Harrow COUNCIL LONDON

& our Partners,

Committed to Safeguarding Adults

Harrow Safeguarding Adults Board (HSAB)

Promoting Dignity and Prevention of Abuse Strategy

2017 - 2020

Harrow COUNCIL LONDON

in partnership with:

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The Care Act 2014 places a duty on local safeguarding adults boards to develop and implement a clear strategy around the prevention of abuse or neglect of adults at risk.

This strategy has been developed to support the Harrow SAB in this role.

"Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone's business" (HSAB vision)

1. Introduction

1.1 Critical to the vision in the Care Act 2014 is that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point. It is vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence and prevents need or delays deterioration wherever possible. This approach applies equally to adult safeguarding.

1.2 The Care Act 2014 places a duty on local safeguarding adults boards to develop and implement a clear strategy around the prevention of abuse or neglect of adults at risk. Prevention is one of the core principles of safeguarding and as such forms a fundamental part of local adult safeguarding policy framework and arrangements.

1.3 The Harrow Safeguarding Adults Board (HSAB) has developed this Promotion of Dignity and Prevention of Abuse Strategy. It is a multi-agency strategy designed to empower and protect adults at risk in the local community. By delivering the strategy, the Board hopes that fewer people in Harrow will become affected by abuse and more people will be kept safe and out of harm whilst living their life and making their own decisions.

The first Prevention Strategy (with a separate Dignity Plan as an appendix) was implemented in 2010 and was reviewed at the end of 2013 when most of the actions had been completed. The second strategy (2014 – 2017) placed the promotion of dignity as an integral part of the overall approach. As with the earlier versions, this updated document is a formal appendix to the HSAB's Strategic Plan 2017 - 2020.

1.4 This strategy recognises that there are a number of building blocks for prevention and early intervention. This includes:

- a well trained workforce operating in a culture of zero tolerance of abuse
- people being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy
- a sound framework for confidentiality and information sharing across agencies
- access to good universal services, such as community safety services
- needs and risk assessments to inform people's choices
- safeguarding involves achieving a balance between protecting people and preserving their right to make decisions for themselves
- availability of a range of options for support to keep safe from abuse tailored to people's individual needs
- an informed public that is aware of the issue is fundamental to the success and effectiveness of the strategy

2. Principles

The following principles and key messages underpin this strategy:

- prevention in safeguarding should be broadly defined and should include all health and social care user groups and service settings
- prevention needs to take place in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks
- safeguarding monitoring data and other intelligence should be used to identify people, groups or localities most at risk in order to target preventive work
- any “harder to reach” groups should be identified and strategies put in place to raise awareness and reporting amongst these groups and communities
- effective prevention requires good partnership working and a multi disciplinary approach adopted within and across local services
- robust risk management (undertaken within the context of positive risk taking) is an important tool in effective prevention and early intervention
- safeguarding training strategies and programmes should address prevention and early intervention and include as core skills Making Safeguarding Personal, risk enablement, risk management, community safety, legal powers and remedies. Staff can then access such training as relevant to their role

3. Learning from best practice/research

In developing this updated 3 year strategy, the Harrow SAB has revisited relevant best practice guidance, research and the findings from user consultation. The Social Care Institute for Excellence (SCIE) has outlined the following areas for the prevention of abuse which have been included in the Harrow model:

- identifying people most at risk of abuse
- public awareness
- information, advice and advocacy
- training and education
- policies and procedures
- community links and community support
- regulation and legislation
- inter-agency collaboration
- empowerment and choice

4. Harrow’s model for prevention

The diagram below and the action plan at appendix 1 demonstrate Harrow’s 4 tiered approach to promotion of dignity and prevention of the abuse of adults at risk (across all user groups) as follows:

Tier 1 **"Generic"** - activities aimed at identifying those people most at risk and reaching as many people as possible through awareness raising campaigns, publicity and information. This also includes advice for the general public

Tier 2 **"Staff"** - activities aimed at reaching as many staff and volunteers as possible (across all sectors) working with adults at risk of harm through guidance, training/development, supervision and support (including provision of policies/procedures)

Tier 3 **"User"** – activities aimed at engagement with as many "users" as possible (including through advocacy), with a focus on empowerment, how to keep safe and report concerns

Tier 4 **"Specialist"** – targeted activities carried out by specialist staff e.g. commissioning, contract monitoring, regulation, implementing personalised services, care providers, dignity champions, recruiters, and the work of the Safeguarding Adults Services in the Council and CNWL. This includes the role of the HSAB

Tier 1 – "Generic" Activities

a) Identifying those people most at risk

Research shows that people with learning disabilities are at risk of all types of abuse, with the added risk factors of: poor social skills/poor judgment, poor communication skills, physical dependence (for example the need for help with personal hygiene and intimate body care), a lack of education about appropriate sexual behaviour, as well as lack of knowledge about how to defend against abuse. Six statistically significant characteristics have been found to be associated with abuse of people with learning disabilities - they were that the victims were physically mobile, displayed aggressive behaviour, were young, non-verbal, unsociable or engaged in self-injury.

