SAFEGUARDING RESIDENTS AND SERVICE USERS

POLICY, PROCEDURE AND GUIDANCE

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SAFEGUARDING RESIDENTS AND SERVICE USERS POLICY, PROCEDURE AND GUIDANCE

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In an emergency or other case of Confirmed / Suspected /Alleged Abuse staff should read and follow part 2. – Procedure and Guidance – and then refer to the Policy Statement –and Introduction and Overview –as soon as possible

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SAFEGUARDING RESIDENTS AND SERVICE USERS POLICY STATEMENT

INTRODUCTION

The purpose of this document is to advise staff of the Safeguarding Residents and Service Users Policy which formalises and builds on the corporate values and principles of the organisation.

POLICY

Hanover is committed to the safety and well being of all residents and service users, but does not assume that they are vulnerable to abuse –or that they are unable to safeguard their own interests and wellbeing –simply by virtue of age or disability

Hanover will however act to support residents and service users and to help them seek protection from abuse wherever– in the light of particular concerns and in response to an individual's needs and vulnerability – this is appropriate.

We recognise our responsibility to respond appropriately to vulnerable adults, to work with other agencies to ensure the safety and wellbeing of these people and to have clear guidelines on our procedures.

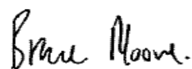
AIMS

To ensure that staff are aware of the special needs of vulnerable adults and that they receive training and guidance in the recognition of abuse. To provide clear guidance on the reporting of any concerns or allegations of abuse and to set out the levels of responsibility by:

- Ensuring that staff are aware of the policy
- Ensuring that vulnerable adults are not subject to any form of abuse
- Ensuring that staff receive the appropriate training
- Ensuring that any allegations of abuse are reported and thoroughly investigated
- Ensuring that the appropriate action is taken

COMMITMENT AND REVIEW

The Group Board looks to the support & professionalism of staff at all levels in making this policy truly effective. Our policy applies to all persons employed or volunteering within Hanover Housing Association; Hanover in Hackney and Hanover Property Management Ltd. The effectiveness of this general statement of intent & other specific policies & procedures in use, will be regularly reviewed & revised as & when necessary.



Signed:

Name: Bruce Moore, Group Chief Executive Dated: 22nd July 2009

SAFEGUARDING RESIDENTS AND SERVICE USERS POLICY, PROCEDURE AND GUIDANCE
1. INTRODUCTION and OVERVIEW

Back to PPG Contents

[1] CONTEXT

"Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it." –'No Secrets'
'The overall prevalence of abuse of older people aged 66 and over living at home in the year preceding the survey was estimated at 4% – equivalent to 342,000 people, or 1 in every 25 of the population aged 66 and over. This includes financial, psychological, physical and sexual abuse, and neglect;' UK Study of Abuse and Neglect of Older People' - 2007 -carried out by Kings College, London 1 in 25 of Hanover's Resident population equals approximately 750 people

Hanover is in a key position to contribute to safeguarding Residents and Service Users. Our Estate Mangers are in close contact with many residents, sometimes on a daily basis and are trusted by residents to hear concerns and to offer support and advice.

As suggested by the above statistic, the large majority of Hanover Residents and Service Users have the capacity to keep themselves safe and to make informed choices and decisions; but the likelihood of people being at of risk of abuse increases with age, isolation, lack of social networks, cognitive loss, mental health needs and frailty.

[2] SCOPE OF POLICY

This PPG applies to any staff who may come across instances of actual/suspected/ alleged abuse -it is likely to be used mainly by Estate Managers in Extra Care and Services and Retirement Housing Divisions but may also be used by staff in Hanover at Home ; Hanover on Call; Service Centre ; and by estate-based Support staff. Line managers of all these groups of staff will also need to be familiar with the Procedure, as it requires front line staff to seek their managers' guidance and support in decision making. Hanover has a designated Lead Officer (Safeguarding) **Claire Anderson**, Extra Care and Services Director who can also be consulted. [Link]

These procedures should therefore be followed wherever Hanover acts as

- Landlord of rented properties
- Managing agent of leasehold properties
- Support provider as well as landlord
- Support provider only
- Provider of Social Alarm services (HoC)
- Provider of Home Improvement Agency (Hanover at Home) services

[3] TERMINOLOGY

External policy and legislation increasingly refers to 'safeguarding' rather than 'protection' from abuse. 'Safeguarding' describes actions taken to keep people safe; this PPG uses this terminology but nonetheless focuses on actions to be taken to protect a person who is or may have been a victim of abuse

As this PPG may apply to a very wide range of contexts, including H@H and other settings where Hanover is dealing with people who are not residents, the term 'Residents and Service Users' is used throughout.

[4] [CATEGORIES OF ABUSE

Emergency	When someone has been attacked and immediate assistance is needed to help the individual, protect property or protect evidence (action)
Confirmed abuse	A situation when there is clear evidence of abuse taking place, for example when you have seen it for yourself and it can't be anything else; but it does not constitute an emergency.
Suspected abuse	A situation where, from your own observation, rumours etc, you think someone may be being abused but you don't know for certain.
Alleged abuse	A situation when someone reports to you that an individual is being abused or the individual alleges he/she is being abused.
Grey areas	Situations where what is actually going on is very unclear and there may not even be a definite victim, but there's a lot of hostility, people may feel victimised or someone is acting out of character.

[5] TYPES OF ABUSE

Abuse may be fall under one or more headings;

Physical Abuse

the deliberate infliction of pain, physical harm or injury including: hitting, slapping, punching, pushing, kicking, hair-pulling, restraint, withholding or misuse of medication.

Psychological and emotional abuse

any pattern of behaviour by another that results in the psychological harm to a vulnerable adult and may include: verbal abuse, humiliation, insults, ridicule, bullying, threats, enforced isolation, coercion, lack of privacy or choice, denial of dignity

Sexual abuse

any sexual act carried out without the informed consent of a vulnerable adult and may include fondling, sexual intercourse, offensive or suggestive language, inappropriate touching

Financial abuse

the misappropriation of the funds of a vulnerable adult and may include misuse of finances, exploitation, theft or fraudulent use of money, embezzlement, misuse of property or possessions

Neglect

deliberate or by default where the care-giver is not able to provide the care needed and may not recognise the need for that care to be given; and may also be neglecting themselves

Self-neglect

Where a person by choice or otherwise lives in ways that disregard their health or safety needs, sometimes to the extent of creating hazards to other people.

Discrimination

Where in addition to other categories of abuse, abuse is motivated by prejudice and discrimination against the individual because he or she is perceived to belong to a specific group; this may be gender, sexual orientation, race, religion or disability amongst others

Further information on **Indicators of Abuse** is given in Background Information -follow this Link

[6] CAUSES OF ABUSE

Abuse occurs for many reasons and the causes are not fully understood. The following risk factors have been identified as being associated with physical and psychological abuse (one or more may be present in any abusive situation):

- Social isolation – as those who are abused usually have fewer social contacts than those who are not abused
- There is a history of a poor quality long-term relationship between the abused and the abuser;
- A pattern of family violence – the person who abuses may e.g. have been abused as a child;
- The person who abuses is dependent upon the person they abuse for accommodation, financial and emotional support;
- The person who abuses has a history of mental health problems or a personality disorder or

[6] CAUSES OF ABUSE

a drug or alcohol problem.

In care settings abuse may be a symptom of a poorly run establishment. It appears that it is most likely to occur when staff are inadequately trained, poorly supervised, have little support from management or work in isolation.

[7] LONE WORKER POLICY

Risks arising from Lone Workers –
Many Hanover staff are lone workers, working at dispersed locations. Hanover recognises that the vast majority of its Residents and Service Users have contact with staff members on a one to one basis, usually in their own homes or Hanover Estate based office. In some circumstances, this kind of contact could potentially place the Residents and Service User at risk of abuse.

Hanover knows that the majority of its Residents and Service Users will be able to protect their own interests and would be able to take action if they felt concern about the relationship they have with the Hanover staff; however some Residents and Service Users are of course more vulnerable and therefore, the risks to all individuals need to be assessed.

Hanover manages this risk by

- Appropriate selection and vetting of staff especially those who have day to day front line contact with Residents and Service Users
- Proactive line management of front line staff
- Support for front line staff via buddy systems and peer group support
- the support planning process (where applicable) , assessing whether a particular Resident and Service User could be vulnerable to abuse by staff and addressing this risk in support plans

The risks arising for Residents and Service Users from contact with lone workers are mitigated by the fact that most live in their own homes They are part of wider communities and rarely solely dependent upon contact with Hanover staff. Although they will have frequent one to one contact with our estate based staff they will also have access to other services and contacts, with whom we are confident they would be able to raise concerns if necessary, e.g.

- Neighbours within the Hanover estate
- Friends / relatives
- Hanover's national social alarm service, Hanover on call
- Hanover's national Service Centre
- Contacts with carers and other external agencies

Hanover will not tolerate any form of abuse by its employees and will take immediate steps to investigate and deal with such matters. Abuse of staff by Residents or service users will be dealt with under separate Hanover policies.

[8] EXAMPLES / CASE STUDIES

Emergency

When someone has been attacked and immediate assistance is needed to help the individual, protect property or protect evidence

Example:

One morning the Estate Manager was walking on the outside of the building in order to visit one of the residents. As he did so he passed the flat of Cynthia Entwhistle. Cynthia was 90 and was physically quite frail, having a heart condition and arthritis. She had always been a feisty lady, not slow to voice her opinions. However recently the Estate Manager had noticed she had become much quieter but had always maintained nothing is wrong.

