

Supporting social care providers in Shropshire, Telford & Wrekin

Safeguarding Adults Forum June 2021

















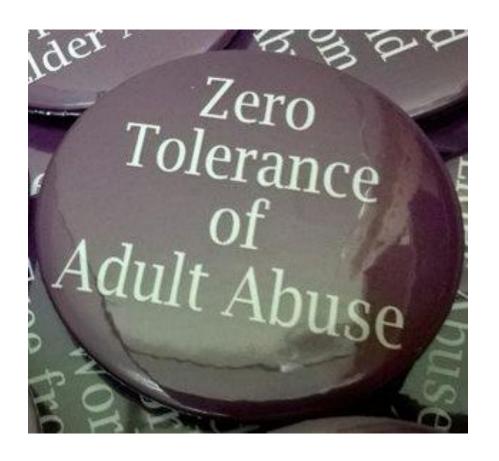
Acknowledgements and Disclaimers

The views expressed by the presenters are their own and not necessarily those of partner agencies.



- Rachel Jones, Deputy Designated Adult Lead (NHS Shropshire, Telford & Wrekin Clinical Commissioning Group): Liberty Protection Safeguards
- ✓ Lorraine Currie, Professional Lead MCA
 (Shropshire Council): Sex, Capacity and Other
 Complicating Factors
- ✓ Marion Kelly, General Manager (Healthwatch Telford and Wrekin): The Role of Healthwatch
 - Duncan Henney, Assistant Team Leader, Adult Safeguarding (Telford and Wrekin Council):
 Themes Around the Abuse of Older People A Telford and Wrekin Perspective
 - Julie May Griffiths, Senior Safeguarding Practitioner, Adult Safeguarding Team (Shropshire Council): Abuse and Older People -A Shropshire Perspective
 - Karen Littleford: Safeguarding Adults Lead, Shropshire Partners in Care: Signposting - CPD Opportunities, Resources, Articles and Events

15th June World Elder Abuse Awareness Day 2021



Guidance

Liberty Protection Safeguards: what they are

Updated 11 June 2021

Guidance - All Liberty Protection Safeguards factsheets. Department of Health and Social Care were updated on 11th June 2021 -

https://www.gov.uk/government/publications/liberty-protection-safeguards-factsheets

Liberty Protection Safeguards

A further update will be provided at the September Safeguarding Adults Forum



Themes around the abuse of older people – a Telford and Wrekin Perspective Wed 16th June 2021

Our Adult Social Care Charter You will know who We will listen with We will always to contact and we promote independence empathy and will always get understanding back to you Our conversations We will respect will be honest and your decisions, be personal to you, we honest and open vont just tick boxes

Safeguarding is Everyone's Responsibility

Working together to enable people to Live Well and Independently in Telford and Wrekin







World Elder Abuse Awareness Day 2021

WEADD 2021 – "Access to Justice"

Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person".

https://www.un.org/development/desa/ageing/world-elder-abuse-awareness-day.html

Who do we need to Safeguard?

Safeguarding duties and responsibilities apply to adults who: S42 (1)

- have care and support needs
- are experiencing, or at risk of abuse or neglect and
- are unable to protect themselves because of their care and support needs.

S42 (2) – Proceed to Enquiry

Telford and Wrekin - Individuals involved in S42 Inquiries per 100000 adults by age

Age Group

ggg

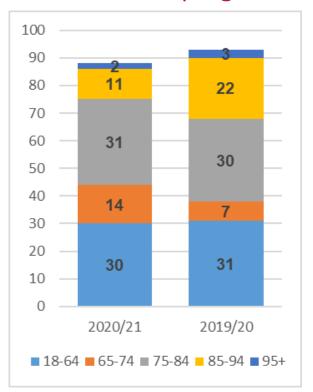
18-64	65-74	75-84	85+
16	28	159	792

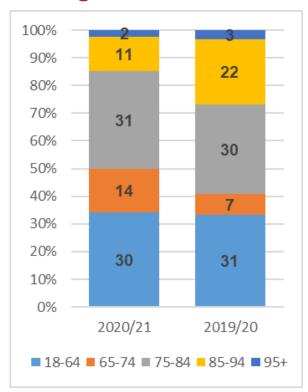
Safeguarding Adults England, 2019-20 - NHS Digital

Note: this data looks at people and then divides by population to give a standardised measure so different areas with different populations can be compared. When using a rate per 100,000 figures can look much bigger.

