

# BULLETIN: Edition Five

## August 2016



Ensuring our safeguarding arrangements act to help and protect adults

## Summary of the Work of the Board

The Board last met on **28 June 2016** and formally agreed the minutes of the previous meeting (26 April 2016). <https://www.tsab.org.uk/key-information/board-minutes/>

### Items Discussed at the June Board Meeting Included:

#### The Learning Disabilities Mortality Review (LeDeR) Programme

The programme is delivered by the University of Bristol and is commissioned by NHS England. Work on the programme commenced in June 2015 for an initial three-year period, with the North East & Cumbria leading the way in the pilot stages. The programme is developing and rolling out a review process for the deaths of people with learning disabilities. This is helping to promote and implement the work, whilst providing support to local areas in taking forward the lessons learned, and to make improvements to service provision.

#### North East Ambulance Service (NEAS) Categories and Response Times

Following concerns being raised at a previous Board meeting in relation to NEAS response times, the following updated information was provided by NEAS:

Code	Red 1	Red 2	Green 1	Green 2	Green 3
Description	Respiratory/ cardiac arrest	All other life threatening emergencies	New internal category: Elderly Falls	Non-life threatening but serious	
Response Time	8 minutes	8 minutes	20 minutes	30 minutes	1 hour
Blue Lights & Sirens	Yes	Yes	Yes	Yes	No Lights

A new Green1 category has been created in relation to 'Elderly Falls' although NEAS has experienced a 20% increase in red incidents compared to the same time period last year, which unfortunately results in delays for those patients categorised as green. Some care and nursing homes also have a 'no lifting' policy which is increasing the number of calls to the ambulance service, resulting in long and unnecessary waits. NEAS are working with the Clinical Commissioning Groups (CCGs) on this matter.

#### Governance - Local Executive Groups (LEGs)

Following on from the Board meeting a decision has been made to discontinue the LEGs, which is in line with the strategic plan objective to review the Board's structure. Plans are being formulated to ensure any outstanding actions due for completion by the LEGs are still achieved, and further work is underway to explore how we can strengthen links to local communities and those who use adult services. The Board wants safeguarding issues to be considered in a wide range of existing community groups - your ideas are welcome:

<https://www.tsab.org.uk/your-comments/>

#### Practice Item

The Board's Alert Form has been slightly amended as the email address for the Redcar & Cleveland First Contact Team has changed:

[firstcontact@redcar-cleveland.gcsx.gov.uk](mailto:firstcontact@redcar-cleveland.gcsx.gov.uk)



## National News

### Wood Report

This report sets out a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children. The recommendations suggest that appropriate steps should be taken to recast the statutory framework that underpins the model of Local Safeguarding Children Boards, Serious Case Reviews and Child Death Overview Panels.

(The statutory nature of Safeguarding Adults Boards remains unchanged).

<https://www.tsab.org.uk/2016/06/the-wood-report/>

### Wood Report

Review of the role and functions of Local Safeguarding Children Boards

### Connor Sparrowhawk - Lessons Learnt:

Connor was an 18 year old who drowned in a bath in one of Southern Health NHS Foundation Trust's facilities in July 2013. The following are extracts from a statement by the Trust in June 2016 following the findings of an Independent Investigation into Connor's death.

*'Almost three years ago Connor Sparrowhawk died while in our care, for which we are deeply sorry, and we would like to take this opportunity to again offer our unreserved apologies to his family for his preventable death. The Trust accepts that contributory factors included':*

- a A lack of clinical leadership on the Short Term Assessment and Treatment Unit
- b A lack of adequate training and the provision of guidance for nursing staff in the assessment, care and risk management of epilepsy
- c Very serious failings in relation to Connor's bathing arrangements
- d Failure to complete an adequate history of Connor's epilepsy
- e Failure to complete an epilepsy risk assessment soon after admission
- f Failure to complete an epilepsy risk assessment thereafter
- g Inadequate communication by staff with Connor's family regarding his epilepsy care, needs and risks.

<http://www.southernhealth.nhs.uk/news/archive/2014/report-into-death-sparrowhawk/>

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-rep.pdf>

### Female Genital Mutilation

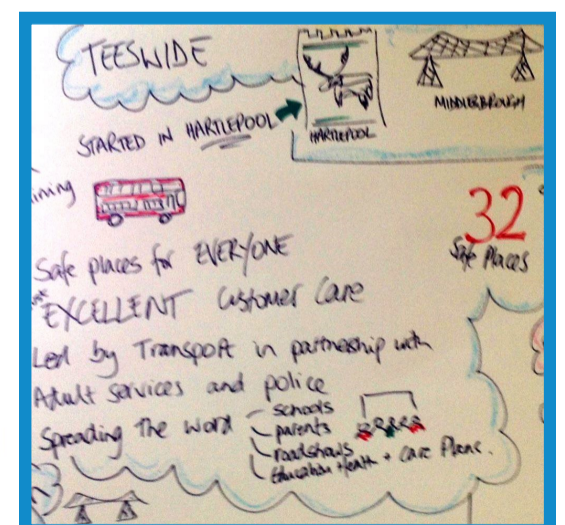
The first annual statistics show there were 5,700 new cases of female genital mutilation recorded in England in 2015-16. The figures, published by the Health and Social Care Information Centre, cover the period April 2015 to March 2016.