As he passed the window of Cynthia's flat he saw her son Raymond, slap his mother hard and Cynthia disappear from view, presumably having lost her balance with the blow and fallen.

The Estate Manager immediately called for an ambulance and the Police.

Link Procedure in Emergency

Confirmed abuse

A situation when there is clear evidence of abuse taking place, for example when you have seen it for yourself and it can't be anything else

Example:

Benjie Morrison is an 89 year old resident at Hanover Court. He cares for his wife, Maisie, who is 82 and can be very forgetful. She is also physically frail and walks with a Zimmer frame. Benjie has a heart condition and is also physically frail and rather breathless. He has now also become a little forgetful. They have one daughter, who lives some distance away and only visits about once a month. Social Services assist the couple with a care package which consists of a Home Care Worker who comes at lunch time to help them with their dinner and in the early evening to give them an evening meal. The worker also collects the couple's pension and does their shopping. The Department has recently changed its Home Care workers from their own in-house service to a local agency.

Benjie keeps going to the Estate Manager and tells her that he cannot find their pension. On the last occasion the Estate Manager goes to help Benjie look for his money and she cannot find it either. Benjie suggests that Maisie might have hidden it. It is only midway through the week and the Estate Manager feels they should have some money left from the pension.

When Deirdre Macpherson, the Home Care Worker, arrives the EM asks her about the money. Deidre tells her they are always losing things and she is not surprised that Benjie could find no money. She says that she always puts the money left over from the shopping in the desk drawer, but that she has found money hidden all over. She adds that they are a hopeless couple, always losing things and should be in a home.

The following week the Estate Manager receives a call from the daughter, Anita, who is very concerned about her parents. She says she found no food in the cupboards and when she went out to buy them some fish and chips, they wolfed it down as if they were starving. She also

[8] EXAMPLES / CASE STUDIES

checked to see if they had any money, but could not find any. She did some shopping and has left them with plenty of supplies and put some money in the desk drawer, but she is worried about them.

The following Monday the Estate Manager decides to call on the couple. Going along the corridor she sees Maisie and Benjie sitting outside their flat on the patio. She goes over to talk to them and they tell her Deirdre told them to go and sit outside while she cleaned up. This sounded a little odd so she goes to the flat to make sure all is well. As she arrives at the flat she finds the door open and sees Deirdre taking the money out of the desk drawer and putting it in her pocket. Monday is not a shopping day.

Suspected abuse

A situation where, from your own observation, rumours etc, you think someone may be being abused but you don't know for certain.

Example:

Dora Fenright is 83 and has Alzheimer's disease, she is small and delicate. She lives at Runnymede Court with her husband Bill Fenright. Bill is 81, but very fit, both physically and mentally, he used to work for the emergency services and still goes down to the pub to meet ex-colleagues. They have a son, who is also with the emergency services, in London and a daughter who is married and lives locally.

The Estate Manager has seen Dora with a bruised eye and she said she fell. A month ago Bill had to take her to hospital because she fell and broke her arm.

The Estate Manager had only just arrived at work, when a neighbour of the Fenrights called at the office and said she was very worried as she heard lots of banging, shouting and screaming last night, then everything went quiet. She knocked at the door and when she asked if all was well, Bill said it was. She is worried about Dora, as she heard the same sort of thing the night she broke her arm. At that moment the Home Support Worker asked for a word. She arrived to help Dora get up and dressed and Bill sent her away, saying that Dora's not too well today and is staying in bed. When she suggested giving Dora a wash and making her more comfortable, Bill told her that she's sleeping. She is not very happy about this state of affairs and doesn't understand why Bill won't let her in.

The Estate Manager decides to call on the Fenrights and check on Dora; however Bill will not let her in either, saying that Dora is still sleeping.

The Home Support Worker telephones the office and speaks to the Care Manager, who is fortunately in and decides to visit.

Several hours later the social worker arrived and asked to see Dora. This time Bill lets her in. The Care Manager sees that Dora is badly bruised on the left side of her face; Bill tells her that Dora had had a fall. The Care Manager calls an ambulance and Dora is taken to Casualty.

Her daughter is informed and goes to the hospital. There it is discovered that Dora has considerable bruising all over her body, both old and new. When asked how she came by the

bruises she just said she doesn't know. She appears rather dazed and more confused than normal. When the daughter comes to collect some clothes for her mother, she tells the Estate Manager that Bill has been giving her mother 'a smack' for years. She wants her father arrested and for her mother to continue in her flat. Bill maintains that Dora fell.

Alleged abuse

A situation when someone reports to you that an individual is being abused or the individual alleges he/she is being abused.

Example:

Matilda Jones is 83 and has been a resident at Hanover Court for five years. Her husband died last year and she has one daughter, Agnes, who is married with three children and lives locally. Matilda has arthritis and Agnes collects her pension and does her shopping each week. Matilda is quiet and well liked by her fellow residents.

It is approaching Christmas and at the Wednesday coffee morning Matilda is asked for a contribution to a party fund. She tells the social committee representative that she does not have any money at present. The Estate Manager is surprised to overhear this. A week later, the Estate Manager meets another resident selling raffle tickets outside Matilda's flat, who says that Matilda told her she did not have any money for a ticket.

The Estate Manager is surprised and decides to check on Matilda, she knocks at the door and Matilda invites her in and offers her a cup of tea. Matilda apologises for not being able to offer her any biscuits, she says she did not have enough money for them this week. The Estate Manager asks Matilda if all is well with her finances. Matilda then confides in the Estate Manager that Agnes is taking half her pension each week. She is very upset about it, but does not want her to do anything about it or tell anyone else.

(Inter) Group Hostility

Situations where what is actually going on is very unclear and may not even be a clear victim, but there's a lot of hostility or a group is ganging up on an individual. This is the sort of situation which may not be defined as abuse by some Social Services Departments, and we may be left having to lead the process of investigating what lies behind it and how to resolve it.

Example –

Four particular residents on an estate were quite cliquey, relatively active and one of them was treasurer of the social club. Over a period of time, complaints were made that the four residents were making nasty remarks about other residents, in particular those with disabilities. Staff made a number of attempts to tackle them over their behaviour.

On two occasions, another resident, Mrs P, intervened on behalf of people with dementia whom she felt were being mocked by the four. This resulted in a souring of relationships between the four residents and Mrs P. Relations between them became increasingly unpleasant and bitter, and at one point Mrs P was told she was not welcome in the lounge. Mrs P was not satisfied with the staff's attempts to deal with the situation and she became increasingly aggressive towards them.

[8] EXAMPLES / CASE STUDIES

Her behaviour became increasingly challenging and as it did, what had started off being dealt with as a dispute between neighbours switched to a focus on Mrs P. She herself came to be seen by the staff as a difficult woman who was the main cause of the problems.

At some point during the unfolding of these events, Mrs P had been admitted to a psychiatric hospital for an assessment because the Community Psychiatric Nurse (CPN) was so concerned about her. She was found not to have any current mental health problems. Also, she was a completely different person when out of the scheme at her day centre, compared to when she was at the scheme.

A case conference attended by members of Mrs P's family and a range of professionals was arranged by Hanover to discuss her behaviour. The CPN who had instigated the psychiatric assessment introduced the possibility that Mrs P manifested signs of being a victim of elder abuse.

A subsequent enquiry concluded that Mrs P had indeed been the victim of abuse by the four and her behaviour returned to normal once the situation had been resolved.

[9] OTHER RELEVANT HANOVER PPG

PPG Area	Status, Jan 2009	Implications
Anti Social Behaviour	Under review; Due autumn 2009	*See below*

Anti-Social Behaviour (ASB) is " any behaviour that causes or is likely to cause harassment, alarm or distress to individuals, groups or communities by threatening their physical/mental health or safety and security. It can range from minor problems prompted by thoughtless & uncaring behaviour ["nuisance"] through to serious problems based on the intent of one person to cause deliberate harm to another ["harassment"]"

There is no absolute distinction between ASB and abuse. ASB may e.g. escalate to become abuse. Staff should consult managers about which PPG to follow. In general the safeguarding PPG should be followed where;

The [alleged] victim is a vulnerable person as defined in the PPG and national guidance

The [alleged] abuser is member of the person's social network (family, friend, unpaid carer) or is in an official capacity (care /support/health worker) ;

The impact of the activity means the person has suffered or is likely to suffer harm as defined in the Guidance on Types of Abuse

ASB is more likely to be the appropriate definition where activity is carried out

by people outside the estate

[9] OTHER RELEVANT HANOVER PPG		
by people not known to, or having no close personal contact with, the victims of the activity possibly with a random impact on residents affecting groups of residents rather than individuals		
Mental Capacity Act	Due Summer 2009	
Estate Crisis Plan Guidance Notes		Link to policy on H net
Child Protection	Due Summer 2009	

[10] REVIEW OF THIS PPG

This PPG will be reviewed in August 2010. Interim revisions may be required in the light of legislative and regulatory changes.