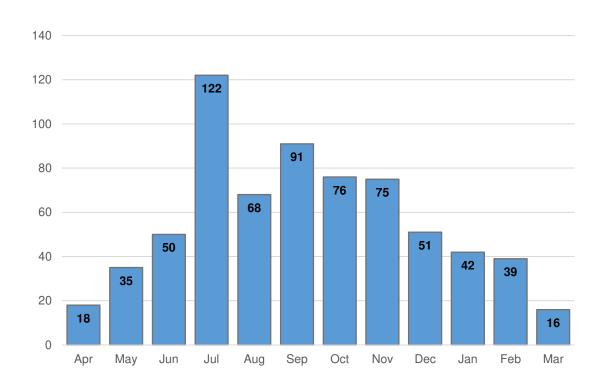
Adult Safeguarding 2020/21

Concerns that progressed to a S.42 Age Breakdown

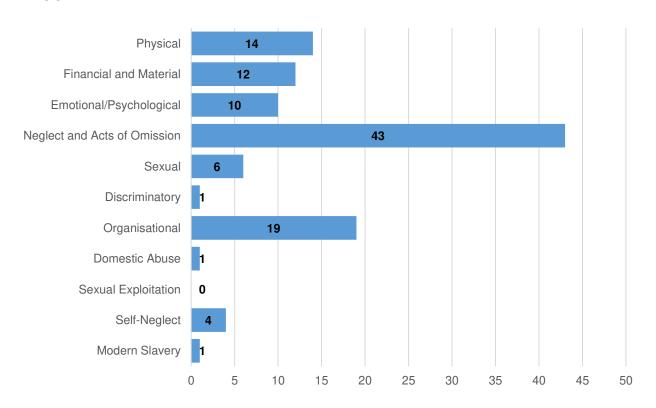




Total No. of Concerns 2020/21



Type of Abuse Year to Date 2020/21

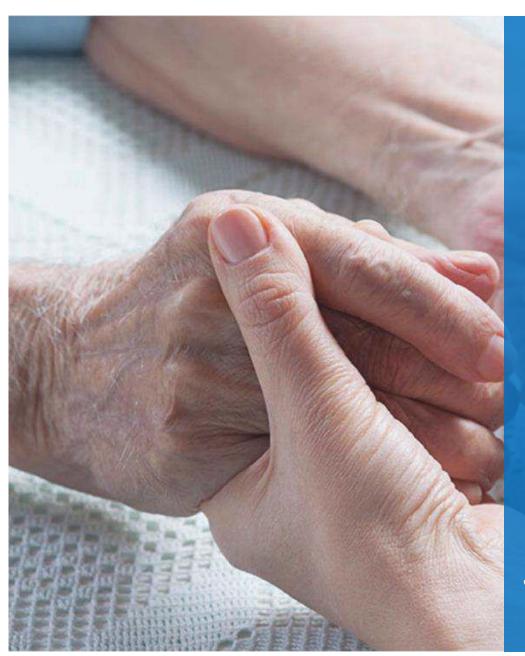


What can you do to help?

- MSP 'having a conversation;' Talk to your patients, residents or clients about the increased risk of abuse at this time. Legal literacy MCA, Human Rights Act, Care Act.
- Try not to alarm people but ask them to be wary of offers to help, particularly from strangers.
- Be aware of potential financial abuse from informal carers. Warn people against potential scams text, email, phone call or cold call (fraudsters may imitate official bodies eg NHS; loan sharks)
- If subjected to, or is at risk of, domestic abuse if it is safe to talk to them, make sure they know that help is available if they need it and who to contact both for advice and support and in an emergency.
- Make sure staff are aware regarding safeguarding trained, supervised and supported and there is management oversite of services; clinical governance & procedures in place and followed.
- Review your clients and ensure their support plans are current and relevant and address changing needs – obtain appropriate additional support and request review where required.

Family Connect: 01952 385385 Option 3

Safeguarding Provider Drop In -1st Wednesday every month, Teams





Julie May Griffiths / Senior Practitioner

Adult Safeguarding Team

June 2021

Shropshire Perspective

Number of Safeguarding concern raised within the period by Age band

April	2020 -	· April	2021
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18-64	65-74	75-84	85-94	95+	Total
234	91	111	128	21	585

 Number of Safeguarding concern raised within the period by Age band which were proceed to S42 enquiries

April 2020 - April 2021

18-64	65-74	75-84	85-94	95+	Total
78	21	24	22	2	147

Number of Safeguarding concern raised within the period by Age band;
 April 2021 – Current (15.06.2021)

18-64	65-74	75-84	85-94	95+	Total
50	20	35	28	7	140

 Number of Safeguarding concern raised within the period by Age band which were proceed to S42 enquiries;

April 2021 - Current (15.06.2021)

18-64	65-74	75-84	85-94	95+	Total
10	0	6	3	2	21

Number of Safeguarding concern raised within the period by Gender

April 2020 - April 2021

Female	Male	Total
339	246	585

 Number of Safeguarding concern raised within the period by Gender which were proceed to S42 enquiries

April 2020 - April 2021

Female	Male	Total
80	67	147

Number of Safeguarding concern raised within the period by Gender
 April 2021 – Current (15.06.2021)

Female	Male	Total
85	55	140

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14	7	21

Shropshire Perspective

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18-64	65-74	75-84	85-94
78	21	24	22

Number of Safeguarding concern raise

65-74

20

18-64

50

Out of total of 11 referrals;

- 5 referrals were Domestic Abuse
- 5 referrals were Neglect

140

- 1 referrals were Psychological Abuse

Male	Total
67	147

ncern raised within the period by **Gender** April 2021 – Current (15.06.2021)

