



Newsletter

Working in partnership to enable adults in Somerset to live a life free from fear, harm or abuse

Welcome to the 2nd edition of the Somerset Safeguarding Adults Board (SSAB) newsletter



This quarterly newsletter has been created as a way of disseminating news and learning on behalf of the Board, and aims to raise awareness for everyone who has an interest in safeguarding and wishes to develop their knowledge and understanding of this issue.

As a relatively new publication, we welcome your feedback, views and ideas for future content. Please share this newsletter with colleagues or anyone you think would find it informative.

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SSAB Website launched

Safeguarding Somerset is our
Number 1 priority.



Find out more



This month the SSAB launched a new website to give people a better understanding of adult safeguarding.

The new website, <http://ssab.safeguardingsomerset.org.uk/> will enable the public and professionals to find information on adult safeguarding matters, who may be at risk and how to report abuse.

Continued overleaf

News from the SSAB

SSAB Priorities The Board has now published its Strategic Plan, identifying 4 priorities for the next three year period:

1	Prevention – focused on ensuring people are supported in identifying and responding to adult safeguarding concerns, and ensuring adults at risk are identified early and have their needs met promptly and effectively
2	Making Safeguarding Personal – focused on embedding an approach to safeguarding that is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
3	Think Family – focused on adopting a ‘Think Child, Think Parent, Think Family’ approach to safeguarding, exploring issues of ‘hidden harm’ and transitions across services
4	SSAB Effectiveness – focused on ensuring Somerset has an effective Board that fulfils its responsibilities, has strong leadership and governance arrangements in place, and promotes a culture of collective accountability, respectful challenge and continuous learning

The strategy has been informed by consultation and engagement, and the objectives reflect where the Board is following significant efforts to improve its overall performance.

You can read our Strategic Plan in full on our website – visit:

<http://ssab.safeguardingsomerset.org.uk/about-us/publications/>

SSAB Website (cont.) A vital role of the Board is to raise public awareness of what safeguarding is, and we felt it was important to make information more easily accessible. Although the site will continue to be developed and strengthened over time, we encourage everyone to learn more about the Board and safeguarding, as it really is everybody’s business and we all have a duty to our family, friends and community to ensure people are not being exposed to risk of harm.

New in post Stephen Chandler joined Somerset County Council as the new Director of Adult Services in January 2016. He has spent his career in either a health or social care setting, working in various nursing roles and managing teams, hospitals and community services. He went on to work across health and social care services as a joint commissioner in Worcester and more recently as Director of Adult Services in Shropshire. He has a particular interest in and knowledge of mental health services. Stephen is a key member of the SSAB and also chairs its Safeguarding Adults Reviews sub-group.



Stephen Chandler

Adult Safeguarding Self-Audit Throughout the next year and beyond the SSAB will seek greater assurance that safeguarding arrangements in the county are effective in protecting adults experiencing, or at risk of, abuse or neglect. To assist this ambition, the SSAB has implemented a new organisational self-audit process to help the Board evaluate the effectiveness of local safeguarding arrangements, and to identify and priorities areas in need of further development.

The self-audit is an important component of the SSAB’s Quality Assurance Framework. All SSAB Member organisations are required to complete the audit during Quarter 1 (April - June 2016) and submit their returns by end of June for monitoring and quality assurance purposes.

Other organisations are welcome to use the tool if felt helpful, which provides a clear indication of where gaps or improvements may be needed. You can access the self-audit tool via our website – visit: <http://ssab.safeguardingsomerset.org.uk/information/adult-safeguarding-self-audit/>

Care Act Statutory Guidance Revised

On 10th March 2016, the Department of Health published the refreshed edition of the Care and Support statutory guidance. The guidance supports implementation of Part 1 of the Care Act 2014 by local authorities, the NHS, the police and other partners.

The new edition replaces the version issued in October 2014, and takes account of regulatory changes, feedback from stakeholders and the care sector, as well as developments following the postponement of social care funding reforms to 2020.

The guidance is being published as an online document on Gov.UK and is intended to be read online, improving navigation and search functionality.

Key updates in relation to Chapter 14 Safeguarding:

- **Self-neglect** Clarifications added in relation to self-neglect assessments being made on a case by case basis; decisions on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour.
- **Domestic violence** Updated definition to reflect new legislation
- **Financial abuse** Additional information to reflect significant increases in internet, postal and doorstep scams and crime
- **Criminal investigations** Highlights need for practitioners to consider the need for criminal investigations and take advice if necessary when responding to abuse and neglect
- **Principal Social Worker** Role and responsibilities laid out, including quality assuring social work practice, supporting effective supervision, and advising councils/Directors on complex or controversial cases.
- **DASM** The need to have a Designated Adult Safeguarding Manager (DASM) has been removed

You can access the refreshed guidance via:

<https://www.gov.uk/guidance/care-and-support-statutory-guidance>

& Adults Team Jobs

Every year over £100 million is spent helping vulnerable adults, and a further £60 million looking after adults with learning disabilities and we're determined to get closer to our communities.