<http://www.hscic.gov.uk/article/7180/First-ever-annual-statistical-publication-for-FGM-shows-5700-newly-recorded-cases-during-2015-16>

### Safe Place Scheme

A North East event was hosted in June by Inclusion North to discuss and share national best practice in relation to the Safe Place Scheme. Following this the relevant Teeswide stakeholders have been meeting to discuss the best way to move the scheme forward in 2016. The Board's website now includes a new icon on the homepage to signpost people to Safe Place locations.

<https://www.tsab.org.uk/find-support-in-your-area/safe-place-scheme/>



## Local News

### TSAB Awareness Day

More than 25 organisations helped to support this awareness raising day, which was used to officially launch the Board's publicity resources. These include a short video 'The Adult's Voice'.

<https://www.tsab.org.uk/professionals/training-resources/>



The day helped to generate nearly four times the average amount of activity on the Board's website, and resulted in a large amount of social media activity, as well as information being disseminated via organisations intranet pages.

### Tees Advocacy Hub

The Tees Advocacy Hub provides a single point of contact for people who would like and are assessed as needing advocacy support from all four Teeswide Local Authorities. The advocacy service helps users of social care services to speak up for themselves and understand their rights and responsibilities.

#### Advocacy Referrals by Local Authority 1 April 2015 to 31 March 2016

Type of Advocacy	IMHA	IMCA	General	Total
Hartlepool	54	38	88	180
Middlesbrough	288	126	179	593
Redcar & Cleveland	11	130	131	272
Stockton-on-Tees	45	173	154	372
<b>Total</b>	<b>398</b>	<b>467</b>	<b>552</b>	<b>1417</b>

IMHA- Independent Mental Health Advocacy      IMCA - Independent Mental Capacity Advocacy

**Address:** Tees Advocacy Hub, Middlesbrough CAB, 3 Bolckow Street, Middlesbrough, TS1 1TH

**Telephone:** 01642 802 285

**Email:** [lorna.laughton@middlesbroughcab.org.uk](mailto:lorna.laughton@middlesbroughcab.org.uk)

### The Hartlepool and Stockton-on-Tees Children's Hub



## The Children's Hub

### Hartlepool and Stockton-on-Tees

The Children's Hub is a partnership between:

- Hartlepool Borough Council
- Stockton-on-Tees Borough Council
- Cleveland Police
- North Tees and Hartlepool NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Trust.

**Tel:** 01429 284284

**Email:** [childrenshub@hartlepool.gcsx.gov.uk](mailto:childrenshub@hartlepool.gcsx.gov.uk)

All children's safeguarding concerns are initially reported to and dealt with by the Hub. The Hub also provides information, advice and guidance on services and support for children, young people and families. This includes advice on family issues and concerns, and access to specialist services and support.

## Training and Development

The Board's **Child & Adult Exploitation** E-Learning module has now been launched. Use this link to access the E-Learning portal:

<https://www.tsab.org.uk/training/>

The following **Workbook Modules** are also now available for those staff who are not able to access on-line learning, although this will need the support of a manager to complete this process:

