

Safeguarding Policy

Safeguarding means - Protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (CQC).

A Family's Best Friend has devised this policy from all current and appropriate government legislation in regards to children and adult safeguarding.

The **Care Act 2014** sets out a clear legal framework for how the system should **protect adults** at risk of abuse or neglect. Chapter 14 of the **Department of Health and Social Care, 2018** provides guidance on adult safeguarding and the importance of it. It also shares advice on information sharing and confidentiality. The **Mental Capacity Act 2005** applies to everyone aged 16 and over who are unable to make decisions for themselves.

With regards to protecting children from harm the **Children's Act 1989** gives duties to social authorities, courts, parents and other agencies to ensure children are safeguarded and their welfare protected. **Working together to safeguard children (Department of Education, 2018)** outlines the responsibility of all agencies and organisations who work with children to work together to keep children safe. The Every Child Matters policy initiative that has helped to transform children's services since its conception in 2002. The initiative led to the creation of the Children Act 2004, and has also been the subject of three other government papers. To ensure that the initiative was understood it had certain aims, to give children the support they need to:

- Stay healthy
- Enjoy and achieve
- Keep safe
- Make a positive contribution to society
- Achieve an economic well-being

Safeguarding children is:

- Protecting children from harm,
- Preventing damage to children's health or development,
- Making sure children grow up safely, and
- Taking action to ensure all children have the best start in life.

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

My **responsibility as an employer** is to have training in place to enable the employee to safely and effectively do their job minimising potential harm and ensure the above points occur for every individual Service User. It will also give them the tools to identify and recognise signs and symptoms of potential harm or abuse. There must also be clear risk

assessments, policies, procedures and Care Plans for adults and children in place to facilitate safe working practices within the individuals working environment.

My responsibility to the parents and carers and service users is to have an open and honest relationship that enhances the care provision for them or their family members. They will have an input in to the Care Plan's where appropriate and their advice sought where necessary. There is a system in place to allow a conversation and information sharing opportunity for parents and carers and service users with Jannicke Ive, where feelings and concerns can be aired. There is also information given to parents and carers and service users encouraging this to occur sooner should they feel it necessary.

We will endeavour to encourage positive risk taking to maximise quality of life. These decisions will be developed through comprehensive conversations with everyone involved. Where necessary we will use imaginative and innovative ways to understand their wishes and see them through so their wishes are respected.

The **employee's responsibility** is to follow the policies, procedures, risk assessments and Care Plan's at all times. They have a duty of care towards the service user under their care and at all times this is paramount. They must also attend training, supervisions and meetings to ensure they are up to date and can raise any questions or concerns they have with their practice of the Care Plan's.

The employee must adhere to policies governing their behaviour to ensure that they reduce the risk of harm for the Service Users by not taking any other person or a pet to work with them, not having any other person meet them out in the community. They also have a responsibility to understand any differences in cultures, beliefs or religions that the Service User and the parents and carers may have.

All employees who work with Service Users need to understand the value of a stimulating environment, meaningful activity and effective communication in preventing behaviour that presents a risk, taking into account that over-stimulation can sometimes adversely impact the behaviour of people who use services. They need to understand what can potentially trigger behaviour that presents a risk for the Service User or to others. By following the Care Plan's and doing training this will give them the skills and knowledge to respond at an early stage and do so to reduce the likelihood of this behaviour happening or recurring and by responding in a person-centred way.

They also have a responsibility to report any concerns, accidents, near misses as soon as they can to Jannicke Ive or the designated person standing in, in her absence. This should include any concerns or situations that occur from the public whilst accessing the community.

In the case of an employee sharing a concern, about something they have witnessed or based on something that's been disclosed to them:

- First deal with any immediate needs the service user may have and treat any medical concerns there may be. Also contact the police if you feel a crime has been committed.
- Employee needs to stay relaxed, don't ask any questions; give the individual time to express what they want to say.
- Don't promise to keep the disclosure as a secret, let them know someone else must be informed.