Deaf-blind people are thought to be at higher risk of sexual abuse as a result of having learnt touch as a method of communication.

CSCI (now Care Quality Commission) found that many adults at risk are reluctant to do anything about abuse if family members are responsible, for fear of losing contact with them. Women's Aid describe a similar situation for disabled women who do not report abuse.

Women with a psychiatric diagnosis are identified as being at high risk of sexual abuse.

The co-occurrence of different forms of abuse is another important factor with research findings suggesting that it is highly likely that a vulnerable person who is financially abused might also be being abused physically, sexually or psychologically (and vice versa).

Very similar factors have been associated with increased risk for older adults. American research found that those people who were most frail and dependent were at increased risk of maltreatment. They identified as most at risk of abuse those residents considered to be quiet, disorientated, unable to communicate or with few visitors, as well as those found to be non-compliant, demanding or to have difficult or challenging behaviours.

Informal Carers

There are a number of indicators of "carer burnout" (i.e. recognition that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person), including disrupted sleep patterns, loss of compassion/resentment of the cared for person, frustration and isolation. Helping workers in contact with informal carers to recognise these indicators and rigorous implementation of carers' assessments are two ways of ensuring that those feeling under stress and struggling to cope with their caring role are offered appropriate levels of support by relevant agencies.
Isolation has also been identified as a risk factor for family carers becoming perpetrators of abuse in community settings – those with less family support or social contacts being more likely to abuse. Stress, substance abuse and mental illness of family carers were also identified as risk factors.

b. Publicity, awareness campaigns and information

All types of media can be utilised to get messages across, including magazines that are posted through every letterbox in Harrow e.g. the Council Tax leaflet and Community Safety publications. Useful guidance applicable to the general public as a way of trying to avoid problems later in life e.g. making sure financial and legal affairs are in order and information about making a will or completing Lasting Powers of Attorney paperwork can be disseminated as widely as possible.

Information leaflets about the prevention and detection of adult abuse being made available in different and accessible formats for users and their carers should ensure that as many people as possible receive and understand its key messages. All versions should explain as a minimum, who to contact, how to express concern and how to complain should that be necessary.

Making a general leaflet on the prevention and detection of adult abuse available to the public through Libraries, GP surgeries and other well used venues e.g. places of worship, hairdressers and pharmacists/chemists will ensure the widest possible coverage.

Presentations and displays created for use at relevant events (including World Elder Abuse Awareness Day, Dignity Day and World Mental Health Day) and an outreach programme from the Safeguarding Adults Service to community groups, will ensure that key messages are disseminated as widely as possible to all sections of the population.

Information being made available in appropriate formats for those people at the greatest risk [see section (a) above] should assist with reducing their risk, or as a minimum ensure they know how to raise a concern.

c. Self neglect

The Harrow SAB has a protocol for working with people who self-neglect. This was based on its previous “Working with hard to engage vulnerable adults” protocol used prior to the Care Act 2014 which brought self-neglect under the remit of safeguarding adults arrangements.

National research led by Professor Michael Preston-Shoot and his colleagues which looked at the most successful interventions for people that are vulnerable but hard to engage was incorporated in the HSAB’s current protocol.

e. Dignity in care

In Harrow the promotion of dignity in care agenda is considered to be such a high priority in safeguarding vulnerable adults from abuse, that it is fully integrated into this Prevention Strategy and reflected in the actions at appendix 1.

Dignity in Care campaign

The Department of Health’s “Dignity in Care” campaign aimed to end tolerance of indignity in health and social care services through raising awareness and inspiring people to take action.

