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Safeguarding Adults Policy

Date Issued: September 2026
Next Review: September 2027

Key Contacts

Role	Name/Details	Contact Information
Designated Safeguarding Lead	Nell Hardy	nell@responseabilitytheatre.com 07583072192
Nominated Trustee for Safeguarding	Aoife Delaney	aoifedelaney789@gmail.com 07882 306308
Chair of Trustees	Patricia Debney	debneypatricia@gmail.com 07900 691034
Local Authority Safeguarding Contact	Camden	adultsocialcare@camden.gov.uk 020 7974 4444

Record of Safeguarding Training

Type of Training	Date Completed	Next Due Date
Whole Organisation Training	February 2026	February 2027
Designated Safeguarding Lead	February 2026	February 2027

Policy Purpose

Response Ability Theatre (RAT) works with survivors of trauma of all ages, and those at risk of experiencing trauma. The purposes of this policy are to:

- ✧ provide stakeholders and the public with the principles that guide our approach in safeguarding adults that engage in our activities;
- ✧ set out the practices by which we commit to enacting these principles;
- ✧ provide information to all who work with us on how they should respond if they receive a disclosure, or if they have other reason to believe that an adult is experiencing, or at risk of, harm.

Legal Framework

This policy has been drawn up on the basis of the following legislation, policy and guidance that seeks to protect adults in England and Wales:

- ✧ Care Act 2014
- ✧ The Mental Capacity Act 2005
- ✧ The Human Rights Act 1998
- ✧ Safeguarding Vulnerable Groups Act (2006)

Safeguarding Adults Flow Chart

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Staff Member/Volunteer/Participant has a safeguarding concern

Including self-referrals. Always take actions collaboratively with the adult and with consent where possible.

Is it an emergency, i.e. is there an immediate risk to the adult?

NO

Report concern to Designated Safeguarding Lead

YES

Contact 999
Keep self and others safe
Contact Designated Safeguarding Lead
Make a record of what has happened

Is a referral to Adult Social Care required?

NO

Decision communicated to Staff Member/Volunteer/Participant
Develop pastoral support if required and/or more appropriate

YES

Designated Safeguarding Lead makes referral to Adult Social Care, after obtaining consent wherever possible

Adult Social Care to respond within one working day.
Action required?

NO

Referrer informed.
Accept decision?

NO

Follow escalation procedures

YES

Develop pastoral support and keep reviewing

YES

Referrer informed.
Protection plan developed in collaboration with RAT and the individual concerned

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Safeguarding Principles

We recognise that:

- ✧ abuse is never acceptable;
- ✧ all people, regardless of age, gender identity, disability, ethnicity, sexual orientation, social class, religious belief, professional status and other factors of identity, have a right to equal protection from all forms of harm and abuse;
- ✧ working in partnership with adults, their carers where relevant, and other agencies is essential in promoting safeguarding;
- ✧ good safeguarding is a culture, not a reaction, and it is in establishing a habitual culture built on listening, respect, collaboration and empathy, that we can best prevent harm and abuse in our workplaces, rather than simply responding to it when it occurs;
- ✧ the welfare of the adult is paramount;
- ✧ welfare and psychological health for many of our participants is partly and crucially maintained through creative fulfilment. We acknowledge their right to practice their creativity alongside their right to practical safety and physical health in our safeguarding of them.
- ✧ adults with care and support needs are more at risk of being targeted and of being severely affected by abuse - but abuse can happen to and have a devastating impact on anyone, and all adults regardless of care and support needs have a right to be involved in decisions about their safeguarding. All safeguarding actions should be taken in recognition of this. Person-centred approaches, seeing where the individual is and giving them as much autonomy over how much support they want and need as possible, should be used in all instances.

Applicability

This safeguarding policy applies to anyone working on our behalf, including our staff, freelancers, trustees and other volunteers.

Partner organisations will be required either to have their own safeguarding procedures that meet the standards outlined below, or to commit to our procedures in work undertaken with us. Where processes are of equal robustness but differ, an agreement of mutual practice for any partnership projects must be agreed.

Definitions

- ✧ Definition of an adult: 'any person who is aged 18 years or over'.
- ✧ Definition of adult safeguarding from the Care and Support statutory guidance: 'safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feeling and beliefs in deciding on any action'
- ✧ Under the Care Act 2014, safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), *and*

- is experiencing, or at risk of, abuse or neglect, *and*
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

✧ A person may have needs for care and support because of any of the following:
- physical disability, learning disability or a sensory impairment;
- mental health needs (including dementia);
- brain injury (including stroke);
- a long-term health condition;
- drug or alcohol dependency to the extent that it affects their ability to manage day-to-day living;
- a need for end of life care.

