



Shropshire Partners in Care

Supporting social care providers in Shropshire, Telford & Wrekin

Safeguarding Adults Forum December 2022



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



- ✓ **Hate Crime ‘i am ME!’ I am Me** - Matt Cole, Hate Crime Training and Engagement Officer, Victim Support

- ✓ **Legal Consciousness and Mental Capacity Law - Findings from a Dissertation** – Jay Kirkham, PhD Candidate, Keele University

- ✓ **Oral Hygiene and Neglect and Self-neglect**
 - ✓ **Understanding Oral Health and why it matters when thinking about ‘neglect’ or ‘self-neglect’** – Laura Brown, Regional Trainer, Care and Support, Green Square Accord
 - ✓ **Engagement with the ‘Care to Smile’ Programme** - Katrina Watkins, Bradeney House Nursing & Care Home

- ✓ **Resources and Webinars** Karen Littleford, Safeguarding Adults Lead (Shropshire Partners in Care)





Hate Crime Awareness

#No2Hate

Matt Cole
West Mercia Hate Crime
Training & Engagement Officer



Hate Crime Training

If anyone would like to talk to Matt Cole, West Mercia Hate Crime Training & Engagement Officer about some Hate Crime Training please contact Matt:

Trainingwestmerciam@victimssupport.org.uk

Hate Crime – What is it and Resources on the Victim Support Website

Hate crime

Hate crime is the term used to describe a crime against someone based on a part of their identity.

There are five categories of ‘identity’ when a person is targeted because of a hostility or prejudice towards their:

- disability
- race or ethnicity
- religion or belief (which includes non-belief)
- sexual orientation
- transgender identity.

Victim Support also recognises crimes targeted at alternative sub-cultures (such as Goth) as a form of hate crime.

According to the Crown Prosecution Service (CPS) website, any crime can be prosecuted as a hate crime if the offender has either:
demonstrated hostility based on race, religion, disability, sexual orientation or transgender identity

Or

been motivated by hostility based on race, religion, disability, sexual orientation or transgender identity

Someone can be a victim of more than one type of hate crime.

Experiencing hate crime can be a particularly frightening experience as you’ve been targeted because of who you are, or who or what your attacker thinks you are. Unlike non-identity related offences, the attack is very personal and specifically targeted, which means it’s less likely to be a random attack.

Hate incidents

Hate incidents can feel like crimes to people who suffer them and often escalate to crimes or tension in a community. You can report such incidents, but the police can only prosecute when the law is broken. However, the police can work with other organisations to prevent the situation escalating.

You can find out more here on the Victim Support website - <https://www.victimsupport.org.uk/crime-info/types-crime/hate-crime/>

Hate Crime – leaflet in the information centre

Would you like to explain the impact of the hate crime to the person causing you the harm?

Restorative justice brings those harmed by crime, and those responsible for the harm, into communication.

Restorative justice gives victims the chance to have their say, to get answers to their questions, and to move on with their lives. Restorative justice has the potential to address the harms caused by hate crime.

It allows hate crime victims to take back control by telling their story and having their voice heard. It aims to help the person causing the harm to understand the impact that their behaviour is having. This communication can take place in a number of ways: face to face, letter exchange or even your supporter passing information back and forth. This process would be thoroughly assessed to ensure your safety is paramount.

If you want to know more about restorative justice, you can contact the team by telephone on 01562 549610 or via secure email on rjwestmercia@victimsupport.cjsm.net



For further information and help visit the following links or scan the QR codes:



www.westmercia-pcc.gov.uk



www.victimsupport.org.uk



i am ME!

Valuing and empowering diversity across Worcestershire, Herefordshire, Shropshire, Telford and Wrekin

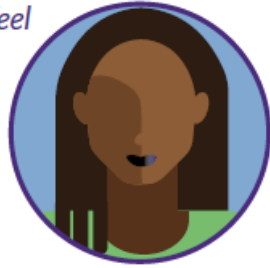


What is a hate crime?

Hate crime is the term used to describe an incident or crime against someone based on a part of their identity. It can take the form of any criminal or non-criminal act such as graffiti, vandalism to a property, name calling, harassment, assault or online abuse using social media.

"There's a massive disjunct between [...] how you feel about experiencing racism and then how seriously you think anyone will take it as a crime."

Victim of hate crime



Experiencing hate crime can be a particularly frightening experience as you've been targeted because of who you are, or who or what your attacker thinks you are. Unlike non-identity related offences, the attack is very personal and specifically targeted, which means it's less likely to be a random attack.

A person may be targeted because of a hostility or prejudice towards their:

- disability
- race or ethnicity
- religion or belief (which includes non-belief)
- sexual orientation
- transgender identity.

Victim Support also recognises crimes targeted at women (misogyny) and alternative sub-cultures (such as goth) as forms of hate crime.

i am ME!

i am ME! is a project designed to help communities, statutory agencies and any workplace setting, recognise and understand the impact of hate crime.

The service offers training and awareness sessions to anyone that wants to understand what a hate crime is, how to report a hate crime, and also what support is available. By being more informed, we can all play a part in standing together against hate.

