



Healthwatch Cambridgeshire Safeguarding Adults Policy

PURPOSE OF THIS DOCUMENT

The purpose of this policy is to outline the practice for employees and volunteers of Healthwatch Cambridgeshire (HWC), to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected.

This policy applies across the organisation including all of its activities in Cambridgeshire.

GUIDING PRINCIPLES

In safeguarding vulnerable adults HWC will:

- actively work within an inter-agency framework based on national guidance
- actively promote the empowerment and wellbeing of vulnerable adults through the services it delivers
- act in a way which supports the rights of the individual to lead an independent life based on self determination and personal choice
- recognise people who are unable to take their own decisions and /or protect themselves, their assets and their bodily integrity
- recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and minimised whenever possible (there should be open discussions between individuals and HWC about any risks involved to them)

- ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to abuse within the relevant legislative framework
- ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate advice, protection and support from the relevant agencies
- ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process

WHO IS A VULNERABLE ADULT?

A vulnerable adult is any person aged 18 or over who is or may be¹:

- i) in need of community care services by reason of mental, physical or learning disability, age or illness and who
- ii) unable to take care of him or herself or unable to protect him or herself against significant harm or serious exploitation.

A vulnerable adult is a person who is aged 18 years or over and who²:

- Is living in residential accommodation, such as a care home or a residential special school
- Is living in sheltered housing
- Is receiving domiciliary care in their own home
- Is receiving any form of healthcare

¹ No Secrets, Dept of health, 2000, <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

² Safeguarding Vulnerable Groups Act, 2006, <http://www.legislation.gov.uk/ukpga/2006/47/section/59>

- Is detained in lawful custody (in a prison, remand centre, young offender institution, secure training centre or attendance centre, or under the powers of the Immigration and Asylum Act 1999)
- Is under the supervision of the probation services
- Is receiving a welfare services defined as the provision of support, assistance or advice by any person, the purpose of which is to develop an individuals' capacity to live independently
- Is receiving a service or participating in an activity for people who have particular needs because of their age or who have any form of disability
- Is an expectant or nursing mother living in residential care, or
- Is receiving direct payments from a local authority or health and social care trust in lieu of social care services

Community care services is taken to include all care services provided in any setting or context. Abuse may occur in any setting and any vulnerable adult can experience abuse or be at risk, irrespective of social class, status, income, age, gender, sexuality, ability, race or cultural background.

WHAT IS ABUSE?

Abuse is any behaviour towards a person that causes him or her harm, endangers life or violates his or her rights.

Abuse might be one or a combination of the following:

- **Physical** e.g. shaking, slapping, pushing or kicking someone
- **Sexual** e.g. any sexual activity that the person does not want, understand or agree to
- **Psychological/Emotional** e.g. threats of harm or abandonment or humiliation, intimidation or verbal abuse
- **Financial** e.g. stealing someone's money or denying them access to their money or possessions
- **Neglect** e.g. ignoring someone's medical or care needs, or withholding food, drink or aids to daily living
- **Discriminatory** e.g. abusive remarks or actions regarding a person's age, race, religion, sex or abilities
- **Domestic abuse** e.g. emotional and physical violence, bullying, threats, mental and verbal abuse, financial and social control over one person by another within the home or family
- **Professional abuse** e.g. the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services
- **Institutional abuse** e.g. involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people

See Appendix 1 for further explanation, examples and indicators of abuse

RESPECT

When abuse has been disclosed, reported or observed, it is important that the person be treated with dignity and respect and is involved as an equal in the investigation, and kept fully informed on a regular basis.

They have the right:

- ❖ to be believed when they report abuse of themselves and/or others, unless there is direct and unequivocal evidence to the contrary
- ❖ to appropriate education/information in order to identify behaviour which constitutes abuse and the rights to informed decision-making and consequent risk
- ❖ to have the investigation processed where possible through a timescale with which they can be comfortable
- ❖ to privacy and confidentiality in the conduct of the investigation (see practice guidance 24, sharing of information)
- ❖ to be assisted by an interpreter, advocate, relative or carer in giving information, or evidence, unless the evidence which is to be given is subject to separate rules, e.g. police procedures
- ❖ where a person's capacity is compromised to have decisions made in their best interest
- ❖ to expect arrangements to be made to promote safety and welfare in both the short and long term
- ❖ to expect that the issues of power, coercion and intent on the part of the alleged abuser to the alleged victim are given particular attention
- ❖ not to have to undergo repeated presentations of information/evidence, except as required in criminal proceedings
- ❖ to be involved in decisions made as a result of the investigation
- ❖ to not participate in the investigation
- ❖ to have access to the police action for justice procedures where appropriate