[END of INTRODUCTION and OVERVIEW]

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SAFEGUARDING RESIDENTS AND SERVICE USERS POLICY, PROCEDURE AND GUIDANCE
2. PROCEDURE

KEY STEPS

[1] ANTICIPATE –BEFORE AN INCIDENT ARISES

Be prepared

Estate based and other locally based staff should

find out the location and contact details of their Local Authority's Safeguarding Team (based in Adult Social Care)

Obtain and read a copy of the LA's Policy and procedures for safeguarding & be familiar with

- its terminology
- How referrals should be made in the case of concerns
- Whether there is a way of discussing concerns with a named person before or without making a full disclosure
- Whether the LA policy / procedure refers specifically to how RSLs/ supported/ sheltered housing providers should act

Staff should find out the location and contact details of their local Police force unit dealing with allegations of abuse

See also link to Supporting Resident/Service users to be aware and to support each other.

[2] ACTION IN AN EMERGENCY

'emergency' defined as above – return to Categories. Also see case studies for example

ACTION AT THE TIME

Assessment

Try to remain objective. Confirm that in your best judgment and with the information available, this is an emergency. Make a quick assessment of the situation in order to conclude that emergency services should be summoned.

Call emergency services

Don't put yourself in danger

Don't contaminate the evidence as this may hamper a criminal investigation

Once the emergency is over, follow the process under appropriate non-emergency situation

Seeking Consent

There is a very strong presumption that staff should act without consent if this cannot be obtained in an emergency. You should use your own discretion based on what you believe is

[2] ACTION IN AN EMERGENCY

the state and capacity of victim, and degree of harm and risk you believe to be present.

Seeking support and advice

If you're not sure what to do, seek advice, but don't delay this unnecessarily.

IMMEDIATELY AFTERWARDS

Informing your line manager

Advise your line manager immediately after taking action. If they are not available, leave a message and speak to another senior manager in your Directorate. If no one is contactable alert Hanover on Call about what has happened.

Discuss with your manager ASAP who else to tell – victim's NOK/ named contacts? (unless known /suspected as the abuser)–other agencies?–see paragraph [7] below– Notify Other Agencies

Follow procedures (where applicable) in the Estate Crisis Plan -see Estate Crisis Plan Guidance Notes (separate PPG)

Reassure

Other Resident/Service users may be aware of or distressed by events that have happened. Try to reassure them – answer questions honestly but remember that some information may be confidential / legally sensitive. Seek manager's /other colleagues' support if appropriate e.g. to meet/phone other Resident/Service users and their relatives etc., to reassure. See also Talking To Victims

Informing other agencies

Assuming the Police have been involved by now, it is likely that they will advise Adult Social Care but to be sure that the latter are involved, you should do so as well.

Supporting People must be informed.

Crisis PR

In case of very serious incidents (injury /death) there may be media attention. Front line staff should refer all enquiries to Hanover's Communications Team (On call media relations officer 07714 973059). The front line staff's Managers should advise Communications Team at earliest opportunity of the incident so that they can devise an appropriate response.

[3] NON EMERGENCY AND FOLLOW ON FROM EMERGENCY – LISTEN/ ASSESS

Assessing the situation

The key points are to keep an open mind and gather facts.

An allegation or suspicion of abuse might arise from a wide variety of sources, or a sense that 'something is not right'.

Try to find out what is or may be happening; talk to the people involved.

Assess the situation from your own perspective, based on your knowledge – this will involve a judgment about what Category (above) the incident/episode falls within, and what steps should be taken by Hanover.

Your assessment should not be confused with a full, formal social care assessment and/or police investigation. That is not Hanover's role– staff should exercise great care not to 'investigate' as this might compromise other formal investigations and e.g. may mean vital evidence cannot then be used in a criminal prosecution.

[3] NON EMERGENCY AND FOLLOW ON FROM EMERGENCY – LISTEN/ ASSESS

A short interview with the alleged /suspected victim will assist you make a decision about making a referral to Adult Social Care. It will also help you give them relevant information. See also Dealing with Disclosure and Talking to Victims

Do not, as part of this process, discuss the situation with the alleged abuser. However if they are a visiting friend/relative/carer you may still need to meet them in course of 'ordinary' day today contact.

Staff should 'step back', take stock and seek advice from their line manager.

The role of Hanover staff in assessing and listening is therefore to build up a picture that will assist them to

Decide what short and medium term action to take;

Work out how to advise and support the person who is subject of the concerns, about what action they themselves might take;

Decide on referring on to Social Care or the Police

Provide information that will be useful for the latter and assist in their assessment /investigation

Assessing the level of risk

The level of risk may be obvious, but in many cases you may need help to come to a judgment.

The Risk Assessment Form (link opens separate document) will assist you assess someone's vulnerability.

Discuss the risks with your line manager and consider with him/her whether this is one of a series of episodes. Is there a pattern emerging? Have there been previous episodes?

It is essential to consider the following factors:

The vulnerability of the individual

The nature and extent of the abuse

The length of time it has been occurring

The impact on the individual

The risk of repeated or increasingly serious acts involving this or other vulnerable adults

Assessing the reliability of the source

How trustworthy is the source? Does he/she have an axe to grind? You should form an opinion as part of your overall judgement, but even if you have doubts, their allegations and concerns must be taken seriously.

Care Providers

With the agreement of the Resident/Service user concerned it may be useful to consult with the on-site care team (on **Extra Care estates**) or the care provider where applicable (In **Retirement Housing**), but this should be approached carefully if the allegations/ suspicions in any way implicate care staff.

Staff should be aware that care providers will be under a contractual obligation to the Local Authority to disclose concerns about abuse once they become aware of them; they will possibly also have a similar obligation to inform the Care Quality Commission, with whom they are registered

[4] RECORD

Staff should record all concerns.

Records of facts [incidents, referrals, case discussions] must be accurate, concise, up-to-date, legible (preferably electronic) and dated;

Judgements, inferences and opinions should be kept to a minimum, and not presented as facts.

Statements/comments made by victims should as far as possible be recorded verbatim.

Records must be stored securely to ensure the individual's right to privacy and security.

An individual is entitled to find out what information Hanover holds about them. Access can only be refused on very limited grounds. If disclosing information to an individual, Hanover has the right to edit or remove data which could identify third parties; or which could prove harmful to the person concerned.

If Resident/Service user (or a 3rd party such as Adult Social Care or the police) requests to view their records your line Manager must be informed and the Company Secretary must be consulted.

Records may be used as evidence in civil or criminal prosecutions or in disciplinary proceedings.

The Risk Assessment Form has been referred to above

The Safeguarding Vulnerable Adults Monitoring Form **must** be used to record **all** instances of actual/suspected /alleged abuse within 48hrs of the incident/concerns coming to light. It should be completed even if the resident wants no action taking. There should be only one form completed per "case". The above link opens this form which is in Excel format. It should be sent electronically to the Complaints Coordinator, as well as saved locally

[5] NOTIFY YOUR MANAGER

Seeking support and advice / Involving your line manager

It is important that you get your line manager's advice, support and endorsement of your actions.

With their support you may also contact Hanover's Lead Officer (Safeguarding) (contact details) for advice; and/or another staff member whom you know and trust.

You can speak to the Adult Social Care Safeguarding team, though that will almost certainly trigger a requirement that the incident/suspicion is reported to them, if this hasn't happened already (see section on Seeking Consent to Disclosure).

You may also contact an expert agency like Action on Elder Abuse (AEA) if you need advice, but -again- you must follow decisions reached by your manager if these are in conflict with those of such a 3rd party.

Staff who genuinely and in good faith wish to raise concern about a manager's decision and are unable to do so directly are advised to consult the Whistle blowing Policy

Allegations Of Abuse Against Staff (Hanover's or those of another organisation)

If allegations of abuse are about:

You -then you must notify your manager immediately. They will have to take the allegation seriously even if it turns out later to be unfounded. You may be suspended during this period. You can get support during this time from Hanover's confidential free phone telephone counselling- and advice service – Employee Advisory Resource

Staff in other agencies – you should report these to a senior manager of that agency AND follow the other relevant process steps in this document.

Another member of Hanover staff -then you must notify your manager immediately who will then take responsibility for dealing with the situation.

Your manager -then you must use the Whistle blowing Policy

In all these cases, the allegations must be reported to the Police if a criminal offence is alleged

Involving partner organisations

In the case of Extra Care or other collaborative projects, where Social Services, Primary Care Trusts and Housing Departments are our partners, staff should consider:

- Whether the abuse raises issues that need to be jointly handled (for example publicity)
- Whether the abuse throws up issues related to joint arrangements and agreements
- Or if there has been a breach in service standards.

If so a meeting of managers of appropriate seniority from each stakeholder organisation should be arranged to address these.

[6] SEEK CONSENT TO DISCLOSURE WHERE POSSIBLE

You should normally involve the victim in decisions about what steps to take and gain their consent for these. You should only dispense with their consent in the following circumstances

- Where the Resident/Service user lacks capacity to understand and make an informed decision (the Mental Capacity Act requires an assumption that a person has capacity unless assessed otherwise)
- Disclosure of an illegal act which you may be legally bound to disclose or obliged to disclose for other reasons; e.g. if abuser is a member of staff, a report should be made to the Police.
- Where, for example in the case of Hanover at Home services, or other scenarios in which Hanover has only limited contact with/knowledge of the Service user and their circumstances/wishes; and has limited ability to offer them support – here, 'erring on the side of caution' is justified
- The level of risk to the individual is deemed to be unacceptably high
- It is in the public interest e.g. other people are at risk
- The alleged abuser is a vulnerable adult and may be at risk as well
- If a serious crime has been committed
- Where the person has capacity, but it appears they are withholding consent to disclosure owing to intimidation or coercion.

