 999</p>	<p>Chest pains Heavy bleeding Severe burns Stroke</p>



Remember - The Emergency Department or 999 is for emergencies only

Places available on upcoming courses

Date	Course
MAY 2016	
25/05/2016	Honour Based Violence
JUNE 2016	
10/06/2016	Signs and Indicators of Abuse and Thresholds of Harm
20/06/2016 - 21/06/2016	Understanding the Freedom Programme
21/06/2016	The Impact of Parental Drug and Alcohol Abuse
JULY 2016	
07/07/2016	An Introduction to Safeguarding Children
12/07/2016	Safeguarding Refresher Training

For course details and further information about courses held throughout the year please visit the training page on the Safeguarding Adults Board website (www.safeguardingpeterborough.org.uk/adults-board/information-for-professionals/adult-safeguarding-training/)

To apply for any course please complete an application form and email to **Isabel Iglesias Vizoso** at pscb.training@peterborough.gov.uk