NAMED LEAD FOR SAFEGUARDING VULNERABLE ADULTS

The Chief Executive Officer of HWC is the named lead officer for safeguarding vulnerable adults and is responsible for:

- Ensuring that the policy and procedures are reviewed on a regular basis according to the auditing process
- Ensuring that a safeguarding vulnerable groups action plan is implemented including the monitoring of this policy and any associated procedures
- Ensuring, by means of training, supervision and information, that employees and volunteers have sufficient knowledge and understanding of this policy and associated procedures
- Acting as the interface with other agencies including recording and reporting under joint agency arrangements any incidents of suspected abuse or seeking advice as necessary
- Supporting employees or individuals in instances of suspected abuse
- Ensuring that they are up-to-date with the relevant legislation regarding safeguarding vulnerable adults and have the skills required to carry out these responsibilities
- Ensuring their staff and volunteers undertake regular training, are supported in adhering to the policy and procedures and that experience is shared through supervision and team meetings

The HWC lead for safeguarding vulnerable adults will also nominate an Adults' Safeguarding Champion who will act as a link and point of expertise for the staff team and volunteers and advise the lead of actions required. This is currently Angie Ridley.

REPORTING AND RECORDING PROCEDURE

Anyone who suspects that a vulnerable adult may be at risk of abuse or is being abused must report their concern immediately. People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a vulnerable person they **must** share the information with someone who is in a position to take action or responsibility.

Abuse of vulnerable adults can take many forms including physical, emotional, sexual and financial. It is not the responsibility of anyone working within HWC in a paid or unpaid capacity to decide whether or not abuse has taken place. It is therefore vital that staff raise all cases of suspected or alleged abuse in line with the procedures identified in this policy. It is important to do this, as there may already have been concerns expressed by other members of staff and failure to report concerns may put a vulnerable person at risk.

Any disclosure or suspicion of abuse should be reported to the staff member's / volunteer's line manager as soon as possible. Where the perpetrator is a member of staff or volunteer HWC will invoke their Disciplinary and Whistleblowing Codes alongside this procedure.

The person in charge responsible for overseeing the safeguarding concerns will ensure that Adult Safeguarding process is followed (Refer to Appendix 2).

If a disclosure of abuse is made by a service user, care should be taken to explain to them the procedure that will be followed and they should be told that it may not be possible for HWC to maintain confidentiality.

All relevant information about the allegation should be recorded as simply and clearly as possible and stored securely.

CONSENT AND THE SHARING OF INFORMATION:

Consent:

Many of the Data Protection issues surrounding the disclosure of information can be avoided if the informed consent of the individual has been sought and obtained. Consent must be freely given after the alternatives and consequences are made clear to the person from whom permission is being sought.

If the data is classified as sensitive data, the consent must be explicit. In this case, the specific detail of the processing should be explained, the particular types of data to be processed, the purposes of the processing and any specific aspects of the processing which may affect the individual disclosures.

Where an overriding public interest exists:

If informed consent has not been sought or sought and withheld, the agency must consider if there is an overriding public interest of justification for the disclosure being made to a third party.

In making this decision and compliant with the Human Rights Act, the following questions may be considered:

- ❖ Is the disclosure necessary for the prevention or detection of crime, to protect public safety or to protect the rights and freedoms of others?
- ❖ Is the disclosure necessary for the protection of young or vulnerable people?
- ❖ What risk to others is posed by this individual (alleged offender)?
- ❖ What will be the impact of the disclosure on the offender?
- ❖ Is the disclosure proportionate to the intended aim?
- ❖ Is there an equally effective but less intrusive alternative means of achieving that aim?

Having due regard to the seriousness of the abuse and the potential risk to others, disclosure in such circumstances would be justified. It is important that it is made clear to the alleged victim and their relatives (if appropriate) that in these cases there is a necessity for the police and/or agency to investigate due to the possible risk to other vulnerable persons.