Where the Resident/service user does not agree to disclosure and they are judged competent to make this decision:

[6] SEEK CONSENT TO DISCLOSURE WHERE POSSIBLE

- Every effort should be made to persuade the resident to consent to sharing their information before a decision is taken to override their lack of consent.
- They should be advised that by not permitting Hanover's disclosure of their concerns, they will not be able to draw on any support/protection that might otherwise be provided by Adult Social Care and/or the police.

Time may be of the essence – a delay while trying to seek consent might compromise the person's safety and/or a subsequent investigation. A quick internal meeting or telephone conference between staff and managers may be needed to reach a decision on whether or not to go outside the organisation.

Conversely , the following indicators would support a decision **not** to disclose information to another agency:

- The level of risk to the individual is not unacceptably high
- Other people are not affected
- The abuser is not a vulnerable adult
- The victim has capacity

A decision by Hanover not to disclose information to another agency OR on the other hand, to disclose but against the Resident/Service user's wishes Must be sanctioned by a senior manager (Lead Retirement Housing Manager, Extra Care Head of Operations, or equivalent) and the reasons clearly recorded so that the decision can be accounted for if challenged.

Where Hanover decides to override a Resident/Service user's wishes in this way, and where they have capacity, they should be informed of this and the reasons for the decision.

If Hanover's decision is not to disclose, this must be reviewed at frequent intervals, possibly daily where there are serious concerns, and all involved must be ready to change the previous decision quickly, e.g. if

- The person's views/wishes change
- The level of risk they face increases (or is reassessed to be greater)
- If other people are at risk

Hanover staff should bear in mind that they are not in a position to protect people in the way that other agencies may be able to –this should be factor in reaching the decision not to disclose

For further guidance on Consent and a case example, follow this link to Supporting Guidance

[7] NOTIFY OTHER AGENCIES

Adult Social Care

Adult Social Care (ASC) Departments are the lead agency in abuse of vulnerable adults. Unless your decision and that of your Manager is **not** to refer on an allegation / concern, you should make a referral to Adult Social Care or at least inform them of the situation. Their role will be to arrange a fuller investigation /assessment of what is happening and depending upon the outcome of this assessment to

[7] NOTIFY OTHER AGENCIES

help protect the vulnerable adult **and/or**
access services which may help

Link to ASC Background

Arranging a case conference

Once a referral is made to Adult Social Care, they are likely to arrange a "strategy meeting" (case conference) of all interested parties. If they don't, you or your manager should ask that they do so.

As Hanover staff are likely to have detailed knowledge of prior events, they should be involved in such meetings, though they need to remember issues about disclosure and confidentiality.

Exceptionally, Hanover may call a conference and invite other parties – this should be done only after consultation with your manager and if Social Care refuse (or fail) to call one (which might the grounds for a complaint).

Adult Social Care may however decide not to act if the [alleged] victim does not meet their definition of a vulnerable adult

Link to ASC Strategy Meetings and guidance

Contacting the Police

In most cases a decision to involve the police will be made by ASC, as part of their role in formally investigating allegations of abuse. There may be cases, however, where you should involve the police yourself, at the same time as notifying ASC. This would be where you believe that there is evidence that a criminal act has occurred that falls into one of the categories below and the resident supports the referral:

- the allegations are of a serious nature, especially if also recent
- there is a risk of the alleged perpetrator repeating the offence in the near future
- the resident is fearful for their safety /intimidated by the alleged perpetrator or associates
- other residents might also be at serious risk
- there is a need to protect forensic evidence

If the situation falls into one of the categories above but the resident does not want a referral to be made you should discuss the matter with your line manager. Link to Seek Consent to Disclosure

Link to Police

Contacting the Supporting People Authority

- Once a referral has been made to Adult Social Care, even if the resident is not in receipt of a Supporting People grant, the RHM or ECHM should contact the relevant Supporting People Authority, who normally send out their own form for completion and return.

[8] REASSURE

Dealing with Disclosure and talking to Victims [back to Emergency] [back to non emergency]

If A Resident/Service user makes you aware of –alleged/actual abuse – Do:

- Stay calm and try not to show shock
- Listen carefully and ensure the person knows that you are taking what they say seriously
- Reassure them that they are doing the right thing in telling you
- Tell the person that:
  - you are treating the information seriously;
  - it is not the victims' fault;
  - you are going to inform your line manager;
  - you will work with others to take steps to protect and support them.
- Show sympathy and concern ("I am sorry that this has happened to you")
- Report to your line manager
- Write down what was said to you

Do not:

- Appear shocked, horrified, disgusted or angry
- Press the person for more details (it is not your job to do a detailed investigation)
- Promise to keep secrets
- Pass on information to anyone other than those with a legitimate "need to know" such as your line manager or Social Services
- Confront the alleged abuser
- Give sweeping assurances ("he won't be allowed to come near you again")
- Contaminate or remove forensic evidence such as blood, semen, saliva

For further guidance on Consent, follow this link
See also Good and Bad Practice

- When supporting the Victim, staff should remember that other Resident/Service users may also want reassurance and support about incidents they have witnessed or heard about.
- Staff must exercise judgment about what they can disclose; it might be necessary to deal with rumours and try to correct misinformation.
- Other Resident/Service users might also have been subject to abuse by the same abuser and may now feel safer/ enabled to disclose their own concerns, once the matter is 'in the open'. If so these must be followed up in their own right.
- In more complex cases, handling communications with / enquiries from Resident/Service users– and concerned friends and relatives – will need to be planned carefully by staff and their line manger, possibly with support from senior managers and Hanover's Communication Team.

See also Supporting Resident/Service users to be aware and to support each other

[9] ONGOING ROLE OF HANOVER STAFF / MONITORING

[9] ONGOING ROLE OF HANOVER STAFF / MONITORING

When a referral has been made to Adult Social Care /Police

The main responsibility to investigate and assess concerns, and to initiate action to protect victims, will then rest with Adult Social Care, with any criminal investigation of course being the role of the Police.

Hanover staff should enlist the support of line managers if they find that they are not being involved /consulted/informed in the course of Adult Social Care Safeguarding assessments and subsequent action plans.

ASC should use the criteria set out in No Secrets (national Policy Guidance) to decide on action to take after a referral

"*A vulnerable adult is a person aged 18 or over who is or who may be in need of community care services by reason of mental or other disability, age or illness; and who is or who may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation*"

Some Adult Social Care departments interpret this definition to mean that unless the individual is eligible for community care services, they are not vulnerable. As eligibility criteria for care become stricter this could exclude more people from being seen as 'vulnerable'. Hanover staff should challenge this interpretation if it used by Adult Social Care as reason not to intervene. People can be vulnerable for all sorts of reasons – physical, mental or emotional – and if they are having difficulty standing up to someone who is abusing the hold or power they have over them, they may want or need help to protect themselves.

If Adult Social Care take no action on a referral

Even though a referral is made to Adult Social Care, they may decide to take no action – perhaps after only a minimal or no investigation. Hanover's role will then be to support the Resident/Service user as far as possible, and to continue to express concerns to Adult Social Care if staff feel that more should be done to support the Resident/Service user concerned.

The staff member should discuss with their line manager whether Hanover should take the initiative, for example by chasing up the Adult Social Care social worker, contacting a more senior officer at Adult Social-Care or -exceptionally – arranging a meeting led by Hanover and inviting Adult Social Care. Inaction by Adult Social Care might be grounds for a complaint at some stage, but working to get some action to support a Resident/Service user is often a more productive process in the short term.

However staff may also face situations where, despite a referral being made to Adult Social Care no action is taken; and indeed where there is no response from Adult Social Care so it is not clear whether they intend to act or not.

In order for Hanover to establish what actions it should take to protect Resident/Service users who are or may be subject to abuse, staff should press the Adult Social Care, in the above situation, to confirm whether they will or will not take further action and to give reasons for their decision.

If no referral is made

If the decision has been not to refer concerns on to Adult Social Care /Police, Hanover retains responsibility for the support offered to the Resident/Service user. Hanover staff should bear in mind that they are not in a position to protect people in the way that other agencies may be able to -this should be factor in reaching the decision not to disclose; Resident/Service

[9] ONGOING ROLE OF HANOVER STAFF / MONITORING

users must be reminded (in a sensitive way) that this is the implication of not making a disclosure of their concerns beyond Hanover.

Hanover actions as Landlord

Staff should consider whether actions can be taken by Hanover to protect victims e.g.

If the alleged abuser is another resident, are they in breach of their tenancy and is there scope for legal action under landlord /tenant legislation?

Is there scope for seeking (or assisting a resident to seek) an injunction that places controls on an alleged abuser's access to an estate or individual dwelling?

[10] REVIEW

Where concerns have been referred to Adult Social Care, and an action /protection plan has been developed by a case conference/ strategy meeting, this should include review arrangements; Hanover staff should carry out actions that have been allocated them.

Where Hanover's decision has been not to disclose/refer on, this must be reviewed by staff and their line manager at frequent intervals, along with ongoing actions to monitor and support.

The same will apply where – despite a referral to Adult Social Care –they take no action.

The frequency of such reviews should be determined by the seriousness of concerns, and all involved must be ready to change the previous decision immediately if e.g.

