

Safer Merthyr Tydfil Safeguarding Policy and Procedures

Scope

This Policy applies to all aspects of work carried out under Safer Merthyr Tydfil's (SMT) jurisdiction and to all SMT staff, trustees, volunteers, ambassadors, project participants and associates who each have a duty of care regardless of role and location. It will promote and safeguard the welfare of children, young people and adults at risk and ensure that staff, board members and volunteers know who to contact to express any concerns about their welfare. For the purposes of this policy the term "vulnerable people" will refer to both children and young people and adults at risk

Policy Statement

A child is defined by the Children's Act 1989 as amended 2004 as anyone less than 18 years of age. A 'child at risk' is defined in the Social Services and Wellbeing Act (Wales) Act 2014 as a child who:

- Is experiencing or is at risk of abuse, neglect, or other kinds of harm; and
- Has needs for care and support (whether or not the local authority is meeting any of those needs)

When a child or young person has been reported under section 130 of the Social Services Well-being Act 2014, the local authority shall make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare under section 47 of the Children Act (1989).

All children and young people have a right to protection from harm. All SMT staff, Board members and volunteers must understand their professional responsibility to safeguard children and promote their welfare and are clear about actions they must take if they have concerns about a child's welfare.

All organisations which make provision for children and young people must follow the Wales Safeguarding procedures <https://www.safeguarding.wales/en/> and accompanying safeguarding guidance [Working Together to Safeguard People](#), together with local Safeguarding Board protocols to ensure that:

- the welfare of the child / young person is paramount.
- In line with the Equality Act 2010, all children and young people, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse.
- Where recognised as being affected by domestic abuse Children and Young People are regarded as victims (S.3 Domestic Abuse Act 2021).
- all suspicion and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- all staff, board members and volunteers have a responsibility to report concerns to the appropriate officer

SMT believes that:

- all child abuse contravenes children and young people's rights.

- all children and young people have equal rights to protection from abuse and exploitation, now extended to domestic abuse under the Domestic Abuse Act 2021 (England and Wales)
- the situation for all children and young people must be improved through promotion of their rights as set out in the UN Convention on the Rights of the Child including the right to freedom from abuse and exploitation.
- child abuse is never acceptable.
- we have a commitment to protecting children and young people with/for whom we work.
- when we work through partners, they have a responsibility to meet minimum standards for the safeguarding of children and young people in their programmes.

An 'adult at risk' is defined in the Social Services and Wellbeing Act (Wales) 2014 as an adult who:

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

People with learning disabilities, mental health problems, older people and disabled people may fall within this definition.

When a report is submitted under section 126 of the Social Services Well-being Act 2014, it places a duty on the local authorities to carry out an investigation where they suspect that a person may be an adult at risk. In determining appropriate action Local Authorities may also consider protection of adults under other legislation such as the Mental Health Act 1983, Mental Health Capacity Act 2005.

The Care Act 2014 also places the responsibility to make enquires (or ensure others do) if it believes an adult who has needs for care and support is subject to or is at risk of being abused or neglected. The Care Act is specifically pertinent to safeguarding of adults for SMT as specifies freedom from abuse and neglect which includes domestic violence.

All adults at risk have a right to protection from harm. All SMT staff, Board members and volunteers must understand their professional responsibility to safeguard vulnerable adults and promote their welfare and are clear about actions they must take if they have concerns about a person's welfare.

All organisations which make provision for adult services must follow the Wales Safeguarding procedures and accompanying safeguarding guidance [Working Together to Safeguard People](#) together with local Safeguarding Board protocols to ensure that:

- all adults at risk, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse or harm (Equality Act 2010)

- all suspicion and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- all staff, Board members and volunteers have a responsibility to report concerns to the appropriate officer.
- all partner agencies and organisations must co-operate with each other on issues relating to the identification, investigation, treatment and prevention of abuse of adults at risk.
- each agency has a responsibility to share information on a 'need to know' basis so that effective decisions can be made and appropriate preventative action taken.

