



# Surrey & Sussex Healthcare NHS Trust

## An Organisation-wide Policy for Safeguarding Adults

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EIA Status	Complete (April 2013)
This policy is available on request in different formats and languages from the Policy Coordinator / PALS.	
The latest approved version of this document supercedes all other versions. Upon receipt of the latest approved versions all other version should be destroyed, unless specifically stated that the previous version(s) are to remain extant. If in any doubt please contact the document owner or Policy Coordinator.	

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<b>Change history</b>			
<b>Version</b>	<b>Date</b>	<b>Author/Procedure Lead</b>	<b>Details of change</b>
1	2010	Fiona Crimmins Safeguarding Adults Lead	New Policy
2	2013	Fiona Crimmins Safeguarding Adults Lead	Policy Updated

## 1. Introduction

The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary states that “while it is clear that, in spite of the warning signs, the wider system did not react to the constant flow of information signalling cause for concern, those with the most clear and close responsibility for ensuring that a safe and good standard care was provided to patients in Stafford, namely the Board and other leaders within the Trust, failed to appreciate the enormity of what was happening, reacted too slowly, if at all, to some matters of concern of which they were aware, and downplayed the significance of others.” (1.6 Pg 43)

Surrey and Sussex NHS Trust has a duty to protect and safeguard all patients and provide additional measures for patients who are less able to protect themselves from harm. Safeguarding adults covers a spectrum of activity from prevention through to multi agency responses where harm and abuse occurs. Multi-agency procedures apply where there is a concern of neglect, harm or abuse to a patient defined under No Secrets guidance as ‘vulnerable’ or an adult ‘at-risk’.

The Trust recognises safeguarding adults as an integral part of patient care. Duties to safeguard patients are required by professional regulators, service regulators and supported by law.

Safeguarding adults therefore encompasses:

- Prevention of harm and abuse through the provision of high quality care
- Effective responses to allegations of harm and abuse, in line with local Safeguarding multi-agency procedures
- Using learning to improve service to patients

## 2. Purpose

The purpose of this policy to assist Trust staff in recognising when abuse or neglect has occurred and knowing what steps to take when responding it. It will also give guidance in prevention and reporting abuse for patients that may be or are at greater risk of significant harm or exploitation.

This policy also encompasses the Safeguarding Principles set out in “Safeguarding Adults: the Role of Health Service Managers and their Boards” (DH, 2011).

Principle 1 – Empowerment

Presumption of person led decisions and informed consent

Principle 2 – Protection

Support and representation for those in greatest need.

Principle 3 – Prevention

It is better to take action before harm occurs.

Principle 4 – Proportionality

Proportionate and least intrusive response appropriate to the risk presented.

Principle 5 – Partnerships

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Principle 6 – Accountability

Accountability and transparency in delivering safeguarding.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_126770.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf)

### 3. Definitions

DH	Department of Health
MCA	Mental Capacity Act
DoLS	Deprivation of Liberty Safeguards
IMCA	Independent Mental Capacity Advocate
MARAC	Multi Agency Risk Assessment Conference

## **Abuse**

This term has many interpretations, the DH states that abuse is or can be defined as “a violation of an individual’s human and civil rights by any other person or persons that result in significant harm”

Abuse may be

- A single or repeated act
- An act of neglect or failure to act
- Multiple acts – more than one form of abuse

No Secrets describes the different forms of abuse as the following:

**Physical abuse** including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions;

**Sexual abuse** including rape and sexual assault or sexual acts that the vulnerable adult has not consented to, or could not consent to or was pressured into consenting;

**Psychological abuse** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, verbal abuse or withdrawal from services or supportive networks

**Financial or material abuse** including theft, fraud, exploitation, pressure in connection of wills, property or inheritance or financial transactions, or the misuse of property, possessions or benefits;

**Neglect or acts of omission** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational needs, withholding of the necessities of life such as medication, adequate nutrition and heating;

**Discriminatory abuse** including racism, sexism, and abuse based on a person’s disability slurs or similar treatment;

**Institutional abuse** refers to poor professional practice or neglect, which may be an isolated incident on one end of the spectrum or pervasive ill treatment or gross misconduct at the other.

### **“Adult at risk” and vulnerability**

The term “Adult at risk” has replaced the term “Vulnerable adult” which was used throughout *No Secrets* (2000).