- Report to Jannicke Ive or designated person in her absence, this needs to occur as soon as it is safe to do so without putting the Service User at risk of further harm or injury.
- An accurate Record needs to be made. It must include the time, date, contact details of who was involved, where it took place, the facts as they occurred. The report should be based on the facts and not on your opinions. Try to use the exact phrases or wordings used if there has been a disclosure to you.
- Please refrain from using any jargon.
- Please add your response to the incident, disclosure or concern.
- Please add whether you have consent to share this concern, if the Service user is over 16 and is deemed to have mental capacity to make that decision. Please discuss with them who you might need to tell and explain why.
- Jannicke Ive or designated person would refer the disclosure to the Local Authority or the Police where appropriate. (See appendix 1)
- If an employee can't get in touch with a manager immediately. They have all the safeguarding numbers on their work phones so can call and make the referral themselves (Appendix 1). They may also contact the NSPCC for guidance.
- Where possible all information will be shared with parents and carers, if the service user is under 18, unless it would put the service user in immediate harm.
- They can refer to the whistleblowing policy on their app for more information.

In case of allegations against employee:

- An accurate Record needs to be made. It must include the time, date, contact details of who was involved, where it took place, the facts as they occurred. The report should be based on the facts and not on your opinions. Try to use the exact phrases or wordings used if there has been a disclosure to you.
- Please refrain from using any jargon.
- Please add your response to the incident, disclosure or concern.
- Please add whether you have consent to share this concern, if the Service user is over 18 and is deemed to have mental capacity to make that decision.
- Jannicke Ive or designated person in her absence would then follow the disciplinary policy set in place. Any employee would be suspended pending an investigation immediately.
- Jannicke Ive or designated person in her absence would refer it to the Local Authority or the police where appropriate. A referral to the DBS will also be made.
- A referral will be made to the DBS when a person's conduct has or is likely to endanger a child or adult and has satisfied the harm test. Or that their conduct if repeated is likely to harm a child or adult. Any behaviour that involves sexual material relating to children, sexually explicit images that depict violence against humans and is of sexual nature involving a child or adult.

Confidentiality is the responsibility of all involved. Information sharing is vital to safeguarding and promoting the welfare of all of our service users. Not all information is confidential. Confidential information is data of some sensitivity which is not already lawfully in the public domain or readily available from another public source and has been shared in a relationship where the person giving the information understood that it would not be shared with others. Information which is not confidential may generally be shared where necessary for the legitimate purposes of statutory and preventative work. The duty of confidentiality is

owed to the individual to whom the information relates and to the person who has provided the information on the understanding it is to be kept confidential.

Confidence is only breached where the sharing of confidential information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

Government Guidance, Every Child Matters, "Information Sharing: Guidance for practitioners and managers" (2008), highlights seven golden rules for information sharing:

- **Remember that the Data Protection Act is not a barrier to sharing information.** It provides a framework to ensure that personal information about living persons is shared appropriately.
- **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case. Please record your decision based on either the mental capacity of the service user and why you felt you needed to override their decision or why you felt you could honour their decision to not report it further. As an employee it is ALWAYS your responsibility to report to your manager and they will make the decisions regarding sharing further. A record must be made of all concerns and disclosures. Concerns or disclosures about children will always be shared.
- **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. If you decide not to share, then record why.

The national guidance "Safeguarding Disabled Children - Practice Guidance (2009)" provides a framework for collaborative multi agency responses to safeguard disabled children. Any child with a disability is by definition a "child in need" under s17 Children Act 1989. The Disability Discrimination Act 1995 (Equality Act 2010) makes it unlawful to discriminate against

a disabled person in relation to the provision of services. This includes making a service more difficult for disabled person to access or providing them with a different standard of service. Please see attached Appendix 2 for further information on abuse and specialist considerations needed for children with disabilities that A Family's Best Friend works to.

Appendix 1

Reporting any concerns of harm or abuse for children or adults in **Lancashire**, it should be noted that all disclosures will be made via telephone first and then followed up with a written report.

Lancaster Social Services Office
Adults and Children's Services
Lancaster County Council, Fraser House, South Road
Lancaster
Lancashire
LA1 4XQ

- 0300 123 6720 (Follow the automated guidelines for the service required)
- 0300 123 6721 (Safeguarding Adults direct)
- <https://www.lancashire.gov.uk/health-and-social-care/adult-social-care/report-a-concern-about-an-adult/> (to make a report for adults needs to be done via the website)

Reporting any concerns of harm or abuse for children and Adults in **North Yorkshire**

The customer services centre may be contacted for all social care services enquiries from adults, young people and children, they will then re direct your call to the appropriate person.