The person's views/wishes change

The level of risk they face increases (or is reassessed to be greater)

If other people are now known /believed to be at risk

The Risk Assessment form should be used as the basis for reviewing decisions not to refer on, and action taken to monitor and support. Such reviews should continue, and be recorded, EITHER until it is decided that no future action is needed as the concerns have receded /been resolved OR until a (re) referral is made to Adult Social Care in the light of altered circumstances/reappraisal. The situation must be regularly monitored and reviewed by Hanover front line staff and their line manager.

END of PROCEDURE – Key Steps

GUIDANCE

(a) Consent, Confidentiality And Disclosure – Guidance

[back to Procedure] [back to (f) Working with the Police]

Hanover's duty is – as a general principle –to refer allegations and concerns about abuse without delay to other organisations which have a lead role to protect vulnerable people and to investigate allegations –Adult Social Care and the Police [link to No Secrets].

Equally, however, Hanover has a duty to respect the wishes of our Resident/Service users and their right to privacy and self determination. It must be our assumption that Resident/Service users have the capacity to make informed choices unless there is evidence to the contrary (see link to Mental Capacity Act)

The above two principles will come into conflict when a Resident/Service user shares information with Hanover staff about actual, alleged or suspected abuse but wishes this to be kept confidential and not disclosed more widely. Many Adult Social Care Departments and Police forces will expect Hanover to always report such concerns immediately; the expectation – in the case of a criminal act – will be that we should automatically make a report to the Police irrespective of the wishes of the victim and levels of risk. At the other end of the spectrum is the view that if someone is of sound mind, irrespective of the level of risk to themselves, their wish for confidentiality should be respected. To find a way through a possible dilemma, Hanover staff must remember at all times that it is for the individual concerned –where they have 'capacity' and are not acting under threat/duress – to decide what action (if any) they want to take. The role of Hanover staff is to identify potential threats and assist the victim in determining a way forward. However there will be some circumstances, as set out in the Procedure, where Hanover may have to act against the expressed wishes of the Resident/Service user. In each case, a careful judgement needs to be made taking all factors and issues into account.

Confidentiality

It is inappropriate for staff to give assurances of absolute confidentiality, both on their own behalf or Hanover's and particularly in cases when people other than actual or suspected victim may be at risk. The law recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others.

While as a general principle staff must respect confidentiality and not divulge information given in confidence, staff should never promise to keep information confidential that has been disclosed to them 'in confidence' and should make it clear that such information will at the very least be shared with their line manager, and may also need to be disclosed outside Hanover in certain circumstances. Staff should make it clear that Hanover has a general obligation under law and regulation to notify other agencies unless the allegations /concerns are clearly very minor; and that it is part of their professional responsibility to notify their line manager or appropriate professionals of circumstances that have a bearing on the well-being of a resident or other party. Staff can however reassure Resident/Service users that disclosed information given 'in confidence' will only ever be shared with those having a legitimate statutory right to be told, and on a strictly 'need to know basis'.

(a) Consent, Confidentiality And Disclosure – Guidance

Deciding to share information about an individual does not necessarily mean imposing help or intervention on somebody. *It may only mean sharing the responsibility with other agencies for a decision not to intervene.* It also serves the purpose of ensuring that everyone has a more complete picture should a referral come their way. The more complex a situation is, the stronger the reasons are for sharing information about it –and sharing the risks involved– with other key agencies.

Example: Overriding refusal to consent to referral
Lily is a 90 year old lady living alone. She is physically frail. She is becoming forgetful but generally is very aware of what's going on. In the last year, her son has maintained he has discovered her in the flat when she has fallen. On both occasions, Lily was admitted to hospital. On the first occasion she sustained cuts to the head which needed stitches. On the second occasion Lily had bruises on her head, and she also sustained a broken hip. Neighbours have reported to the Estate Manager concerns about Lily's son, who only visits occasionally in the evenings. They maintain they've heard him shouting at Lily and he appears drunk when coming into the building. On her return home from hospital the Estate Manager asks Lily about her most recent fall. Lily confides in the Estate Manager that her son hit her and she fell breaking her hip in the fall. The Estate Manager encourages Lily to think about raising this with Social Services or the Police. Lily doesn't know what she should do; she's afraid but doesn't want to get her son into trouble. She refuses permission for the Estate Manager to involve Social Services. The Estate Manager discusses the situation with her line manager and they agree that the high level of risk faced by Lily justifies overruling Lily's refusal to give permission for a referral. She therefore contacts Adult Social Care to discuss her concerns about the unacceptably high level of risk Lily is facing.

(b) Hanover Lead Officer for Safeguarding Adults

[back to Procedure Introduction] [back to Act/Notify]

The lead officer is available to offer advice and support to staff dealing with incidents of abuse. Initially, advice should be sought from the line manager, but for further advice or assistance in complex cases or guidance from external consultants, the Lead Officer can be contacted. A range of national and local agencies may be able to assist and advise on safeguarding issues, and on advocacy and mediation – the Lead officer will be able to suggest possible sources of help if this appear useful in particular cases

Tom Brown, Head of Operations North, Extra Care , Tel 01274 717417 mob. 07714 973119
Tom.Brown@hanover.org.uk

The Lead Officer (Safeguarding) will receive a copy of each monitoring form and will contact the person completing the form approximately one month after the report to establish what action was taken and how the situation has progressed since. This is an opportunity to discuss the case and comment on any issues that have arisen. The information recorded will:

Enable patterns and trends to be identified and reported to senior managers/Group

(b) Hanover Lead Officer for Safeguarding Adults

Management Team

Provide a source of information which can be used to shape future development of policy/procedure, and training

The lead officer is also responsible for:

Ensuring that the organisation has an up to date Safeguarding Vulnerable Adults policy that is accessible to all staff.

Working with HR, to ensure that training is available at different levels for relevant staff within the organisation.

Completing an annual audit of cases and producing an annual report for GMT based on reported incidents of alleged/actual/suspected abuse and through handling incidents.

Proposing changes to Policy Procedure and Guidance or training reflecting experience gained.

(c) Working With Adult Social Care –Guidance

[back to Procedure]

Background information about Adult Social Care (ASC)

Previously known as 'Social Services' (a term still used) –sometimes the function is combined with Housing or another Local Authority department. Adult Social Care has a duty to assess the needs of individuals and to arrange services including care, to meet them. These are the powers which (alongside the guidance set out in 'No Secrets') Adult Social Care Departments use when assessing and investigating concerns about vulnerable adults. Adult Social Care may also assist in moving a vulnerable adult into a "place of safety" if that is the best way of protecting them. However there is, at present, no power for Adult Social Care to enter premises, or remove the person without their consent (providing they have mental capacity to make decisions). A current (2009) review of No Secrets might however bring about new legislation and additional powers for Adult Social Care

Adult Social Care services are provided by Counties; Unitary Authorities; Metropolitan districts/ Boroughs and London Boroughs. In some areas Adult Social Care functions are combined with Primary Care Trusts, into a single organisation known as a Care Trust which is responsible for commissioning and providing both health and care services in a given locality. These are part of the NHS but carry out of all of the duties of local authority Adult Social Care.

1. Referral to Adult Social Care

Call either the local duty/older peoples services team **or** the adult protection co-ordinator **or** the social worker known to the alleged victim (if applicable)

State you are referring a case for assessment and investigation under their Adult Protection policy/Multi-agency guidance on Adult Protection/similar title

If possible use the correct name of their policy and have it in front of you when you make the referral – obtained either from the authority's website or from their adult protection coordinator (or similar job title) – but don't delay making the referral if you don't have it

In your referral, give the information required as set out in their own policy-have as much of this information ready as possible but don't delay making the referral if you don't have some of it :

- Personal details of the resident (name, address, age, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical and mental health, any communication difficulties)
- Your job title, role and involvement with the situation
- Substance of the allegation/suspicion
- Details of care givers and other professionals involved
- Details of alleged abuser and current whereabouts and likely movements within the next 24 hours if known
- Details of any specific incidents e.g. dates, times, injuries, witnesses, evidence such as bruising
- Background of any previous concerns
- Awareness or not/consent or not by the abused, carers, alleged abusers of the referral
- Your assessment of the seriousness of the abuse/risk using the factors above

Offer your continued involvement and ask to be invited to the strategy meeting (see below)

Most authorities have the following steps in their procedure (often linked to timescales) following a referral of suspected/alleged or confirmed abuse:

(c) Working With Adult Social Care -Guidance

- o Gather known information (usually by phone and email) from statutory and non statutory services
- o Assess seriousness of risk/abuse
- o Usually, call a "strategy" meeting

Strategy" Meetings/Case Conferences

Their purpose is to

pool information and opinions from all present

decide on who should do what regarding investigation

agree action and monitoring plans

Hanover staff role:

Ensure that you:

- o Are invited
- o Attend
- o Are clear about what information

you have Resident/Service user's permission to disclose and/or

Hanover has decided to disclose without the Resident/Service user's consent and/or

Hanover has decided it should not disclose

And at the meeting,

- o Put forward your own knowledge of the individual (and their family if relevant) and state your factual observations of the situation (avoid opinions unless backed up by evidence)
- o Correct any misinformation or errors offered by other professionals (you may know the family/situation better than anyone)
- o Offer to be present at the assessment/investigation interviews with the alleged victim, particularly if the they have already requested this/given their permission
- o Advise those present of any known communication difficulties caused by sensory impairment, stroke, language difficulties etc and offer help if you can

Offer to assist with on-going monitoring and record-keeping after the investigation if appropriate

Working with Adult Social Care after a referral

Once a referral has been made to Social Services, that department should then work within their own multi-agency guidelines on Adult Protection/abuse of vulnerable adults.