The way in which we respond to anyone targeted because of their identity is a crucial factor in helping them to cope with what has happened, or what could still be happening. It will also have a huge impact on their confidence to report.

i am ME! values and empowers diversity across Worcestershire, Herefordshire, Shropshire, Telford and Wrekin.

For more information, or to request a training session for your organisation, or community group, you can contact us on **01905 726896** or **TrainingWestMercia@victimsupport.org.uk**



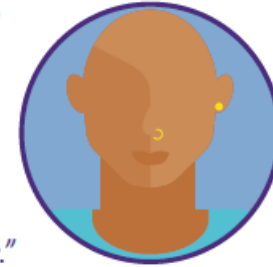
Support and report?

We will support you whether you have reported the crime or not. We understand that some people may not want to report hate crime to the police and that's fine. However, if you did want to report you can do so in the following ways:

- Direct reporting to the police (**101** or **999** in emergencies).
- Using a third party reporting centre - reporting to a third party organisation who will communicate with the police and other agencies on your behalf. Victim Support is a third party reporting centre.
- Anonymous reporting on the internet via True Vision **www.report-it.org.uk**. Victim Support can also support you with this.

"These things happen so often, every day, I didn't think the police could or would do anything. I didn't know that specific support was out there."

Victim of hate crime



If you do report the crime and the offender is tried and convicted, courts can take their hate motivation into account during sentencing. This means a stronger sentence could be imposed. Victim Support teams can provide you with further information regarding reporting if you would like to do this.

To speak with someone directly and in confidence about hate crime you've experienced, contact Victim Support West Mercia on **01905 726 896**, Monday to Friday 9am-5pm. You can also contact our free 24/7 Supportline on **08 08 16 89 111** or start a live chat at **victimsupport.org.uk/livechat**.

Victims' Code

All victims of crime in England and Wales have rights:

- 
To be able to understand and to be understood
- 
To have the details of the crime recorded without unjustified delay
- 
To be provided with information when reporting the crime
- 
To be referred to services that support victims and have services and support tailored to your needs
- 
To be provided with information about compensation
- 
To be provided with information about the investigation and prosecution
- 
To make a Victim Personal Statement
- 
To be given information about the trial, trial process and your role as a witness
- 
To be given information about the outcome of the case and any appeals
- 
To be paid expenses and have property returned
- 
To be given information about the offender following a conviction
- 
To make a complaint about your rights not being met

More information about the Victims' Code and your rights can be found at www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime

Being a victim of crime can be traumatic. You don't have to deal with it alone. Find out more about the support available at www.gov.uk/get-support-as-a-victim-of-crime



Victims' Code

<https://www.victimsupport.org.uk/help-and-support/your-rights/victims-code/>

Oral Health in Social Care

LAURA BROWN
REGIONAL TRAINER
CARE AND SUPPORT
GREEN SQUARE ACCORD



AIMS

- **To understand what is oral health**
- **To identify the issues and identify the signs and symptoms of poor oral health in a healthcare setting**
- **To understand how poor oral health can affect an individuals health and wellbeing and how to support staff.**
- **To learn good practice regarding mouth care and oral hygiene**
- **What guidance is available out there.**



What is oral health?

Oral health is an essential part of your overall **health** and **well-being**. Poor **oral hygiene** can lead to **dental** cavities and gum disease, and has also been linked to heart disease, cancer, and diabetes. Maintaining **healthy** teeth and gums is a lifelong commitment.

Care Quality Commission



- most had no policy to promote and protect people's oral health (52%)
- nearly half were not training staff to support daily oral healthcare (47%)
- 73% of care plans reviewed only partly covered or did not cover oral health
- it could be difficult for residents to access dental care
- 10% of homes had no way to access emergency dental treatment for residents

Care homes/services have a duty to ensure that their residents' healthcare needs are met. This includes dental care. The care home manager should be able to supply information about their arrangements for dental care. They may have a local dentist who visits the home to provide regular check-ups, or they may have visits from a local community dental care service

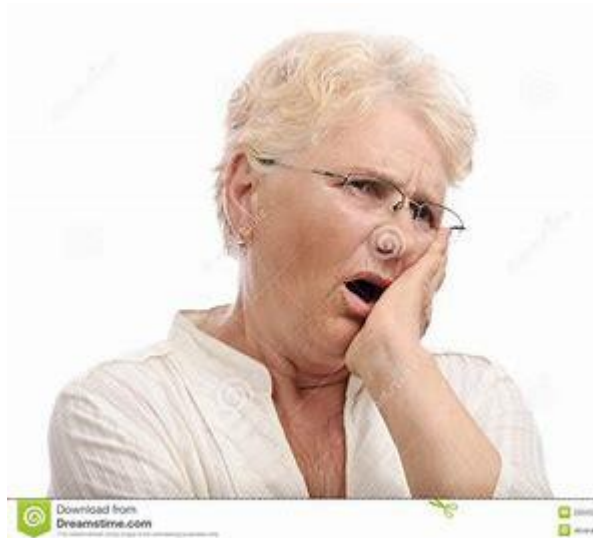
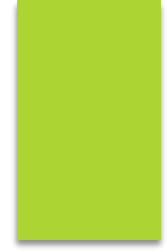


Neglect/Self Neglect

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Failure to administer medication as prescribed
- Preventing access to glasses, hearing aids, dentures, etc
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs

Ref SCIE (social care institute for excellence)

Good Oral Hygiene





Care Quality Commission

- Good oral care helps keep people free from pain – especially important for those who have communication difficulties, who may find it difficult to alert others to where it hurts.
- For those with chronic conditions, good oral care can help make sure they can take the medicines they need to prolong health.
- Reduce the risk of malnutrition, which is thought to affect around 1.3 million older people.