April 2020 - April 2021

-		Male	Total
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35

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7

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10 0 6 3 2 21

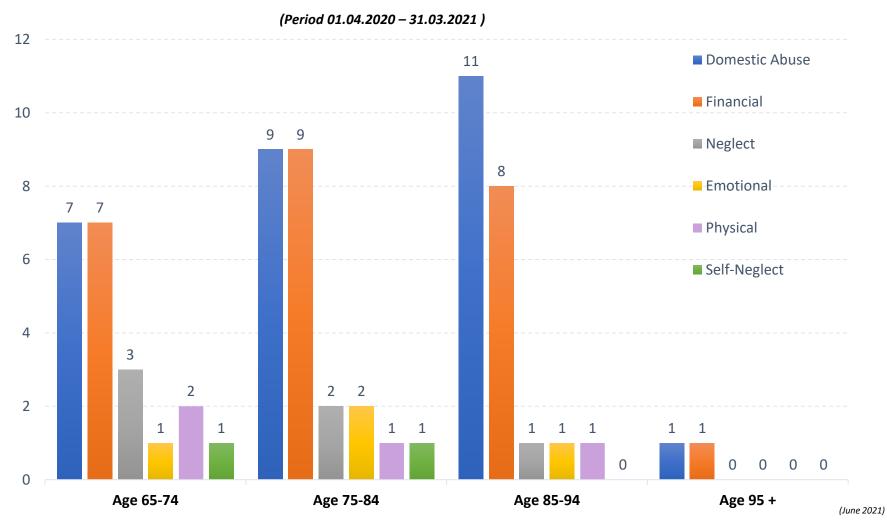
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April 2021 - Current (15.06.2021)

Female	Male	Total
14	7	21

Shropshire Perspective

Safeguarding Concerns raised which proceed to Section 42 enquiries



For All Safeguarding Enquiries FPOC 0345 678 9044

Sex and the place of mental capacity

Lorraine Currie Professional Lead MCA Shropshire Council



	YES	NO
The assessment of capacity for sex is person specific		
The assessment must consider the impact of caring for a child		
The assessment of capacity must involve understanding that the other person must consent		
Capacity to consent to sex within marriage cannot be assessed under the MCA		
In a long term relationship as long as one partner still has capacity it's okay to continue to have sex		
Using a sex worker is illegal		
The relevant information for capacity to have sex is set in stone and doesn't change		

Sex or rape?

- Consent cannot be given without capacity
- Sex without consent is rape
- This is such a stark
 delineation that it must be
 handled in a way that
 respects rights, autonomy
 and protection.



Protection

AMDC v AG and CI

- The Trust's application to court was due to safeguarding concerns, after AG —
 who has frontal lobe dementia had formed an intimate relationship with a
 man she met in the care home.
- She'd moved from her bungalow into a care home after finding it increasingly difficult to cope at home. Shortly afterwards, she struck up a relationship with CI, who had moved to the care home following a stroke. He is a wheelchair user but has no cognitive impairment.
- The couple were seen kissing and holding hands in communal areas and several times discovered lying down together in bed. AG said she wanted to marry CI, and to leave the care home and live with him in the community.
- If AG lacks capacity to consent to sex, then any sexual involvement she has with Clis legally assault or rape: the police visited CI and explained this to him.



- 1. Prevent them from having contact with each other due to fear of the legal consequences
- 2. Supervise them to ensure they were never alone
- 3. Redirect them away from each other to a different activity
- 4. Respect their privacy as he has no mental impairment

See next slide

Benefits of a quality capacity assessment

- They were supervised by staff in the care home because of the risk to CI of prosecution under s30 of the Sexual Offences Act 2003, then
- ... a new expert report was commissioned which was described as "detailed", "clear" and "properly evidenced": "a first-class report". "a very impressive and careful document".
- This found she had capacity for sex and contact but not marriage
- The restrictions will now be reconsidered and the safeguarding adults protection plan will be withdrawn. The care home will follow the CQC's guidance on "Relationships and Sexuality in Adult Social Care Services."...

39 Essex Chambers, comment

This case illustrates the importance of getting sexual and contact capacity assessments right, particularly when someone is already confined to an institutional setting where sometimes intimacy is one of the few things left. As these facts demonstrates, there is a fine line between consensual intimacy and a safeguarding alert and capacity defines where that line is drawn:

CH v a Metropolitan Council

- CH was a 38 year old man.
- He had Downs Syndrome and an associated learning difficulty.
- In 2010 CH married WH.
- Since 2010 CH and WH have lived together in CH's parent's home.
- They "enjoyed normal conjugal relations".
- In late 2014 CH was assessed by a consultant psychologist, who concluded that he lacked capacity to consent to sexual relationships.
- The assessment had come about because they had sought fertility treatment.



- 1. Tell her she must immediately move into another room or she is committing an offence
- 2. Decide that sex is a natural part of marriage so they should be allowed to carry on as they are
- 3. Instigate a safeguarding concern
- 4. Set up a series of session to educate him so that he has capacity

See next slide

- They were informed of CH's lack of capacity and WH was advised that she must abstain from sexual intercourse with CH as that would, given his lack of capacity, amount to a serious criminal offence.
- In the Court ruling the judge said the case may be "unique" since it addressed the question of capacity to consent to sexual relations within a marriage, while other cases where the courts had made declarations of incapacity to consent generally concerned "restraining sexual disinhibition to protect from abuse or the serious likelihood of abuse".
- He found that the man was entitled to compensation since he did not start to receive sex education, which was recommended following a capacity assessment by a consultant psychologist, until more than a year after his wife had been told by the council to abstain from having sex with him.