An adult at risk can refer to any person aged 18 years or more, who is or maybe in need of community care services by reason of mental or other disability, age or illness, and who is or maybe unable to take care of his or herself and / or is unable to protect to protect his or herself against significant harm or exploitation (DH 2000). An adult at risk may therefore be a person who:

- is a frail older person in ill health with physical disability and cognitive impairment
- has a Learning Disability
- has a physical disability
- has a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness / condition
- adults who misuse alcohol or drugs
- confused, sedated or unconscious patients
- is a carer such as a family member / friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support
- is subject to domestic violence
- Pregnant
- is subject to human trafficking
- is subject to forced marriage
- has complex needs
- is at the end of life

This list is not exhaustive. This list is only guidance, it does not intend to imply that just because a person is old that they are at risk of harm or a person with a disability is

unable to maintain independence and make decisions and informed choices about their care or personal safety.

### **Learning Disability**

A learning disability means that a person has a reduced ability to understand new or complex information, or to learn new skills and a reduced ability to cope independently. This starts before adulthood and has a lasting effect on development. (Valuing People, DH 2001)

## **4. Duties**

The Chief Executive holds overall responsibility for Safeguarding; and the Chief Nurse, as Trust Board Lead for Safeguarding holds accountability. Responsibility is delegated to the Safeguarding Team for ensuring and monitoring that there are safe and robust operational arrangements in place for safeguarding adults in all the services that are provided, and they work closely with the Local Safeguarding Adult's Boards in Surrey and Sussex. The Safeguarding Team report to the Deputy Chief Nurse.

### **4.1 Responsibilities of All Staff**

- To comply with the guidance within this policy, and understand their own role.
- Every member of staff or person contracted to work within the Trust has a responsibility to raise concerns that they may have about an adult at risk of harm.
- Ensure that they have received Adult Safeguarding training on induction and mandatory updates.
- To understand the process for raising a concern and can make a referral to the Safeguarding Team and Social Services by completing and sending an Adult Safeguarding Alert.
- Maintain clear and accurate records of any safeguarding concerns.

### **4.2 Tissue Viability Practice**

A Safeguarding Alert Form must be completed for all patients that have a pressure ulcer graded 3 and above. The Safeguarding Team will then liaise with the TVN to explore if there are any concerns regarding neglect for this patient and then refer onto Social Services.

- Where concerns are raised regarding skin integrity and pressure damage (e.g. multiple grade 1 and / or 2 pressure ulcers, wounds found in unusual sites or injuries that are not compatible with history given), the TVN will liaise with the Safeguarding Team to ensure that this has been alerted to them by the wards / departments.

## 5. Content

This policy informs all staff of what actions they should take if it has been disclosed to them or if they have concerns or witnesses a case of alleged or suspected abuse involving an adult.

It is not staff responsibility to decide if abuse has taken place but it is everyone's responsibility to report any concerns of suspected or alleged abuse. All disclosures, concerns or suspicions of abuse have to be reported immediately to the Ward Manager / Matron and Adult Safeguarding Team. It is of the utmost importance that this information is escalated as soon as possible as other relevant agencies may need to be involved. Once escalated, it will be decided what immediate action needs to be taken and by whom.

The Trust adheres to the Surrey multi-agency safeguarding procedures. The procedures clearly state a time frame of 28 days for an investigation to be completed. Please open the link below for further details of times scales for Planning Meetings, Strategy Meetings and Case Conferences.

[http://www.surreycc.gov.uk/\\_data/assets/pdf\\_file/0004/241690/0-Multi-Agency-Procedures-Nov-2011-ver0.2-Foreword,-flowchart-and-index.pdf](http://www.surreycc.gov.uk/_data/assets/pdf_file/0004/241690/0-Multi-Agency-Procedures-Nov-2011-ver0.2-Foreword,-flowchart-and-index.pdf)

### 5.1 Actions to be taken by the person being disclosed to

- React calmly and take seriously what the person says, recognising the difficulties inherent in interpreting what is being said by a person who may have a speech impairment or difference in language.



- Ensure that they are aware that confidentiality may have to be broken as this is a serious allegation and that there are steps that the hospital must take and this information may have to be shared with other agencies and that you must inform the ward manager or Matron.
- Ensure that all the relevant members of staff are informed of the alleged abuse.
- Document immediately what has been disclosed.

## **5.2 Actions to avoid**

- Dismiss what has been disclosed.
- Ensure that no leading questions are asked, as this may jeopardise a criminal investigation.
- Speculate or make assumptions.
- Promise not to share this information with relevant staff and other agencies.

