

Safeguarding for managers and Safeguarding leads

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Course objectives

- Learn how to effectively Triage Safeguarding alerts from front line staff in order to insure more appropriate referrals
- Understand in detail what is and is not an appropriate Safeguarding referral, exploring topics such as eligibility, mental illness, suicide, Hoarding & Neglect
- Explore Mental capacity and consent for over 16s whether you are considering a Safeguarding adult or children alert
- Look at more complex topics such as trafficking, grooming, when two 'adults in need' abuse each other, choosing MARAC or Safeguarding.
- Look at trauma and Safeguarding from a 'Trauma informed', 'Psychologically informed' perspective.

Today's session

- Is there anything that you would like to talk about today?
- Any particular areas or topics?

Exercise 1: In small groups

- What are the core responsibilities of a manager when it comes to Safeguarding?
- Have there been any challenges or problems with these responsibilities since taking on your role?

Prevention / Promoting awareness



Identification
(Yourself and staff members)



Action (What you actually do to Safeguard the adult or child)



Follow up / review (Reflective practice)

Discussion

- How can you identify those tenants who may be vulnerable to abuse and need current or future Safeguarding?
- Think about different opportunities and interactions you have with new or existing tenants?
- Please share what you do as well as any gaps or questions you identify.

SCIE: Safeguarding for Housing staff

- Raise general public awareness of what constitutes abuse and how to report it
- Educate tenants on how to recognise abuse and protect themselves from it
- Ensure individuals have access to support from social services, voluntary support agencies and health
- Work with perpetrators of anti-social behaviour to try to reduce their behaviour and minimize risk
- Work with social care to ensure adequate support for carers.
- Ensure staff training includes prevention and Making Safeguarding Personal
- Have systems in place to facilitate the identification of people with care and support needs and possible risks

SCIE: Safeguarding for Housing staff

- Have mechanisms in place to identify people who may pose a risk
- Make strategic links with the Safeguarding Adults Board and other multi- agency public protection forums
- Ensure that your staff understand and follow multi-agency policies and procedures
- Seek to address social exclusion and isolation through local joint strategies
- Promote inter-agency collaboration
- Ensure that allocations policies consider risk to tenants who may be vulnerable to abuse

How to promote good adult Safeguarding practice (CIH 2019)

- Tenancy sign ups
- Tenancy reviews
- ASB interviews or investigations
- Arrears interviews
- Estate inspections
- Provide training or develop awareness to tenants to ID neglect and abuse in their community
- Ensure all staff have awareness of Safeguarding
- Ensure Safeguarding is embedded in all policies, procedures and practice
- Good local representation on SAB and local groups
- Develop information sharing protocols with Social care & health

The law and guidelines

- The Children's Act 1989 & 2004
- The Children and Social Work Act 2017, which introduces changes to the way local authorities support and protect vulnerable children and young people.
- Working Together to Safeguard Children 2018 /2023, which provides guidance on how organisations and individuals should work together to safeguard and promote the welfare of children.

The law and guidelines ...(cont'd)

- The Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Health and Social Care Act 2012
- Mental Capacity Act 2005
- Equality Act 2010
- Human Rights Act 1998
- Various other legislation on Domestic abuse, Modern slavery, etc.
- (The all Wales child protection procedures 2008, Social services and wellbeing act 2014)

Housing and Safeguarding: Group discussion

- What is your opinion of the role of Housing in Safeguarding?
- Are social landlords expected to do too much?
- How do you find the balance between you and your staff members legitimate duties and becoming over involved (housing professionals becoming social workers)?

Be careful that you or your staff don't become over involved

- Austerity impact on Health and Social care
- Legislation: MCA 2005, MH act update 2007, Care act 2014
- You are the only consistent in many vulnerable people's life's
- Housing has become more holistic
- Equalities act 2010 (Reasonable adjustment)
- Health & Social care may treat clients-patients of social housing or sheltered differently (off the record)

Housing & Safeguarding (SCIE 2018)

- Housing staff are a vital component of local multi-agency safeguarding partnerships.
- Social care staff should promote partnership working with housing staff.
- There is a need for clear understanding of the parameters of adult safeguarding for effective working between sectors.
- Information sharing is essential – staff need clarity about when and how they can share safeguarding information.

Housing & Safeguarding (SCIE 2018) ...(cont'd)

- Local partnerships should have strategies for promoting the wellbeing of people where safeguarding does not apply, including those without care and support needs, people who refuse support and those who self-neglect.
- Housing staff should be kept informed and involved, as appropriate, with any safeguarding activity concerning tenants.