What may happen if oral health is not taken care of?





More than half of older adults who live in care homes have tooth decay, compared to 40% of over 75s who do not live in care homes

Periodontitis (gum disease) is the most common chronic inflammatory disease of humans.

People now keep their natural teeth for longer, but this can mean they need more complex dental care than people who have dentures.

Infection can increase Blood pressure.

Both pain and infection can worsen the confusion associated with dementia

Poor oral health can lead to pain and tooth loss, and can negatively affect self-esteem and the ability to eat, laugh and smile

Diabetes and Gum Disease have a bidirectional relationship – if oral health is bad that will negatively affect diabetes. If good, Diabetes will improve.

Common problems affecting oral health in social care

- **Health conditions such as Parkinson's, arthritis and dementia**
- **Medication**
- **Mental health disorders**
- **Physical disability**
- **Accessibility**
- **Lack of awareness**
- **Lack of training**
- **Finances**

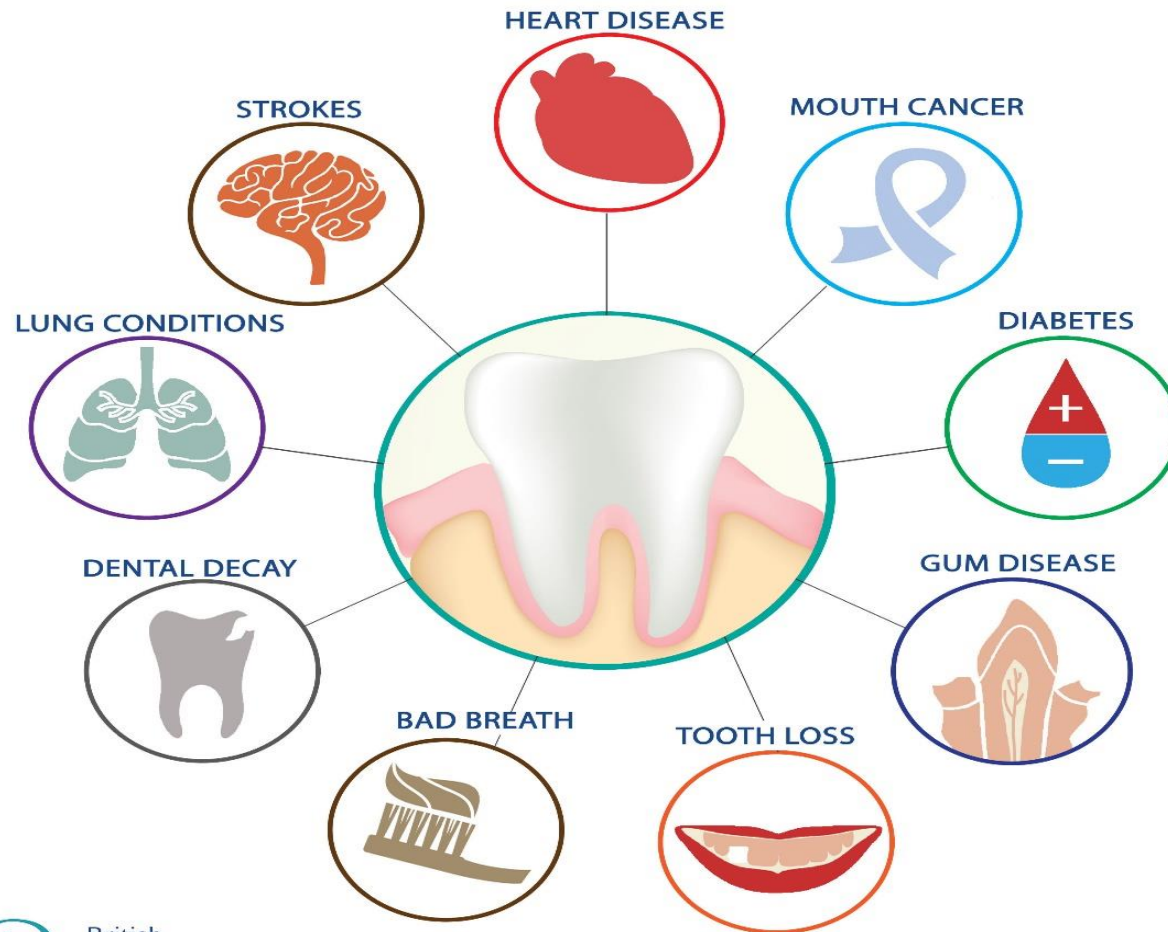




Stress and mental health

- **Poor mental health and stress can result in poor oral health.**
- Poor mental health can sometimes result in personal care and oral care being neglected
- Increased stress can cause a change in dietary habits either choosing wrong foods (high sugars) or erratic meal times leading to a build up on soft plaque in the mouth
- Dry mouth
- Medication

WHAT PROBLEMS COULD POOR DENTAL HEALTH CAUSE?