## **5.3 Confidentiality**

Every effort should be made to ensure that confidentiality is maintained for all concerned in Adult Safeguarding. Information should be handled and disseminated on a need to know basis only. It is extremely important that allegations or concerns are not discussed, as any breach of confidentiality could be damaging to the adult at risk, their families and / or carer(s), and any Safeguarding Investigation that may follow the disclosure.

Where the person that has made the allegation expresses that they do not wish to pursue what they have disclosed, this should be respected wherever possible. However decisions about whether to respect the person's wishes must have regard to the level of risk to the individual and their capacity to understand what has been disclosed. In some circumstances, the person's wishes may be overridden in favour of consideration of safety for the person and other vulnerable adults.

There are some circumstances where a person may be placed at greater risk if information is shared with their families and carers as they may be responsible for the alleged abuse.

#### **5.4 Process – All Staff**

- A Safeguarding Adults Alert Form must be completed immediately and faxed to Social Services on Fax number 1637. The Form can be found on the Adult Safeguarding Intranet site.
- The Safeguarding Team must also be contacted on Extension 2839 or 6537 and informed that an Alert has been completed and Faxed to Social Services.
- If the Safeguarding Team is unavailable, please leave a message with the Patient Details including Date of Birth and Ward. The Safeguarding Team will contact the person making the Alert as soon as possible.
- A photocopy of the Alert Form must be kept in the patient notes for the Safeguarding Team to collect.

#### **5.5 Process – Ward Manager / Matron**

- Ensure that the Safeguarding Team have been made aware of allegation.
- Escalate to Divisional Chief Nurse or Deputy Chief Nurse if necessary.
- Ensure that all relevant risks been considered and the patient is safe.
- Ensure that all relevant risks been considered regarding other patients and staff and any actions necessary to optimise safety has been put in place.
- Discuss allegation with Social Services and ensure any other agencies have been informed or involved e.g. Police.
- If necessary contact the Police directly.
- Where possible, ensure that all information regarding the allegation is fed back to the patient, family and /or carer.

#### **5.6 Process – The Safeguarding Team**

- Ensure that the Alerts are completed correctly and feedback to the person who completed the form if done so incorrectly. If completed incorrectly with not enough information regarding the allegation, the level of the concern may be misinterpreted by Social Services and not investigated properly.
- The Safeguarding Team will liaise with Social Services regarding alerts raised and how they are proceeding.

- The Safeguarding Team will liaise with the Wards and Departments and request any further information that is needed.
- Act as a contact point for other agencies, e.g. Police for both Surrey and Sussex.

## **5.6 PREVENT**

CONTEST is a four part UK Government Strategy for reducing the risk to the UK and its interests over seas from international terrorism made up of four work streams. One of these streams is the PREVENT Strategy which aims to stop people becoming terrorists or supporting terrorism. Health has been identified as a key strategic partner in supporting this strategy. It is about supporting and protecting people that may be susceptible to radicalisation. It is about the pre criminal space, getting involved and alerting prior to the point where a person becomes radicalised.

The overarching principle of PREVENT is to improve the health and wellbeing through delivery of services, while safeguarding individuals at risk of being radicalised. Any staff that have concerns in relation to vulnerable individuals or people who they think may be becoming radicalised or being involved in violent extremism should discuss this with the Safeguarding Team. The Safeguarding Team will then escalate this if necessary with the PREVENT Coordinator for the South of England.

## **5.7 Other circumstances and situations that Safeguarding should be considered**

### **Domestic Abuse**

Domestic abuse can be defined as any incident of threatening behaviour, violence or abuse between adults who are or have been intimate partners or family members, regardless of gender or sexuality. It is also recognised that domestic abuse can involve the destruction of a partner or ex partner's property, their isolation from friends, family or other potential sources of support. It can include threats toward children, control over finances, food, transport, telephone or communication of any kind and stalking. If any concerns are raised regarding domestic abuse all staff should contact the Safeguarding Team for support including referral to MARAC.

### **Forced Marriage**

The Forced Marriage Unit can be contacted directly on 020 7008 0151 or through the Safeguarding Team.

<http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/>

### **Human Trafficking**

Any concerns regarding Trafficking must be escalated immediately on a need to know basis either via the Safeguarding Team or Senior Manager.

