Document Q4.8.2

SAFEGUARDING PROCEDURES

Approved by Academic Board – 11 October 2018

Publication Date: 24 March 2020
Introduction

This document sets out the procedures for implementing the University's Safeguarding Policy where there are allegations or suspicions of abuse. Types of abuse and indicators of abuse are explained in Appendix B.

Responsibility for reviewing and evaluating the effectiveness of safeguarding procedures lies with the Designated Senior Person for Safeguarding (DSP), assisted by the University's Safeguarding Officers.

A. Procedures for dealing with allegations or suspicions of abuse

If you become aware of the actual or alleged harm to or abuse of a child or adult at risk or you receive information alleging risk to a child or adult at risk posed by an adult, or by the actions or lack of actions of an organisation providing services or activities for children, you must act without delay. This also includes where you may be concerned about a child or adult at risk’s behaviour, but there is no evidence of or allegation of abuse.

Abuse can take different forms and includes physical abuse, sexual abuse, emotional abuse as well as neglect and bullying.

All suspicions and allegations of abuse or inappropriate behaviour will be taken seriously by the University and responded to appropriately.

Responding to reports of abuse

If a child or adult at risk says something or acts in a way that abuse is suspected, the person receiving the information is required to:

- React in a calm and considered way but show concern;
- Tell them that it is right for them to share this information and that they are not responsible for what has happened;
- Take what they have said seriously;
- Only ask questions to ascertain whether there is a concern, but not interrogate them. Do not ask leading questions;
- Listen to them and don’t interrupt if the child or adult at risk is recounting significant events;
- Offer reassurance that the problem can be dealt with;
- Not give assurances of confidentiality but explain that the information will need to be passed on to those that need to know;
Safeguarding Procedures

- If it is an adult at risk consider their mental capacity to give consent – if it is considered that they have capacity, try to gain their consent for information to be passed on

- Make a comprehensive record of what is said and done immediately and keep all original notes.

Recording reports of abuse

The record should include:

- a verbatim record of the child or adult at risk’s account of what occurred in their own words (this could be used in court so needs to be as accurate as possible);

- details of the nature of the allegation or concern;

- a description of any injury. Please note, you must not remove a child or adult at risk’s clothing to inspect any injuries;

- dates, times or places and any other information.

The incident should then be reported immediately to your Safeguarding Officer (SO) or Deputy Safeguarding Officer (DSO) for action to be taken. The SO/DSO will complete a safeguarding referral form (Appendix A)

Remember - it is not your role to investigate disclosures, allegations or information about harm or abuse of children or adult at risks, or risk to them. This is the role of Social Services (and/or the police). It is your role under these procedures to pass on the information to those who are qualified and authorised to do so. If you have any of these concerns you must comply with the following process.
General child/adult at risk protection procedures

You have concerns about the welfare of a child or adult at risk, or about the possible risk to a child or adult at risk.

Consider the issue of consent if it is an adult at risk.

Make a record of your concerns and discuss with your SO/DSO, who will, if they feel it appropriate, take advice from local Children’s Services/Social Services and/or the police.

Inform your Line Manager of the discussion.

Still have concerns.

With your SO/DSO complete referral form, notify DSP and DPO and refer concern to Local Authority Children’s/Social Services by telephone and forward referral form to confirm within 48 hours.

Local Authority Children’s/Social Services will confirm receipt of referral and decide on next course of action.

The appropriate LA to refer the case to is the LA where the child or adult at risk normally resides.

SO/DSO will retain referral form and LA Children/Social Services response in accordance with the Safeguarding Policy.

No longer have concerns.

No further action but SO/DSO will record discussion and keep securely in accordance with the Safeguarding Policy.
B Procedures for dealing with allegations or suspicions or abuse against an employee of the University or the person acting on the University’s behalf

Staff may be made aware of a concern or receive an actual allegation against a member of staff or person acting on The University of Law’s behalf that the person has:

- Behaved in a way that has harmed or may have harmed a child or adult at risk;
- Possibly committed a criminal offence against or related to a child or adult at risk;
- Behaved towards a child/children/adult at risk(s) in a way that indicated he or she may pose a risk of harm in the work regularly or closely done with them.

This guidance relates to allegations against any staff members who are currently working for or on behalf of the University, regardless of whether the University is where the alleged abuse took place. Allegations against a former staff member will be referred to the police.

The University recognises its duty of care to any staff member who is facing an allegation. The University has an Employee Assistance Programme which provides confidential independent support and counselling for all staff members. Any employee facing an allegation will be provided with a named contact for all related matters. The University will also aim to deal with any allegation quickly, fairly and consistently that provides effective protection for the child/adult at risk and at the same time supports the person who is the subject of the allegation.