ASPIRATION PNEUMONIA

Aspiration pneumonia is a life-threatening condition where plaque and food debris from around the teeth and dentures get inhaled into the lungs and cause an infection. This can be avoided by simply removing plaque from the teeth and dentures daily.



SIGNS AND SYMPTOMS OF POOR ORAL HEALTH



ORAL CANCER



DENTAL DECAY



ORAL THRUSH



LESIONS



Dry Mouth (xerostomia)

- **Dry Mouth can be caused for a number of reasons and should be noted on the preassessment.**
- Smoking
- Cancer treatments ie radiotherapy
- Dehydration
- Mouth breathing
- Anxiety
- Medication
- Diabetes due to high blood sugar.
- Sjogrens Syndrome*

* *Sjogren's is a condition that affects part of the body that produce fluids. Starts between 40 and 60 years of age. More common in women. Symptoms include dry mouth, dry eyes, dry skin, tiredness, vaginal dryness, muscle /joint pain. Swelling between jaw and ears, rashes.*

Effect of poor oral health in older people

Poor oral health can be a detrimental factor to nutritional status and **health**. Disorders of the **oral** cavity have **contributed to poor** eating habits **in older people**.

Loose painful teeth or **ill**-fitting dentures may result in a reduced desire or ability to eat.

This can have a knock on effect of weight loss, malnutrition, fear around eating, and or choking.





Dementia and oral health

People living with dementia have a high rate of tooth decay and gum disease. As dementia progresses, they may find it difficult to perform their normal daily activities and require some support to keep up with their oral hygiene routine.

Others may not be able to express that they have a toothache and leave problems untreated. It's important that people living with dementia receive the help they need to keep their teeth and gums clean and free of debris so that they can maintain their self-esteem and avoid pain and infections.

It's also important to keep up with routine check-ups at the dentist, remembering that the person with dementia may need support in arranging and sticking to appointments

What is needed

- **Teaching staff to be aware of the signs and symptoms that may indicate problems with oral cavity.**
- **Ensuring that oral hygiene is delivered as part of personal care**
- **Ensuring staff and services highlight those most at risk.**





IMPACT OF POOR ORAL HEALTH / MOUTH CARE

- Leads to bacteria build up causing dental caries and gum disease (Gingivitis) leading to heart disease
- Lesions caused by gum disease or ill fitting dentures can become sore causing pain and discomfort and could lead to cancer
- Dentures or fixed appliances can be a breeding ground for bacteria if not cleaned properly causing skin irritation and lesions.
- Ill fitting dentures cause problems with eating or speaking leading to malnutrition or social isolation.

So how can we support our staff

- Increasing awareness
- Providing training to all staff
- Reviewing assessments of all patients/customers to update oral health needs





Fears or challenges

- Challenging?
- Problems with people resisting?
- Not confident with brushing and what to look for in the mouth?
- Unsure what the best practice is with denture cleaning?
- Confusion with what best practice is with daily oral care?
- Have a dental phobia themselves and don't like dealing with the mouth?
- Concerned about brushing too hard?

Training

- **Ensure staff attend training so that they understand the implications of poor health on the elderly or those with learning disabilities**
- **Teach the staff how to assist with patient oral care**
- **Show the staff signs and symptoms to look for and how to report them**
- **Discuss with staff any concerns they may have either with patient or assisting with oral care**



Oral health care champion (Oral care lead)

They play a significant role in increasing awareness about the importance of oral health and promoting best practice; ensuring that oral care is carried out.

Should have a basic understanding of what constitutes good oral health but NOT expected to be oral health experts.

They can be an effective way of introducing and supporting change within oral care policies and practices. They consider how things could be done differently for better oral health of residents. (info@kohc.co.uk)

<https://www.kohc.co.uk/about-us>





Oral Care Assessment

What the Care Quality Commission expects

- **The Care Quality Commission expects registered managers to take account of nationally recognised guidance, including guidance from NICE.**
- **Evidence about how you support residents to maintain good oral health will help you demonstrate that your service is both effective and responsive.**

Oral Care Assessment

All residents should have an oral health assessment when they move into the care home, with the result recorded in their care plan. Care staff should start by asking the following questions:

1. How do you usually manage your daily mouth care and what help would you like?
2. What dental aids do you currently use? For example, manual or electric toothbrush, mouthwash, floss
3. Do you have dentures, and if so are they marked with your name? If not, would you like them to be marked?
4. When did you last see a dentist, and who did you see?
5. If you don't have a dentist, would you like help to find one?

NICE guideline

The NICE guideline NG48, published in July 2016, recognised the importance of good oral care. Their recommendations aim to maintain and improve the oral health, including dental health and daily mouth care, for adults in care homes. However, our discussions at the Regulation of Dental Services Programme Board and with other stakeholders across adult social care and primary care highlighted that awareness and take-up of the guideline was still low, despite considerable engagement with the sectors, and this was having an impact on people.