The campaign moved from the Department of Health and has subsequently been hosted by the Social Care Institute for Excellence (SCIE). The website is full of helpful resources and can be found at the following link:

http://www.dignityincare.org.uk/Dignity_in_Care_campaign/The_10_Point_Dignity_Challenge

The ten point Dignity Challenge:

- *to have a zero tolerance of all forms of abuse*
- *to support people with the same respect you would want for yourself or a member of your family*
- *to treat each person as an individual by offering a personalised service*
- *to enable people to maintain the maximum level of independence choice and control*
- *to listen and support people to express their needs and wants*
- *to respect people's privacy*
- *to ensure people feel able to complain without fear of retribution*
- *to engage with family members, carers and partners*
- *to assist people to maintain confidence and a positive self esteem*
- *to alleviate people's loneliness and isolation*

In Harrow the aim is to ensure that dignity in care is extended to all adults receiving health and social care services irrespective of the setting and service provider, thereby including all vulnerable and "harder to reach" groups.

The Harrow SAB has fully embraced the campaign for Dignity in Care and took part in the DoH pilot of a dignity audit tool in 2010. This focused on residential care services and the learning points were shared with the HSAB at its meeting in November 2010. Any further and ongoing actions required are covered in the action plan below. A number of local providers take place each February in activities to mark annual Dignity Awareness Day.

Key priorities

The Dignity in Care agenda identifies priorities in the following key areas:

- Commissioning and Contracting
- Recruitment and Selection
- Training and Staff Development
- Performance Monitoring
- Dignity in Care Champions
- Consultation and Engagement
- Safeguarding Vulnerable Adults

These areas have been addressed in the relevant sections of the Harrow "tiered" model – see above.

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Tier 2 – "Staff" Activities

a Whistleblowing

The primary purpose of a Whistleblowing Policy is to ensure that all vulnerable adults supported by an organisation are afforded high standards of care and are protected from any form of staff abuse or misconduct.

Employees are often the first to notice that something may be wrong within the workplace, however they may feel unable to speak up for fear of being disloyal, of harassment, or of losing their job (the latter may be of particular concern to agency/temporary staff). In these circumstances it may be easier to ignore the concern rather than report what may be a genuine suspicion of abuse.

Staff must be motivated by a genuine concern. They do not have to wait for proof. The concern about adult abuse as with any other public interest disclosure must be serious, credible and likely to be confirmed by other sources.

b. Inspection and quality assurance systems

There is some evidence that abuse of vulnerable adults in institutions is more likely to occur when an establishment is run down or overcrowded, where furniture is dilapidated and basic arrangements for laundry and hygiene are poor. Unnaturally high levels of unexplained staff turnover can be another indicator. The roles of CQC, Social Workers carrying out reviews of individuals, Best Interest Assessors completing Deprivation of Liberty Safeguards assessments; Contract Monitoring/Quality Assurance Officers, Healthwatch "enter and view" volunteers and any other professionals (e.g. GPs and nurses) visiting care homes are therefore critical in picking up these issues and overseeing improvement/failure to improve.

c. Rigorous (safe) recruitment practices

Posts involving work with older people, those with physical/learning disabilities and other vulnerable groups are exempt from the provisions of the Rehabilitation of Offenders Act 1974. Applicants applying for work in those areas should be asked to disclose whether or not they have any criminal charges, convictions or summonses pending against them and whether or not any conviction is regarded as "spent". A past conviction will not, of itself, preclude an offer of employment but careful consideration must be given as to whether the past behaviour of the applicant might put vulnerable adults at unacceptable risk of abuse.

All references, including from the last employer, should be taken up and be provided in writing before a formal offer of appointment is made. Prospective employers should make all reasonable attempts to check that references are bona fide and if in doubt ask job applicants to provide an alternative. Reference requests should seek clarification as to the candidate's suitability for the post, including details of any pending or completed disciplinary investigations. Employment gaps should be clarified with the applicant.

The main role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and to prevent unsuitable people working with vulnerable groups, including children.

Helpful information is available from the following:

Disclosure customer services:

customerservices@dbs.gsi.gov.uk

Telephone: 0870 909 0811 Minicom: 0870 909 0344

Services registered with the Care Quality Commission (CQC) should comply with the regulations and guidance in place and inspected by that body.

d. Use of volunteers

Where agencies use volunteers that have significant and regular contact with vulnerable adults, they should undertake the same checks as they would when employing paid staff. Volunteers should be made fully aware of the London Multi-agency Safeguarding Adults Policy and what they should do if they have any concerns. Volunteers should also have access to a level of supervision and training that is appropriate to their role with vulnerable users.

e. Recruiting appropriate staff

In order to ensure that the dignity in care philosophy is visible and central to the role of staff within adult social care (all sectors) and health, job descriptions and person specifications for staff in relevant posts will contain elements relating to dignity in care.