Every staff member has a responsibility to report any concerns to their SO or directly to the Designated Senior Person for Safeguarding (DSP). Where the allegation relates to the SO the DSP should be the first point of contact. Where the allegation relates to the DSP the SO should report directly to the Director responsible for HR.

It is in everyone’s interests to resolve cases as quickly as possible consistent with a fair and thorough investigation. All allegations will be investigated as a priority to avoid any delay.

Initial Actions

Upon receiving information of a concern or allegation against a staff member, the Safeguarding Officer (SO) must immediately notify the DSP. The DSP will notify the Director responsible for HR.

The DSP should immediately

- Ensure the safety of the child or adult at risk
- Inform the Local Authority Designated Officer (LADO) in the case of an allegation relating to child abuse or the relevant Social Services department where the allegation relates to an adult at risk
Safeguarding Procedures

- Secure all records relating to the allegation

The member of staff must not be informed of the allegation and no action must be taken until the DSP has consulted the relevant agencies.

Where following discussion with relevant agencies no action is taken

The initial sharing of information and evaluation may lead to a decision that no further action needs to be taken in regard to the individual facing the allegation or concern, in which case this decision and a justification for it will be recorded by the DSP.

As soon as possible after the decision to take no further action has been made the DSP will agree with the Director responsible for HR what information is put in writing to the individual concerned and what action will be taken, if any, regarding those who made the allegation.

As soon as possible the DSP will inform the accused person about the allegation.

Where following discussion with the relevant agencies it is decided to take further action

The possible risk of harm to children and/or adults at risks by an accused person will be evaluated and managed in respect of the individuals involved in the allegations. Suspension on full pay will be considered where there is cause to suspect one or more children or adults at risks are at risk within the University, or where the allegations are so serious that it might be grounds for dismissal. The DSP will discuss the options of suspension and/or alternative duties with the LADO/Social Services, and the HR Business Partner. These considerations must be recorded. Alternatives to suspension may include temporary redeployment, change of location, or restricting duties to prevent unsupervised contact with children and/or adults at risks. The arrangements for any suspension and/or alternative action to avoid suspension will be confirmed in writing to the staff member.

The DSP will agree with the LADO/Social Services how an investigation should be undertaken. Usually it would be carried out by a Safeguarding Officer and an HR Business Partner.

Supporting those involved

The employee will receive details of the allegations, next steps, and the likely course of action, as soon as possible, unless there is an objection from the police or social services. The employee will be encouraged to use the Employee Assistance Programme (EAP) and will have a named contact throughout. They will also be encouraged to seek support from a colleague. The employee will be kept informed of the progress of the case.

Parents/Carers for a child/adult at risk will be informed of the allegation as soon as possible if they are not aware of it, with the prior agreement of the LADO/Social Services/Police. They will also be kept up to date with the progress of the case. They will be informed of the outcome of the case where there is not a criminal prosecution, including in strict confidence the outcome of any disciplinary process (the full details of the considerations and information will not be disclosed, only the outcome).
Safeguarding Procedures

If the child or adult at risk may have suffered significant harm, or there may be a criminal prosecution, social services and/or the police will consider what support they need. Additionally the University has a student counselling service that the student would be encouraged to access.

All involved will be informed of the legal restrictions on reporting or publishing allegations. There is more information in the confidentiality section below.

Confidentiality

The University will collect and process information relating to employees in accordance with the University’s Privacy Notice.

The University will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. The DSP will agree with the LADO/Social Services/Police:

Who needs to know and exactly what information can be shared;
- How to manage speculation, leaks and gossip;
- What, if any, information can be shared with the wider community to reduce speculation;
- How to manage press interest if it should arise.

Outcome of Investigations

The following definitions will be used when determining the outcome of allegation investigations:
- **Substantiated**: there is sufficient evidence to prove the allegation
- **Malicious**: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- **False**: there is sufficient evidence to disprove the allegation
- **Unsubstantiated**: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

After the investigation has taken place, the University may invoke the disciplinary procedure, as detailed in the University’s disciplinary policy. In some circumstances this may commence prior to the conclusion of any external investigation, for example a police investigation.

If the staff member resigns and subsequently leaves the University, the investigation will continue. If a staff member does not co-operate with an investigation and/or leaves, the investigation will still continue and a judgment about whether the allegation can be substantiated or not on the basis of the information available will still be recorded.