The balance between empowerment and protection

- Rights versus risks
- The eternal tension





Capacity to consent to sex

- The mechanics of the act
- The fact that P can say yes or no to having sexual relations
- The consequences of sexual intercourse
 - Pregnancy
 - Sexually transmitted and transmissible infections

JB lives in a supported living placement, with various limitations placed upon his independence, particularly in relation to his interactions with women. JB was clear that he wished to have a partner and to engage in sexual relations. Expert evidence identified that he understood the mechanisms of sex, but not the importance of the intentions of others, nor the concept of the need for a partner to consent.



- 1. Conclude that he has capacity as the test does not require the understanding of consent by others
- 2. Put a risk assessment in place to limit his ability to make contact with others as he poses a risk
- 3. Think everybody else has to consider the consent of a partner why is this different
- 4. Refer the matter to Court as it doesn't seem to sit right

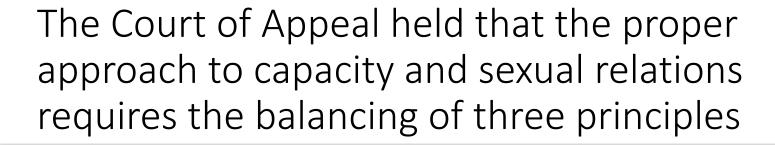
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The first hearing

- The judge said that the purpose of the MCA is to enable P to have the fullest possible experience of life.
- Requiring JB to have a full understanding of consent as an essential component of capacity, would be setting the bar too high, and would deprive him of a fundamental human right to participate in intimate relations.
- The court noted it would place burdens upon him, that were not placed on others in society. As such the court held that the test for capacity to sexual relations remained unchanged and that an appreciation of the need of the other party to consent throughout, was not part of the test.

The Court of Appeal

Baker LJ overturned the First Instance decision. In a change of direction, the court held that the question is not simply whether P has the capacity to *consent* to sexual relations; but whether P has the capacity to *engage* in such relations and to assess whether there was ongoing consent from their partner.



- Autonomy: which is at the very centre of the MCA 2005;
- The protection of vulnerable people in society; and,
- The wider context: Whilst the Court of Protection is fundamentally aimed at protecting the interest of P, the court was clear that the Mental Capacity Act 2005 and the Court of Protection are part of a wider system of law and justice. Within this system sexual relations can only take place with the full and ongoing consent of both parties.

Capacity to engage in sexual relations

Supreme Court hearing date 15th July

- The mechanics of the act
- The fact that P can say yes or no to having sexual relations
- The consequences of sexual intercourse
 - Pregnancy
 - Sexually transmitted and transmissible infections
- That the other person must have the capacity to consent and must consent throughout

A local authority v C and Ors

Hayden J had to consider the situation of C, a man with capacity to engage in sexual relations and to decide to have contact with a sex worker but without capacity to make decisions as to his care and treatment or to manage his property and affairs.

C told his Care Act advocate and litigation friend, that though he wanted to have a girlfriend, he considered his prospects of finding one to be very limited. He said that he wanted to be able to have sex and wished to know whether he could have contact with a sex worker. The advocate raised the matter with his social worker, and, in due course, proceedings were commenced, by the Local Authority, to address the lawfulness of such contact.



- 1. Immediately refuse as sex work denigrates women
- 2. Tell your manager, making it clear this would be against the law
- 3. Try to find other ways for him to meet someone
- Look at ways to add a sex worker to his care and support plan

See next slide

For the Court

- Whether a care plan to facilitate C's contact with a sex worker could be implemented without the commission of an offence under the Sexual Offences Act 2003;
- If not, whether the Sexual Offences Act 2003 can be read compatibly with the European Convention of Human Rights, or whether the Court should make a declaration of incompatibility;
- If a care plan facilitating such contact is lawful, whether such a plan would be in C's best interests.

Sexual offences Act 2003 s39

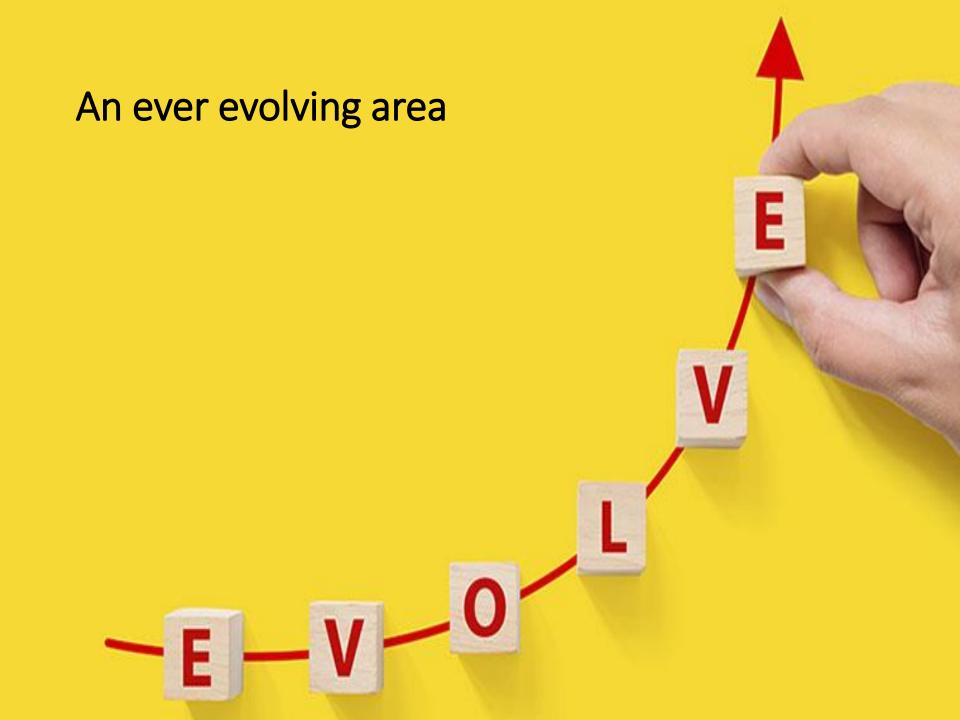
Care workers: causing or inciting sexual activity