Risk Management

“Effective risk management... should not be understood as ‘zero risk’ as this position can never be achieved. Decision making will never be infallible, but must be defensible; that is, it should be possible to show that:

- All reasonable steps have been taken
- Information has been collected and thoroughly evaluated
- Reliable assessment methods have been used
- Decisions are recorded (and subsequently carried out)
- Policies and procedures have been followed; and
- Practitioners and their managers adopt an investigative approach and are proactive.”

***HM Inspectorate of Probation: An Independent
Review of a Serious Further Offence case: Anthony***

Rice May 2006

Exercise: Appropriate referrals?

- Are all adults able to be safeguarded by the Care act 2014?
- Who is an adult at risk / An adult in need of care and support?
- What characteristics can make someone vulnerable?
- What are the types of abuse for:
 - a. A child
 - b. An adult

Child or adult Abuse

Generally;

- Either doing something to an adult and/or child that should not be done, including anything that may cause them injury or distress

Or

- Failing to do something for an adult or child that should be done, for the sake of their safety or wellbeing

Abuse?

- The term abuse is defined as: “...**a violation of an individual’s human and civil rights by any other person or persons which results in significant harm.**”
- Abuse is any action taken by another person that causes harm or distress. This can be physical or mental.

Safeguarding Adults: Adult at risk

1. Has needs for care and support (whether or not the Local Authority is meeting any of those needs),
2. Is experiencing, or is at risk of, abuse or neglect, and
3. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."

Who can be classed as an 'Adult at risk?'.

- With learning disabilities
- With physical disabilities or sensory disabilities
- With mental ill health
- Who are frail due to their age
- With dementia
- With brain injuries
- With drug or alcohol problems*
- Long term health issues*
- Carers*

Types of Adult abuse

www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse

- Physical abuse
- Sexual abuse
- Psychological or emotional abuse
- Self-neglect
- Neglect and or acts of omission
- Financial abuse
- Discriminatory abuse
- Institutional or organisational abuse
- Modern slavery
- Domestic abuse (honour based, FM, FGM)

Common problems with Safeguarding adult referrals

- There is possibly a problem, but it isn't safeguarding (Substance misuse, mental health, crime, ASB)
- The person isn't an adult at risk!
- Even this is not black and white: Undiagnosed conditions, low level mental health, low level health issue-disability, older person but not frail
- There is no immediate risk: Confusing the need for a 'needs assessment' with a safeguarding concern
- The person has mental capacity and is making an unwise decision

Managing expectations (staff and customers)

- Sometimes there is not an easy solution to a problem
- It would be nice if a Safeguarding referral was able to solve any problem, but it can't
- We may want to help the person and we may want to feel we have done something, but a MASH referral is not a silver bullet
- Sometimes people don't want to help themselves and may want any attention including negative attention (or there just isn't the right sort of support available?)

Managing expectations (staff and customers) ...(cont'd)

- You and customers need to know what you are able to help with and what your limits are.
- Long term mental health / addiction vs physical illness (Diabetes)
- Covering your backside is possible internally*

Suicide is usually not a Safeguarding risk!

- Suicide is related to mental health not Safeguarding
- If the person meets the criteria for an adult at risk and they are suicidal because of the abuse they are suffering or the lack of support this may assist with the referral process but the referral needs to be because of the abuse / neglect not suicide
- If the person suicidal because of MH or other factors then:
- In an emergency contact 999

Suicide is usually not a Safeguarding risk! ...(cont'd)

- If it is not an emergency then they need to contact their GP, Samaritans, or Mental health support
- National or local websites have more resources (stay alive App, Papyrus, Shout, Orange button scheme)
- **You may** contact the local MH crisis team but often they will only work with existing cases or undiagnosed high threshold referrals

Not able to contact a tenant: Usually not a Safeguarding referral either

- Sometimes customers can't be contacted and you may be worried
- Have you got any additional contact details? Have you tried the hospital?
- If you have concerns about someone whom you cannot contact and they are vulnerable then contact the Police:
- 111 non emergency or 999 emergency
- Safeguarding and social workers is not an emergency option.
- A section 42 enquiry is an investigation that is a slow process. Police or other 999 services are for emergencies.

