POLICY ON RESEARCH INVOLVING CHILDREN AND VULNERABLE ADULTS

CONTENTS

1 - BACKGROUND

1.1 Who are vulnerable?

- ✓ All persons under 18 years old.

- ✓ Some adults (i.e. over 18s) *may* be vulnerable and entitled to be safeguarded because they are unable to protect themselves against significant harm or exploitation. It is recognised that any adult can suffer neglect or be subjected to abuse. There are many factors which can increase an individual's vulnerability, a variety of "indicators of vulnerability" are shown below**.**

Adults may be identified as vulnerable because they are experiencing:

- a mental health issue
- dementia
- a physical disability
- a learning disability
- a condition within the autistic spectrum
- a significant difficulty related to vison (requiring more than correction through spectacles and contact lenses alone)
- a significant difficulty related to hearing (requiring more than correction through hearing aids alone)
- complications related to frailty or a serious illness

The vulnerable adult may be receiving support services from the local authority, the NHS or a non-statutory agency, but this will not always be the case. When considering if an adult is vulnerable and requires safeguarding, it is important to consider whether you believe that that the adult has support needs because of one of the issues listed above, regardless of whether support is currently being provided.

1.2 Importance of informed consent.
Informed consent is a core ethical principle in research conducted with human participants and is embodied in various ethical guidelines. There are 3 main elements to ensuring informed consent:

a) Adequate information – those taking part must be provided with sufficient information so that they can give their informed consent. This information should be provided not only to the individuals taking part, but also to their parents/guardians/ carers and organizations enabling the research to be conducted (e.g. schools, sport teams, hospital etc.)

b) Voluntariness – The individual must not be coerced into taking part either by the investigator, a parent/guardian/carer/organization etc. They have to provide their informed consent, and this must be entirely voluntary i.e. they may give their consent but then decline to take part once the research takes place. They should then be allowed to withdraw their participation without prejudice. Factors that could influence this must be carefully considered – i.e. influence of the researcher/parent/guardian/carer/organization, use of financial or other incentives etc.

c) Capacity and autonomy – It is the responsibility of the researchers to ensure that information relating to the research is presented in such a way that the individual can understand, retain, consider, and decide whether or not to take part without undue influence, and communicate their consent, assent or refusal. Special care must be taken

to ensure that information sheets and debrief sheets are written in a manner that facilitates understanding.

1.3 Research with individuals who lack capacity to consent

The Department of Health has developed guidelines for researchers who are undertaking research with individuals who are deemed as lacking capacity to consent for themselves under the Mental Capacity Act (2005). These, and other resources, can be found at the website of the Social Care Institute of Excellence:

http://www.scie.org.uk/research/ethics-committee/mca.asp

The research must be scrutinised by an approved body. The University is not an approved body therefore the research must also be submitted to one of the NHS Research Ethics Committees licensed to review studies under the Mental Capacity Act – even if your work is not in the NHS, or to the Social Care REC.

1.4 Research involving children and young people

When seeking to involve children and young people under the age of 18, the University guidelines require consent from the parent(s) or guardian(s), and from the children and young people themselves. Therefore, the following must be produced to your ethics committee in advance of the research commencing:

- An information leaflet to all parents/guardians/carers/schools/organizations clearly outlining the research to be conducted so that they can give their informed consent to the children taking part, and information so that they can contact the research team for further information if required.
- A signed and dated letter/email of approval (with an official heading) from the organization involved (e.g. school, sport's team, hospital etc), stating that permission is granted for the research to take place.

In addition, the researcher must also obtain the following:

- Proof that informed consent has been obtained – the parent/guardian/carer needs to provide a signed and dated consent form before the child/young person can take part in the research.
- Signed / verbal consent from the child or young person. .

1.5 Opting in

1.5.1 Parent/guardian/carer opt in versus *in loco parentis*.

The preferred form of consent from a parent/guardian/carer is 'opt-in', i.e. before the research commences the parent/guardian/carer provides evidence that they agree to their child taking part and they 'opt-in' by returning a signed consent form.

The Ethics Committee recommends that this method is the preferred option.

We understand however that in certain circumstances it might be permissible to use the 'in loco parentis' method. In this case, if the research is unlikely to pose any ethical problems (determined in advance by the Principal Investigator and the FEC) then the individual with legal responsibility for the child (e.g. Headteacher, Coach) can sign a letter stating that they are acting 'in loco parentis', and opt the children in. The parents/guardians/carers should still be informed beforehand about the research and given every opportunity to register their consent or not. The FEC will only approve such

research on an individual basis, and will require sound justifications beforehand. The children of course still have to provide their assent.

The use of an 'opt-out' method, where the parents/guardians/carers are informed that the research is to take place, and their consent is assumed unless otherwise stated, is not recommended.