Confidentiality

Whether or not planning a response to an adult safeguarding concern is through informal consultations or a formal meeting you are likely to be sharing information that would normally be considered confidential.

Each agency holds information, which in the normal course of events, is regarded as confidential and will have their own safeguards and procedures for sharing this with other related agencies. Some information will be subject to the Data Protection Act 1998.

An adult safeguarding concern provides sufficient grounds to warrant sharing information on a “need to know” basis and/or “in the public interest” and unnecessary delays in sharing that information should be avoided. Whenever possible the vulnerable adult must be consulted about information being shared on their behalf. Often consent has been given through the usual assessment process. There will be a need to share information with other agencies for example Health, Advocacy and the Police, and generally permission would be asked before doing so.

However in exceptional circumstances e.g. if it is considered someone is at serious risk of abuse then information may be disclosed without consent.

Where they have capacity and they are not being pressured or intimidated their agreement should be sought and their refusal respected.

If other adults are at risk the “public interest” principle may override their decision.

The principles governing the sharing of information include:

- ❖ confidentiality must not be confused with secrecy
- ❖ information will only be shared on a ‘need to know basis’ when it is in the best interests of the service user(s)
- ❖ informed consent should be obtained but if it is not possible and other adults are at risk, it may be necessary to override the requirement
- ❖ it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk

Whistleblowing

All staff/volunteers and others with serious concerns about any aspect of their work are encouraged to come forward and voice those concerns. The Whistleblowing Policy has been designed to assist, encourage and enable employees to make serious concerns known within the within the organisation.

Furthermore, in respect of issues concerning adult abuse if any employee suspects fraud, corruption or other malpractice then they must report their concerns to the CEO, HWC. If it would be inappropriate to report to the CEO, or the employee is nervous or worried about doing so, then they should contact the HWC Chair.

Whistleblowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously. Further support can be found at Public Concern at Work - on their website or call for confidential whistleblowing advice - 020 7404 6609. For staff working within the NHS or Social Care Sector, call 08000 724 725.

All requests for anonymity by the referrer will be fully respected. It cannot however be guaranteed, especially if the referrer's information becomes an essential element in any subsequent legal proceedings.

In addition, the Data Protection Act 1998 removes the blanket confidentiality of third party information.

Staff who do not report concerns about the possible abuse of a vulnerable adult in accordance with the multi-agency practice guidance and procedures, could be disciplined for not doing so, or for colluding with the abuse.

For the purposes of the practice guidance and procedures "staff" includes volunteers as well as employees of agencies.

Refer to the HWC Whistleblowing Policy for further information.

Whistleblowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously.

Reporting to CQC

HWC's Adult Safeguarding Lead will follow outcome 20 of the CQC Essential Standards; 'Notification of Other Incidents'³. The Adult Safeguarding Lead will complete an Outcome 20 notification to the Care Quality Commission where the Outcome 20 criteria are met.

Escalating to Healthwatch England

If the safeguarding issue is not resolved to HWC's satisfaction HWC's Adult Safeguarding Lead will escalate to Healthwatch England using the process set out on the HWC Escalation Policy.

Approved by Healthwatch Cambridgeshire Board of Directors

Date: 13 November 2013

Reviewed on

Date: 12 November 2014 by Sandie Smith

Next Review

Date: November 2015

Responsible Officer

Chief Executive Officer of Healthwatch Cambridgeshire

³ [http://www.cqc.org.uk/sites/default/files/media/documents/gac - dec 2011 update.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf)

Types of Abuse

Physical abuse

Definition - Non accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person's natural physical state.

Some examples are: hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, and forced feeding.

Sexual abuse

Definition - Sexual abuse is the involvement of a vulnerable adult in sexual activities or relationships, which are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violates the individual's expressed cultural or religious preferences, sexual taboos, or family custom and practice.

Some examples are: rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Inappropriate touching and fondling, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects.

Psychological abuse

Definition - Psychological or Emotional abuse is behaviour that has a harmful effect on a vulnerable adult's emotional health and development.

Some examples are: emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice, information and privacy. Behaviour that has a harmful effect on the vulnerable adult's emotional health and development.

Financial or material abuse

Definition - Financial or material abuse involves the use of a vulnerable adult's property, assets or income without their informed consent or making financial transactions that they do not understand to the advantage of another person.