SMT believes that:

- all adults at risk have equal rights to protection from abuse and exploitation.
- abuse of adults at risk is never acceptable.
- we have a commitment to protecting adults at risk with/for whom we work.
- when we work with partners, they have a responsibility to meet minimum standards for protection of adults at risk in their programmes.
- adults at risk have the right to privacy, dignity, independence, self-determination, choice, fulfilment and the maintenance of all the rights and entitlements associated with citizenship.
- a person's right to involvement in decision-making is promoted to the fullest capacity.
- a person is enabled to protect him/herself from harm.
- involvement of others significant to the person's life is identified and supported.
- the response is appropriate and only as intensive as the situation demands.
- a vulnerable adult and the alleged abuser have the right to the protection of the law.
- a vulnerable adult will have the opportunity and right to comment or complain about the service they receive.
- adults at risk will have the opportunity and right to independent advice and advocacy when they request it. This will also apply to those adults at risk who are incapable of making such a request but are deemed in need of such independent advice and advocacy.

For types of abuse and indicators of abuse please refer to appendix 1

Role and Responsibilities

Everyone has a responsibility to safeguard and promote the welfare of children, young people and adults at risk and all Trustees, Staff, paid or unpaid should be clear about the actions they must take if they have any concerns about vulnerable people. The purpose of this policy is.

- To safeguard and protect children, young people and adults at risk who receive SMT services.
- To promote good practice for safeguarding vulnerable people at risk.
- To ensure that everyone understands their responsibilities.
- To ensure that all staff and volunteers can make informed and confident responses to specific issues.

To achieve the above SMT will:

- Appoint a Designated Safeguarding Person – **named person is CEO, Nicola Mahoney** nm@smt.org.uk Mob: 078122588894
- Appoint a named trustee who will ensure compliance and provide an alternative contact for staff and volunteers – **named Trustee is Maria Thomas** mt@smt.org.uk Mob: 07793650110
- Appoint all SMT Managers, Operational and Team Leads to Designated Safeguarding Person status with appropriate training, so there is always an ‘on duty’ lead DSP.
- Ensure SMT’s Safeguarding Policy is understood, approved and endorsed by the board of trustees.
- Ensure that SMT’s Safeguarding Policy is understood and implemented by Staff and Volunteers.
- Ensure that staff and volunteers know who the designated lead(s) is and any ‘on call’ designated safeguarding person.
- Ensure that all Trustees, Staff and Volunteers attend the required level of Safeguarding training for both adults and children as part of their core induction with SMT.
- Ensure that all Trustees, Staff and Volunteers receive refresher training within a 3-year period in line with national safeguarding procedures.
- Ensure that all staff and volunteers adhere to the Wales Safeguarding Procedures and accompanying safeguarding guidance [Working Together to Safeguard People](#) and All Wales practice guides.
- Review this policy annually.
- Promote this policy and communicate any changes to staff.
- Ensure all staff, trustees and volunteers have a current processed DBS certificate (updated within a 3 year period) in line with the DBS policy and with recruitment, selection and vetting policies DBS barring referral guidance – GOV.UK (www.gov.uk) ; The DBS Regional Outreach service – GOV.UK (www.gov.uk)
- Ensure that children and adults receive a service which is safe and meets their needs.
- Respect and listen to children, to take what they say seriously, and to empower them in every way possible, ensuring that they receive accurate information, advice and appropriate support.
- Ensure that all concerns or allegations of abuse are taken seriously and act in complete compliance with this safeguarding policy and procedure.
- Work in partnership with parents/carers, upholding the principle that, in most cases, the most effective way of protecting children from abuse is to upskill and empower parents/carers.
- Recognise some children are at risk of abuse or neglect by their parents/carers, or cannot be protected by them, and that, in such cases, where the wishes of the parent/carer(s) and the safety of children come into conflict, children’s safety must take precedence, and the ‘welfare of the child is paramount’.
- Recognise and respect diversity under the *Equality Act 2010* and the *Working Together to Safeguard Children Equality Analysis 2013* while ensuring the rights and safety of children of all backgrounds are equally well protected as outlined in the *Children’s Act 1989* and 2004.

- Ensure that SMT's Safeguarding, Confidentiality and Information Sharing and Complaints policies and procedures are made readily available, where appropriate in age-appropriate language, along with other relevant policy documents.