- (1)A person (A) commits an offence if—
- (a)he intentionally causes or incites another person (B) to engage in an activity,
- (b)the activity is sexual,
- (c)B has a mental disorder,
- (d)A knows or could reasonably be expected to know that B has a mental disorder, and
- (e)A is involved in B's care in a way that falls within section 42.

The reasoning

- The aim of the SOA is to protect those in relationships predicated on trust where the relationship itself elevates vulnerability. 'This essentially progressive legislation has been careful, in my judgement, to avoid constricting the life opportunities of those with learning disabilities or mental disorders'.
- The Act brings a range of professionals within the realm of criminal law, if they abuse their power in relation to vulnerable adults or children.
- The Act is both promoting free and independent decision taking by adults with mental disabilities, whilst protecting them from harm in relationships where independent choices are occluded by an imbalance of power.
- Section 39 criminalises care workers who are found to be "causing or inciting sexual activity". Here however, the wish to experience sex is articulated clearly and consistently by C himself.
- Section 39 is structured to protect vulnerable adults from others, not from themselves. It
 is concerned to reduce the risk of sexual exploitation, not to repress autonomous sexual
 expression.

- Hayden J, therefore, found that what C was seeking was not in principle going to lead a care worker to be committing a criminal offence.
- That was not quite the end of the story, though, as he went on to note:
- In due course I will have to consider whether it is in his best interests to pursue the course that he has set his mind on. As part of that evaluative exercise, I will have in mind that it will never be in C's interest to put himself or others at risk.



Its often not sex alone but a pick and mix

- Capacity for sex but not contact
- Capacity for sex but not finances
- Capacity for sex but not internet use
- Capacity for sex but not care and support
- Poor or no sex education
- Limited opportunities to meet others
- Limited awareness of risks posed by others
- Limited awareness of internet dangers



Wider and bigger societal questions

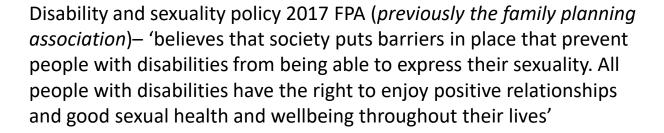
- DE was 37, quite independent had a girlfriend but no capacity for sex. What sex education had he had or was he infantilised?
- AMDC v AG and CI the woman had dementia, were there value judgements, was she seen as having an equal opportunity for sex and intimacy?
- CH two married people with Downs syndrome yet the state intervened to determine a lack of mental capacity for sex despite enjoying 'conjugal relations'
- A Local Authority v C & Ors a man with autism who wants a sexual relationship but knows he will never meet anyone



Extra reading - A focus on Rights

UNCRPD-8 guiding principles:

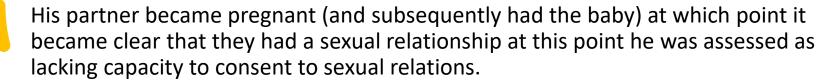
- 1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- 2. Non-discrimination
- 3. Full and effective participation and inclusion in society
- 4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- 5. Equality of opportunity
- 6. Accessibility
- 7. Equality between men and women
- 8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities



Autonomy - First permitted authorisation of sterilisation for nontherapeutic purposes

NHS Trust v DE [2013] EWHC 2562

DE was aged 37, he had a significant learning disability, with the assistance of dedicated parents, he achieved a good level of independence. He had a long-standing and loving relationship with a woman, however he had been assessed as lacking the capacity to consent to sexual intercourse or to use contraception.



DE's Independence/autonomy

- The interim declaration that DE did not have the capacity to consent to sexual relations has had very serious consequences for DE, resulting in his losing, for a period, all autonomy and his being supervised at all times.
- The loss to DE has been compounded by the fact that due to his learning difficulties DE cannot 'pick up where he left off'; skills which took years to acquire have, when not used, been lost, as has much of his confidence.
- The fact that he acquiesced to the restrictions imposed on him does not make the loss to him any less profound
- It is simply stating the obvious to observe that DE's quality of life is incomparably better when he can go and have a coffee in town with PQ or go to the local gym with his friend.



Why have a Healthwatch?