In addition, the formal recruitment process for care posts will ideally contain at least one question to test the applicant on their knowledge and understanding of dignity in care.

The HSAB has recommended that all relevant operational staff be reminded of their responsibilities towards dignity in care as part of member organisations' induction processes.

f. Staff support, training and supervision

Institutional abuse has been linked to frustration brought about through long hours of work, low pay and low prestige. This is exacerbated in situations where the demands of the work are very heavy or where the task to be carried out is viewed as unpleasant. Although pay rates are not easily improved, much can be done to support staff and to ensure that rotas are workable and tasks appropriate.

The supervision of staff in all institutional settings is crucial and should be given high priority. All organisations should ensure that staff and volunteers are adequately trained on the policy, procedures and professional practices that are in place in Harrow in line with their responsibilities in both the prevention and investigation of adult abuse.

This should include:

- basic induction training with respect to awareness that abuse can take place and duty to report concerns
- more detailed training on the recognition of abuse and potentially abusive situations and the role of their organisation in the local Safeguarding Adults Policy
- specialist training for managers and staff carrying out investigations
- discussion around dignity in care initiatives will also form part of regular supervision and performance development reviews

Wherever possible training should be provided in multi-agency settings and as part of a rolling programme. All safeguarding vulnerable adults training now covers the dignity in care agenda as part of the prevention message.

Where staff members are dealing with issues of abuse, support and advice must be offered to help them deal with the situation. This should include the phone numbers of advice lines and where necessary, counselling.

g. Guidance for staff

All organisations should have a set of internal guidelines which relate clearly to the London Multi-Agency Policy/Procedures and set out the responsibility of staff to operate within it. This should include guidance on:

- identifying vulnerable adults who are particularly at risk
- recognising risk from different sources and in different situations and recognising abusive behaviour from other service users, colleagues and family members
- routes for making a report about possible adult abuse
- protection for whistleblowers where a genuine concern has been raised
- working within best practice as specified in contracts
- working within and cooperating with regulatory mechanisms
- working within agreed operational guidelines to maintain best practice in relation to challenging behaviour, personal and intimate care, physical interventions (formerly known as control and restraint), moving and handling, sexuality, medication, handling of service users' money and risk assessment/management

Internal guidelines should also cover the rights of staff and how employers will respond where abuse is alleged against them within either a disciplinary or criminal context.

h. Clear policies and procedures

There are some aspects of care and support that (if not executed correctly) can be more likely to lead to mistakes or deliberate misuse, resulting in a loss of dignity for, injury to, or abuse of a vulnerable adult.

Therefore the HSAB would expect all relevant organisations to have clear policies and procedures for their staff in the following key areas:

- challenging behaviour
- personal and intimate care
- physical intervention – in line with up to date codes of practice and including Deprivation of Liberty Safeguards (DOLS) guidance
- sexuality and relationships
- handling medication (including covert administration)
- DNARs
- handling user's money
- risk assessment and management
- manual handling

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Tier 3 – "Users"

a. Empowering adults who are most at risk

The Harrow Safeguarding Adults Board (HSAB) has agreed that all local services have at the heart of their philosophy, the intention to promote and enable full citizenship. Issues relating to the awareness of and prevention of abuse are fundamental to this aspiration.

Negative attitudes towards vulnerable people have been linked to institutional abuse. Stereotypes of older people and other groups is common place in society. Empowering individuals with knowledge and understanding so that they will be aware of what is appropriate or inappropriate behaviour towards them is an important aspect in the prevention of adult abuse. It is still the case that many individuals in high risk groups are not given appropriate levels of information in relation to either their rights or their associated responsibilities.

Additional support may be required to ensure adequate levels of understanding and skills so that rights and responsibilities are recognised and asserted.