You should familiarise yourself with the key aspects of the local authority's multi-agency procedure following referral. Some of these documents are dauntingly long and wordy – use the contents page and/or index to prioritise looking at the bits that are relevant to you and your resident. Look particularly for flow charts showing what happens after a referral.

As a housing provider, we sometimes find that when we participate in multidisciplinary work to assist individuals at risk, the outcome of assessments is not communicated back to us. Adult Social Care will claim that this is for reasons of confidentiality. Like Hanover they are of course right to be careful in this area, and e.g. only to disclose information to 3rd parties on a 'need to know basis'. However this can also mask an attitude that overlooks the contribution of housing services in Safeguarding, and the fact that housing staff -like social and health care colleagues – operate within professional standards and disciplines which means they should be trusted as full partners when discussing safeguarding issues and plans for individuals.

(c) Working With Adult Social Care –Guidance

It is especially critical that Hanover staff are informed of outcomes and involved in action plans, as they are often at the forefront of monitoring Resident/Service users' wellbeing on a day to day basis, and can play a key role in providing ongoing support. Not keeping them in the loop may actually detract form the effectiveness of protection plans. Hanover staff should enlist the support of line managers if they find that they are not being involved /consulted/informed in the course of Adult Social Care Safeguarding assessments and subsequent action plans .

Resolving differences

LA procedures may have expectations of how Hanover should act, which may conflict with our own Policy and Procedures; possible actions would then be

For you and your manager to meet with the LA to explore how the respective policies can work together

To refer issues that cannot be resolved to Hanover's Policy Team (S and I Directorate) for consideration when the PPG is next reviewed

END OF PROCEDURE – GUIDANCE

hanover

SAFEGUARDING RESIDENTS AND SERVICE USERS
POLICY, PROCEDURE AND GUIDANCE
3. BACKGROUND INFORMATION

This Information supports the Safeguarding Resident/Service Users PPG and should be read in conjunction with the **Policy Statement**, the **Overview** and the **Procedure.** It gives further background information should staff wish to know more about the subject.

Contents of this section
Back to PPG Contents

(1) Supporting Resident/Service users to be aware and to support each other

Back To Procedure

Staff should raise awareness about safeguarding issues with Resident/Service users. For example posters and leaflets advising how to look out for and respond to concerns about people who may be at risk, may be available from the local Adult Social Care Safeguarding service or from national bodies like Action on Elder Abuse. Resident/Service users may wish to discuss the issue in an estate meeting, especially if there have been recent concerns locally or though media attention more generally. The local authority Adult Protection Coordinator (titles will vary locally) may be willing to visit and talk to groups of residents (and at patch/ team meetings for staff)

As part of the general process to establish a caring/supportive environment on estates, Resident/Service users should be encouraged to 'look out for each other'. Hanover's Engagement Team can offer extensive support and advice on how to develop this approach and on engaging Resident/Service users to be involved in their estate. There is much evidence in the safeguarding field to suggest that abuse is more likely to flourish where people are isolated and there are weak or non existent community links.

Staff should also be aware that, on occasions, the development of very strong and exclusive groups / 'factions' on estates can breed a culture in which certain individuals, especially people who are already vulnerable in some way, might be subject to ostracism and in extreme cases, even harm. Hanover's Engagement Team may be able to advise – Information on national and advocacy projects (e.g. AIMS) may suggest ways to resolve issues and disputes.

(2) INDICATORS OF ABUSE

Physical abuse

Indicators include:

- Multiple bruising
- A history of unexplained falls and/or minor injuries
- Fractures not consistent with falls or explanations or the injury
- Unexplained loss of hair, in clumps
- Cuts that are not likely to be explained by self-injury
- Finger marks
- Burns not consistent with possible explanations
- Unusually excessive consumption of alcohol

Psychological and emotional abuse

Indictors include:

- Strain within the relationship
- The suspected abuser acts differently towards the vulnerable adult when others are present
- An air of silence in the home when the alleged abuser is present
- A general lack of consideration for the vulnerable adult's needs
- Refusal to allow the vulnerable adult an opinion of their own
- Denial of privacy in relation to their care, feelings or other aspects of their life
- A denial of access to the vulnerable adult, especially where the adult is in need of assistance which they will consequently not receive
- Denial of freedom of movement e.g. locking the person in a room or tying them to a chair
- Alterations in the psychological state, possible withdrawal or fear.

Sexual abuse

Indictors include:

- Unexplained bruising around vaginal, rectal or genital areas
- Unexplained difficulties in walking
- Reluctance of the person to be alone with an individual known to them
- Unexplained behaviour change
- Unexplained bleeding from vaginal, rectal or genital areas
- Stained or bloody clothing

Financial abuse

Indicators include:

- Despite having a personal income/pension, the vulnerable adult is without money soon after its receipt, particularly where that person is not able to spend money without assistance
- Unexplained shortage of money despite a seemingly adequate income
- Unexplained withdrawals from savings accounts
- Unexplained disappearance of financial documents e.g. building society books and bank statements.

(2) INDICATORS OF ABUSE

Neglect

Indicators include:

- Persistent hunger
- Loss of weight
- Poor hygiene
- Inappropriate dress
- Consistent lack of supervision for long periods, especially during activities which hold danger for them
- Denial of religious or cultural needs
- Constant fatigue or listlessness
- Physical problems and medical needs that are not attended to

Although not technically abuse, as another person is not involved, some people now consider **Self-Neglect** as a type of abuse. see link

Discriminatory Abuse can manifest itself in any of the above ways and frequently will include a combination of forms of abuse. What differentiates it from the other categories is that the abuse is motivated by prejudice and discrimination against the individual because he or she is perceived to belong to a specific group; this may be gender, sexual orientation, race, religion or disability amongst others.

Abusive regimes -abuse by a regime rather than by individuals. On occasion institutions develop practices which allow the abuse of residents. In residential and nursing homes indicators include:

- Lack of flexibility and choice for residents in waking/bed times
- Lack of opportunity to obtain drinks and snacks
- Lack of choice over meals
- Lack of appropriate bedding
- Lack of appropriate heating
- Lack of personal possessions
- Lack of procedures in financial management, medical requirements and other matters pertaining to the person's care
- Lack of privacy in personal care, such as toileting, bathing, dressing, editing mail, restricting visits
- Derogatory remarks
- Public discussion of matters private to residents
- Restraint of residents which cannot be justified
- Lack of action to deal with abuse

In supported, sheltered and Extra Care housing, indicators might also include:

- Staff using master keys without due cause
- Staff entering flats/rooms without permission or not waiting for reply after knocking
- Breaches of residents' confidentiality

(2) INDICATORS OF ABUSE

Restrictive practices in the use of communal facilities
Lack of consultation

Note: more than one of these seven types of abuse may occur at one time though only one may present itself initially.

General Indicators Of Abuse

Seeking shelter or protection
Unexplained reactions towards particular individuals
Unexplained reactions towards particular settings
Unexplained marks, bruises or injury
Frequent or regular visits to the GP or hospital A and E or hospital admissions
Frequent or irrational refusal to accept investigations or treatments for routine difficulties
Unexplained change in material circumstances
Inconsistency of explanation

Where the following "trigger" behaviours are apparent, these may be additional indicators of abuse:

Destruction of physical environment
Turning night into day/sleep disturbance
Chronic incontinence
Extreme physical and/or emotional dependence
Verbal abuse and aggression towards the carer
Sudden unexplained changes in behaviour/personality
Non compliance with carers wishes
Obsessive behaviour
Wandering
Self harm

The following problems exhibited by the carer may increase the risk and likelihood of an abusive situation:

Alcoholism
Mental illness
Stress
Chronic fatigue
Conflicting demands of other family members
Individual unmet needs

(3) SELF-NEGLECT

Every person has the right to choose how to live. When thinking about self-neglect it is important not to impose our own standards of hygiene and cleanliness on other people. A balance must be found between the safety, security and well-being of older people whilst respecting their right to live as they wish and to retain their independence and autonomy.

(3) SELF-NEGLECT

Self-neglect is when a person lives in ways that disregard their health or safety needs, sometimes to the extent of creating hazards to other people. Often it is a question of degree; having a dirty kitchen may not be a problem in itself and is not harmful to others but if the accumulated rubbish constitutes a fire hazard or waste food attracts rats into the flat, this then becomes a problem to other residents. People who neglect themselves are more likely to live alone, often have mental health problems such as dementia or depression, have decreased physical abilities or have a drug or alcohol problem.

Signs or symptoms of self-neglect may include:

- Excessive dirt, hazardous, unsafe or unclean living conditions
- Lack of basic needs (shelter, food, water, electricity or heat)
- Poor hygiene
- Excessive accumulation of things including garbage
- Refusal of care, help or medication
- Dehydration and/or malnutrition
- Unpaid bills or lack of financial management
- Deterioration in health

Trying to help a person who is neglecting themselves can be very difficult as they may well be fearful of the involvement of health or social service personnel. They may also fail to understand the need for such interventions particularly if they have dementia. People who neglect themselves are often deemed to be at risk and are frequently pressurised by family or professionals into moving into long-term care or are sectioned under the Mental Health Act 1983, if they have a mental disorder. It is important to try and gain the trust of people who are in this situation and to work with family, friends and professionals to manage the risk in order to retain their well-being and autonomy whenever possible.