Join our Adult Social Care team and you will be part of a close-knit group of people who understand the depth of this responsibility. Because everybody knows what a challenging role this is, the whole team comes together in a supportive environment with ambitious plans for the vulnerable people throughout Somerset.

Visit: www.socialcareandmore.co.uk/adults to find out more and see current vacancies

Spotlight on: Female Genital Mutilation

The World Health Organisation defines Female Genital Mutilation (FGM) as “*all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons*”.

Although FGM is sometimes mistakenly believed to be a religious requirement; the practice actually predates all modern religion with the history of FGM dating back to the time of the Egyptian Pharos. FGM is seen in Muslim, Christian, Jewish and Animist faiths but there is no religion that advocates FGM and the practice is rooted in cultural rather than religious belief systems.

There are three types of FGM and a fourth category which includes any other type of FGM not covered by types one to three. Briefly the types are characterised by the extent of tissue removal and subsequent ‘closing’ to reduce the vaginal opening:

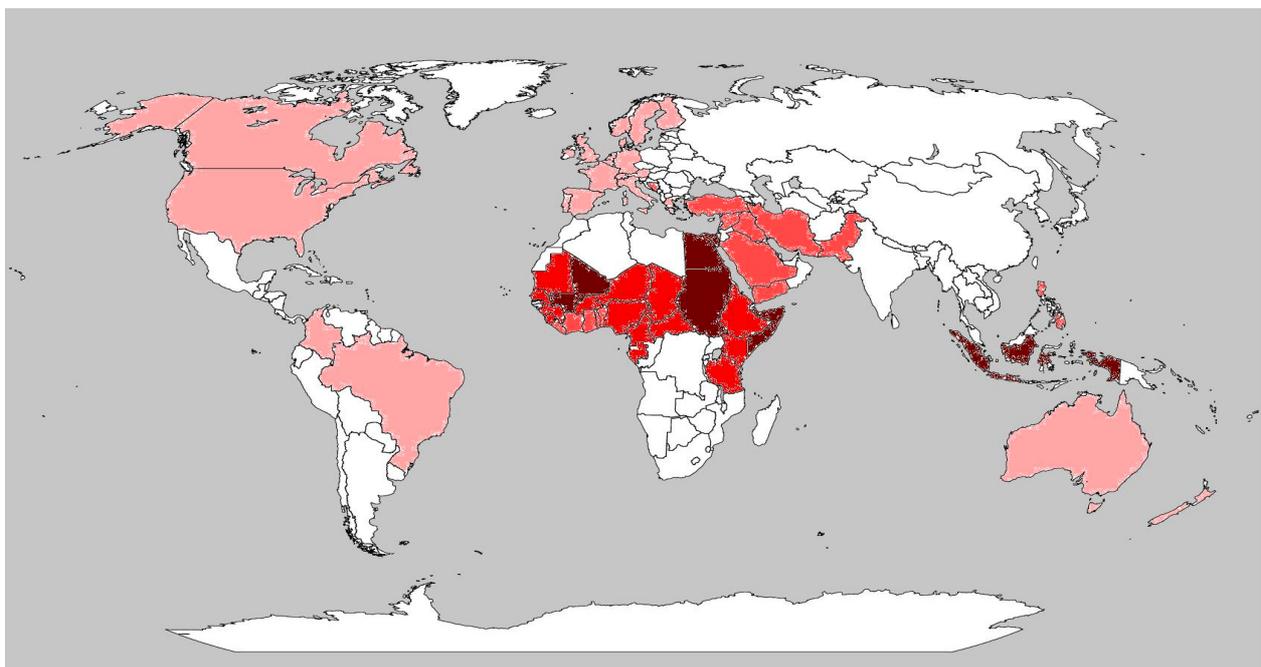
Type 1 (clitoridectomy) Removal of all, or part, of the clitoris

Type 2 (excision) Removal of all or part of the clitoris and labia minora (inner vaginal lips) with or without removal of the labia majora (outer lips)

Type 3 (infibulation) Narrowing the vaginal opening, achieved by removing the vaginal lips and stitching the sides of the genital area to leave a hole about the size of a match head

Type 4 All other harmful procedures, including pricking, piercing, burning

The map below indicates those areas of the world where FGM is known to occur with the deeper colours indicating those countries where prevalence is greatest. Broadly speaking those countries are in Africa along with Malaysia and Indonesia. However it is also acknowledged that FGM is very likely to be happening in countries where data collection does not capture FGM statistics or where the practice remains very hidden.