Telephone: 0845 034 9410
Minicom: 0845 603 6391

The emergency duty team can be contacted outside office hours including weekends and public holidays on the telephone number below:

Telephone: 0845 034 9417 or 0300 123 6722

Reporting any concerns of harm or abuse for children and Adults in **Cumbria**

For concerns regarding children **0333 240 1727**

For concerns regarding adults **01539 713398**

All Safeguarding cases should also be reported to CQC – Care Quality Commission.

Open times – Monday-Friday – 8.30am-5.30pm.

Telephone: 03000 61 61 61

NSPCC Monday to Friday 8am-10pm or 6pm at the weekend 0808 800 5000

Any concerns or results of investigations regarding an employee will trigger a referral to the DBS service to ensure that those are on the system for future applications. These will also be sent to the relevant police service where necessary.

Appendix 2

Disabled children are particularly vulnerable for a variety of reasons, including:

- Having fewer outside contacts than non-disabled children;
- Receiving intimate personal care possibly from a number of carers which may increase their exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- Having an impaired capacity to resist or avoid abuse;
- Being more vulnerable to abuse by their peers and especially vulnerable to bullying;
- Being inhibited about complaining due to fear of losing services.

In addition to the universal indicators of abuse and neglect the following abusive behaviours may be relevant:

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillisation;
- Invasive procedures against the child's will;
- Deliberate failure to follow medically recommended regimes;
- Misapplication of programmes or regimes;
- Ill-fitting equipment e.g. callipers, sleep board which may cause injury or pain, inappropriate splinting.

In addition to increased risk factors, disabled children may have communication difficulties which make it difficult to tell others what is happening to them. Adults, including professionals assessing their needs and caring for them may concentrate on the child's special needs and overlook signs and symptoms which may suggest that the child is being maltreated. Often, signs indicating maltreatment may be attributed to the disability.

A professional who has a concern for a disabled child must consider:

- The child's communication needs and how she/he will communicate effectively with the child;
 - What information in relation to the child's disability and special needs the professional requires in order to assess risk of abuse;
 - What resources the professional requires in order to undertake an informed assessment;
 - Any specialist advice the professional needs.
- (Many of the above factors also relate directly to vulnerable adults and the same vigilance and care should be applied).

With regard's to supporting adults who are at risk from abuse. There are 6 key principles we should consider.

- Empowerment. We need to be supportive and encourage them to make their own decisions and informed consent.
- Prevention. It is better to take action before harm occurs.

- Proportionality. The least intrusive response appropriate to the risk presented. Only get involved as much is needed or requested depending on the capacity of the service user and the situation.
- Protection. Support and representation for those in greatest need. We should support them to see the signs, report concerns and be part of the safeguarding process and to the extent in which they want.
- Partnership. Local solutions through services working with their communities.
- Accountability. Accountability and transparency in delivering safeguarding.

Appendix 3

Types of abuse for both adults and children

PHYSICAL ABUSE

... may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating, or otherwise causing physical harm to an individual. Physical harm may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill health to an individual whom they are looking after. (Formerly known as Munchausen's Syndrome by Proxy and, more recently (Dept. of Health, 2003) Fabricated or Induced Illness).

Possible signs of physical abuse include:

- Unexplained injuries, bites, burns, bruises, particularly if recurrent;
- Parental/carer refusal to discuss or inconsistent explanations offered;
- Untreated illnesses or lingering injuries;
- Admission of punishment which is excessive;
- Shrinking from physical contact;
- Fear of returning home or of parents or carers being contacted;
- Fear of undressing;
- Fear of medical help;
- Aggression or bullying;
- Unexplained patterns of absences which may serve to hide injuries;
- Overly-compliant behaviour or watchfulness;
- Significant behavioural change without apparent explanation.

EMOTIONAL/PSYCHOLOGICAL ABUSE

... is the persistent emotional ill-treatment of an individual such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to an individual that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed upon them. It may involve causing individuals frequently to feel frightened or in danger, or the exploitation or corruption of said individual. Some level of emotional abuse is involved in all types of ill-treatment of an individual, though it may occur alone.