NICE's guideline on oral health for adults in care homes, including the baseline assessment tool, can be used as part of your preparation for inspection and to support requests for help to other services. If you are concerned about the availability of dental services inform your local Healthwatch and public health teams. Your local oral health promotion team should be able to provide you with educational materials, support and training.

*Oral health for adults in care homes, **NICE guideline [NG48]Published: 05 July 2016***

<https://www.nice.org.uk/guidance/ng48> also **Scie and NICE Improving oral health for adults in care homes A Quick Guide for Care Home Managers <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes>**

NICE guidelines

<https://www.nice.org.uk/guidance/ng48>

1.1 Care home policies on oral health and providing residents with support to access dental services

1.1.1 Ensure care home policies set out plans and actions to promote and protect residents' oral health.

local general dental services and emergency or out-of-hours dental treatment

assessment of residents' oral health and referral to dental practitioners ([see the section on daily mouth care](#))

Ensure mouth care is included in existing care home policies covering residents' health and wellbeing and reviewed in line with local practice.



CareQuality
Commission



CQC recommends

- sharing best practice
- repeating and reinforcing the guidance
- mandatory staff training
- oral health check-ups for all residents moving into a care home
- a multi-agency group to raise awareness

Improving oral health for adults in care homes A Quick Guide for Care Home Managers

<https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes>

So what equipment is available to assist with oral health care



Appliances available to help with mouth care



Word of caution!!

“In April 2012 oral sponge swabs of all colours were banned in Wales. The ban took into account a range of concerns raised by nurses and dental teams. The effective method for good oral hygiene is a small headed toothbrush and toothpaste”
1000 Lives Plus Faculty Lead for Dentistry



A 94-YEAR-OLD woman died from eating Steradent denture cleaning tablets which she mistook for mints, an inquest heard. Staff at the nursing home where she lived tried to dilute the effect with water but the tablets scorched her, causing fatal inflammation and bronchial pneumonia.

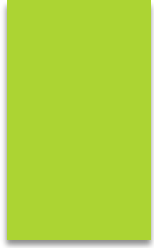
<https://www.heraldscotland.com/news/11983435.denture-tablets-death/>



QUIZ

Arrange drinks in order from high to low in sugar content





10 tsp



9 tsp



6 tsp



5 tsp



4 tsp



0 tsp

References



Smiling matters: oral health care in care homes - Care Quality Commission (cqc.org.uk)
<https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes>



Knowledge
Oral Healthcare

Every mouth matters

<https://www.kohc.co.uk/about-us>

NICE

National Institute for
Health and Care Excellence

<https://www.nice.org.uk/>

Dental treatments in Shropshire and Telford and Wrekin

The service provides a full range of dental care to both children and adults with special care needs.

<https://www.shropscommunityhealth.nhs.uk/dental-treatments>

Domiciliary Referral Form for Dental Treatment Link to referral form

https://forms.office.com/pages/responsepage.aspx?id=sITDN7CF9Ueylge0jXdO47hjf80igfIHm9pz_A30nelUN1Y3VkvVIVFkwNUYwWTVETkdDSlg0TIBVQyQIQCN0PWcu

NHS

Shropshire Community Health

NHS Trust

Domiciliary Referral Form for Dental Treatment



This is How WE do it...

**Exploring Legal Consciousness
towards Adult Social Care
Research to Improve
Practitioners' Understanding
of the Mental Capacity Act
2005**

**Jay Kirkham, PhD Candidate, Keele University
14th December 2022**

Outline of my Dissertation

Aims and objectives of the literature review were:


- To identify key themes that impact upon mental capacity assessors in practice**
- To explore the concept of Legal Consciousness as a methodology (strategy or design) in further research**
- To consider whether aspects of legal consciousness could inform or improve social care practitioners' understanding of the Mental Capacity Act when assessing capacity**

Potential for future research in social care:

Widening Legal Awareness:

- Appreciating culture as legality
- Acknowledging feelings towards laws in practice
- Enhancing safeguarding
- … but Legal Consciousness methodology has its limitations