Not everyone with an illness or disability will have care and support needs. Safeguarding applies to adults with care and support needs because they may be less able to protect themselves.

✧ The Six Safeguarding Principles underpinning safeguarding practice are empowerment, prevention, proportionality, protection, partnership and accountability. All safeguarding actions will be taken according to these principles.

Types of Abuse

Abuse can take many forms, including physical, emotional, psychological, sexual, financial, spiritual, discriminatory, domestic, institutional, and coercive control, neglect and exploitation including modern slavery.
Appendix 2 includes further detail and abuse indicators.

Responsibilities

All staff and volunteers have responsibility to follow the guidance laid out in this policy and related policies, and to pass on any safeguarding concerns using the required procedures.
We expect all staff (paid or unpaid) to promote good practice by being an excellent role model, contribute to discussions about safeguarding and positively to involve people in developing safe practices.

Additional specific responsibilities

Trustees have responsibility to ensure:

✧ the policy is in place and appropriate;
✧ sufficient and proportionate resources (time and money) are allocated to ensure that the policy can be effectively implemented.

Core staff have responsibility to ensure:

✧ the policy is accessible;
✧ the policy is implemented;
✧ the policy is monitored and reviewed annually;
✧ staff and volunteers have access to appropriate training and information;
✧ staff concerns about safeguarding are received and responded to seriously, swiftly and appropriately;
✧ RAT is up to date with local arrangements for safeguarding and DBS checks;
✧ concerns about responses are taken forward.

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Management and Reporting of Safeguarding Concerns

We take concerns raised by staff, volunteers or community members seriously.

In an emergency, please ensure immediate safety by contacting the emergency services on 999, and if there are signs of injury, seek immediate medical attention.

Then contact the Designated Safeguarding Lead, whose contact details are on the first page of this policy, to seek immediate advice.

Finally, make a record of what occurred using the form attached to this policy in Appendix 1.

If it is not an emergency but you require prompt advice, please contact the Designated Safeguarding Lead. After managing the situation, make a record using the form in Appendix 1.

If a crime has or may have been committed in the working space, do not clean anything up before speaking to the Designated Safeguarding Lead or the police.

If your safeguarding concern is about the Designated Safeguarding Lead, please contact the Nominated Trustee for Safeguarding, whose contact details are also on the first page of this policy - whether to ask for prompt advice, or to send a completed form from Appendix 1, or both.

Receiving a Disclosure

Other than through incidents during activities, workers may become aware of safeguarding concerns in a number of ways, including:

- ✧ receiving an allegation directly;
- ✧ receiving an allegation from someone who is not the person being mistreated;
- ✧ developing a strong suspicion based on your own observations or experience.

If on receiving a disclosure it is clear that someone is in immediate danger, please refer to the emergency protocol outlined above.

If nobody is in immediate danger, complete the form in Appendix 1 after receiving the disclosure and send it to the Designated Safeguarding Lead within 24 hours.

When receiving a disclosure:

- ✧ check if the survivor is comfortable talking to you where you are, or if they want to move to make sure they are out of anyone else's earshot;
- ✧ if you make notes during the disclosure, explain that you are doing this to have an accurate record of what is said, and can show them those notes afterwards if they wish to check them. If you prefer not to take notes during the disclosure, make them immediately afterwards;
- ✧ be honest about the limits of your confidentiality. If the survivor asks you not to tell anyone, please do not promise them this. Explain that you have a duty to

report any safeguarding concerns to the Designated Safeguarding Lead, and that they may need to contact other support services if they deem the survivor or anyone else to be at risk - but that they will be consulted about who will be given this information and why;

- ✧ listen more than you speak. If you ask any clarifying questions, make these open and not leading. An open question allows the speaker to give the answer they feel is right, rather than offering possible answers to them. For example, "Is there anything else you want to say about what happened?" is an open question, whereas "Did he hit you?" is a leading question. It is fine to check if the survivor feels complete in what they have disclosed, but do not push them to give more information than they are readily offering;
- ✧ thank them for confiding in you, and/or congratulate them on their courage, to validate and assure them;
- ✧ do not promise anything you do not know you can deliver (for example, that "everything will be alright"), and do not get directly involved (for example by offering to take someone home with you or giving someone money). If someone is not in immediate danger, the Designated Safeguarding Lead will be the one to decide the next course of action;
- ✧ encourage them to take time for themselves in the hours following their disclosure if they can, and to think of who they could contact for support if they needed or wanted it (e.g. a friend or family member).