Possible signs and symptoms of emotional abuse include:

- Continual self-deprecation;

- Fear of new situations/persons;
- Inappropriate emotional responses to 'painful' situations;
- Self-harm or mutilation;
- Compulsive stealing or scrounging;
- Drug or solvent abuse;
- 'Neurotic' behaviour – obsessive rocking, thumb-sucking etc;
- Air of detachment and 'don't care' attitude;
- Social isolation – few friends, doesn't join-in;
- Desperate attention-seeking behaviour;
- Eating problems (inc lack of appetite);
- Depression, withdrawal.

NEGLECT or ACTS OF OMISSION

... is the persistent failure to meet an individual's basic physical and/or psychological needs, likely to result in the serious impairment of the individual's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, and failing to protect the individual from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, an individual's basic emotional needs.

Possible signs and symptoms of neglect include:

- Constant hunger/tiredness
- Poor personal hygiene or inappropriate clothing
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Low self-esteem & poor social relationships/skills
- Compulsive stealing/scrounging
- Non-organic failure to thrive

SEXUAL ABUSE and GROOMING

... involves forcing or enticing an individual to take part in sexual activities, whether or not the individual is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving individuals to look at, or in the production of, pornographic material, watching sexual activities or encouraging individuals to behave in sexually inappropriate ways.

Possible physical signs of sexual abuse include:

- Any physical injury may be indicative of physical and another form of abuse eg grab marks may indicate restraint during sexual abuse;
- Scratches abrasions;
- Genital/anal infection;
- Pregnancy/STI's;
- Bleeding from anus/vagina;
- Difficulty/pain in passing urine/faeces.

Exploitation is the term used to describe behaviours employed by the sex offender to target and prepare individuals for sexual abuse. One of the problems for professionals and parents and carers is that the signs that a person is grooming an individual are very discreet and difficult to recognise.

- The Home Office has defined grooming as: 'A course of conduct enacted by a suspected paedophile which would give a reasonable person cause for concern that any meeting with a child arising from the conduct would be for unlawful purposes.'

There are four stages of grooming that professionals should be aware of.

- In cases of professional abuse, the colleagues of the person who is perpetrating the abuse are also "groomed".
- This can be achieved by creating a persona for themselves, use of their personality to intimidate or to blur professional boundaries which then make it difficult to report concerns, creating friendships/strong friendships is included in this
- If you are concerned about a colleague's conduct or behaviour you should immediately report it to the DSL, Manager, CQC – use the Whistle Blowing Policy

DOMESTIC VIOLENCE and ABUSE

.... is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse:

- can happen inside and outside the home
- can happen over the phone, on the internet and on social networking sites
- can happen in any relationship and can continue even after the relationship has ended
- both men and women can be abused or abusers.

Domestic abuse can be emotional, physical, sexual, financial or psychological, such as:

- kicking, hitting, punching or cutting
- rape (including in a relationship)
- controlling someone's finances by withholding money or stopping someone earning
- controlling behaviour, like telling someone where they can go and what they can wear
- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill someone or harm them
- threatening to another family member or pet.

Signs that a child has witnessed domestic abuse can include:

- aggression or bullying
- anti-social behaviour, like vandalism
- anxiety, depression or suicidal thoughts
- attention seeking
- bed-wetting, nightmares or insomnia
- constant or regular sickness, like colds, headaches and mouth ulcers
- drug or alcohol use
- eating disorders
- problems in school or trouble learning
- tantrums
- withdrawal.

Possible signs of domestic abuse in adults

- Bruises or other physical marks
- Low self esteem
- No money of their own
- Not being allowed to go out, see their friends and family
- Nervous and anxious disposition

RADICALISATION

.....is where individuals are taught extreme, often violent, ideas based on political, social or religious beliefs, with the intent to do harm.

Possible signs and symptoms of radicalisation include:

- Behaviour changes
- Changes in the way they speak with others
- Having a new circle of friends
- Use of extremist terminology
- Being secretive about reading material or messages

MODERN SLAVERY AND EXPLOITATION

.... encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Child sexual exploitation is a form of sexual abuse that involves the manipulation of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. It involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins. Although victims can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited.