Competent older people have the right to live in whatever conditions they choose, to decide what risks they want to expose themselves to and to refuse assistance. When it seems a person may lack the capacity to understand the risks they are taking, decisions may have to be made on their behalf, but help can still not be forced on the person. In situations where the person does not have a mental disorder Environmental Heath may be of assistance.

Staff should however be alert to the possibility that the signs of self neglect could be the result of abuse (e.g. if a person fails to eat properly or pay bills they may not have access to money owing to financial abuse; or general signs of apathy and depression might be the result of feeling frightened and intimidated) Abuse might also exacerbate a situation where someone is for other reasons inclined to neglect themselves.

(4) GOOD AND POOR PRACTICE IN HANDLING ABUSE

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Examples of poor practice – internal	Examples of poor practice – external
• Not listening to service user • Ignoring/denying signs of abuse • Not keeping records up-to-date • Not acting on concerns – worrying on your own – delaying talking to manager/referral • Discussing concerns with alleged abuser at the outset • Promising confidentiality that cannot be kept • Assuming service users with dementia or learning disabilities can't give informed consent to referral • Not making a referral to Adult Social Care when policy indicates that should happen • Referring to Adult Social Care when it would be correct-according to PPG – to withhold disclosure	• Inadequate risk assessment • Lack of co-ordination and communication between agencies • No inter-disciplinary approach • Insufficient involvement of housing providers • Action promised, not taken – sometimes caused by apathy/ageism/ignorance • Ignoring cultural dimension • Restrictive interpretation by Adult Social Care of what constitutes a vulnerable adult
Examples of good practice – internal	**Examples of good practice – external**

• Discussing concerns immediately with line manager and securing expert advice as appropriate
• Joint discussion on facts and options, using own and Adult Social Care procedure and policies as guidance
• Regular supervision/ case review
• Good record keeping including verbatim recording of what the alleged victim said
• Service users know what abuse is and what they should do if they are aware of it happening
• Referral ensuring clarity in distinction between fact and opinion
• Assertiveness/persistence/patience
	• Strategy meetings/case conferences set up immediately on referral ensuring:
	  – all relevant statutory and other agencies input
	  – agreed actions – i.e. who asks what to whom and when
	  – follow up professionals meetings to keep everyone posted and involved
	• All professionals work together as multi-disciplinary team – including assigning role to housing worker
	• Good information for the public, statutory and voluntary agencies
	• Service user kept informed and involved

(5) HANOVER'S WHISTLE BLOWING POLICY

[back to Procedure]

Staff are encouraged to take action when suspicious that abuse is occurring at work, no matter what the setting, who the abuser is or who the victim is. In line with the Public Interest Disclosure Act 1998, Hanover will respect and not penalise those who stand up for anyone who is suspected of being abused. Hanover encourages its employees to raise work-related concerns and provides appropriate channels through which these may be resolved though its whistle blowing policy, which is designed to guide and protect those who genuinely and in good faith feel they need to raise certain issues relating to the way Hanover deals with people with whom it engages in business and legal relations. The Policy defines 'Qualifying Disclosures' as including the following

- When a criminal offence has been committed, is being committed or is likely to be committed;
- When a person has failed, is failing or is likely to fail to comply with a particular legal obligation;
- When a miscarriage of justice has occurred, is occurring or is likely to occur;
- When the health or safety of any individual has been, is being, or is likely to be endangered;
- When the environment has been, is being, or is likely to be damaged;
- When information indicating the occurrence of any of the above has been, is being or is likely to be deliberately concealed.

(6) ADULT SOCIAL CARE – FURTHER INFORMATION

Although the main role of Adult Social Care in Safeguarding is set out above, Adult Social Care has a number of other functions in providing and arranging care that might be relevant.

Adult Social Care as commissioners of care

Most home care has been "externalised" and is now commissioned by (that is, purchased under contract from) Adult Social Care, from voluntary or private domiciliary care agencies. All such agencies must be registered with and regularly inspected by the Care Quality Commission http://www.cqc.org.uk/ (formerly – till April 2009– the Commission for Social Care Inspection – CSCI).

Adult Social Care as care providers

Adult Social Care may however still provide domiciliary care itself using its 'in-house' care team. If the alleged abuser is a member of that team, the person's line manager must be informed and a referral made. Under no circumstances should the 'in house' care team staff or manager be seen as 'the' voice for Adult Social Care, or have too much sway in what steps should be taken if there is any suspicion of one of their staff being involved in the alleged abuse, as their function is quite distinct from the assessment function mentioned above

Adult Social Care as Hanover's partners

Adult Social Care may be partners in collaborative projects such as Extra Care schemes which are

(6) ADULT SOCIAL CARE – FURTHER INFORMATION

usually based around a formal Partnership Agreement. Therefore if the incident of abuse has wider implications for joint arrangements or demonstrates non-compliance with standards in the care service specification, there needs to be communication between senior managers at Adult Social Care and Hanover. This may be through an already arranged liaison/monitoring meeting or via a meeting called especially. Adult Social Care Managers may in turn need to involve other parts of their department, for example, their Contracts Managers

Personalisation /Self Directed Care

The Government has embarked on a process of 'transformation' of social care with a major emphasis on giving more control to Service Users over their care arrangements for example by giving people money they can use to arrange and purchase their own care (a variety of terms are used in this field or have been during previous pilot arrangements e.g. direct payments/ individual budgets). As this programme rolls out, other sources of funding such as Supporting People money will also become transferable to individuals.

Although the Government is committed to ensuring that people remain safe, there are significant implications for Safeguarding when people are, e.g. allowed to spend money to employ carers (e.g. friends or relatives) who may not be vetted in the ways that would apply to staff employed by registered providers. This is a complex and evolving area of policy which will be developing over the next few years-Hanover will continue to offer staff guidance and advice on its implications.

(7) WORKING WITH THE POLICE

[back to Procedure]

The Police have a duty to the victim to assist, support and obtain evidence of alleged offences and a responsibility to investigate a reported crime as well as interview any identified suspects. The best interests of the victims as well as their wishes should be taken into consideration. This process may not always result in criminal proceedings.

The following points should be considered:

Most Police authorities now have specialist units/staff dealing with domestic violence and abuse of children and vulnerable adults. Their special expertise and support should usually be sought regarding cases of actual, suspected or alleged abuse.

A referral to Adult Social Care is likely to trigger Police involvement but you need to check if this is the case in your area.

Early referral or consultation with the Police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if, and at what stage, they need to become involved. A discussion with the Police could be very helpful for these reasons but if they decide they must act, it might then be too late to respect the victims views if they have withheld their consent to disclosure

Early involvement of the Police will help ensure that forensic evidence is not lost or

(7) WORKING WITH THE POLICE

contaminated.

A failure to involve the Police when there is reason to believe that a crime has been committed could leave both Hanover and staff open to serious criticism. However the reasons for not disclosing concerns set out in the Consent, Confidentiality and Disclosure – guidelines may still apply. Staff should record the reasons for making this decision

Police officers have considerable skill in investigating and interviewing, and early involvement may prevent the abused person being interviewed unnecessarily on subsequent occasions.

A higher standard of proof is required in criminal proceedings [beyond reasonable doubt] than is required for civil, disciplinary or regulatory proceedings.

[back to Act/Notify]

(8) HEALTH SERVICES

There are a range of healthcare providers who may be involved in assessing and meeting the needs of an abused vulnerable adult and determining capacity. These include:

In the Community

Ambulance Service -They are accessed through 999 in an emergency.

General Practitioners (GPs) - GPs are the first port of call in non-emergency abuse situations where an abuse victim's mental or physical health has been affected. They are also in a key position to spot signs and symptoms of abuse in their patients.

District/Community Nurses and Health Visitors - These are part of the primary care team and are accessed either via GPs or through direct referral. Health personnel are sometimes more acceptable to vulnerable people and their families than social workers and may have a role in monitoring a situation.

Community Psychiatric Nurses (CPNs) - They may be involved where a mental illness (including dementia) of the abuse victim or the abuser is a contributory factor.

Specialists such as geriatricians, psycho-geriatricians, nutritionists, occupational therapists, physiotherapists and so on may be called in depending on the needs of the situation. Psycho-geriatricians have a particular contribution to make in establishing the capacity of a vulnerable adult.

In Hospital

Hospital personnel including doctors, nurses, occupational therapists, physiotherapists and other health specialists play an important part in responding to an emergency and setting the wheels in motion to ensure the future safety and well-being of the abuse victim. They also have a key role in spotting signs and symptoms of abuse which may have been overlooked in the community.

LEGISLATION AND REGULATION

(9) ' NO SECRETS'

back to overview

'No Secrets' is Government Policy Guidance issued in 2000 which refers to the powers and duties of Health and Social Services in respect of vulnerable adults. It offers a structure for the development of local inter-agency policies, procedures and joint protocols based on good practice. Local Authority Adult Social Care have a lead role, with a linked requirement for all relevant agencies to work collaboratively to protect vulnerable adults, using inter-agency policies, procedures and protocols developed between them.