Record Keeping

Details of allegations that are found to have been malicious will be removed from personnel files and only held confidentially by the DSP for 3 years after the allegation was reported.
For all other allegations a record of the allegation together with details of the investigation and action taken, including any referral to an appropriate authority, will be kept on the staff member’s file and a copy will be provided to the staff member.

**Employee References**

References on behalf of the University may only be provided about current or previous staff by the HR Department. The University has a duty of care to give details in any reference of a substantiated allegation where information is requested about a current or previous employee’s suitability to work with children and/or adult at risks.

Cases in which an allegation was proved to be false, unsubstantiated or malicious will not be included in references to other organisations about a current or previous staff member. This includes where there has been a history of repeated concerns or allegations which have all been found to be false, unsubstantiated or malicious.

**Information Sharing**

In a discussion with LADO/Social Services/, the DSP will share all relevant information they have about the staff member who is subject to the allegation and about the alleged victim. Where police are involved, wherever possible we will ask for consent from the individuals involved to share their statements and evidence for use by the University in any internal disciplinary process.

**Conclusion of a Case**

Depending on the outcome, if the employee is remaining in work (or returning to work from suspension), support will be put in place by the DSP, SO and their manager. They will also consider how the staff member’s contact with the person that made the allegation can be best managed if they are still at the University.

**Malicious Allegations**

If an allegation is shown to be deliberately invented or malicious, the DSP in consultation with the Director responsible for HR will consider whether any disciplinary action is appropriate for the person who made it or whether the police should be asked to consider if action might be appropriate against the person responsible.

**Lessons Learnt**

At the end of any investigation, the DSP will work with the appropriate parties to record and identify actions arising from any lessons learnt. If an allegation is substantiated, the DSP will also carry this out in conjunction with the LADO/Social Services.
# APPENDIX A

## Safeguarding Procedures Record/Referral form

Please complete as many sections as possible

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Age &amp; DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>SRN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any disability?</th>
<th>International? Visa?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Carer’s details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsible Adult’s details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Addresses</th>
<th>Telephone number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent/Correspondence</td>
<td>Home:</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you reporting your own concerns or passing on those of someone else?

Description of what has prompted concerns (please include details of any specific incident, dates, times) etc

Please describe any physical or behavioural indicators, which have been observed
<table>
<thead>
<tr>
<th>Have you or anyone else spoken with the student and if so what was discussed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Have you or anyone else spoken with anyone other than the student e.g. next of kin?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>What actions have you taken/do you propose to take? Please explain the reasons for your decision. NB if the student has a disability e.g. mental health issue and this has not been disclosed to Disability Support Service please contact DSS and make them aware as soon as possible</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Name and role of person to whom concern was reported (if applicable)</td>
</tr>
<tr>
<td>Your name and role</td>
</tr>
<tr>
<td>Your location and contact details</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>
### APPENDIX B: Types of Abuse

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Examples of abuse</th>
<th>Possible indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>• Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing&lt;br&gt;• Rough handling&lt;br&gt;• Scalding and burning&lt;br&gt;• Physical punishments&lt;br&gt;• Inappropriate or unlawful use of restraint&lt;br&gt;• Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)&lt;br&gt;• Involuntary isolation or confinement&lt;br&gt;• Misuse of medication (e.g. over-sedation)&lt;br&gt;• Forcible feeding or withholding food&lt;br&gt;• Unauthorised restraint, restricting movement (e.g. tying someone to a chair)</td>
<td>• No explanation for injuries or inconsistency with the account of what happened&lt;br&gt;• Injuries are inconsistent with the person’s lifestyle&lt;br&gt;• Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps&lt;br&gt;• Frequent injuries&lt;br&gt;• Unexplained falls&lt;br&gt;• Subdued or changed behaviour in the presence of a particular person&lt;br&gt;• Signs of malnutrition&lt;br&gt;• Failure to seek medical treatment or frequent changes of GP</td>
</tr>
<tr>
<td>Type of abuse</td>
<td>Examples of abuse</td>
<td>Possible indicators</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Sexual       | • Rape, attempted rape or sexual assault  
• Inappropriate touch anywhere  
• Non-consensual masturbation of either or both persons  
• Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth  
• Any sexual activity that the person lacks the capacity to consent to  
• Inappropriate looking, sexual teasing or innuendo or sexual harassment  
• Sexual photography or forced use of pornography or witnessing of sexual acts  
• Indecent exposure | • Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck  
• Torn, stained or bloody underclothing  
• Bleeding, pain or itching in the genital area  
• Unusual difficulty in walking or sitting  
• Foreign bodies in genital or rectal openings  
• Infections, unexplained genital discharge, or sexually transmitted diseases  
• Pregnancy in a woman who is unable to consent to sexual intercourse  
• The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude  
• Incontinence not related to any medical diagnosis  
• Self-harming  
• Poor concentration, withdrawal, sleep disturbance  
• Excessive fear/apprehension of, or withdrawal from, relationships  
• Fear of receiving help with personal care  
• Reluctance to be alone with a particular person |
<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Examples of abuse</th>
<th>Possible indicators</th>
</tr>
</thead>
</table>
| Psychological or Emotional | • Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person  
                               • Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends  
                               • Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance  
                               • Preventing someone from meeting their religious and cultural needs  
                               • Preventing the expression of choice and opinion  
                               • Failure to respect privacy  
                               • Preventing stimulation, meaningful occupation or activities  
                               • Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse  
                               • Addressing a person in a patronising or infantilising way  
                               • Threats of harm or abandonment  
                               • Cyber bullying | • An air of silence when a particular person is present  
                               • Withdrawal or change in the psychological state of the person  
                               • Insomnia  
                               • Low self-esteem  
                               • Uncooperative and aggressive behaviour  
                               • A change of appetite, weight loss/gain  
                               • Signs of distress: tearfulness, anger  
                               • Apparent false claims, by someone involved with the person, to attract unnecessary treatment |
### Safeguarding Procedures

