

Safeguarding Current Awareness Bulletin

May 2018

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Title: Ministers seek to stop GPs charging victims of domestic abuse for information

Citation: BMJ : British Medical Journal (Online); Apr 2018; vol. 361 ; p. n

Author(s): Iacobucci, Gareth

Abstract: The move comes after MPs and peers raised concerns about the issue with the Department of Health and Social Care, after reports that some practices charge people £100 (£116; \$143) to confirm to authorities that they were a victim of domestic violence. The issue has been raised repeatedly 1 2 during the passage of the Secure Tenancies Bill, 3 a proposed piece of legislation designed to guarantee secure housing for victims of domestic abuse. 2 Domestic abuse-question for short debate in the House of Lords. 22 March 2018. <https://www.theyworkforyou.com/lords/?id=2018-03-22a.512.0&s=asylum>. 3 Secure Tenancies (Victims of Domestic Abuse) Bill [HL] 2017-19. <https://services.parliament.uk/bills/2017-19/securetenanciesvictimsofdomesticabuse.html>.

Title: Screening women for intimate partner violence: Creating proper practice habits.

Citation: Nurse Practitioner; May 2018; vol. 43 (no. 5); p. 14-22

Author(s): Knox, Beth

Abstract: Intimate partner violence continues to be a challenge for advanced practice registered nurses to address and manage in their daily practice. This article reviews current healthcare concerns in heterosexual, bisexual, transgender, and lesbian women, and explores screening guidelines and resources for developing successful screening habits. Additionally, the article discusses how the Transtheoretical Model and Stages of Change offers insight into the behavior of women who experience intimate partner violence and provides safety strategies for these women.

Title: Moving to a Systems Approach to Safeguard Adults in Residential Care.

Citation: Practice (09503153); Jun 2018; vol. 30 (no. 3); p. 157-161

Author(s): Starns, Barbara

Abstract: In 2016, the Health and Social Care Institute Adult Safeguarding Collection data indicated care homes are a setting of high risk of harm to adults. This research study considers the outcomes of a sample of 11 Serious Case Reviews into the abuse of adults in the care setting. Its purpose is to help identify professional practice messages that might lead to the prevention of harm in care homes for the future. Serious Case Reviews have recognised a weakness in safeguarding practice relating to the way in which practitioners have dealt with safeguarding events. In all the reviews, the practitioner response was observed to be one that focused on the individual harmed. There was an absence of regard to the wider picture of cumulative concerns, showing a worrying pattern of provider failure leading to the death or serious injury of further residents. In response it is proposed adult social care professionals consider a systems approach to safeguarding in the care home environment. Implementing a holistic view of the home that includes a data intelligence system to signify when there are cumulative concerns that could indicate the need for actions to prevent escalation to greater harm for adults.

Title: Safeguarding Deaf Children: A Multi-agency Focus on Actions for Change.

Citation: Practice (09503153); Jun 2018; vol. 30 (no. 3); p. 163-186

Author(s): Wilson, Shirley; Attrill, Michelle; Critchley, Tracey; Clements, Daniel; Hornsby, Joanne; Mullen, Christopher; Miller, David; Redfern, Paul; Richardson, Tim; Stow, Lynn; Young, Alys

Abstract: This article concerns safeguarding deaf children and is written by a dedicated multidisciplinary consortium of national organisations, service providers and academics in the UK. Data are derived from 81 senior managers in social care, health, education, the police and voluntary sector organisations who attended a specialist conference concerning deaf children and safeguarding and who participated in three structured workshops. Thematic content analyses revealed their perspectives on risks and barriers to safeguarding deaf children at practice and organisational levels. An impact/effort matrix structure was used to elicit from participants a series of actions to improve practice and these were thematically organised. Findings are discussed in the context of the 2018 revisions to 'Working Together' in England, statutory reforms to PHSE in schools in England and recent NICE revised guidance on Child Maltreatment. Implications for practice are highlighted.

Title: Adult social work and high-risk domestic violence cases.

Citation: Journal of Social Work; May 2018; vol. 18 (no. 3); p. 288-306

Author(s): McLaughlin, Hugh; Robbins, Rachel; Bellamy, Claire; Banks, Concetta; Thackray, Debbie

Abstract: Summary This article focuses on adult social work's response in England to high-risk domestic violence cases and the role of adult social workers in multi-agency risk and assessment conferences. The research was undertaken between 2013 and 2014 and focused on one city in England and involved the research team attending multi-agency risk and assessment conferences. Interviews with 20 adult social workers, 24 multi-agency risk and assessment conferences attendees, 14 adult service users at time T1 (including follow-up interviews after six months, T2), focus groups with independent domestic violence advocates and Women's Aid and an interview with a Women's Aid service user. Findings The findings suggest that although adult social workers accept the need to be involved in domestic violence cases they are uncertain of what their role is and are confused with the need to operate a parallel domestic violence and adult safeguarding approach, which is further, complicated by issues of mental capacity. Multi-agency risk and assessment conferences are identified as overburdened, under-represented meetings staffed by committed managers. However, they are in danger of becoming managerial processes neglecting the service users they are meant to protect. Applications The article argues for a re-engagement of adult social workers with domestic violence that has increasingly become over identified with child protection. It also raises the issue whether multi-agency risk and assessment conferences remain fit for purpose and whether they still represent the best possible response to multi-agency coordination and practice in domestic violence.

Title: Is the duty of candour under threat?

Citation: British Journal of Nursing; Apr 2018; vol. 27 (no. 7); p. 410-411

Author(s): Glasper, Alan

Abstract: Emeritus Professor Alan Glasper, University of Southampton, dissects the case of paediatrician Dr Hadiza Bawa-Garba and registered nurse Isabel Amaro, and how their convictions might affect the duty of candour legislation

Title: Responding to intimate partner violence: Healthcare providers' current practices and views on integrating a safety decision aid into primary care settings

Citation: Research in Nursing & Health; Apr 2018; vol. 41 (no. 2); p. 145

Author(s): Alvarez, Carmen; Debnam, Katrina; Clough, Amber; Alexander, Kamila; Glass, Nancy E

Abstract: Supportive care for survivors of intimate partner violence (IPV) remains limited in primary care settings. Low-income and Spanish-speaking survivors of IPV are even more disadvantaged, given the dearth of linguistically and culturally appropriate interventions for IPV. We conducted semi-structured individual interviews with 17 healthcare workers, including physicians, nurses, and social workers, to describe how healthcare workers serving primarily low-income, Latina populations are currently screening and responding to IPV disclosure, and to explore the acceptability of integrating an interactive, personalized safety decision aid application—myPlan app—into the clinic setting. Despite recognition of IPV as a problem, none of the clinical sites had a protocol to guide screening and response to IPV disclosure. Screening practices varied across the sites, sometimes conducted by medical assistants prior to the provider visit and other times by the physician or nurse provider. When IPV was disclosed, it was often during assessment for a presenting problem such as poor sleep or anxiety. Most healthcare workers felt that clinical and community resources were limited for their patients experiencing IPV. The "warm hand-off" to a social worker was the most common response strategy when possible; otherwise, women were given information about available resources such as hotlines and safe houses. We discuss structural, family, and individual barriers to accessing safety resources for underserved women and review how an easily accessible safety decision app, such as myPlan, could be a resource for women to safely tailor an action plan for her situation.

Sources Used:

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