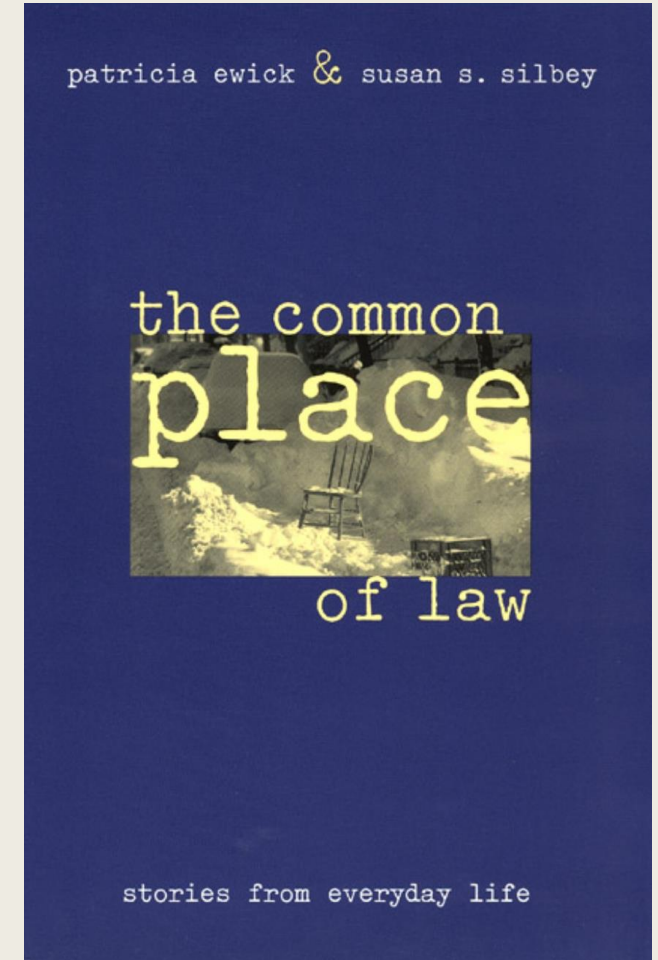


A row of law books on a shelf, with a dark circular overlay containing the text "How does the law make you feel?". The books are bound in dark red leather with black labels that read "LAW REPORTS" and have numbers like 172, 173, 174, 175, and 176. The background is a blurred library setting.

**How does
the law
make you
feel?**

What is Legal Consciousness?

In 1998 Patricia Ewick and Susan Silbey defined **Legal Consciousness** as the "everyday encounters of the law from which **legality is constructed** by individuals and society"...



Principles informing Legal Consciousness

Ewick and Silbey sought to...

- **De-center the Power** of Law (post-modernist thinking)
- **Socio-Legal approach to research** - Speak to everyday people and not just powerful legal actors as law and society scholars. **Law in Action** is different from Law in the Books (Roscoe Pound, 1910; Halliday, 2019)
- Widen the definition of law to encompass **legality** to include **legal pluralism**. They defined legality as state law, such as legislation and case law, **AND** other sources of authority (or non-state law), including religious and **cultural practices** (Merry, 1998)

The Three Narratives of Ewick and Silbey

**Before
the Law**



**Separated from the
law;
Authoritative and
Predictable**

**With
the
Law**



**Flexibility of the Law;
Played as a Game**

**Against
the
Law**



**Combined with or
Constrained by the
Law;
Resistance/Struggle**

Key Themes Impacting Upon MCA Assessors and the Link to Culture

- **The Decision-Maker** - choice of assessor
- **Legal Literacy** – non-compliance or inconsistent use of the law and practitioner confidence
- **Supported Decision-Making** – not just supporting the individual to make the decision but wider information gathering, including families and carers but engaging other professionals to help rather than assess
- **Organisational Constraints** – resources, training and supervision

Legal Help or Legal Hindrance?

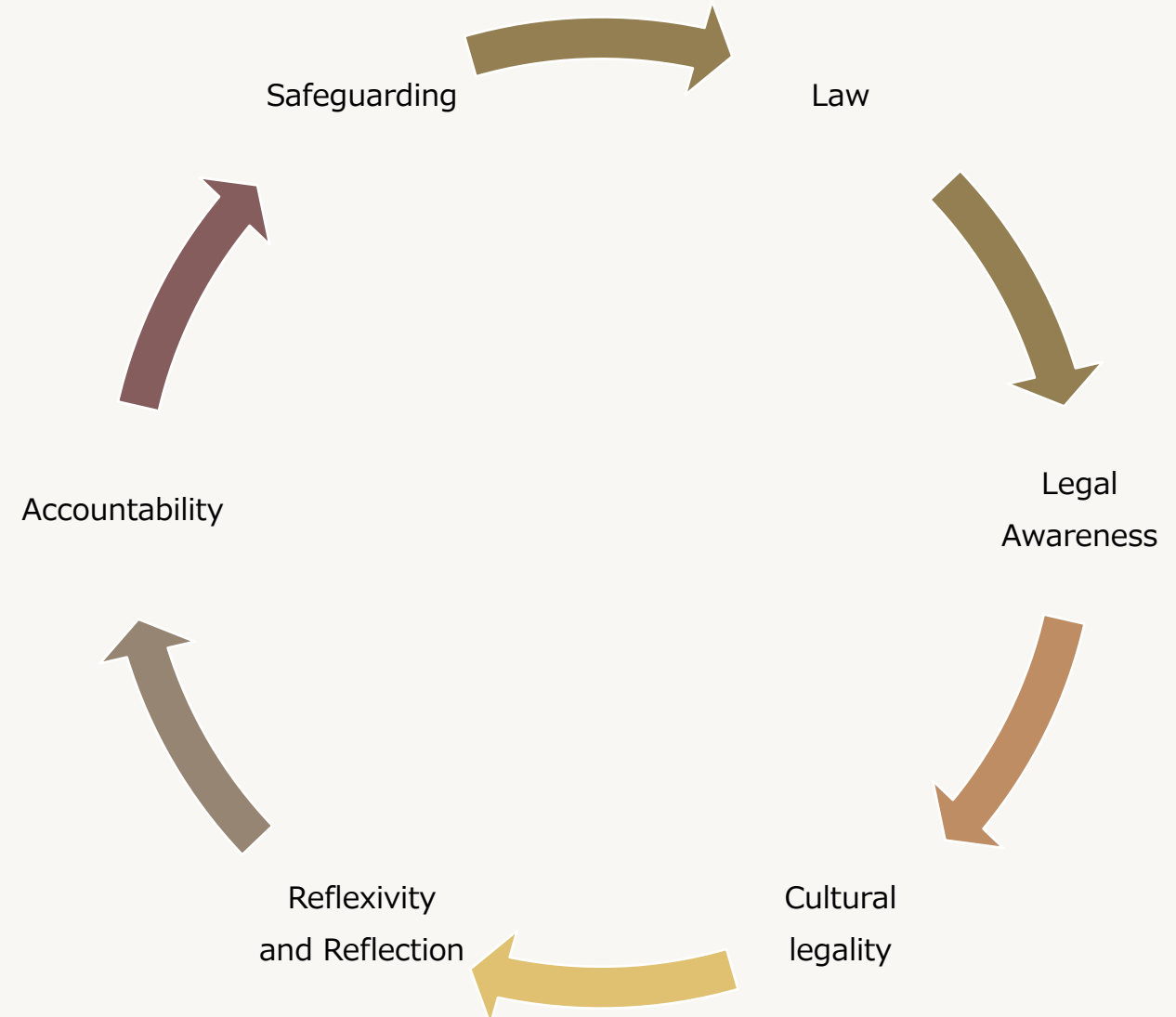
MCA law is "*clear and easily to be understood by lawyers. Its application... is infinitely more difficult to achieve*".