'For Local Authorities, 'No Secrets' has the status of Section 7 guidance which means that Local Authorities are legally required to follow its directions

- No Secrets link; http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486?IdcService=GET_FILE&dID=1575&Rendition=Web

- No Secrets is now under Review-see below

(10) THE INDEPENDENT SAFEGUARDING AUTHORITY AND THE SAFEGUARDING VULNERABLE GROUPS ACT 2006

Back to overview

Registration by the Independent Safeguarding Authority (ISA) of people working with 'vulnerable groups' is now required by the Safeguarding Vulnerable Groups Act 2006. The ISA was set up in 2008 as one of the recommendations of the Bichard inquiry into the Soham Murders. Its role is to deal with Vetting and Barring Scheme referrals, i.e. applications from people who intend to work or volunteers in a wide range of services that deal with vulnerable groups. It is an offence for an individual to work in these services without being registered with the ISA, and for an employer to employ people in these services who are not registered.

The ISA, working closely with the Criminal Records Bureau (CRB) will assess this information and decide whether to give the individual concerned ISA registration or put them on one of the ISA Barred Lists which will replace the existing Protection of Vulnerable Adults (POVA) list and its equivalents in the child care field.

ISA website: http://www.isa-gov.org.uk/

Implications for Hanover

1. The Safeguarding Vulnerable Groups Act has set up categories of regulated and controlled activities; people who carry out these activities must be registered with the ISA – both categories are applicable to many Hanover staff.
2. The requirement to check prospective employees against the POVA list and to send notification

(10) THE INDEPENDENT SAFEGUARDING AUTHORITY AND THE SAFEGUARDING VULNERABLE GROUPS ACT 2006

to the POVA list – about e.g. disciplinary actions taken against staff – has hitherto only applied to organisations working in the registered social care sector.

3. However, the definition of a 'vulnerable person' used in this new legislation is far wider than that used in No Secrets, and includes people living in sheltered housing. Once the ISA is fully up and running (with activity phased in between October 2009 and July 2010)) Hanover will need to ensure that staff have ISA registration, and will have to notify the ISA if it dismisses or takes disciplinary action against staff on grounds of abuse of Residents and Service Users
4. It is in any case proposed to include all Supporting People funded services within the remit of the ISA.
5. Hanover currently carries out CRB checks on staff (at standard or enhanced levels depending upon the person's post), as required by Supporting People. The implication is that Hanover will now need to ensure that new and current staff also have ISA registration (CRB checks may still be needed)
6. ISA records will be constantly updated as fresh information is gathered. If new data indicates that an individual might pose a risk to vulnerable people, they will be put on one of the ISA Barred Lists and their current employer will be informed immediately

(11) MENTAL CAPACITY ACT 2005

Back to overview

The Act provides a statutory framework to empower and protect people who may lack capacity to make some decisions for themselves, for example, people with dementia, learning disabilities, mental health problems, stroke or head injuries. Separate Hanover PPG on the Mental Capacity Act is under development and should be available in summer 2009 The Act

1. enables capacitated people to plan for a time when they may lack capacity and clarifies who can take decisions, in what situations, and how to go about it.
2. is relevant to everyone who supports or cares for – whether formally or informally – people who may lack capacity to make decisions for themselves.
3. is relevant to housing and housing-related support, so staff need to be familiar with the main provisions of the Act.

Key Principles

(a) There should be a <u>presumption of capacity</u> – people should be assumed to have capacity to make decisions unless assessed otherwise

(b) Individuals should be <u>supported to make their own decisions</u>

(c) An <u>unwise</u> decision does not mean the person lacks of capacity to make that kind of decision

(d) Acts /decisions made under the Act for or on behalf of a person who lacks capacity must be done in their <u>best interests</u>

(e) The <u>Least restrictive option</u> (i.e. which places the least degree of restriction on the person that is compatible with their best interests) should be used when acting for or on behalf of a person who lacks capacity

(11) MENTAL CAPACITY ACT 2005

Assessing lack of capacity –

1. The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time.
2. It is "decision-specific" and "time specific"
3. In order to exercise an informed choice the individual concerned must be able to manage the four steps in the following test.

> 1. Can the person absorb basic information about the pros and cons of an issue, simply communicated?
> 2. Can the person retain the information for long enough to process it?
> 3. Can the person be said, objectively, to be weighing up the pros and cons against their own (subjective) value system, and arriving at a decision?
> 4. Can they communicate their decision somehow?
>
> If there is evidence, on the balance of probabilities (i.e. it is more likely than not) that the person cannot manage one or more of the four stages, then – at that time – they no longer retain the presumption of capacity on that issue.

Decision Making

1. The Act permits a designated 'decision-maker' to act on behalf of someone who lacks capacity in the following ways
   - Using a Lasting Power of Attorney (LPA) - The Act allows a person to appoint an attorney to act on their behalf if they should lose capacity in the future (it must be set up when they still have capacity). The LPA will specify the matters over which the person holding it is entitled to make decisions
   - Court appointed deputies - The Court of Protection can appoint deputies who can take decisions on welfare, healthcare and financial matters as authorised by the Court.
2. The Act creates statutory rules with clear safeguards so that people may make a decision in advance to refuse treatment if they should lack capacity in the future.

Safeguarding Implications

1. The Act introduced a new criminal offence of ill treatment or wilful neglect of a person who lacks capacity.
2. In the context of Hanover's PPG on Safeguarding, the following could be construed as being forms of abuse of a person lacking capacity, e.g.

   Simply assuming the person does not have capacity to make a decision, without arranging/requesting the assessment referred to above

   Clearly acting as if someone lacks capacity when they still have capacity

   Making decisions on behalf of a person who lacks , or appears to lack capacity, without taking the legal steps required by the Act to legitimate actions and decisions on their behalf

   Setting up a new Power of Attorney when the person already lacks capacity to agree to this

   Acting outside the specific authority given by an individual Power of Attorney

   Taking decisions that are not in the best interest of the person and/or which are more restrictive than other possible decisions that could also meet their needs (i.e. decisions

(11) MENTAL CAPACITY ACT 2005
that do not follow the 'least restrictive' principle mentioned above)

(12) SUPPORTING PEOPLE QAF REQUIREMENTS ON SAFEGUARDING -2009

Back to Overview

The QAF has a major focus on prevention and reporting of abuse; its main requirements for Support providers (e.g. Hanover when providing housing related support (*); and in operating HIA services (H@H)(are to be found in the revised QAF Core Objective (C1.3) 'Safeguarding and Protection from Abuse' (from 2009).

[(*) *The QAF's requirements appear not to apply in the following areas ;"Retirement leasehold" or "private sheltered" or "sheltered housing for sale" services - i.e. privately owned sheltered housing where the accommodation is purchased as leasehold rather than being rented".*

… but Hanover will still apply its Safeguarding Policy and Procedures in these areas]

The overall intended outcome of core objective 1.3 is that:
There is a commitment to safeguarding the welfare of adults and children using or visiting the service and to working in partnership to protect vulnerable groups from abuse.

Link to QAF (Safeguarding)

(13) Other Legislation

back to overview

The most relevant legislation and regulation is as shown above. At present there is no specific piece of legislation that provides a framework to protect a vulnerable adult from abuse
Other legislation, regulations and powers relevant to adult protection:

- The **Health Services and Public Health Act 1968** which allows local authorities to promote the welfare of older people, and the NHS and Community Care Act 1990 which requires them to undertake an assessment of need.
- **The Carers (Recognition and Services) Act 1995** requires that the needs of carers are assessed.
- Sections of the **Mental Health Act 1983** (England and Wales) may be used where the older person is mentally ill and believed to be ill-treated or neglected.
- The **Offences against the Person Act 1861**. The **Domestic Violence and Matrimonial Proceedings Act** and **the Sexual Offences Act** can also be used in certain circumstances.
- Legislation on domestic violence, including the **Family Law Act 1996** (England and Wales) may be used against a wide range of abusers who live with the abused person. It is not confined to spouses.
- The **Race Relations Act 1976** may be used if the abuse is of a racist nature.
- The **Public Interest Disclosure Act 1998** protects employees disclosing a public concern providing they are acting reasonably.
- The **Human Rights Act 1998** gives everyone basic rights. A key (but so far little used) aspect relevant to adult abuse/protection includes "no one shall be subject to degrading treatment or punishment" (article 3).

(13) Other Legislation

The legislative framework for the registration and inspection of care homes (formerly residential and nursing homes) and domiciliary care agencies is the **Care Standards Act 2000.**

(14) Anticipated changes in Regulation/ Legislation (March 2009)

back to overview

'No Secrets'

The Government has recently carried out a review of No Secrets. Changes in policy, regulation and/or legislation as a result of the consultation on 'No Secrets' may require a revision of Hanover's PPG on Safeguarding. The focus of the consultation is on how No Secrets might be strengthened for example by including more legal duties on agencies to cooperate and share information, and the possible introduction of legal powers to enter premises and remove people at risk.

Link here to Hanover's response to the Consultation

Independent Safeguarding Authority

There are likely to be further announcements on the impact of the ISA and the implementation of the new Vetting and Barring scheme in the run up to the ISA 'going live' in October 2009. Further changes in policy, regulation and/or legislation as a result of the implementation of the ISA and Vetting and Barring may require a revision of Hanover's PPG on Safeguarding

[END OF BACKGROUND INFORMATION]

Safeguarding Residents and Service Users – Policy, Procedure and Guidance

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204.1	original	Jon Head	July 2009
204.2	Updating of Section 2.7 (pg 20) – Contacting the Police. More advice about when staff should contact Police as well as ASC	Vera Brearey	Jan 2010
204.3	Updated details for Lead	Anne Everson	Jan 2011

	Safeguarding Officer – now Tom Brown		