Safeguarding
Current Awareness Bulletin
February 2019

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Title: Decision-making under uncertainty in child protection: Creating a just and learning culture.

Author(s): Munro, Eileen

Abstract: The argument is made for having a positive error culture in child protection to improve decision-making and risk management. This requires organizations to accept that mistakes are likely and to treat them as opportunities for learning and improving. In contrast, in many organizations, a punitive reaction to errors leads to workers hiding them and developing a defensive approach to their practice with children and families. The safety management literature has shown how human error is generally not simply due to a "bad apple" but made more or less likely by the work context that helps or hinders good performance. Improving safety requires learning about the weaknesses in the organization that contribute to poor performance. To create a learning culture, people need to feel that when they talk about mistakes or weak practice, there will be a constructive response from their organization. One aspect of reducing the blame culture is to develop a shared understanding of how practice will be judged and how those appraising practice will avoid the hindsight bias. To facilitate a positive error culture, a set of risk principles are presented that offer a set of criteria by which practice should be appraised.

Title: Risk Factors for Intimate Partner Violence: A Comparison of Antisocial and Family-Only Perpetrators.

Author(s): Petersson, Joakim; Strand, Susanne; Selenius, Heidi

Abstract: Subtyping male perpetrators of intimate partner violence (IPV) based on their generality of violence could facilitate the difficult task of matching perpetrator subtype with efficient risk management strategies. As such, the aim of the present study was to compare antisocial and family-only male perpetrators of interpersonal violence in terms of (a) demographic and legal characteristics, (b) risk factors for violence, and (c) assessed risk and the importance of specific risk factors for violence. A quantitative design was used in this retrospective register study on data obtained from the Swedish police. Risk assessments performed with the Swedish version of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) and police registers were used. A sample of 657 male alleged IPV perpetrators were classified as antisocial (n = 341) or family-only (n = 316) based on their generality of violence. The results showed that the antisocial perpetrators were significantly younger, as well as more psychologically abusive. Antisocial perpetrators also had significantly more present risk factors for IPV, and were assessed with a significantly higher risk for acute and severe or deadly IPV, compared with the family-only perpetrators. The subtypes also evidenced unique risk factors with a significant impact on elevated risk for acute and severe or deadly such violence. Key findings in the present study concerned the subtypes evidencing unique risk factors increasing the risk for acute and severe or deadly IPV. Major implications of this study include the findings of such unique "red flag" risk factors for each subtype. To prevent future IPV, it is vital for the risk assessor to be aware of these red flags when making decisions about risk, as well as risk management strategies.

Title: Inter-agency adult support and protection practice

Author(s): Sundari, Joseph; Klein, Susan; McCluskey, Samantha; Woolnough, Penny; Diack, Lesley

Purpose: Collaborative inter-agency working is of paramount importance for the public protection agenda worldwide. The purpose of this paper is to disseminate the findings from a research study on the inter-agency working within adult support and protection (ASP) roles in the police, health and social care.

Design/methodology/approach: This realistic evaluation study with two inter-related phases was funded by the Scottish Institute for Policing Research. This paper reports on Phase 1 which identified existing gaps in the implementation of effective inter-agency practice by reviewing the "state of play" in inter-agency collaboration between the police and health and social care professionals. In total, 13 focus groups comprising representatives from Police Scotland (n=52), Social Care (n=31) and Health (n=18), engaged in single profession and mixed profession groups addressing issues including referral and information exchange.

Findings: On analysing context-mechanism-outcome (CMO), gaps in joint working were identified and attributed to the professionals' own understanding of inter-agency working and the expectations of partner agencies. It recommended the need for further research and inter-agency training on public protection.

Research limitations/implications: This unique Scottish study successfully identified the inter-agency practices of health, social services and police. By means of a modified realistic evaluation approach, it provides an in-depth understanding of the challenges that professionals face on a day-to-day basis when safeguarding adults and informed strategic recommendations to overcome the barriers to good practices in organisational working. The methods used to determine CMO could benefit other researchers to develop studies exploring the complexities of multi-causal effects of cross-boundary working. The use of the same case study in each focus group helped to neutralise bias. However, the voluntary nature of participation could have resulted in biased perceptions. The limited numbers of health professionals may have resulted in less representation of health sector views.

Practical implications: This paper reports on a Scottish study that focused on the coordinated and integrated practices amongst the police, health and social services' professionals who support and protect adult members of society at risk of harm and has implications for their practice.

Social Implications: Whilst the focus of this study has been on ASP, the conclusions and recommendations are transferable to public protection issues in many other contexts.

Originality/Value: Studies on the joint-working practices amongst police and health and social services' professionals who support and protect adult members of society at risk of harm are uncommon. This study investigated professionals' perceptions of gaps and concerns pertaining to integrated working by means of a realistic evaluation approach. It recommended the need for further research and inter-agency training on public protection.

Title: What is modern slavery?

Author(s): Bridges, Glenys

Abstract: Practice policy and your role in the protection of adults vulnerable to an integral part of organised crime

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Title: Modern slavery in the UK: how should the health sector be responding?

Citation: Journal of public health (Oxford, England); Dec 2018

Author(s): Such, Elizabeth; Jaipaul, Ravi; Salway, Sarah

Abstract: Modern slavery is crime of extreme exploitation. It includes the use of coercion, force, deception and abuse of vulnerability for such purposes as trafficking, labour, sexual exploitation, forced criminal activity and domestic servitude. It is a topic of growing interest in the UK and beyond as it has emerged as an issue of considerable scale and consequence. To date, debates have been dominated by a law enforcement perspective. Less apparent has been an articulation of the implications of modern slavery for the health sector. This is despite growing evidence of the dire physical and mental health consequences for survivors. This paper addresses this gap by examining a series of issues relevant to UK health systems. After describing what is modern slavery and the nature of the problem, we identify how the health sector has responded to date. We then articulate how health services and public health can more coherently and systematically meet the challenges of modern slavery through policy and practice. Finally, we present a call for the health sector to position itself as a central to the wellbeing of survivors and as a fundamental ally in modern slavery prevention.

Title: Adult safeguarding under the Care Act 2014.

Citation: BJPsych bulletin; Feb 2019; vol. 43 (no. 1); p. 38-42

Author(s): Johnson, Katherine; Boland, Billy

Summary: Safeguarding adults is everybody's business, and it is now standard practice for clinicians to undertake safeguarding training as part of their mandatory training in the UK. Nevertheless, safeguarding work is complex and can involve significant dilemmas for professionals. The Care Act 2014 has introduced a number of differences in the way safeguarding is approached, emphasising the overall well-being and choice of the patient rather than merely focusing on their safety. This paper sets out to illustrate evolving safeguarding demand and practice, and aid clinicians in protecting people at risk by describing how they can approach challenging presentations.Declaration of interest: None.