Butler Sloss LJ in *Re B (Adult: Refusal of Medical Treatment)* [2002] EWHC 429 (Fam)

Potential Learning?

Using legal awareness to understand the construction of cultural legality to improve safeguarding and enhance decision-making

- Supervision
- Collaboration



What I learned about my legal consciousness around the MCA...

Protective – underpins the ethos of
Autonomy, Dignity, Respect and Human
Rights

Determined – the Act and Code set
out our duties and powers

Brutal – ultimately the professional
responsibility and accountability for
capacity assessments rests with the
assessor



References (all photos creative commons)

Ewick, P. and Silbey, S. (1998) *The Common Place of Law: Stories from Everyday Life*, Chicago: University of Chicago Press

Flynn, M and Citerella, V. (2012) *Winterbourne View Hospital* Available at <https://www.southglos.gov.uk/news/serious-case-review-winterbourne-view/>

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Merry, S. (1998) Legal Pluralism, *Law & Society Review*, 22, p.869

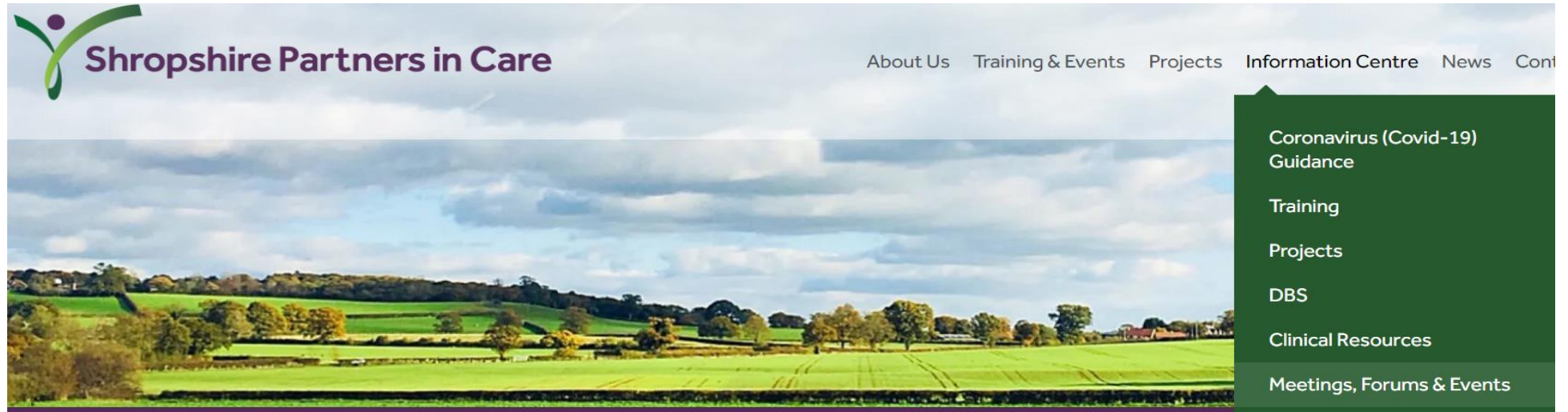
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Webinars, Resources and Reports



Access The Forum PowerPoint



Shropshire Partners in Care

About Us Training & Events Projects Information Centre News Cont

- Coronavirus (Covid-19) Guidance
- Training
- Projects
- DBS
- Clinical Resources
- Meetings, Forums & Events
- Wellbeing Resources
- Surveys
- Brexit Planning
- Other