Designated Professional for Safeguarding

Within SMT the Designated Lead Professional for Safeguarding is the Chief Executive Officer, supported by designated Safeguarding Persons (as outlined above).

The main responsibilities of the designated professional for safeguarding include.

- Ensure that SMT comply with their Safeguarding responsibilities
- Providing support and guidance to colleagues
- Ensuring that everyone understands the signs of abuse and neglect.
- Ensuring that all staff and volunteers know how to raise concerns.
- Ensuring that all staff and volunteers know how to access advice and support and/or where to refer their concerns to.

Procedures and Guidelines for Safeguarding and Protection

This policy is based upon legislation, and guidance that seeks to protect children, young people and adults at risk. A range of documents, both national and local have guided the development of SMT's Safeguarding Procedures, including:

- the Children Act 1989 and 2004
- the Social Services and Wellbeing (Wales) Act 2014
- the Wales Safeguarding Procedures 2019
- Working Together to Safeguard People guidance
- The Equality Act 2010
- The Care Act 2014
- The Domestic Abuse Act 2021

Each describe in detail the actions to be taken at all stages of the **child protection** and **adult protection** processes.

To assist all organisations in undertaking their Safeguarding duties The Cwm Taf Morgannwg Safeguarding Board have developed and approved a range of resources and provides details of key safeguarding contacts. These resources can be accessed at <https://www.cwmtafmorgannwgsafeguardingboard.co.uk>

Further information and guidance can be accessed via the Wales Safeguarding Procedures website [Wales Safeguarding Procedures](#) and app.

Responding to allegations of abuse.

Staff will:

- Adopt a 'believing approach', taking **ALL** disclosures of abuse seriously,
- Remain calm and rational, ensuring that they indicate that they are open to the disclosure and respectful of the informant.
- In the first instance if it is safe to do so, seek consent for the safeguarding referral and keep service users fully informed of actions taken.
- If consent is refused gently remind the individual of SMT's obligation to pass on safeguarding information without consent if there is risk of harm to a vulnerable person.
- Never pressure a child or vulnerable adult to give detailed information but allow them to proceed at their own pace.
- Be alert to circumstances in which it is safer to stop the session, for example, if a child or vulnerable adult begins to regress or experience 'flash backs'. In such circumstances the child should not be left alone until they have recovered.
- Maintain professional boundaries, avoiding opinion, emotional expressions of anger or grief and having due regard to appropriate safe-touch procedures.
- Record the information and any observations (including a map of any injuries if possible) as soon as possible after the session/phone call ends and no later than within the same day the conversation occurred.
- Discuss immediately with a manager/senior practitioner or designated safeguarding person to decide whether a safeguarding referral will be made.
- Medical intervention is only sought by staff if the child has suffered serious injury.

Disclosures made by staff or volunteers.

If a staff member or volunteer discloses that they are being abused, then upon receiving the information staff should:

- React calmly.
- Reassure the person that they were right to tell you.
- Take what the person says seriously.
- Keep questions to an absolute minimum to ensure a clear and accurate understanding of what has been said.
- Reassure but do not promise confidentiality.
- Inform the person of what you will do next.
- Make a full and written record of what has been said/ heard as soon as possible.
- Pass on the information to the designated lead person at SMT.

It is not the responsibility of anyone working in SMT, to decide whether abuse has taken place. There is, however, a responsibility to act on any concerns and report them to the designated lead person or designated person on duty.

The designated lead person or designated person will then contact or ask the reporting staff member to contact either the Emergency Services, the Multi Agency Safeguarding Hub (MASH) or equivalent in the designated area.

Whilst safeguarding concerns supersede confidentiality under the Data Protection Act 2010 and the right to protect an individual's personal information as outlined in the General Data Protection Regulations 2018 (GDPR), there is still a duty on staff to share only relevant and proportionate information with the appropriate people and to protect the information following reporting procedures and throughout the process.

Disclosures made against staff.

If a staff member is worried about another staff member's behaviour towards a child or vulnerable person, then they are instructed to:

- **not** dismiss their concerns
- **not** confront the person about whom they have concerns.
- **report** their concerns to their line manager and safeguarding lead.