There are 154 Healthwatch's across the England (Scotland Wales they have Community Health Champions)

Statutory obligations:

- Provide advice and information to people using health and social care services
- Taking people's experience to decision makers
- Involve people in decision making about local services
- Involve people in monitoring health and care services

Obligations cont.:



- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

We cover a range of health and social care areas



- Healthwatch activities cover private and independent providers who are in receipt of public funding (e.g., providers who provide services to both self-funders and publicly funded service users).
 - Care homes
 - Hospital
 - Dentists
 - Doctors
 - Pharmacy
- Local Healthwatch can escalate matters to the overview and scrutiny committee of a local authority where they feel it necessary to do so. The overview and scrutiny committee must acknowledge receipt and keep you informed of any action they take.
- We can also escalate concerns to decision makers in CCG's Local Authority, CQC, Healthwatch

Engagement with the public



- Newsletter, Annual Reports
- Feedback opportunities
 - Website
 - Facebook, WhatsApp Twitter
 - Leaflets, posters
 - Surveys 2020/21
 - Palliative Care
 - Coronavirus pandemic
 - Access to Dental Services
 - Hospital Discharge during Covid 19 Pandemic
 - Taxi services for people with disabilities
 - Covid Vaccine Uptake

Enter and View



Local Healthwatch have an additional power to Enter and View providers so we can observe matters relating to health and social care services.

These powers do not extend to Enter and View of services relating to local authorities' social services functions for people under the age of 18.

Our visits are not inspections

Enter and View



Most visits will be announced

- Providers do not have to allow entry to parts of a care home which are not communal areas
- Enter and View is an engagement opportunity
 - It is an opportunity to talk to people living and working in care homes, hospitals and if appropriate talk to people's relatives about the care they are receiving.
 - We are just as happy to receive good feedback as negative comments.
 - We do produce a report and we can follow up if we think it is appropriate



Engagement

What are your experiences of Enter and View?

- Call: 01952 739540
- Post: Healthwatch Telford and Wrekin, Meeting Point House, Southwater Way, Telford, TF3 4HS
- Email: info@healthwatchtelfordandwrekin.co.uk
- Website: <u>https://www.healthwatchtelfordandwrekin</u> .co.uk/



NATIONAL HEALTH SERVICE, ENGLAND SOCIAL CARE, ENGLAND - The Arrangements to be made by Relevant Bodies in respect of Local Healthwatch Organisations Directions 2013

https://www.gov.uk/government/uploads/system/uploads/attachment data/file/184970/The Arrangements to be made by Relevant Bodies in respect of Local Healthwatch Directions 2013.pdf

Webinars, Resources and Reports



Any resources to share? Contact Karen Littleford, Safeguarding Adults Lead, Shropshire Partners in Care

klittleford@spic.co.uk

Webinars



September 2021 - Following the successful event held in 2020, Leeds Law Society and the Law Society of England and Wales are again holding a free virtual diversity and inclusion conference around National Inclusion Week from 14 to 30 September 2021.

With a theme of 'Promoting a modern, diverse and inclusive profession', the conference will consist of virtual events across six days. Each will focus on a particular strand of diversity and inclusion:

- Mental Wellbeing Tuesday 14 September (17.00-19.00)
- LGBTQ+ Thursday 16 September (17.00-19.00)
- Gender Tuesday 21 September (17.00-19.00)
- Social Mobility Thursday 23 September (12.00-14.00)
- Disability Tuesday 28 September (12.00-14.00)
- Race and Ethnicity Thursday 30 September (17.00-19.00)



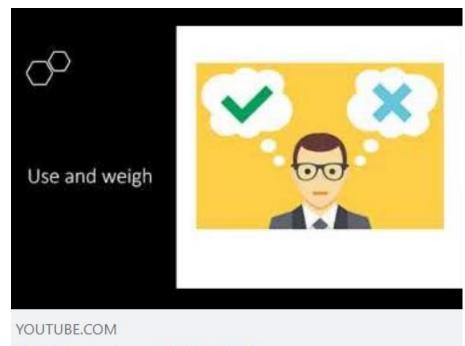
The events will comprise talks and panel discussions with leading figures, together with hints and tips on diversity and inclusion best practice. Confirmed speakers include; Lady Hale, Lord Shinkwin and Judge Victoria McLoud, together with representatives from #10000BlackInterns, LawCare and The Bridge Group.

Please click on the events listed above to book or, alternatively, find all available events listed here.

Self-Neglect and MCA Webinar

Webinar Recording - **Self-Neglect and MCA Webinar** from May 2021

Shropshire Council, Telford and Wrekin Council and West Midlands Regional Safeguarding Adults Leads https://www.youtube.com/ watch?v=sePU3IWLFNM