In some countries, including Somalia and Guinea, FGM prevalence is reported as almost universal at over 98%. The most recent data published by Unicef in February 2016 indicates that 200 million women and girls worldwide have been subjected to FGM. That is more than six times the entire female adult population living in the UK. FGM statistics in the UK have proved very difficult to capture but the latest health data shows over 400 new cases of FGM being recorded within health settings every month.

The manner in which FGM is carried out varies between cultures but in traditional settings, communities will have a 'cutter'. This is often an older woman whose female ancestors have also performed the role of cutter within their community. Girls will be held down by a number of women when they are cut and the resulting pain is clearly indescribable. The cutting instruments are likely to include razor blades, broken glass, knives and sharpened stones. Conditions are unsanitary and injury to adjacent areas in addition to the genital area is very common as are blood borne diseases. Death has and does occur as an immediate consequence of FGM.

FGM is also carried out in medical settings but this should in no way be regarded as legitimising the procedure. The physical and psychological health consequences remain the same. These are significant and include:

- Haemorrhage
- Infection
- Difficulty with passing urine & chronic urinary tract infections and resulting renal issues
- Difficulties with menstruation
- Acute & chronic pelvic infections which can lead to infertility
- Sexual dysfunction/Psychological/Flashbacks
- Complications during pregnancy
- Chronic scar formations

Girls aged between 5 to 14 within affected communities are generally regarded as being within the age range that is at greatest risk of FGM. Holiday periods and particularly the long summer holidays are regarded as times during the year when FGM risk is heightened. This is because of the recovery time that is required after FGM. Girls may be taken abroad for FGM to be carried out but there are also indications that FGM is being carried out in the UK. The legislation covering FGM covers both FGM carried out here and when a girl is subjected to FGM overseas.

To date, there has never been a successful prosecution for an FGM offence in the UK. This reflects the lack of FGM intelligence provided to the Police and the complexities of FGM investigations. These include the reluctance of girls to implicate their parents and the associated difficulties in securing evidence.

FGM has persisted for thousands of years which reflects the deep rooted belief systems that underpin this practice. There are many mistaken beliefs relating to hygiene, aesthetics and religious observance. Ultimately however, FGM is all about controlling a woman's sexuality. FGM along with other violence against women and girls reflects a lack of equality between the sexes within a patriarchal context. The purpose of FGM is to diminish or eliminate sexual pleasure and arousal and/or to make penetrative sexual activity difficult or painful. Women who have undergone FGM are deemed to be more eligible prospects for marriage. Interestingly, in the majority of cultures, men have very little involvement in arranging or carrying out FGM but the role of men in publicly rejecting the practice should not be underestimated in the wider efforts to eradicate FGM.

The Home Office multi agency practice FGM guidelines list the inherent and more specific FGM risk factors associated with affected communities as follows:

- Position of the family within UK society. Families that are more integrated are thought to be less likely to practice FGM
- Girls born to mothers with FGM must be considered at risk*
- Girls with sisters that have had FGM
- Girls withdrawn from PSHE (Personal, Social & Health Education) classes (where they will learn about their bodies and right to reject harmful practices)
- A long holiday to an FGM affected country is planned (the majority of FGM referrals come from schools who flag applications to Social Care and Police)
- A girl discloses that she is to have a special party or procedure.

* For example, a mother who has had FGM may have no intention whatsoever of inflicting her daughter to the same experience and this may only be established after good and open dialogue is established. Conversely, re-infibulation (or being stitched back up following opening to give birth) is a very significant risk factor.

As awareness of and experience of dealing with FGM increases amongst the general public, safeguarding agencies and third sector agencies develops, it is becoming clearer that nothing is written in stone when it comes to FGM.

There is a very clear focus on working with affected communities to provide education about the harmful effects of FGM and the fact that it is an abusive and unnecessary practice. The commissioning of appropriate health services to assist with the physical and psychological consequences of FGM is vital in this. Schools also play a critical role in educating and empowering the next generation of parents to make safer and better choices for their daughters. PSHE needs to be part of the national curriculum to exploit this. The Police investigate all FGM referrals and a great deal of the policing effort focusses on preventative activity with partner agencies. This prevention includes local agreements and monitoring and in higher risk cases, protective orders issued by the Family Court.

If you are concerned that a girl or woman may be at risk of FGM or indeed that someone has been subjected to FGM, please contact your local Police Safeguarding and Co-ordination Unit via 101 or the Social Care Intake Team. Alternatively, call the FGM Helpline on 0800 028 3550.

