



#### Welcome from the chair of the HSAB (Chris Miller)

Dear Colleagues: much has changed since our winter newsletter. We are all feeling a bit shell shocked as we cope with severe restrictions on our personal and work lives. We are all longing for the day when we can meet friends, family and colleagues face to face, but we know that for the common good we must exercise both patience and professional discipline. The self-sacrifice and good hearts of those involved in partnership safeguarding are clear for all to see. Health and social care colleagues do their utmost to provide for those in need, police officers and staff keep us safe and our third sector friends mobilise the community in covering the gaps that coronavirus has exposed in some parts of our care network.

From this there will emerge some positives. We will value afresh the efforts of workers and volunteers whose contributions are not always given the respect they deserve, we will realise how important teams are in delivering important functions and we will also be confident in the use of technology that will make us more effective in the future. Thank you for the way you are going about your work and the diligence you are showing in these most difficult of times. Chris Miller

As ever, suggestions for the newsletter can be sent to either Sue Spurlock ([sue.spurlock@harrow.gov.uk](mailto:sue.spurlock@harrow.gov.uk)) or Seamus Doherty ([seamus.doherty@harrow.gov.uk](mailto:seamus.doherty@harrow.gov.uk)).

#### Safeguarding and COVID 19

During the COVID-19 crisis, it is particularly important to safeguard adults with care and support needs. They may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness. These groups may be targeted because of a number of factors. Generally speaking they may need assistance with some tasks, be less familiar with technology, more welcoming of new contacts, more trusting and – for many older people – wealthier. There is evidence that social isolation increases the likelihood of abuse. Many older and disabled people spend long periods at home alone, and now as the whole nation is being asked to stay at home the same groups are more likely to be alone rather than in a family group.

Many people with care and support needs will be supported either in the family home or by residential and nursing care services. It could be argued that these people will be better shielded from abuse but national statistics show high incidence of abuse where the abuser is a family member or the paid care provider. Those living alone in the community, now isolated to an even greater degree, may be a particular target for scammers and fraudsters.

We can assume that the greatest opportunity for abuse during the COVID-19 crisis is financial. With additional pressures on services, normal service reductions, fear and isolation, the window is open to those who may seek to exploit those who may be vulnerable. There are already reports of a 400 per cent increase in fraud reporting in March 2020 relating to the COVID-19 crisis. The Chartered Trading Standards Institute is warning the public not to open their doors to bogus healthcare workers claiming to be offering 'home-testing' for the COVID-19. The BBC has reported on:

- online sales of sanitation equipment that is never delivered
- links to a fake daily newsletter for COVID-19 updates
- fake insurance schemes and trading advice
- fake government emails offering tax refunds

Other types of abuse may escalate during this time. For example, those living with an abusive partner or family member may now face an escalation in abuse due to the added tensions and frustration caused by the whole family having to stay indoors. Tensions can be further increased where families are living in temporary accommodation. The abuser may experience additional anxiety about, for example, supplies of food, alcohol, medication and illicit drugs.

The consequences of this could be escalated abuse of those around them. People who are experiencing abuse may be less likely to ask for help as they know that emergency services are stretched. Fewer visitors to the household may mean that evidence of physical abuse goes unnoticed.

### What can you do to help?

As a frontline worker you are the eyes and ears that may first pick up any signs of abuse. Here is a checklist of things you can do:

- Talk to your patients, residents or clients about the increased risk of abuse at this time
- Be aware that any changes in behaviour or demeanour could indicate abuse
- Advise people not to answer the door to strangers – and be aware of fake ID
- Try not to alarm people but ask them to be wary of offers to help, particularly from strangers
- Advise people to check with family, friends or paid support that offers of support, advice and help are legitimate
- Warn people against responding to any text, email or phone call from an unidentified source. Explain that fraudsters will imitate official bodies such as the government or the NHS - and they do it very well!
- Advise people that they should never give their personal data, passwords or pin numbers to anyone. Official financial bodies and other organisations will never ask for them
- If you know of a person who has been subjected to, or is at risk of, domestic abuse – if it is safe to talk to them, try to assess the current situation. Make sure they know that help is available if they need it and who to contact both for advice and support and in an emergency

If you have a concern that someone is being abused or neglected, it is important that you raise that concern internally, in line with your organisation's policy and procedure. This is usually with your direct manager or supervisor, your organisation may also have a safeguarding lead.

The organisation will then consult the person where possible and gain their consent to report to external authorities such as the local authority. If the person does not consent, managers will decide whether there are grounds for overriding consent.

### What if a person does not want you to share their information? Here are some useful do's and don'ts:

#### Do:

- Act on any concerns, suspicions or doubts  
In an emergency, if there is actual or immediate risk of abuse, **call 999**.
- Try to ensure the immediate safety of those concerned – but not at the risk of your own safety
- Provide first aid if necessary and someone is available with appropriate skills
- Listen and clarify what the concern is / what has happened
- Assure the person that the matter will be taken seriously
- Ask the person what they want done
- Explain what you will need to do and who you may need to inform
- Try to gain consent to share information as necessary
- Consider the person's mental capacity to consent and seek assistance if you are uncertain
- Actively preserve any evidence
- Respect privacy as far as possible
- Arrange support for the alleged victim
- Contact the local authority children's services if a child is, or may also be, at risk

Report all your concerns to a manager in line with organisational and local multi-agency procedures. Make an accurate record of what has occurred (or what has been disclosed/alleged) and what action has been taken.

#### Don't:

- Ignore
- Promise confidentiality – explain how and why the information might need to be shared
- Rush the person
- Probe or question – just record the facts and seek clarification where necessary
- Contaminate or disturb any evidence
- Interview witnesses – but do record any information volunteered by them
- Panic or show shock /disbelief, be judgmental or jump to conclusions
- Approach the alleged abuser (unless they also have care and support needs and are in your care or they are a member of your staff)

<https://www.harrow.gov.uk/adult-social-care/staying-safe>