Self Neglect and MCA Webinar

Liberty Protection Safeguards Social Care Institute for Excellence (Recorded)



https://www.scie.org.uk/mca/lps/webinar20210426

School of Social Policy, Social Work and Social Justice, UCD, the Irish Association of Social Workers and BASW NI: Behind Closed Doors: Abuse in Care Settings – Recorded- available here

https://www.youtube.com/watch?v=caW4hRLu0nY

Behind Closed Doors: Abuse in Care Settings

Tuesday 15th June 2021 9.30am to 1pm







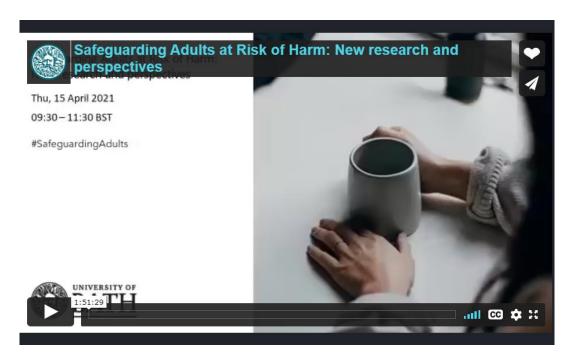
Register here: https://www.eventbrite.ie/e/behind-closed-doors-abuse-in-care-settings-tickets-154119396263

Time	Title	Presenter
9.30-9.40am	Welcome	Vivian Geiran, Chair of IASW
9.40-9.55 am	Marking Elder Abuse Awareness Day: Insights from the Lived Experience	Dr Sarah Donnelly, School of Social Policy, Social Work and Social Justice, UCD and Susan Gaynor, Care Champions
9.55-10.25am	Elder Abuse: the perfect crime?	Professor Joseph Ibrahaim, Head of Health, Law and Ageing Research Unit, Dept. of Forensic Medicine, Monash University, Australia.
10.25-10.45am	Learning when things go wrong	Bernadette McNally, Independent Chair of the Safeguarding Board for Northern Ireland and Chair of the National Independent Review Panel (NIRP)
10.45-11am	Q and A	
11-11.15am	Comfort Break	
11.15-11.45am	Public Issues and Private Troubles	Professor Sara Ryan, Faculty of Health, Psychology and Social Care, Manchester Metropolitan University, UK
11.45-12.05pm	Home Truths: Creating stronger protection for older people in care settings	Eddie Lynch, Commissioner for Older People for Northern Ireland
12.05-12.20pm	Challenges & Solutions from the Frontline: A Social Work Perspective	Celine O'Connor, Principal Adult Safeguarding Social Worker, IASW Member
12.20-12.40	Q and A	
12.40-12.50	Closing Remarks	Michelle McMaster, Professional Officer, BASW NI.

Safeguarding Adults at Risk of Harm: New research and perspectives (Recorded)

University of Bath - Safeguarding Adults at Risk of Harm: New research and perspectives Recording - Listen to Dr Megan Robb, Daphne Franks and Dr Sarah Donnelly discuss new research and perspectives on adult safeguarding. Recorded in April 2021.

https://www.bath.ac.uk/campaigns/safeguarding-adults-at-risk-of-harm-new-research-and-perspectives/





National Mental Capacity Forum

Rapid Response Webinar Recordings

NMCF Webinar 9: Preparing for the Cliff-Edge of 18

NMCF Webinar 8: The Good, the Bad, and the Ugly

NMCF Webinar 7: Best interest decisions: supporting primary care in difficult times

NMCF Webinar 6: The MCA and COVID Vaccinations in Care Homes

NMCF Webinar 5: The MCA and the Messy Reality of COVID

NMCF Webinar 4: Taking Stock and Looking Forward

Additional Webinar on Deprivation of Liberty and 16/17 Year Olds

Additional Webinar on COVID 19 Testing

NMCF Webinar 3:Public Health and Human Rights in the COVID-19 Pandemic

NMCF Webinar 2: Covid-19, DoLS, and Best Interests

NMCF Webinar 1: Sharing Voices in Response to COVID-19

https://autonomy.essex.ac.uk/covid-19/rapid-response-webinars/

Making Safeguarding Personal event (recorded on 30th March) with **Professor Michael** Preston-Shoot.

Access here once available

https://www.coventry.gov.uk/info/233/ coventry safeguarding adults board/3 168/workforce development/5



Supported Loving webinars



Click here to access

Supported Loving Webinars:

- Webinar 1: Setting up a dating agency with Meet N Match
- Webinar 2: Delivering sex and relationships education to adults with learning disabilities
- Webinar 3: Delivering a group education programme on relationships for people with learning disabilities
- Webinar 4: Developing an inclusive organisational relationship and sexuality policy and procedure, including an easy read version
- Webinar 5: Contraception explained
- Webinar 6: Domestic abuse project run by women with learning disabilities and/or autism
- Webinar 7: Should I tell them that? Developing relationship and sex education (RSE) for people you support
- Webinar 8: Engaging with parents to support their children around relationships and sexuality
- Webinar 9: How can organisations be more LGBTQ+ inclusive?
- Webinar 10: Supporting the human right to have fun: how sex, relationships, intimacy and the law fit together
- Webinar 11: Relationships and sexuality education sessions for parents
- Webinar 12: Helping at all make sense: developing bespoke RSE for the people you support
- Webinar 13: Delivering RSE for people with complex needs
- Webinar 14: Sexual safety, empowerment and prevention
- Webinar 15: Reach Out Stop Exploitation (ROSE)
- Webinar 16: Masturbation and people with a learning disability and/autistic people
- Webinar 17: Older People's Understanding of Sexuality (OPUS)



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Making
Safeguarding
Personal podcasts –

Exploring and busting the myths that can prevent practitioners from making safeguarding personal for service users. A discussion between Professor Michael Preston-Shoot and Esi Hardy.

https://soundcloud.com/rip-ripfa/sets/busting-myths-that-surround-making-safeguarding-personal/s-4nukW



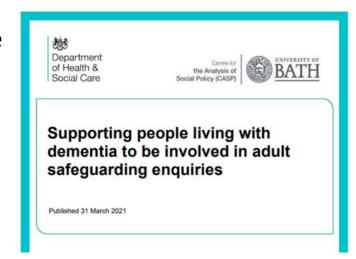
Other Resources

Department of Health and Social Care

Research and analysis - Supporting people living with dementia through safeguarding processes Guidance bringing together research undertaken by Dr Jeremy Dixon at the University of Bath, alongside people living with dementia, their family carers and professionals in the sector.