<table>
<thead>
<tr>
<th>Financial</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Theft of money or possessions</td>
<td>• Missing personal possessions</td>
</tr>
<tr>
<td>• Fraud, scamming</td>
<td>• Unexplained lack of money or inability to maintain lifestyle</td>
</tr>
<tr>
<td>• Preventing a person from accessing their own money, benefits or assets</td>
<td>• Unexplained withdrawal of funds from accounts</td>
</tr>
<tr>
<td>• Employees taking a loan from a person using the service</td>
<td>• Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity</td>
</tr>
<tr>
<td>• Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions</td>
<td>• Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so</td>
</tr>
<tr>
<td>• Arranging less care than is needed to save money to maximise inheritance</td>
<td>• The person allocated to manage financial affairs is evasive or uncooperative</td>
</tr>
<tr>
<td>• Denying assistance to manage/monitor financial affairs</td>
<td>• The family or others show unusual interest in the assets of the person</td>
</tr>
<tr>
<td>• Denying assistance to access benefits</td>
<td>• Signs of financial hardship in cases where the person’s financial affairs are being managed by a court appointed deputy, attorney or LPA</td>
</tr>
<tr>
<td>• Misuse of personal allowance in a care home</td>
<td>• Recent changes in deeds or title to property</td>
</tr>
<tr>
<td>• Misuse of benefits or direct payments in a family home</td>
<td>• Rent arrears and eviction notices</td>
</tr>
<tr>
<td>• Someone moving into a person’s home and living rent free without agreement or under duress</td>
<td>• A lack of clear financial accounts held by a care home or service</td>
</tr>
</tbody>
</table>
## Safeguarding Procedures

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Examples of abuse</th>
<th>Possible indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• False representation, using another person's bank account, cards or documents</td>
<td>• Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person</td>
</tr>
<tr>
<td></td>
<td>• Exploitation of a person’s money or assets, e.g. unauthorised use of a car</td>
<td>• Disparity between the person’s living conditions and their financial resources, e.g. insufficient food in the house</td>
</tr>
<tr>
<td></td>
<td>• Misuse of a power of attorney, deputy, appointeeship or other legal authority</td>
<td>• Unnecessary property repairs</td>
</tr>
<tr>
<td></td>
<td>• Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.</td>
<td></td>
</tr>
<tr>
<td>Domestic</td>
<td>• Psychological</td>
<td>• Low self-esteem</td>
</tr>
<tr>
<td></td>
<td>• Physical</td>
<td>• Feeling that the abuse is their fault when it is not</td>
</tr>
<tr>
<td></td>
<td>• Sexual</td>
<td>• Physical evidence of violence such as bruising, cuts, broken bones</td>
</tr>
<tr>
<td></td>
<td>• Financial</td>
<td>• Verbal abuse and humiliation in front of others</td>
</tr>
<tr>
<td></td>
<td>• Emotional</td>
<td>• Fear of outside intervention</td>
</tr>
<tr>
<td></td>
<td>Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality.</td>
<td>• Damage to home or property</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Isolation – not seeing friends and family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limited access to money</td>
</tr>
</tbody>
</table>
Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:
- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour

Discriminatory
- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
  The support on offer does not take account of the person's individual needs in terms of a protected characteristic
### Type of abuse