The HSAB has made easy to read information available about what abuse is, how to report abuse and what happens after abuse is reported. Targeted training and awareness sessions for users and wider groups of adults at risk in the community, alongside advocacy, should assist in empowering people to "speak up" if they have any concerns and to "say no" if they feel that someone in their life is doing something inappropriate. Examples might include ensuring that all residential/nursing/supported living homes have a "residents committee" in place which can raise issues on behalf of those less able to speak for themselves. In addition, targeted awareness campaigns on specific issues e.g. protecting yourself against financial abuse, avoiding door step crime and keeping safe outside the home can be extremely helpful in prevention.

b. Community safety and hate crime

"All crime is unacceptable, but offences that are driven by hostility or hatred based on personal characteristics set a particular challenge to a civilised society. For the Crown Prosecution Service (CPS) therefore, effectively addressing all forms of hate crime and crimes targeting older people remain a core commitment." (**Keir Starmer QC, Director of Public Prosecutions**)

In 2012 the Home Office study of the British Crime Survey found that there are 65,000 disability hate crimes per year in England and Wales and victims of this type of crime are four times more likely to suffer serious psychological harm from their impact. Despite the efforts of professionals and advocates, under-reporting and recording remains one of the greatest challenges with less than 1 in 35 of these crimes being recorded in the Home Office data for 2011/12, where the police recognised just 1,744 such crimes.

Back in 1999, Mencap published their first report on the issue of hate crime, “Living in fear”, which revealed that nearly 9 in 10 of those surveyed with a learning disability had been bullied in the past year. The deaths of Francecca Hardwick and Fiona Pilkington in 2007 were exactly what Mencap had warned about almost a decade earlier.

They had been victims of seven years of verbal abuse and harassment from young people who lived locally, asked for help, but didn’t get it and the consequences were fatal.

In the last few years, there have been significant developments in how hate crime is tackled. In 2011, Mencap launched the ‘Stand by me’ campaign to end disability hate crime. To date, 40 out of the 44 police services in England, Wales and Northern Ireland have signed up to the ‘Stand by me’ police promise to improve how they serve people with a learning disability and tackle hate crime.

Locally there has been joint work led by the Community Safety Partnership with awareness campaigns and the production/circulation of useful information such as “the little book of big scams”. In addition, the HSAB is setting up a “Safe Place” scheme - this is where people (primarily with a learning disability) who are out in the community and feel unsafe can visit a shop or library that has signed up to the scheme. The staff in that shop will know to ask them for their safe place card which will give a number to call – letting family or friends know that the person is feeling unsafe.

c. Personalisation, Choice and Control

Enabling individuals to exercise choice and control over their own lives is crucial. Safeguarding should not result in over-protection and paternalism. Mentally competent adults (however vulnerable they are) have the right to make decisions, even if they seem unwise to the professionals involved. In this regard, the **Mental Capacity Act 2005** can assist with its 5 key principles: presumption of capacity; the right for individuals to be supported to make their own decisions; the right for individuals to make what can appear to be unwise or eccentric decisions; anything done for individuals without capacity must be in their best interests and the least restrictive alternative.

The Act enshrined in statute previous best practice and common law principles concerning people who lack capacity and those who take decisions on their behalf. Helpfully there is clarity within the Act (Section 6) about restraint and deprivation of liberty which can help in some cases of alleged adult abuse. Importantly, the Act introduced a criminal offence of ill treatment or wilful neglect of a person who lacks capacity.

It is acknowledged that those with cash personal budgets or self funders may be at a greater risk of abuse and high priority will be given to ensuring that they receive clear information about what to do and who to contact if they have concerns. Provision of advocacy for some individuals may also assist in empowering them to deal with abusive or potentially abusive situations.

d. User consultation and feedback

All HSAB partner organisations undertake a range of user consultation processes. The HSAB has requested that future surveys and similar will always include at least one question about the level of dignity afforded to the individual receiving the care service.

Complaints services will systematically cross reference feedback to identify potential weaknesses in the delivery of dignity and respect and measures will be put in place to remedy any shortcomings.

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Tier 4 – "Specialist" Activities

a. Contracts with service providers

Purchasers of services for vulnerable adults will ensure that contracts include the requirement that providers work to the London multi-agency Policy, or if located outside the borough a policy local to them which is agreed to be of the same standard. Wherever possible they will also be required to identify how they can be sure that users are provided with services that promote dignity and can safely raise concerns e.g. the existence of user/resident committees or independent quality assurance processes. Contracts/service level agreements should also include requirements for safe recruitment and relevant policies and procedures – see 2 (h) above.

The Council's Safeguarding Assurance and Quality Team (SAQs) incorporate the Dignity Audit tool in their routine monitoring visits. Feedback will be presented to the HSAB as part of its regular updates on quality assurance.

In making decisions about award of new contracts, proven track record on an organisation's commitment to the dignity challenges and its ability to safeguard vulnerable people should be a key factor in the assessment.

The CCG Governance arrangements include the Primary Care "Service Alert" system for early identification of quality concerns within Provider services.

