Safeguarding
Current Awareness Bulletin
June 2020

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Title: Measuring Modern Slavery: Law, Human Rights, and New Forms of Data.

Source: American Nurse Today; May 2020; vol. 15 (no. 5); p. 303-331
Author(s): Landman

Abstract: This article argues that many of the lessons learned and achievements made in the measurement of human rights over the past four decades are equally applicable to the measurement of modern slavery. It shows that modern slavery encompasses a significant subset of human rights found in international law, the parameters of which can be delineated and operationalized in ways that make the phenomenon amenable to measurement across a wide range of different data. These include events-based data, standards-based data, survey-based data, and new forms of data made possible through machine learning and artificial intelligence (AI) applications. The article shows that the measurement of modern slavery needs to overcome many of the same challenges that confront efforts at measuring human rights, including the fundamental problem of unobservability, inherent bias through the use of convenience reporting, and the specification of the concept of modern slavery itself. Overcoming these challenges opens up new possibilities to make what many claim to be an intractable problem of development tractable and helps contribute to the Sustainable Development Goal target to end modern slavery by 2030.

Title: The Danger Indoors.

Citation: Community Practitioner; May 2020; vol. 93 (no. 3); p. 14-17
Author(s): Astrup, Juliette

Abstract: The article explores the reasons behind the surge in domestic abuse reported cases in Great Britain during the imposition of lockdown since March 2020 to mitigate the spread of the coronavirus disease-2019 (COVID-19). Topics covered include the surge in the number of calls received by domestic abuse charities from victims as well as from perpetrators seeking help to change their behavior, and the response of the government to the increase in domestic abuse cases.

Title: [...] you feel there's nowhere left to go: the barriers to support among women who experience substance use and domestic abuse in the UK.

Citation: Advances in Dual Diagnosis; Apr 2020; vol. 13 (no. 2); p. 57-71
Author(s): Fox

Purpose: Domestic abuse victimisation is a common experience among women with problematic substance use, but support provision for both issues is siloed within the UK. Research on the topic focuses on practitioner responses, dominating women's voices within research, policy and practice. As such, knowledge about women's experiences of help-seeking is missing. This study therefore aims to fill a gap in knowledge by exploring the lived experiences of supporting women impacted by domestic abuse and substance use.

Design/methodology/approach: Semi-structured interviews were conducted with 12 women who had a history of co-occurring problematic substance use and domestic abuse. Influenced by interpretive phenomenological analysis and feminist research praxis, the study
explored how women with dual needs navigated support and help seeking and the barriers they faced.

**Findings:** The women reported the biggest barrier was the disconnect between substance use and domestic abuse support, including a gap in the communication of information. This resulted in them having to choose which of their needs to seek support for. None of the women received support for their combined experiences, and most of the women never received support for their domestic abuse experiences alone.

**Originality/value:** This is the first piece of research from the UK to explore, in-depth, women's journey through support for their co-occurring substance use and domestic abuse victimisation. Previous research has not consulted with women to understand how they navigate the complex support systems available. This paper is, therefore, important, because it demonstrates the journeys to services these women take and the barriers they have to overcome.

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**Title:** Project 20: Midwives' insight into continuity of care models for women with social risk factors: what works, for whom, in what circumstances, and how.

**Citation:** Midwifery; May 2020; vol. 84

**Author(s):** Rayment-Jones; Silverio, Sergio A.; Harris, James; Harden, Angela; Sandall, Jane

**Abstract:** Continuity of care models are known to improve clinical outcomes for women and their babies, but it is not understood how. A realist synthesis of how women with social risk factors experience UK maternity care reported mechanisms thought to improve clinical outcomes and experiences. As part of a broader programme of work to test those theories and fill gaps in the literature base we conducted focus groups with midwives working within continuity of care models of care for women with social factors that put them at a higher chance of having poor birth outcomes. These risk factors can include poverty and social isolation, asylum or refugee status, domestic abuse, mental illness, learning difficulties, and substance abuse problems. To explore the insights of midwives working in continuity models of care for women with social risk factors in order to understand the resources they provide, and how the model of care can improve women's outcomes. Realist methodology was used to gain a deeper understanding of how women react to specific resources that the models of care offer and how these resources are thought to lead to particular outcomes for women. Twelve midwives participated, six from a continuity of care model implemented in a community setting serving an area of deprivation in London, and six from a continuity of care model for women with social risk factors, based within a large teaching hospital in London. Three main themes were identified: 'Perceptions of the model of care', 'Tailoring the service to meet women's needs', 'Going above and beyond'. Each theme is broken down into three subthemes to reveal specific resources or mechanisms which midwives felt might have an impact on women's outcomes, and how women with different social risk factors respond to these mechanisms. Overall the midwives in both models of care felt the service was beneficial to women and had a positive impact on their outcomes. It was thought the trusting relationships they had built with women enabled midwives to guide women through a fragmented, unfamiliar system and respond to their individual physical, emotional, and social needs, whilst ensuring follow-up of appointments and test results. Midwives felt that for these women the impact of a trusting relationship affected how much information women disclosed, allowing for enhanced, needs led, holistic care. Interesting mechanisms were identified when discussing women who had social care involvement with midwives revealing techniques they used to advocate for women and help them to regain trust in the system and demonstrate their parenting abilities. Differences in how each team provided care and its impact on women's outcomes were considered with the midwives in the community-based
model reporting how their location enabled them to help women integrate into their local community and make use of specialist services. The study demonstrates the complexity of these models of care, with midwives using innovative and compassionate ways of working to meet the multifaceted needs of this population.

Title: Palliative care clinicians' knowledge of the law regarding the use of the Deprivation of Liberty Safeguards (DoLS).

Citation: BMJ supportive & palliative care; Jun 2020; vol. 10 (no. 2); p. e14

Author(s): Barry, Caroline; Spathis, Anna; Treaddell, Sarah; Carding, Sally; Barclay, Stephen

Objectives: To examine palliative care clinicians' level of knowledge of the law regarding the use of the Deprivation of Liberty Safeguards (DoLS).

Methods: Regional postal survey of palliative care clinicians working in hospices in the East of England, undertaken in April 2015. Clinicians' level of knowledge was assessed by their response to 7 factual questions. Data regarding self-reported levels of confidence in applying the Safeguards was collected, alongside information regarding the number of times they had used DoLS in practice. A free-text section invited additional comments from participants.

Results: There were 47 responses from 14 different organisations; a response rate of 68%. Respondents included consultants, specialty and associate specialists, registrars, nurses and social workers. Higher self-reported confidence and training in the use of DoLS was associated with higher factual knowledge. Consultants had the highest level of knowledge, training and experience. Doctors of other grades, nurses and social workers recorded less knowledge and experience and scored lower in the knowledge sections. The free-text comments revealed difficulty applying the Safeguards in practice, particularly among the consultant responses, based around several themes: insufficient guidance on how to use the Safeguards, process after death, uncertainty as to relevance to palliative care and delays in assessments.

Conclusions: Clinicians working in palliative care have good levels of knowledge of the DoLS. Despite this concerns were raised, particularly by consultants; uncertainty as to when they should be used and the relevance of the Safeguards in clinical practice. Further guidance should be given to clinicians working in this specialty to ensure that clinical practice is both lawful and in the patients' best interests.

Sources Used:

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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