Some examples are: theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission

Definition - Neglect is behaviour that results in the vulnerable adult's basic needs not being met.

Some examples are: ignoring medical or physical care needs, persons physical condition/appearance is poor e.g. ulcers, pressure ulcers, soiled or wet clothing, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating and undermining personal beliefs.

Professional abuse

Definition - Is the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

Abuse by Organisations - Institutional Abuse

Definition - Involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping, unable or unwilling to implement professional or clinical guidelines and liaising with other providers of care.

Abusive behaviour may be part of the accepted custom and culture within an organisation or an individual member of staff, or particular group of staff may carry it out. The key risk factors for institutional abuse are:

- ❖ it is widespread within the setting
- ❖ it is repeated
- ❖ it is generally accepted by the staff and not seen as being poor practice
- ❖ it is sanctioned, it is encouraged or condoned by line managers
- ❖ it takes place in a setting where there is poor monitoring by senior management
- ❖ there are environmental factors (e.g. unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care
- ❖ it is systemic e.g. factors such as a lack of training, poor operational procedures, poor supervision and management all encourage the development of institutionally abusive practice

Domestic abuse and violence

Definition - Domestic abuse and violence is best described as the use of physical and/or emotional abuse or violence, including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

Domestic abuse can go beyond actual physical violence and involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation, telephone, and stalking.

It can include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on, or witnessed by children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. It may link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.

Domestic violence is not a 'one-off' occurrence but is frequent and persistent aimed at instilling fear into and compliance from, the victim.

Any incident of threatening behaviour, violence or abuse, psychological, physical, sexual, financial or emotional between adults who are, or have been intimate partners or family members, regardless of gender or sexuality'. (Source Home Office Definition 2004)

Domestic violence takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour crimes'. Domestic violence may include a range of abusive behaviours. (Source: Women's Aid)

Discriminatory abuse

Definition - Discriminatory abuse is behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment.

Some examples are: racism, sexism, religious and ageism, based on a person's disability, and other forms of harassment, slurs or similar treatment.

Significant harm

A key concept in adult safeguarding work is 'significant harm', which helps to determine how serious or extensive abuse must be to justify intervention. This has been defined as follows: "harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, emotional, social or behavioural development.

Specific Indicators of Abuse

Although abuse often comes to light through disclosure by the person, who sensing they are safe, confides in a trusted person, there are situations or events that might indicate that all is not well.

The following list highlights situations or events that may require closer attention.

They are merely indicators, the presence of one or more does not confirm abuse and they are no substitute for a thorough assessment. However, a cluster of several indicators may indicate a potential for abuse and a need for assessment.

For ease of use the indicators have been grouped under a number of headings. Typically an abusive situation may well involve indicators from a number of groups in combination.

General Indicators of Abuse

The denial (often forthright) that anything is amiss, with an accompanying emphasis that things 'have never been better'.

Resignation, stoicism, and, sometimes, an acceptance of incidents as being part of being old/vulnerable:

- inconsistency of information
- seeking (attention/protection), often from numerous sources
- the vulnerable adult appears to be withdrawn or agitated and anxious
- they may be isolated in one room of the house or confined to living in a small space
- mobility is restricted due to absence of suitable mobility aids
- they may be excluded from outside social contacts
- they are overly subservient or anxious to please
- professional and other visitors may have difficulty gaining access to the vulnerable adult or may find confidential interaction inhibited
- lack of eye contact - looking at the floor during discussions or looking to others to answer questions even when directed to the individual
- dramatic changes in behaviour or personality; depression or confusion, for which no medical explanation can be offered
- refusal to allow person into respite/permanent care
- poor conditions, lack of clothing, lack of access to own money
- reluctance to return home or to service placement

Indicators of Physical Abuse

- multiple bruising that is not consistent with the explanation e.g. a fall
- cowering and flinching
- bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises
- abrasions, especially around the neck, wrists and/or ankles
- unexplained burns, especially on the back of the hands
- scalds, especially with a well-defined edge from immersion in water
- hair loss in one area - scalp sore to touch
- frequent minor accidents without seeking medical help
- unusually sleepy or docile, tendency to flounder or slip over
- unexplained fractures
- malnutrition, ulcers, pressure sores and sores due to lack of care for incontinence
- frequent 'hopping' from one GP, hospital or care agency to another
- need for health or social care services ignored or obstructed
- misuse of medication