1.5.2 Testing individuals aged 16-17.

The definition of 'vulnerability' is a grey area, individuals are legally classed as 'vulnerable' if aged under 18; however on reaching their 16th birthday an individual (while still 'vulnerable') is legally entitled to make their own decisions whether or not to take part in research and are not obliged to seek parental/guardian consent. For the cases involving this age group we recommend that parents/guardians still be informed about the research and given the opportunity to raise any objections, any objections must be dealt with on a case-by-case basis as the child could ignore their parents/guardians wishes and still ask to take part, researchers are then placed in a difficult situation. Common sense is required here.

1.5.3 To summarise:

- If the individual is aged under 16 – written parental/guardian consent and individual verbal assent must be obtained.
- If the individual is aged 16-17 – written individual consent must be obtained and parents/guardians should be informed about their child's possible participation.
- If the individual is aged 18 or over then they are asked to give their informed written consent, parent/guardian consent is not required.

2 - DISCLOSURE AND BARRING SERVICE (DBS) CHECKS

The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks. If you, or any members of the research team, will have regular contact on an individual basis with children or vulnerable adults as part of a research study, the relevant DBS clearance may have to be obtained in advance. Check at the DBS website https://www.gov.uk/disclosure-barring-service-check/overview

If you need DBS clearance (or think you might need it) then staff should contact Human Resources (Joanna Turl), who will initially ask you to complete a form and will then apply for a DBS check for you. They will also decide whether you need a 'standard DBS' or 'an enhanced DBS'. The DBS application can take up to 3 months to process and at the moment costs £26 for a standard check and £44 for an enhanced one. Students should contact Academic Registry (Richard Cassidy) who will support student applications for DBS checks.

Further information can be obtained from the Criminal Records Bureau helpline on 0870 9090 811

Note that these typically only apply if you are to be working regularly and on your own with vulnerable groups – they do not typically apply if you are based in say a school and are never on your own with the children, but you are advised to check as described above.

3 - OBTAINING NHS/SOCIAL CARE APPROVAL

When conducting research with patient groups NHS approval is required under most circumstances. The NHS Health Research Authority provides the following information:

What types of research need NHS Research Ethics Committee (REC) approval?
Ethical advice from the appropriate NHS REC is required for any research involving:

- patients and users of the NHS. This includes all potential research participants recruited by virtue of the patient or user's past or present treatment by, or use of, the NHS. This includes NHS patients treated under contracts with private sector institutions;
- individuals identified as potential research participants because of their status as relatives or carers of patients and users of the NHS, as defined above;
- access to data, organs or other bodily material of past and present NHS patients; foetal material and IVF involving NHS patients;
- the recently dead in NHS premises;
- the use of, or potential access to, NHS premises or facilities; and
- NHS staff - recruited as research participants by virtue of their professional role (note that this stipulation has recently been relaxed and now it may be possible in some circumstances to recruit NHS staff without going through NHS Ethics).

Can NHS RECs review research studies not falling into the categories listed above?
If requested to do so, an NHS REC may also provide an opinion on the ethics of studies not involving the categories listed above, carried out for example by private sector companies, the Medical Research Council (or other public sector organisations), charities or universities, and those studies involving adults who lack capacity to consent for themselves.

I have already carried out my research, but am told that I need ethical approval - can I apply?
NHS Research Ethics Committees (RECs) are not permitted to give an ethical opinion retrospectively. Under the 'Standard Operating Procedures for NHS RECs' (SOPs) issued by NRES, there is no provision for retrospective applications to be submitted. An ethical opinion should always be sought prior to the start of the research

Does student research require NHS REC review?
Yes, if it falls under the categories listed above.

Do pilot studies need REC Review?
Yes, if the pilot study falls under the categories listed above.

Do advertisements aimed at recruiting participants need ethical approval?
The NHS REC undertaking the ethical review will need to approve the generic wording of any advertisements, as well as the type of places they will be placed (e.g. local/national press, GP surgeries etc). RECs conducting site-specific assessment (SSA) only will need to sign off any locality issues, such as where the adverts will be specifically placed, and any contacts given on the advert.

Who are ethics committees that are not NHS RECs and when should you apply to them rather than to an NHS REC?
All research falling under the remit of the above list must be reviewed by an NHS Research Ethics Committee (REC), unless it is a phase 1 Clinical Trial of an

Investigational Medicinal Product (CTIMP) in healthy volunteers only, in which case it must be reviewed by a recognised Type 1 REC, some of which are non-NHS RECs based at research centres etc. There are ethics committees in universities and other research centres and there are also some private committees. For any research not within the remit laid out in the list above, you should follow the governance arrangements of your host institution.