Possible signs and symptoms of Exploitation in under 18's

- The child or young person may have older 'friends'
- They might have expensive gifts, or money that they can't explain suitably where they got them from.
- They may go missing for evenings or days at a time
- Unhealthy or inappropriate sexual behaviour.
- Being frightened of some people, places or situations.
- Being secretive.
- Sharp changes in mood or character.
- Physical signs of abuse, like bruises or bleeding in their genital or anal area.
- Alcohol or drug misuse.
- Sexually transmitted infections.

- Pregnancy.

Possible signs and symptoms of modern slavery could be:

- The adult could appear withdrawn, compliant and unkempt
- Show little or no use of the English language
- Live in low-standard accommodation
- Be unsure which country, city or town they're in
- Can't or are reluctant to share personal information or where they live
- Not be registered with benefits or a GP practice
- Have no money or belongings of their own

Abuse specific to Children and Young people

CHILD TRAFFICKING

.....involves the recruiting, moving or receiving a child through force, trickery or intimidation to take advantage of them. Trafficking is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for:

- sexual exploitation
- benefit fraud
- forced marriage
- domestic slavery like cleaning, cooking and childcare
- forced labour in factories or agriculture
- committing crimes, like begging, theft, working on cannabis farms or moving drugs.

Possible signs and symptoms of child trafficking can be:

- A domineering adult accompanying the child all the time and speaking for them
- The child could appear withdrawn, compliant and unkempt
- Show little or no use of the English language
- Spend a lot of time doing household chores
- Rarely leave their house or have no time for playing
- Be orphaned or living apart from their family
- Live in low-standard accommodation
- Be unsure which country, city or town they're in
- Can't or are reluctant to share personal information or where they live
- Not be registered with a school or a GP practice
- Have no access to their parents or guardians
- Be seen in inappropriate places like brothels or factories
- Have money or things you wouldn't expect them to
- Have injuries from workplace accidents
- Give a prepared story which is very similar to stories given by other children

FEMALE GENITAL MUTILATION (FGM)

-means to remove, constrict or otherwise disfigure a girl's labia or clitoris for non-medical reasons, in most cases before they reach the age of 8. Some communities may use religious, social and cultural reasons to justify FGM, but it is a form of abuse.

You need to be aware of the risk of girls being taken abroad to carry out FGM and so should be aware if they are taken on extended holidays.

Possible signs and symptoms of FGM could be:

- Severe pain and bleeding and chronic infections
- Psychological, mental health and sexual problems
- Damage to the reproductive system and infertility.

BULYING AND ONLINE BULLYING

.... Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Cyberbullying is bullying that takes place online. Unlike bullying in the real world, online bullying can follow the child wherever they go, via social networks, gaming and mobile phone.

Possible signs and symptoms of bullying or online bullying could be:

- belongings getting 'lost' or damaged
- physical injuries, such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to whoever's bullying them)
- being nervous, losing confidence, or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

Abuse specific to Adults

DISCRIMINATORY

.... refers to an individual or group being treated unequally because of characteristics identified in the Equality Act 2010. It involves ignoring a person's values, beliefs and culture. It can include forms of harassment, slurs or similar treatment.

Possible signs and symptoms 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

.... happens where services provided are focused on the needs of the organisation over the service users. It often includes neglect and poor care practices within an institution or poor care provided in their own home setting. It can range from 1 off incidents to poor practice as a result of the structure, policies, processes and practices within the organisation.

Possible signs and symptoms of organisational abuse can be:

- 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

FINANCIAL AND MATERIAL

.....Is the use of a person's funds and belongings without their permission, this could be theft, fraud, internet scamming or coercion like putting pressure on someone to change their will or misuse of legal powers such as power of attorney.

Possible signs and symptoms of financial and material abuse can be:

- 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

SELF-NEGLECT

...is the lack of self-care to an extent that it threatens personal health and safety. They may be neglecting to care for their own personal hygiene, health or surroundings. There may be an inability to avoid self-harm. Failure to seek help or access services to meet health and social care needs or an inability or unwillingness to manage one's personal affairs can be a sign of self-neglect.

Possible signs and symptoms of self-neglect can be:

- 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

Jannicke Ive July 2022