<table>
<thead>
<tr>
<th>Examples of abuse</th>
<th>Possible indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Harassment or deliberate exclusion on the grounds of a protected characteristic</td>
<td>• Signs of physical or emotional abuse</td>
</tr>
<tr>
<td>• Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic</td>
<td>• Appearing to be malnourished, unkempt or withdrawn</td>
</tr>
<tr>
<td>• Substandard service provision relating to a protected characteristic</td>
<td>• Isolation from the community, seeming under the control or influence of others</td>
</tr>
<tr>
<td>• Human trafficking</td>
<td>• Living in dirty, cramped or overcrowded accommodation and or living and working at the same address</td>
</tr>
<tr>
<td>• Forced labour</td>
<td>• Lack of personal effects or identification documents</td>
</tr>
<tr>
<td>• Domestic servitude</td>
<td>• Always wearing the same clothes</td>
</tr>
<tr>
<td>• Sexual exploitation, such as escort work, prostitution and pornography</td>
<td>• Avoidance of eye contact, appearing frightened or hesitant to talk to strangers</td>
</tr>
<tr>
<td>• Debt bondage – being forced to work to pay off debts that realistically they never will be able to</td>
<td>• Fear of law enforcers</td>
</tr>
<tr>
<td>• Discouraging visits or the involvement of relatives or friends</td>
<td></td>
</tr>
</tbody>
</table>
## Safeguarding Procedures

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Examples of abuse</th>
<th>Possible indicators</th>
</tr>
</thead>
</table>
| Organisational/Institutional  | • Run-down or overcrowded establishment  
• Authoritarian management or rigid regimes  
• Lack of leadership and supervision  
• Insufficient staff or high turnover resulting in poor quality care  
• Abusive and disrespectful attitudes towards people using the service  
• Inappropriate use of restraints  
• Lack of respect for dignity and privacy  
• Failure to manage residents with abusive behaviour  
• Not providing adequate food and drink, or assistance with eating  
• Not offering choice or promoting independence  
• Misuse of medication  
• Failure to provide care with dentures, spectacles or hearing aids  
• Not taking account of individuals’ cultural, religious or ethnic needs | • Lack of flexibility and choice for people using the service  
• Inadequate staffing levels  
• People being hungry or dehydrated  
• Poor standards of care  
• Lack of personal clothing and possessions and communal use of personal items  
• Lack of adequate procedures  
• Poor record-keeping and missing documents  
• Absence of visitors  
• Few social, recreational and educational activities  
• Public discussion of personal matters  
• Unnecessary exposure during bathing or using the toilet  
• Absence of individual care plans  
• Lack of management overview and support |
<table>
<thead>
<tr>
<th>Neglect/Act Omission</th>
<th>Self-Neglect</th>
</tr>
</thead>
</table>
| • Failure to respond to abuse appropriately  
• Interference with personal correspondence or communication  
• Failure to respond to complaints  |  |
| • Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care  
• Neglect of a child may occur during pregnancy as a result of maternal substance abuse.  
• Providing care in a way that the person dislikes  
• Failure to administer medication as prescribed  
• Refusal of access to visitors  
• Not taking account of individuals’ cultural, religious or ethnic needs  
• Not taking account of educational, social and recreational needs  
• Ignoring or isolating the person  
• Preventing the person from making their own decisions  
• Preventing access to glasses, hearing aids, dentures, etc.  |  |
| • Poor environment – dirty or unhygienic  
• Poor physical condition and/or personal hygiene  
• Pressure sores or ulcers  
• Malnutrition or unexplained weight loss  
• Untreated injuries and medical problems  
• Inconsistent or reluctant contact with medical and social care organisations  
• Accumulation of untaken medication  
• Uncharacteristic failure to engage in social interaction  
• Inappropriate or inadequate clothing  
• Very poor personal hygiene  
• Unkempt appearance  
• Lack of essential food, clothing or shelter  
• Malnutrition and/or dehydration  |  |
| • Failure to ensure privacy and dignity  
• Lack of self-care to an extent that it threatens personal health and safety  
• Neglecting to care for one’s personal hygiene, health or surroundings  
• Inability to avoid self-harm  |  |
| • Living in squalid or unsanitary conditions  |  |
### Safeguarding Procedures

- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one’s personal affairs
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Next review: October 2021

<table>
<thead>
<tr>
<th>Version</th>
<th>Amended by</th>
<th>Revision summary</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V1.1</td>
<td>Registry Officer</td>
<td>Change to coding convention</td>
<td>24/03/20</td>
</tr>
</tbody>
</table>