Whatever steps follow a disclosure and its appropriate handling, RAT will communicate openly with all involved in the disclosure, and offer ongoing support within our capacity when and if it is wanted.

Employment Checks

Every project we run will have enough DBS checked staff on hand to make sure there is always a DBS checked member of staff in the space, and nobody without a valid DBS check is left on their own with participants.

In the event that a member of staff has a history of offending, the line manager will discuss these with the employee before appointment and a risk assessment will be carried out to ascertain the current level of risk and potential impact on their capacity to fulfil the role. RAT adheres to guidance in the Rehabilitation of Offenders Act (1974) and does not discriminate on the basis of a persons' history of convictions or cautions but will make a fair and balanced judgement based on their ability to fulfil the role safely and sufficiently.

Management of Allegations

We take concerns raised about staff or volunteers seriously, regardless of who the person is, how long they've been involved with the organisation, or whether they are directly employed by RAT.

If you have an allegation against a staff member or volunteer, please contact the Designated Safeguarding Lead with details of your concern. If you have an allegation against the Designated Safeguarding Lead, please contact the Nominated

Trustee for Safeguarding. Both these individuals' contact details are on the first page of this policy.

If an allegation is made against a staff member or volunteer, we will not attempt to investigate the matter, but we will gather the facts of the case and keep written records.

If an allegation is made that a staff member or volunteer has:

- ✧ behaved in a way that has harmed, or may have harmed an adult at risk;
- ✧ possibly committed a criminal offence against, or related to, an adult at risk;
- ✧ behaved in a way that indicates they may pose a risk of harm to adults at risk; or
- ✧ behaved in a way that indicates they may not be suitable to work with adults at risk;

we will immediately report this to adult social care and if necessary the police.

If someone resigns from their post or refuses to cooperate with the process, this must not prevent an allegation being followed up.

We will not allow settlement agreements where there is a case of alleged abuse.

We will make every effort to maintain the confidentiality of all parties while an allegation or concern is being investigated.

We will consider how best to support the individual involved and individuals who have had an allegation made against them. This includes:

- ✧ telling the employee or volunteer concerned about the allegation as soon as possible (as long as this does not place any adults at risk at further risk of harm);
- ✧ telling them how we are going to manage the allegation;
- ✧ keeping everyone informed about the progress and outcomes of the case.

Referral Duty

We will follow our legal duty to refer an individual to the DBS if any of the following occurs:

- ✧ we have withdrawn permission for a person to engage in regulated activity with adults with care and support needs or moved them to an area of work that isn't regulated activity (or both).
- ✧ we think at least one of the following statements apply to the person:
  - their action or inaction has harmed an adult or put them at risk or harm.
  - they have satisfied the harm test regarding adults with care and support needs; for example, there has been no relevant conduct but a risk of harm to an adult still exists.
  - they have been cautioned or convicted of a relevant offence.

Confidentiality and Information Sharing

RAT expects all employees, volunteers and trustees to maintain confidentiality. Information will only be shared in line with the General Data Protection Regulations (GDPR) and Data Protection.

We will always obtain consent where possible from the adult at risk before reporting a safeguarding concern. However, it is not required to seek consent if an adult is deemed to be at risk of serious harm to the individual or another person, or a crime has been committed.

If consent is not given and the Designated Safeguarding Lead makes the decision to override this, the person should be informed unless it is not safe to do so.

Internal reporting of concerns is mandatory for staff and volunteers, however external reporting will take place at the discretion of the Designated Safeguarding Lead.

Recording and Record Keeping

A written record must be kept about any concern regarding safeguarding of adults. This must include details of the person involved, the nature of the concern and the actions taken, decision made and why they were made.

All records must be signed and dated. All records must be securely and confidentially stored in line with General Data Protection Regulations (GDPR) and RAT's GDPR Data Protection Policy.

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Appendix 1: Form for Reporting Safeguarding Concerns

Staff and volunteers are required to complete this form and pass it to Nell Hardy, Designated Safeguarding Lead, if they have a safeguarding concern about an adult in our community. Please do not fill out the sections from after 'Your signature': they will be filled by the Designated Safeguarding Lead. Please answer all sections up to 'Your signature' as fully as you can.