Obtaining Consent

Safeguarding children: You **DO NOT** need the child's consent or the consent of the parent or guardian to report your concerns

Safeguarding adults: You **DO NEED** the adults consent to report your concerns **unless:-**

- Other people are at risk
- The alleged perpetrator has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated
- Coercion is involved
- They lack capacity* to make the decision under the MCA 2005

Signs of adult abuse?

- You might become aware that an adult is at risk of harm when:
- You see or hear something yourself
- A staff member tells you of a concern
- Another customer tells you
- A family member or another outside professional tells you.

Safeguarding children types of abuse (NSPCC 2021)

(These are the statutory categories from the Children's Act 1989)

- **Neglect**
- **Emotional**
- **Physical**
- **Sexual**
- **Financial (Welsh joint procedure 2021)**

- (2023 NSPCC)
- Grooming
- Female genital mutilation
- Online abuse (Grooming, cyber bullying)
- Child trafficking
- Child sexual exploitation
- Non recent abuse
- Gangs and criminal exploitation
- Domestic abuse

Signs of abuse or Safeguarding concerns

- **Safeguarding concerns are not the same as evidence of abuse. Look for signs but don't jump to conclusions!**
- Child appearance and behaviour
- Behaviour of parent around child
- Concerns from neighbours or others
- Concerns from professionals
- Property condition
- Parental substance misuse* (Hidden harm)
- Parental mental illness, complex need*

Mental capacity discussion

- Please define 'Mental capacity'
- Is Mental capacity fixed or fluctuates?
- How often does a mention of Mental capacity come up.
- How does Mental capacity and the MCA 2005 potentially impact on Safeguarding adults or children?

Assessment of capacity MCA 2005?

- According to the British Medical Association(2015) a person is regarded as being unable to make a decision if, at the time the decision needs to be made, he or she is unable
- Understand the information
- To retain the information relevant to the decision
- To use or weigh the information; or
- To communicate the decision (by any means).

Mental capacity act 2005

Lack of capacity

- Causes
 - Mental illness
 - Acute physical illness
 - Learning difficulties
 - Dementia
- Just because a person has a condition that might mean they lack capacity does not mean that they are incapable of making all decisions

Different types of capacity?

- Different types of Capacity? **3**
- Mental capacity act 2005
- Diagnostic testing (MMSE, GPCOG)
- Magistrate and courts that aren't Crown courts (MCA / two letters*)
- Crown courts

Mini mental state exam example

COMPONENT DESCRIPTION	PATIENT SCORE	POINTS
III. Registration Name three objects (for example, apple, table, pen) taking one second to say each one. Then ask the individual to repeat the names of all three objects. Give one point for each correct answer. Repeat the object names until all three are learned		3
IV. Recall Ask for the three objects repeated above (for example, apple, table, pen). Give one point for each correct object		3
V. Language Point to a pencil & ask the person to name this object (1 point). Do the same thing with a wrist watch (1 point)		2
Ask the person to repeat the following. No 'ifs' & or 'buts' (1 point). Allow only one trial		1
Give the person a piece of blank white paper & ask them to follow a three stage command. Take a paper in your right hand, fold it in half & put it on the floor / 4 point for		3

Different types of capacity?

- **Crown courts:** Fitness to plea test England and Wales (Crown courts based on of Alderson B. in R v Pritchard 1836) **Is the defendant unable**
- **to comprehend the course of proceedings on the trial, so as to make a proper defence**
- **to know that they might challenge any jurors to whom they may object**
- **to comprehend the evidence**
- **to give proper instructions to their legal representatives**
- Litigation friend / advocate

Assessment of capacity

- Stage 1
 - Person must have an impairment of or disturbance in the functioning of the brain or mind resulting in an inability to retain, use or weigh information relevant to a decision
- Stage 2: The questions you ask relating to a decision*
 - Can only be assessed in relation to a particular decision
 - Must be reassessed for each decision
 - People are entitled to make unwise decisions
- This two-stage test must be used and ***your records should show it has-been used***
- ***DOT THE I's and Cross them T'S!!!!***

Mental capacity & Tenancy sustainment

- If a person has capacity relating to an issue then they legally know what they are doing (i.e., playing loud music, ASB, non-payment of rent)
- You still need to consider their mental health / issues but legally they have capacity
- With 'reasonable adjustment' you can treat the person as per any other tenant who does something wrong!
- If a person lacks capacity then you can apply to the court of protection, to say carry out work to a property, or to move someone
- Remember capacity fluctuates!

Why do people hoard?