Prepared by DCI Leanne Pook
Avon and Somerset Constabulary FGM Lead & Chair of SSAB Quality Assurance Subgroup

'Care, Protect, Prevent'
#EndFGM

FGM is a form of child abuse and violence against women and girls. It should be dealt with as part of existing child and adult protection structures, policies and procedures.

Professionals can sign up for free FGM Home Office training by visiting:

www.fgmelearning.co.uk

Learning Lessons

The SSAB, as part of its Learning and Improvement Policy, undertakes a range of reviews and practice audits aimed at driving improvements to safeguard and promote the welfare of adults at risk. A key duty is for Boards to commission Safeguarding Adults Reviews (SARs) when:

- an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult
- an adult in its area has not died, but the Board knows or suspects that the adult has experienced significant abuse or neglect.

SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

Reviews should determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case, and those lessons applied to future cases to prevent similar harm occurring again.

Ms C Case Review – Practitioner Briefing Note

The SSAB's Learning & Improvement Subgroup has recently produced a Practice Briefing Sheet outlining key messages to emerge from a recent case review of a young woman with learning disabilities thought to have been the victim of domestic violence and sexual exploitation. The case was formally presented to the Board in February 2016 and highlighted a range of learning of relevance to frontline staff across agencies. We ask that you take time to read the Briefing Note, and consider together with your team/s how you might challenge your own thinking or practice in order to continuously develop and work to improve outcomes for adults at risk. There is a feedback sheet at the end which we would encourage you to complete and return.

You can access the Briefing Note via this link: <http://ssab.safeguardingsomerset.org.uk/wp-content/uploads/2016/02/Ms-C-Practice-Briefing-Note-FINAL.pdf>

FRONTLINE PRACTITIONER LEARNING EVENT

On Friday 24 June 2016, the SSAB will be hosting a multi-agency Practitioner Learning event in Bridgwater exploring the themes to emerge from two recent serious cases in Somerset. The day will be facilitated by two nationally renowned review authors, Margaret Flynn and Hilary Brown, and is specifically targeted at frontline staff from across the following agencies or staff groups:

- Adult Social Care
- Children's Social Care
- Police
- Somerset Partnership
- Ambulance Service
- GPs
- Acute Hospitals
- Housing providers/services
- Drug and Alcohol Services
- Care Providers

Places are limited and must be booked in advance.

To reserve a place, please complete the booking form by **Friday 13**

May 2016: <http://ssab.safeguardingsomerset.org.uk/booking-form/>

National Headlines

March 2016

- [CQC welcomes drive to cut red tape](#) The Government published its findings from The Cutting Red Tape Reviews carried out across three sectors, including adult social care. Launched in July 2015 to get rid of unnecessary bureaucracy the adult social care review set out to reduce duplication and overlap of inspections, visits, paperwork and data requests created by commissioning, contract management and regulatory work.
- [People with autism 'die younger', warns charity](#) People with autism are dying earlier than the general population, often through epilepsy or suicide, a charity has warned.
- [Care Act triggers surge in safeguarding cases](#) Latest stocktake shows councils handled 100,000 adult safeguarding enquiries in first six months of legislation coming into force
- [Care Act 2014: Councils told to give principal social workers power to improve practice](#) Clarification of adults' principal social worker role among series of changes made to statutory care and support guidance
- [UK Bristol-based charity, Unseen, selected to operate the enhanced UK Modern Slavery Helpline and Resource Centre](#) once launched in late 2016. "The UK modern slavery Helpline and Resource Centre represents a major leap forward in support for victims of modern slavery. It will give victims the confidence to come forward, knowing they will be listened to and helped out of their exploitation".

February 2016

- [NHS agrees five year plan to address 'unacceptable' mental health failings](#) Services will get £1bn a year in additional investment by 2020-21 but funding is largely from previously announced initiatives
- [Care Act drives surge in demand for social workers but thousands of posts go unfilled](#) Social worker vacancy rates rose from 8% to 12% last year, figures from Health and Social Care Information Centre reveal
- [New guidance to support transition from Children's to Adults' services](#) New guidance from NICE has been developed to improve the support for thousands of young people receiving health or social care as they become adults

January 2016

- [Social workers urged to review practice given low Care Act advocacy case numbers](#) Figures from local authorities reveal advocacy take-up was less than a third of expected level in first six months of the reforms

Get in touch

If you have any suggestions for future topics or comments about this newsletter, please contact us via:

ssab@somerset.gov.uk

Alternatively call our Business Manager, Niki Shaw, on:
01823 357014

If you are worried about a vulnerable adult, don't stay silent

Phone Adult Social Care on 0300 123 2224 or email adults@somerset.gov.uk

In an emergency always contact the police by dialling 999.

If it is not an emergency, dial 101