Meetings, Forums & Events

9 please click here

ing approximately 240 inde

SPiC AGM & Event 2020- Our Care Stories [View >](#)

SPiC and Shropshire Council Joint Forum [View >](#)

Annual Seminar [View >](#)

Networking Opportunity for Trainers [View >](#)

Safeguarding Adults Forum [View >](#)

[Send us a message](#)

National Mental Capacity Forum Webinar Recording and Slides ‘Families and the MCA’

The webinar recording and slides from the 7th December 2022 ‘Families and the MCA’ session are now available. Download the slides which include links to useful documents here:

<https://autonomy.essex.ac.uk/wp-content/uploads/2022/12/NMCF-S2E2-Families-December-2022.pdf>

The webinar considers:

The role of family in Supporting Decision Making or ‘Finding the Middle Ground’ with Lorraine Currie, MCA Consultant.

Jeremy Walker, Social Workers Union in Conversation with Margaret Flynn and Professor Keith Brown Bournemouth University from “Who’s your next of kin?” To “How can we support you?”

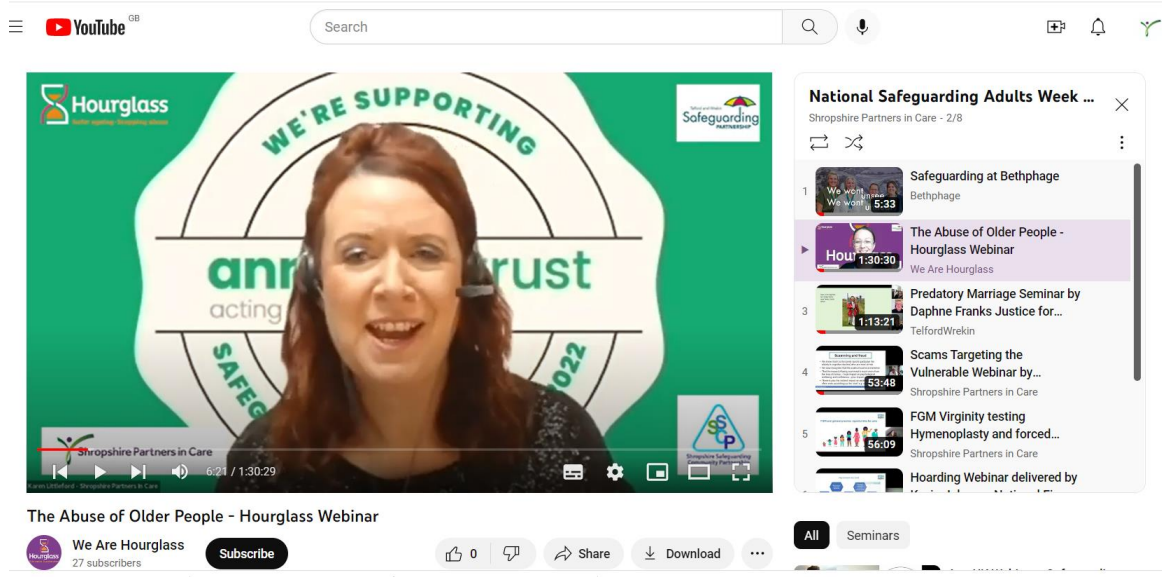
Kirsty Keywood, School of Social Sciences, University of Manchester talking about ‘Families, Decisions and the Law’.

The session finishes with a question-and-answer with Alex Ruck Keene from 39 Essex Chambers.

Watch the webinar recording here <https://autonomy.essex.ac.uk/nmcfevents/>



National Safeguarding Adults Week (November 2022) Webinar Recordings



The playlist is available on the Shropshire Partners in Care YouTube channel here -

https://www.youtube.com/watch?v=Gc2KVbK_ZUA&list=PLR7h4BzDDmvQzuJS1ZNV7hh18toKiTgiA&index=2&t=258s

Topics:

The Abuse of Older People - Hourglass Webinar, with Michelle Williams, Interim Service Manager, Peoples Directorate, Adult Social Care, Shropshire Council, Karen Littleford, Shropshire Partners in Care and Elizabeth Fox, Hourglass.

Predatory Marriage - Seminar by Daphne Franks Justice for Joan hosted by Telford and Wrekin Safeguarding Partnership

Scams Targeting the Vulnerable - Webinar by Professor Keith Brown, NHS Safeguarding Learning Together Week.

Hoarding Webinar - delivered by Kevin Johnson National Fire Chief Council Strategic Lead Safeguarding, NHS Safeguarding Learning Together Week

Adult Safeguarding from a social workers perspective - Lyn Romeo Chief Social Worker Adults, NHS Safeguarding Learning Together Week

MCA and LPS with Chelle Farnan and Nikki Sidgwick, NHS Safeguarding Learning Together Week.

FGM Virginty testing Hymenoplasty and forced marriage - NHS Safeguarding Learning Together Week

What Does it Mean to be an upstander rather than a bystander? - Safeguarding at Bethpague