Neurobiology

Cognitive

LIFE EXPERIENCE

Learning Theory

Genetic

Behavioural

Hoarding?

- **Is Hoarding a lifestyle choice or a mental illness?**
- The Mental capacity act 2005
- Equalities act 2010 (reasonable adjustment for disability)
- Mental health act 1983/2007
- Mental health diagnosis (DSM-5 definition).

Common problems and challenges working with Hoarders?

- Difficult to identify
- Difficult to engage
- Difficult to create insight / break down denial states
- Other services don't want to help!
- Costs
- Lack of resources
- Problems with monitoring and creating long term solutions
- Motivation
- Lack of sympathy with Hoarder!

Stages of support / action

We need to look at working with hoarders in a stage by stage process.

This is my methodology. We will also look at your process and procedure this afternoon (it doesn't contradict).

- **One:** Identification
- **Two:** Initial meeting / contact, & developing rapport and trust
- **Three:** Assessment
- **Four:** Risk assessment
- **Five:** Support plan and goals
- **Six:** Harm reduction* (safety, health, comfort)
- **Seven:** De-cluttering*
- **Eight:** Follow up.

Hoarding & Safeguarding

- Hoarding and Domestic Squalor can be classed as either 'Self neglect' or 'Neglect'
- However
- Mental capacity has to be considered
- Does the impairment or disability cause the Hoarding or Squalor (too disabled to clean or tidy property)
- Or could the person help themselves?
- Do they want help?
- Equalities act 2010 'Reasonable adjustment' landlord duty
- S17 Childrens act*
- Section 9 Care act (Needs assessment)

Mental illness isn't black and white!

- Sometimes people who have mental health problems will not be diagnosed and treated.
- Sometimes they have conditions that cannot be cured.
- Often even with treatment there is still on going problems.
- Sometimes if a person is 'cured or stabilised' they may relapse.
- Sometimes the Mental illness does not cause the problem its just one factor (and therefore during or after treatment the housing problem may still exist).

Involving mental health services

- Hoarding is now a diagnosable mental illness
- However.....
- It is not a priority for CMHT
- GP first instance (stepped care approach)
- Talking therapies
- Co-morbidity

Preventing abuse and promoting awareness ...(cont'd)

- Encourage your staff to build good relationships with tenants and families* and as a manager get to know tenants as well as you can
- Posters, leaflets, information
- Discuss in tenants' associations, any events
- Keep awareness constant (not just special events or occasions)

Grooming (NSPCC, 2023)

- Grooming is a process that "involves the offender building a relationship with a child, and sometimes with their wider family, gaining their trust and a position of power over the child, in preparation for abuse."
- (CEOP, 2022)
- Grooming can happen anywhere, including:
 - online
 - in organisations
 - in public spaces (also known as street grooming)
- (McAlinden, 2012).

Grooming (NSPCC, 2023) ...(cont'd)

- Children and young people can be groomed by a stranger or by someone they know – such as a family member, friend or professional.
- The age gap between a child and their groomer can be relatively small (NSPCC and O2, 2016).
- Grooming techniques can be used to prepare children for [sexual abuse](#) and [exploitation](#), [radicalisation](#) (Department for Education (DfE), 2017) or criminal exploitation (Children's Commissioner, 2019).

Safeguarding children who may have been trafficked (Dept Ed / Home Office 2022)

- Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick-pocketing, theft and working in cannabis farms.
- There are a number of cases of minors being exploited in the sex industry.

Trauma, Psychologically informed environments and Safeguarding

- Have you heard of Trauma informed approaches or Psychologically informed environments?
- Have any of your services or staff done any work around trauma yet?
- How might Safeguarding be linked to Trauma?

Psychologically informed environments (PIE)

‘ PIE is an environment that takes into account the psychological configuration of **customers and staff** – that’s the thinking, emotions, personalities and individual past experiences of both clients and staff in the way that it operates as an organisation.’

Psychologically informed environment?

5 areas of PIE



Plus, reflective practice!

Trauma 2023

- Over the last 28 years we have learnt a lot about Trauma from several large research studies in the US, Canada and to a lesser degree UK.
- **Four key findings**
- We now know more events can be traumatic
- We now know more people have experienced Trauma
- We now know the effects of childhood, or any age trauma last a lot longer (some may be permanent)
- We know that while trauma can affect people on its own it can also cause or contribute to mental illness or lifestyles such as Addiction, or brain changes that can lead to the victim / survivor ending up with a disability (more later)

Questions, comments??

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