SMT assures that it will fully support and protect anyone, who in good faith reports his or her concerns that a colleague is, or may be, abusing a child or vulnerable person.

When allegations of abuse are made against a member staff, whether the abuse is happening currently or has happened in the past, the matter will be reported to the relevant Local Authority Safeguarding Lead to investigate.

SMT will fully comply with any investigation undertaken by the police or social services. A disciplinary procedure may need to be undertaken. Policy and procedures may need to be reviewed after the investigation to ensure further risks are mitigated in the future.

Safer Recruitment

As part of the recruitment process a risk assessment will be undertaken for each post. This assessment will determine; if a Disclosure and Barring Service (DBS) check is required and if so at what level and if a child and/or adult barred list check is required. The Disclosure and Barring Service offers additional protection to employers and help to make safer recruitment decisions.

All offers of appointment are conditional subject to two satisfactory references. References will ideally come from current and/or previous employers, where applicable. If the references are not satisfactory, the offer may be revoked.

Additional checks such as police vetting may also be necessary for some roles (please also refer to SMT's Recruitment and Selection Policy).

Changes in Individual Employee Circumstances

Where employees in their personal lives are involved with police and/or safeguarding authorities they must inform their project/programme manager (see Recruitment Policy).

Reporting a Concern

Anyone working in SMT who has a concern regarding the safety of a child or vulnerable person, should in the first instance speak to a designated safeguarding person or the named designated lead. If the concern meets the reporting threshold, contact the relevant area Multi-Agency Safeguarding Hub (MASH) or Local Authority safeguarding department.

If there is information indicating a child or adult is in immediate danger a 999 phone call should be made.

Cwm Taf MASH contact or referral: **01443 743730**

Other contact numbers:

Children

For children in Rhondda Cynon Taff **01443 425 006**

For children in Merthyr Tydfil **01685 725 000**

Adults

For adults in Rhondda Cynon Taf **01443 425 003**

For adults in Merthyr Tydfil **01685 725 000**

Bridgend contact or to make a referral:

Safeguarding Adults Team

Email: adultsafeguardingMASH@bridgend.gov.uk

Phone: 01656 642477

Information, Advice and Assistance (IAA) Team (Children)

Phone: 01656 642320

Email: mashcentra@bridgend.gov.uk

Early Help

Phone: 01565 815523

01656 642740

01656 815431

Email: earlyhelp@bridgend.gov.uk

Out of Hours

To report concerns between the hours of 5pm and 9am telephone **01443 743 665**

Cardiff

Adults

Adult Safeguarding Team: 029 2233 0888

Children

Children Safeguarding Team: 029 2053 6490

Out of office hours: Emergency Duty Team on 029 2078 8570

Vale of Glamorgan

Children

Intake and Family Support Team: 01446 725202

Adults

Vale of Glamorgan Adult Services: 01446 700111

Cardiff Multi-Agency Safeguarding Hub (MASH): 02922 330888

Out of Hours: 02920 788570

Swansea

Adults

AdultSafeguardingTeam@swansea.gov.uk

[Tel:01792 636854](tel:01792636854)

Children

Swansea Single Point of Contact: 01792 635700

singlepointofcontact@swansea.gov.uk

The Emergency Duty Team is available outside normal working hours on: 01792 775501.

Neath Port Talbot

Adult's and Children's Single Point of Contact Team (SPOC) (Open 8.30am to 5pm Monday to Thursday and 4.30pm on a Friday): s poc@npt.gov.uk

Tel: 01639 686802

Out of hours: 01639 895455

Support After Safeguarding referral

SMT members will do all they can to ensure:

- There is a named staff member to co-ordinate work with the family concerned, and to offer on-going support, sharing information with the relevant manager, keeping the case under regular review.
- If the child at risk is in contact with SMT members, she or he, wherever possible, is offered the support of a Children's Worker, and/or be offered or referred for therapeutic help via appropriate specialist agencies available in their area or nationally.
- Adhere to the General Data Protection Regulations and Data Protection Act 2010 in relation to the referral information.

Appendix 1

Types of abuse and potential indicators of abuse

Definitions sourced from the Social Care Institute of Excellence

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission.
- Self-neglect

These types of abuse can happen to children, young people or adults; however, some types of abuse may be more pertinent to one group or another.