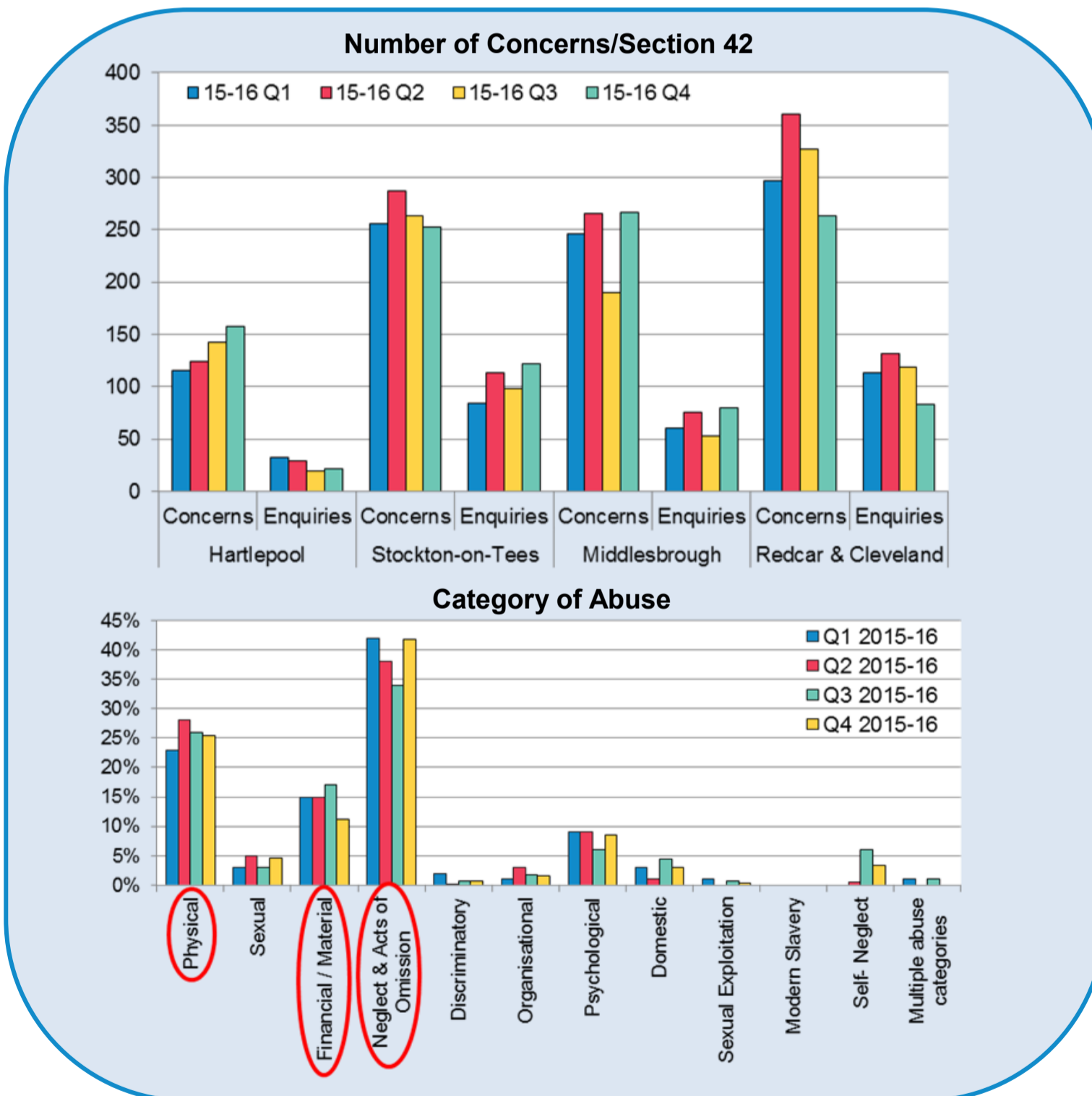
- Safeguarding Adults and Learning from Safeguarding Adult Reviews
- The Mental Capacity Act and Deprivation of Liberty Safeguards
- Domestic Abuse
- Forced Marriage
- Female Genital Mutilation
- Prevent.

<https://www.tsab.org.uk/professionals/training-resources/>

**Safeguarding Adults for Managers of Services** training was very successfully delivered in June & July. Further sessions are planned for October & November.



## End of Year Safeguarding Data



**Safeguarding Concerns**  
 3,813 concerns  
 1,234 S.42 enquiries

**Categories of Abuse**  
 38% Neglect & Acts of Omission  
 26% Physical Abuse  
 17% Financial or Material Abuse

Detailed analysis of safeguarding data will be included in the Board's Annual Report, which will be published in October/Early November.

# Prevention Information

## Sexual Abuse

### Sexual Abuse can Include:

- Pressuring or forcing someone to do something sexual
- Touching someone sexually without their permission
- Unwanted sexting – sending sexually explicit texts and images to someone without their consent
- Unwanted sexual attention – for example ‘wolf-whistling’, making sexualised comments about women’s bodies
- Watching a sexual act take place without permission
- Engaging in sexual acts with someone who is too drunk, or too intoxicated to give consent
- Engaging in a sexual act with someone who is asleep or unconscious
- Having sex with someone who cannot legally consent – for example, a boy or girl under the age of 16, or someone with disability who does not have the capacity to understand the situation
- Making someone watch or appear in pornography against their will
- Preventing someone from using contraception.