<http://www.soca.gov.uk/about-soca/about-the-ukhtc>

## **6. Consultation and Communication with Stakeholders**

It is important to recognise that to deliver excellence in Safeguarding Adults; the Trust needs to work closely with key stakeholders in ensuring it meets safeguarding protocols and standards at the highest level. Key stakeholders in the on-going development and delivery of this strategy are:

- Patients and Service Users
- Carers
- Surrey & Sussex Healthcare NHS Trust Safeguarding Board
- Surrey Safeguarding Adults Board
- West Sussex Safeguarding Adults Board
- Surrey Police
- Commissioners
- Voluntary Sector

## **7. Approval and Ratification**

The Safeguarding Steering Group is responsible for this policy and the Risk Management Group are responsible for ratifying on behalf of the Trust Board.

## **8. Review and Revision**

The policy will be reviewed in line with the Trust Policy on Management and Development of Procedural Documents.

## **9. Dissemination and Implementation**

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management and Development of Procedural Documents.

This includes:

- posting on the dedicated Policies and Procedures page of the Intranet
- Notification to all staff of the new policy on the next available E-Bulletin.

### **Training**

All new staff will receive an introduction to adult protection on their induction, on commencement of employment.

All clinical staff must attend mandatory adult protection awareness training within three months of commencing employment.

Training will take place Trust wide on a regular basis and ad hoc in departments.

All training will be logged on the Electronic Staff Record

Each Training session will be evaluated and there will be a formal evaluation of the effectiveness of training on a yearly basis.

Multi-agency adult protection training will be available for identified individuals in the Trust

Any staff that fail to attend training will be managed in line with the Statutory and Mandatory Training Policy (as identified by the training Needs Analysis) which includes a DNA procedure.

## **10. Archiving**

The policy will be held in the Trust database and archived in line with the arrangements in the Organisation wide Policy for the Management and Development of Procedural Documents.

## **11. Monitoring Compliance**

All alerts raised about hospital services hospital will be analysed by the SVA Steering Group on a quarterly basis, as an indicator of awareness of the Policy.

Monthly meetings with Social worker will assess the implementation of the SVA policy and Surrey and Sussex Procedures.

The Safeguarding Lead will provide the Board with an Annual Safeguarding Report.

The process for monitoring training is covered under section 9.

The process for monitoring the risks associated with safeguarding adults is covered in section 5.

## **12. References**

DoH 2011 Gateway reference: 16072 Statement of Government Policy on Adult Safeguarding.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_126748](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126748)

DoH No Secrets 2000 Guidance on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4074544.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074544.pdf)

DoH Valuing People 2001

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009153](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009153)

Surrey Safeguarding Adults Multi-Agency Procedures, Information and Guidance  
November 2011

[http://www.surreycc.gov.uk/\\_data/assets/pdf\\_file/0004/241690/0-Multi-Agency-Procedures-Nov-2011-ver0.2-Foreword,-flowchart-and-index.pdf](http://www.surreycc.gov.uk/_data/assets/pdf_file/0004/241690/0-Multi-Agency-Procedures-Nov-2011-ver0.2-Foreword,-flowchart-and-index.pdf)

The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary 2013

<http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>  
<http://www.midstaffpublicinquiry.com/report>

### **13. Associated Documents**

An organisation wide policy for Chaperoning

An organisation wide policy for Intimate Care

An organisation wide policy for management of allegations made against an employee, volunteer, or any other person contracted to work with the Trust.

Deprivation of Liberty Safeguards 2007

Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

The Mental Capacity Act 2005

### Appendix 1 Equality Impact Assessment

<p><b>Names of assessors carrying out the screening procedure (min of 2- author / manager and staff member / patient representative)</b></p> <ul style="list-style-type: none"> <li>• Fiona Crimmins</li> <li>• Sally Knight</li> </ul>	<p><b>Name of lead author /manager &amp; contact number</b></p> <p>Fiona Crimmins</p>		
<p><b>1. Name of the strategy / policy / proposal / service function</b></p> <p style="text-align: center;"><b>Policy for Safeguarding Adults</b></p>	<p><b>Date last reviewed or created &amp; version number.</b></p> <p>V 3 April 2013</p>		
<p><b>2. Who is the strategy / policy / proposal / service function aimed at?</b></p> <p>All staff including Bank, Locum, Agency and Volunteers</p>			
<p><b>3. What are the main aims and objectives?</b></p> <p>The purpose of this policy to assist Trust staff in recognising when abuse or neglect has occurred and knowing what steps to take when responding it. It will also give guidance in prevention and reporting abuse for patients that may be or are at greater risk of significant harm or exploitation.</p>			
<p><b>4. Consider &amp; list what data / information you have regarding the use of the strategy / policy / proposal / service function by diverse groups?</b></p> <ul style="list-style-type: none"> <li>• Patient data</li> <li>• Safeguarding adults register</li> <li>• Interagency knowledge sharing</li> </ul>			
<p><b>5. Is the strategy / policy / proposal / service function relevant to any of the protected characteristics or human rights below?</b></p> <p>If <b>YES</b> please indicate if the relevance is <b>LOW, MEDIUM or HIGH</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>			
	<p><b>Protected Characteristics</b></p>	<p><b>Patient, their</b></p>	<p><b>Staff</b></p>