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive, and people may be subject to a number of abuse types at the same time.

Physical abuse

Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing.
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g., opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g., over-sedation)

- Forcible feeding or withholding food.
- Unauthorised restraint, restricting movement (e.g., tying someone to a chair)

Possible indicators of physical abuse

No explanation for injuries or inconsistency with the account of what happened.

Injuries are inconsistent with the person's lifestyle.

Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.

Frequent injuries

Unexplained falls

Subdued or changed behaviour in the presence of a particular person.

Signs of malnutrition

Failure to seek medical treatment or frequent changes of GP.

Domestic violence or abuse

Types of domestic violence or abuse

As defined in the VAWDASV (Wales) Act 2015 and the Domestic Abuse Act (England and Wales) 2021. Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

psychological

physical

sexual

financial

emotional.

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. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

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.

Possible indicators of domestic violence or abuse

Low self-esteem

Feeling that the abuse is their fault when it is not.

Physical evidence of violence such as bruising, cuts, broken bones

Verbal abuse and humiliation in front of others

Fear of outside intervention

Damage to home or property

Isolation – not seeing friends and family.

Limited access to money

Sexual abuse

Types of sexual abuse

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

Possible indicators of sexual abuse

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.

Psychological or emotional abuse

Types of psychological or emotional abuse

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

Possible indicators of psychological or emotional abuse

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.

Financial or material abuse

Types of financial or material abuse

Theft of money or possessions

Fraud, scamming

Preventing a person from accessing their own money, benefits or assets

Employees taking a loan from a person using the service.

Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions.

Arranging less care than is needed to save money to maximise inheritance.

Denying assistance to manage/monitor financial affairs.

Denying assistance to access benefits

Misuse of personal allowance in a care home

Misuse of benefits or direct payments in a family home

Someone moving into a person's home and living rent free without agreement or under duress.

False representation, using another person's bank account, cards or documents.

Exploitation of a person's money or assets, e.g., unauthorised use of a car

Misuse of a power of attorney, deputy, appointeeship or other legal authority

Rogue trading – e.g., unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.

Possible indicators of financial or material abuse

Missing personal possessions

Unexplained lack of money or inability to maintain lifestyle.

Unexplained withdrawal of funds from accounts

Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.

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

The person allocated to manage financial affairs is evasive or uncooperative.

The family or others show unusual interest in the assets of the person.

Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA.

Recent changes in deeds or title to property

Rent arrears and eviction notices.

A lack of clear financial accounts held by a care home or service.

Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.

Disparity between the person's living conditions and their financial resources, e.g., insufficient food in the house

Unnecessary property repairs

Modern slavery

Types of modern slavery

Human trafficking

Forced labour.

Domestic servitude

Sexual exploitation, such as escort work, prostitution and pornography

Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Possible indicators of modern slavery

Signs of physical or emotional abuse

Appearing to be malnourished, unkempt or withdrawn.

Isolation from the community, seeming under the control or influence of others.

Living in dirty, cramped or overcrowded accommodation and or living and working at the same address

Lack of personal effects or identification documents

Always wearing the same clothes

Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.

Fear of law enforcers

Discriminatory abuse

Types of discriminatory abuse

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

Harassment or deliberate exclusion on the grounds of a protected characteristic

Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic

Substandard service provision relating to a protected characteristic.

Possible indicators of discriminatory abuse

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.

Organisational or institutional abuse

Types of Organisational or institutional abuse

Discouraging visits or the involvement of relatives or friends

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

Failure to respond to abuse appropriately.

Interference with personal correspondence or communication

Failure to respond to complaints.

Possible indicators of organisational or institutional abuse

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

Neglect and acts of omission

Types of neglect and acts of omission

Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care.

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.

Failure to ensure privacy and dignity.

Possible indicators of neglect and acts of omission

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

Self-neglect

Types of self-neglect

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.

Failure to seek help or access services to meet health and social care needs.

Inability or unwillingness to manage one's personal affairs.

Indicators of self-neglect

Very poor personal hygiene

Unkempt appearance

Lack of essential food, clothing or shelter

Malnutrition and/or dehydration

Living in squalid or unsanitary conditions

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.