Information Required	**Information Here**
Full name of adult	
Adult contact details	
Was consen obtained? If not, for what reason?	
Your date of birth	
Your full name and position in the charity	
Nature of concern/disclosure *Please include:* *-where you were when you noticed your concern or received the disclosure;* *-what you saw or heard;* *-who else was there;* *-what, if anything, the adult said and/or did;* *-what you said or did.* *Please make clear:* *-where you are stating fact and where you are stating an inference or interpretation (e.g. rather than "he was upset", "he said he was upset" or "I interpreted his facial expression as upset because his eyes were downcast and he was frowning");* *-if you have raised a previous safeguarding concern about this person before or if this is the first time.*	

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Time and date of incident/disclosure	
Name and position of the person to whom you are passing this on	
Time and date form completed	
Your signature	

Time and date form received by DSL	
Action taken by DSL	
Referral made to Adult Social Care? [Yes/No; Date and time]	
Referral made to Police? [Yes/No; Date and time]	
Referral made to another agency? [Yes/No; Date and time; Name of organisation]	
Feedback given to adult? [Yes/No; Date and time; Content]	
Feedback given to person who recorded disclosure? [Yes/No; Date and time; Content]	
Further Action Agreed	
Full name of DSL	
Signature of DSL	
Date of Signature	

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Appendix 2 Types and Signs of Abuse

The **Care and support statutory guidance** identifies ten types of abuse, these are:
1. **Physical abuse**
2. **Domestic violence or abuse**
3. **Sexual abuse**
4. **Psychological or emotional abuse**
5. **Financial or material abuse**
6. **Modern slavery**
7. **Discriminatory abuse**
8. **Organisational or institutional abuse**
9. **Neglect or acts of omission**
10. **Self-neglect**

Here we list the types of abuse, and some indicators that abuse may be occurring. The list is non-exhaustive, and you may notice other things that cause you concern. If you observe any of these indicators in the course of your work or volunteering with RAT, or anything else that worries you, please contact Nell Hardy, Designated Safeguarding Lead, on nell@responseabilitytheatre.com.

1. **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)

Signs and indicators
- ✧ 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

2. **Domestic violence or abuse**
Domestic violence or abuse is defined as any incident or pattern of incidents of controlling, coercive, 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 can be characterised by any of the indicators of abuse outlined in this briefing, especially those relating to psychological and emotional, physical, sexual and financial abuse, in addition to the below.

Signs and indicators

- ✧ Low self-esteem
- ✧ Feeling that the abuse is their fault
- ✧ Physical evidence of violence such as bruising, cuts, or 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
- ✧ Honour-based violence, such as female genital mutilation and forced marriage.
- ✧ Coercive or controlling behaviour, including:
  - 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.

3. **Types of sexual abuse**

- ✧ Rape, attempted rape or sexual assault
- ✧ Inappropriate touch anywhere
- ✧ Non-consensual masturbation of either or both persons
- ✧ Non-consensual 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
- ✧ Forced sexual photography, use of pornography or witnessing of sexual acts
- ✧ Indecent exposure

Signs and indicators

- ✧ 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
- ✧ Uncharacteristic use of explicit sexual language
- ✧ Significant changes in sexual behaviour or attitude
- ✧ Incontinence not related to any medical diagnosis
- ✧ Self-harming
- ✧ Poor concentration, social 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

4. **Types of psychological or emotional abuse**

- ✧ Enforced social isolation, for example 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

Signs and indicators

- ✧ An air of silence when a particular person is present
- ✧ Social withdrawal or change in the psychological state of the person
- ✧ Insomnia
- ✧ Low self-esteem
- ✧ Uncooperative and aggressive behaviour
- ✧ A change of appetite, including weight loss/gain
- ✧ Signs of distress, such as tearfulness or anger
- ✧ Apparent false claims, by someone involved with the person, to attract unnecessary treatment

5. **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
- ✧ Cuckooing, i.e. taking over someone's home in order to establish a base for illegal drug dealing
- ✧ 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

Signs and indicators

- ✧ 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

6. **Types of modern slavery**

- ✧ Human trafficking, i.e. recruitment or movement of people for exploitation by use of threat, force, fraud, or abuse of vulnerability
- ✧ Forced labour
- ✧ Domestic servitude, i.e. human trafficking for work inside of people's homes
- ✧ Sexual exploitation, such as escort work, prostitution and pornography
- ✧ Debt bondage, i.e. being forced to work to pay off debts that realistically they never will be able to pay off

Signs and indicators

- ✧ 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
- ✧ 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

7. **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, e.g. 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

Signs and indicators

- ✧ 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

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

Signs and indicators

- ✧ 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

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
- ✧ Poor environment, i.e. dirty or unhygienic
- ✧ Poor physical condition and/or personal hygiene
- ✧ Pressure sores or ulcers
- ✧ Malnutrition
- ✧ Unexplained weight loss or weight gain
- ✧ 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

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

Signs and indicators

- ✧ 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