Indicators of Sexual Abuse

- changes i.e. the person starts to seek or avoid attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters
- complaints of soreness in genital/anal area, no medical cause known
- recurring conditions such as thrush or cystitis
- pregnancy or diagnosis of a sexually transmitted disease when the person is not known to be sexually active
- bruising on the inner thighs or shoulders, breasts and/or genital area
- objects to being washed in genital areas, which is a change in behaviour

Indicators of Financial or Material Abuse

- unexplained or sudden inability to pay bills
- gifting and transferring of assets and property
- unexplained or sudden withdrawal of money from accounts
- contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently
- personal possessions of value go missing from the home without satisfactory explanation
- contrast with their previous lifestyle and standards
- someone has taken responsibility for paying rent, bills, buying food etc - but is clearly not doing so
- unusual interest taken by relative, friend, neighbour or other in financial assets especially if little real concern is shown in other matters

- next of kin refuse to follow advice regarding control of property via Court of Protection or through securing Enduring Power of Attorney/Lasting Power of Attorney, but insist upon informal arrangements
- care services including residential care are refused by family or other potential inheritors
- unusual purchases unrelated to the known interests of the vulnerable adult e.g. purchases of fashionable clothes, expensive make-up, food and holidays
- reluctance to accept financial assessment or engagement from department

Indicators of Organisational/Institutional Abuse

- poor staff morale, high turnover or high sickness rate amongst staff; excessive hours are worked and there is frequent use of agency staff
- general lack of consideration of privacy e.g. staff walk casually into bedrooms; washing and personal care tasks (going to the toilet) lack appropriate privacy and dignity; there is no telephone that can be used privately
- residents/service users appear unusually subdued, especially when compared to their previous behaviour; they retreat into their own room or other areas out of the way of staff
- lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aid or false teeth
- poor hygiene e.g. strong smell of urine, dirty clothing or bed linen, only changed when staff consider it necessary
- inappropriate and thoughtless use of equipment e.g. restraint and buzzers out of reach
- lack of internal procedures, including poorly written and/or outdated policies
- lack of clear lines of responsibility and consistency of management
- lack of staff training, supervision, appraisals and assessment of competencies
- lack of appropriate skill mix and assessment of staff competencies and training and development plan
- inadequate care/support plans and risk assessment
- inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication
- lack of appropriate relevant information sharing between staff about service users
- lack of open transparent communication from staff to relatives
- reliance on rigid routines
- staff feel powerless to influence good practice; they may be discouraged from participating in discussions with outside agencies

Indicators of Professional Abuse

- entering into a sexual relationship with a service user
- failure to refer disclosure of abuse, poor, ill-informed or outmoded care practice
- failure to support vulnerable adult to access health care/treatment, denying vulnerable adults access to professional support and services such as advocacy
- service design where groups of users living together are incompatible, punitive
- responses to challenging behaviours, failure to whistle-blow on issues when internal procedures to highlight issues are exhausted

Indicators of Domestic Abuse and Violence

It must be remembered that all categories of abuse may be found within a domestic environment, i.e. close family relationships.

Reactions to Abuse

The consequences of abuse can have profound effects on all the parties involved. These may include:

- denial that abuse has occurred may be strongly stated, even in the face of compelling evidence to the contrary, there may be an attempt to persuade others that an abusive relationship is normal
- withdrawal from social activity can occur, ranging from withdrawal from normal activities to total lack of communication
- increased agitation and anxiety may also present itself in a variety of forms from attention-seeking behaviour to overly subservient behaviour
- parties involved can experience depression
- parties involved can experience confusion, this can be characterised by the marked deterioration in a previously confident person, someone who may appear to be confused might be trying to communicate his or her distress about an abusive event
- a dramatic change in behaviour or personality can occur suddenly and unexpectedly and can be associated with fear following an incident of abuse
- physical or verbally aggressive behaviour can occur and an individual may seem unusually hostile or be prone to over-reaction
- self-neglect can also occur including the loss of self-esteem, deterioration in appearance, weight loss or erosion of personal confidence

Actions to be taken after becoming aware of an adult safeguarding concern

Flowchart for all agencies