Identifying risks in services

Research in 2007 had already identified risk factors associated with abuse in hospitals, care and nursing homes and listed the following as predictive of possible institutional abuse:

- bed supply/staffing rates
- inward looking organisations that stifle criticism
- very frail patients and those with challenging behaviour
- staff with high levels of stress, negative attitudes and low education levels

In 2008, further research on learning from (the inability to learn from inquiries" picked up the following "early indicators" of possible abuse of people in residential settings:

- low staff levels/high agency staffing levels
- geographically isolated services
- neglected physical environment
- weak management
- lack of Policy awareness

The independent inquiries into the abuse at Winterbourne View and the deaths at Mid Staffordshire NHS Foundation Trust found very similar traits and in addition:

- poor leadership, and
- acceptance of poor standards

Bearing the above factors in mind, it will be critical that professionals commissioning and monitoring service providers are alert to these issues.

The Peer Review of Harrow Council's Safeguarding Adults Services in November 2013 recommended that collated (multi-agency) reports highlighting Provider concerns should be presented to the HSAB and this is now routinely done.

b. Deprivation of Liberty Safeguards (DOLS)

The Deprivation of Liberty Safeguards only apply to people who are lacking capacity under the framework of the Mental Capacity Act 2005. They exist to ensure that these individuals are safe in circumstances where (for example) staff in a care home or hospital have control over decisions in their life, or the person is not allowed to leave the hospital or care home where they are living.

The HSAB keeps an overview of this area of work in recognition that it relates to arguably the most vulnerable people that they have responsibility for.

c. Safeguarding Adults and DoLS Service

The Safeguarding Adults and DoLS Service will oversee the implementation of the HSAB Strategic Plan 2017 - 2020, including this Promotion of Dignity and Prevention Strategy and its action plan. They will also support a range of staff in their work around safeguarding vulnerable adults. They will publicise the policy to staff, the general public, carers and service users and will use local and national media in running awareness campaigns. The service will also support staff in their work with people managing their own care including risk assessment and risk management.

d. Equalities impact assessment

All organisations and services are to ensure that there is clear evidence that Equality Impact Assessments have been carried out. Some of the factors for consideration to create positive and negative impacts are:

Abuse of vulnerable adults applies to all sections of the community, all age groups and disabilities. However, analysis of local data suggests that there are some sections of the community that are underrepresented and some that are overrepresented in referral statistics.

For that reason, the HSAB has agreed to prioritise awareness raising campaigns and other events for people in the highest risk groups [see section 1(a) above] and where low numbers of concerns are received in the previous year.

Appendix 1 ACTION PLAN

	Action point	Timescale
	Tier 1 "Generic"	
	Ensure that there are articles in the local media a minimum of 3 times a year including for the wider general public e.g. about wills and LPAs	March 31st 2018
	HSAB members will organise for attendance at relevant community events to raise awareness and provide information for the general public e.g. "the little book of big scams"	March 31st 2018
	Develop plans for World Elder Abuse Awareness Day annually	End June 2018
	Awareness campaigns highlighting specific issues to the wider community will be run each year in partnership with Community Safety e.g. avoiding door step crime, hate/mate crime and keeping safe outside the home	March 31st 2018
	Providers to consider running an event to coincide with Dignity in Care Day 2018	End February 2018

	Tier 2 "Staff" (and volunteers)	
	To ensure that the re-tendered multi-agency training programme contains reference to prevention including: identifying people most likely to be at risk; triggers for "carer burnout"; "whistle blowing", promoting dignity	End March 2019 to commence April 2019
	All HSAB members to ensure that their staff receive training/support in safeguarding work relevant to their job role	March 31st 2018
	Tier 3 "Users"	
	Update the set of easy to read information about safeguarding	End December 2017
	Set up a "Safe Place" scheme	End December 2017
	Promote the local advocacy service	March 31st 2018
	Projects identified by users as a priority take place each year (e.g. working with schools to raise awareness of disability/mental health issues) and formal evaluation influences future activities	March 31st 2018

	Tier 4 "Specialist"	
	Ensure that dignity in care is a high priority in the SAQs quality monitoring framework	End December 2017
	Continue to provide reports about Provider concerns to the HSAB	Quarterly at Board meetings
	More work is done with care providers and the general public about fire safety	March 31st 2018
	More work across all agencies takes place to increase staff confidence in completing mental capacity assessments – in order to appropriately balance risk/quality of life with safety	March 31st 2018