Details - This guidance sets out good practice for working people living with dementia, suggesting ways in which professionals can provide quality safeguarding and best involve people in decision-making.

https://www.gov.uk/government/publications/supporting-people-living-with-dementia-through-safeguarding-processes



Safeguarding adults in care homes NICE guideline [NG189]Published: 26 February 2021

This guideline covers keeping adults in care homes safe from abuse and neglect. It includes potential indicators of abuse and neglect by individuals or organisations, and covers the safeguarding process from when a concern is first identified through to section 42 safeguarding enquiries. There are recommendations on policy, training, and care home culture, to improve care home staff awareness of safeguarding and ensure people can report concerns when needed.





Safeguarding adults in care homes

NICE guideline Published: 26 February 2021 www.nice.org.uk/guidance/ng189

https://www.nice.org.uk/guidance/ng189

Responsible sexual services for disabled people



The website comes with an 'adult content' warning https://tlc-trust.org.uk/

Domestic Abuse and Employees

If you are an employer

Let your employees know that if they are facing domestic abuse you want to help them to get help. Stay in regular contact with employees you know, or fear, may be facing abuse and if you lose contact with them, take swift action to visit them. If you believe there is an immediate risk of harm to someone, or it is an emergency, always call 999.

Encourage employees to look out for others who may be facing domestic abuse and signpost them to support. Your staff may also be worried about their own abusive behaviour at this time. There is no excuse for domestic abuse, no matter what stresses you are under and support is available.

Hestia's Respond to Abuse Advice Line is a free resource for employers. Employers can call 020 3879 3695 Monday to Friday, 9am to 5pm, or email adviceline.eb@hestia.org for support, guidance or information about domestic abuse and how to support employees and colleagues experiencing domestic abuse.

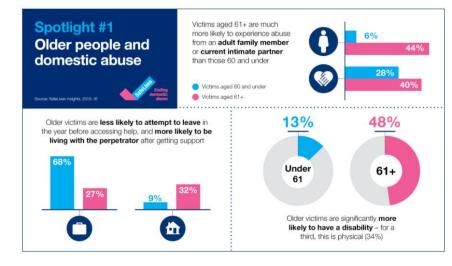




The **Employers**' **Initiative on Domestic Abuse** website provides resources to support employers including an employers' toolkit which may also be found here



Domestic Abuse -



Safe Lives Spotlight series - Older People and Domestic Abuse: https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse

Shropshire and Telford Adult Safeguarding Partnership also held a joint event specifically on the subject of Domestic Abuse and Older People in November 2019: You can find out more at:

http://www.keepingadultssafeinshropshire.org.uk/learning-resources/information-and-learning-resources/domestic-abuse/domestic-abuse-and-older-people/

Domestic Abuse Support: http://www.keepingadultssafeinshropshire.org.uk/media/1324/domestic-abuse-covid-19-in-shropshire.jpg

Jessica's Story: http://www.keepingadultssafeinshropshire.org.uk/peoples-stories/i-am-jessica-a-safeguarding-case-study/

Domestic Abuse Act 2021: https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

Domestic Abuse Act Commencement Schedule: https://www.gov.uk/government/publications/domestic-abuse-act-2021-commencement-schedule

Safeguarding Adults Awareness Raising Materials — posters are still available to download and print to raise awareness and encourage the reporting of safeguarding concerns. The posters for Adil and Peggy are specifically related to older people.

http://www.keepingadultssafeinshropshire.org.uk/safeguarding-awareness-raisingmaterials/

Safeguarding Awareness Raising **Materials**



in Shropshire







Adil - Safeguarding Poster

Jenny - Safeguarding Poster

Dave - Safeguarding Poster







Peggy - Safeguarding Poster

Know Your Rights

Making Safeguarding **Personal Cards**

Including links to Alex Ruck Keens 'Shedinar' series

https://www.mentalcapacitylaw andpolicy.org.uk/shedinars/

COVID-19 and the MCA 2005

https://www.mentalca pacitylawandpolicy.org .uk/resources-2/covid-19-and-the-mca-2005/



Mental Capacity Law and Policy website

https://www.mentalcapacitylawandpolicy.org.uk/

39 Essex Chambers Newsletters



Sign up here - https://www.39essex.com/

Scroll to the bottom of the page



SUBSCRIBE »

Further Resources

Shropshire Partners in Care YouTube Channel

https://www.youtube.com/ch annel/UCQ4WOazrhYa3MS4J AgOLDtg/playlists?view as=s ubscriber