		carer or family	
	• <b>Age</b>	Yes	No
	• <b>Disability</b>	Yes	No
a	Physical	Yes	
b	Learning disability	Yes	
c	Sensory impairment, Hearing, sight	Yes	
d	Speech or communication difficulty	Yes	
e	Mental ill health	Yes	
f	People with HIV / AIDS		
g	Head injury, cognitive loss	Yes	
h	Other		
	• <b>Gender Reassignment</b>	Yes	No
	• <b>Race/ Ethnic Communities / groups</b>	Yes	No
	• <b>Religion or belief</b>	Yes	No
	• <b>Sex</b> (male female)	Yes	No
	• <b>Sexual Orientation</b> (Bisexual, Gay, heterosexual, Lesbian)	Yes	No
	• <b>Marriage &amp; Civil Partnership</b>	Yes	No
	• <b>Pregnancy &amp; Maternity</b>	?	No
	• <b>Human Rights</b>	Yes	No
6.	<b>What aspects of the strategy / policy / proposal / service function are of particular relevance to the protected characteristics?</b>  All protected characteristics may have associated safeguarding risks eg  Age –over 18 defining “Adult”		

	<p>Disability- and risk factors</p> <p>Marriage and Civil Partnership- forced marriage risk</p> <p>The right not to be tortured or treated in an inhuman or degrading way</p>	
7.	<p><b>Does the strategy / policy / proposal / service function relate to an area where there are known inequalities? If so which and how?</b></p> <p>Nationally reported abuse of vulnerable and at risk adults</p>	
8.	<p><b>Please identify what evidence you have used / referred to in carrying out this assessment.</b></p> <p>See q 4 and authors knowledge</p>	
9.	<p><b>If you identify LOW relevance only can you introduce any minor changes to the strategy / policy / proposal / service function which will reduce potential adverse impacts at this stage? If so please identify here.</b></p> <p>N/A</p>	
10.	<p><b>Please indicate if a Full Equality Impact Assessment is recommended.</b></p> <p>(required for <b>all</b> where there is <b>MEDIUM &amp; HIGH</b> relevance)</p>	<p><b>NO</b></p>
11.	<p><b>If you are not recommending a Full Equality Impact assessment please explain why.</b></p> <p>The Trust adheres to the Surrey multi-agency safeguarding procedures.</p> <p>The policy follows national guidelines and good practice. The policy is likely to have a positive impact on all protected characteristics</p>	

<b>12.</b>	<b>Signature of author / manager</b>	<b>Date of completion and submission</b>
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Please send completed form to [sally.knight@sash.nhs.uk](mailto:sally.knight@sash.nhs.uk)

## Definitions of relevance

### Low

- The policy **may not be relevant** to the Equality General Duty\* as stated by law
- Little or no evidence is available that different groups may be affected differently
- Little or no concern raised by the communities or the public about the policy etc when they are consulted – (recorded opinions, not lack of interest)

### Medium

- The policy **may be relevant** to parts of the Equality General Duty\* in the policy etc regarding differential impact
- There may be some evidence suggesting different groups are affected differently
- There may be some concern by communities and the public about the policy

### High

- There **will be relevance** to all or a major part of the Equality General Duty\* in the policy regarding differential impact.
- There will be substantial evidence, data and information that there will be a significant impact on different groups

There will be significant concern by the communities and relevant partners on the potential impact on implementation of the policy etc.

•	<b>Human Rights</b>
1	the right to life
2	the right not to be tortured or treated in an inhuman or degrading way
3	the right to be free from slavery or forced labour
4	the right to liberty
5	the right to a fair trial
6	the right to no punishment without law
7	the right to respect for private and family life home and correspondence
8	the right to freedom of thought, conscience and religion

9	the right to freedom of expression
10	the right to freedom of assembly and association
11	the right to marry and found a family
12	the right not to be discriminated against
13	the right to peaceful enjoyment of possessions
14	the right to an education
15	the right to free elections