<http://www.refuge.org.uk/get-help-now/sexual-violence/sexual-violence-the-facts/>



### Understanding Consent

If someone is having sex, or doing something intimate with another person, they have to be sure the other person wants to be doing it too - that they have consented. Even in a relationship it's important to make sure both partners agree to any sexual act every time:

- Consent is showing or verbally communicating a clear ‘yes’ to a partner. If someone is not sure their partner is consenting, they must ask
- To be able to consent, a person must have both the capacity to say yes and must understand what is happening and what they are agreeing to do
- The absence of ‘no’ doesn’t mean yes. Someone might have been pressured or frightened into doing something they don’t want to – this means they haven’t consented. If a person is not sure a partner is consenting, they must ask
- Everyone has the right to say no to any kind of sexual activity, or to change their mind at any time before or during sex
- It’s also important to remember that there are some groups of people who *cannot* consent under law. If someone is not physically or mentally capable of making a decision to have sex – or they can’t understand what they’re agreeing to – they cannot give consent. For example, if someone is very drunk or intoxicated when they agree to sex, the law recognises that they don’t have the capacity to give ‘true’ consent
- The age of consent in the UK is 16.

<http://www.refuge.org.uk/get-help-now/sexual-violence/understanding-consent/>

## Myths about Sexual Abuse

There are lots of myths and misinformation about sexual abuse. It is important to challenge excuses for abusive behaviour and work to bring an end to abuse.

**Myth: Some women are just asking for it. If you dress a certain way you are putting yourself at risk**

Women have the right to wear whatever they like – they cannot be blamed for suffering a sexual assault, regardless of their appearance. Rape or sexual assault is never a woman's fault. Assaulting a woman is a choice an abuser makes – it is against the law.

**Myth: Women who get themselves too drunk are asking for it**

Deciding to drink too much does not mean that a woman has also decided to have sex. Men who go out to get drunk do not face similar judgments about their behaviour and rarely do women take advantage of them sexually.

**Myth: A rapist is someone who jumps out from a dark alley**

The majority of sexual assaults are carried out by someone a woman or girl knows and trusts, often in her own home. In approximately 90% of reported rapes, the victim knows their perpetrator prior to the incident.

**Myth: Men don't get raped**

Although the majority of sexual violence is experienced by women, men are also raped and sexually assaulted. The impact of sexual violence on men is just as traumatic as it is for women.

**Myth: It can't be rape if the person has already had consensual sex with the rapist**

Consent must be gained each and every time someone engages in a sexual activity.

**Myth: Girls might say no, but they really mean yes**

If someone says no, or indicates through their actions that they don't want to have sex, then they haven't consented.

**Myth: Women lie about being raped all the time**

False rape allegations are very rare – less than 3% of reports are false. But almost 500,000 women are raped or sexually assaulted each year in England and Wales.

**Myth: Sometimes a man just gets carried away and can't stop**

Everyone is responsible for their own behaviour. Respecting someone means never forcing them to engage in a sexual act against their wishes.

<http://www.refuge.org.uk/get-help-now/sexual-violence/myths-about-sexual-violence/>

## Did you know?

- Approximately 69,000 women and 9,000 men in the UK are victims of rape or attempted rape each year
- 1 in 5 women in the UK have experienced some form of sexual violence since the age of 16
- Nearly half a million adults are sexually assaulted in England and Wales each year.

Crime Survey of England and Wales, 2013/14

## Sexual Assault Referral Centre (SARC)

The SARC provides 24 hour crisis intervention and support for individuals 365 days a year, with dedicated specially trained staff who are able to explain and discuss the options, providing a sensitive and dedicated service that meets the needs of Victims of Rape and Sexual Assault.



SARC staff will support someone regardless of whether they want to report to the Police. **Tel: 01642 516888 to speak with a SARC crisis worker**

SARC is also the central referral hub for sexual offence services, with one referral into SARC ensuring that all appropriate services are put in place through agreed referral pathways. SARC can provide training to professionals and teams around the impact of sexual violence. <http://sarcteesside.co.uk/index.htm>

## Support Services

There a wide range of Teeswide organisations who are all working to support victims of sexual abuse, and in doing so helping to prevent further abuse from occurring. These organisations can offer services, which include:

- Advocacy
- Befriending & counselling
- Emotional support
- Legal guidance
- Practical assistance
- Shelter & accommodation
- Signposting
- Training

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**EVA**  
Women's Aid

**HALO**  
Breaking the Silence

PROJECT

**FOUNDATION**  
Transforming lives. Inspiring individuals.



## Domestic Abuse Prevention Information Sheet:

<https://www.tsab.org.uk/key-information/prevention/domestic-violence/>

**Find Support in Your Area:** <https://www.tsab.org.uk/find-support-in-your-area/>

## Your Comments



If you have any **suggestions** for these bulletins:

<https://www.tsab.org.uk/your-comments/>

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