The Social Care REC

The Social Care Research Ethics Committee (REC) reviews adult social care research study proposals, intergenerational studies involving adults and children or families, use of social care databases and some proposals for social science studies situated in the NHS from researchers based in England. Their website lists the types of research that require review as follows:

Studies funded by Department of Health

- Research commissioned directly through the Policy Research Programme
- Health and Social Care Information Centre (HSCIC) studies (i.e. those to be designed by HSCIC for implementation by councils with adult social services responsibilities, who do not then individually need to seek additional review)
- Studies commissioned by or through National Institute for Health Research (NIHR) School for Social Care Research
- Social care studies funded (in rare cases) through other NIHR programmes.

Studies involving those lacking capacity to consent

- Social care research that involves people lacking capacity in England and Wales and requires approval under the Mental Capacity Act 2005. The Social Care REC is recognised by the Secretary of State as an appropriate body for this purpose.

Social care research involving sites in England and another United Kingdom country

- Research where the chief investigator is based in England but is also involving participants in another UK country e.g. Wales or Scotland.

'Own account' research

- Research being undertaken by councils with social services responsibilities, where the chief investigator and/or sponsor feels there are substantial ethical issues.

Studies of integrated services

- Research involving both health and social care services, provided that there is no clinical intervention involved.

Studies taking place in NHS settings with NHS patients

- Research which uses social science or qualitative methods, and does not involve any change in treatment or clinical practice. The Social Care REC does not consider any research involving clinical interventions. Such research should be reviewed by another appropriate REC within the National Research Ethics Service (NRES).
- The opinion given by Social Care REC has the same authority as that of any other NRES REC. Such applications do not require separate review by other NRES RECs.

Adult social care research involving changes in, or the withdrawal of, standard care

- Research which involves changes in participants' care or even the withdrawal of some aspect of their care.

Other social care studies

- Studies which are not suitable for review by other NRES RECs, subject to the capacity of the Social Care REC. This could include service user-led research.

Intergenerational studies

- Social care studies where both adults and children, or families, are research participants.

What if I want to recruit patients who are not part of the NHS, i.e. they are private patients?

Private medical practices that are non-NHS can be used to recruit participants providing there are no patients (or relative or carers or the individual) receiving treatment because the NHS has subcontracted work out to the private medical provider. Therefore, a number of checks must be carried out in order to ensure that the private medical provider does not have any NHS contracts and any recruitment carried out on the premises or through the medical provider does not conflict with the university's and psychology department's ethical code of conduct, which is informed by the Governance Arrangements for Research Ethics Committees (GAfREC). The following checkpoints are suggested for ensuring non-NHS participant recruitment:

1) Discuss with the private medical provider/organisation's general manager (or equivalent) to confirm that the practice has no NHS sub-contracted work and explain why this is important;
2) Once discussions have verified the above point, request a confirmation letter which asks for a signature (an electronic signature is acceptable);
3) Once individuals have come forward to participate in the research, ask participants to verify that they have chosen to seek private medical healthcare themselves and not because the NHS is paying for them to receive private medical treatment; or in the case or patient relatives or carers, seek confirmation that the found out about the study through non-NHS services and/or premises (see Appendix 2 for a revised non-NHS ethics consent form to be used when an individual has been recruited via the above route)

4 - THE 'RESEARCH PASSPORT'

A Research Passport is the mechanism for non-NHS staff to obtain an Honorary Research Contract or Letter of Access that will enable them to undertake research in the NHS. You should apply for a Research Passport if you have no contractual relationship with the NHS and you are proposing to carry out research in the NHS. If you are unsure whether you require a Research Passport please contact the Research and Development office at the Trust where you intend to carry out your research for clarification. You will not need a Research Passport or an honorary research contract if:

- you are a student on a healthcare placement; or
- you have an honorary clinical contract with the NHS (e.g. clinical academics); or
- you are employed by an NHS organisation; or
- you are an independent contractor (e.g. GP) or employed by an independent contractor

5 - THE 'MENTAL CAPACITY ACT'

The Mental Capacity Act came fully into force in 2007 and provides a statutory framework for people who lack the capacity to make decisions, such as consenting to take part in research. The Act explains who can take such decisions, in which situations, and how they should go about this. The Act is supported by a Code of Practice.

Further details are laid out in section 4 of '*Northumbria University Research Ethics & Governance Handbook, 2nd Edition'*. In addition, the Act and Code of Practice are stored on the E-LP under 'Organisations' 'PSS Ethics' and 'PGR Information'. If you think that your research might involve such individuals then you must consult the Act and the Code of Practice and act on the advice given therein.

For additional information visit the website at:
http://www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/YourRightsInHealth/DG_10016888

NB: At the time of recruitment participants may be mentally able to consent and understand the implications. However, in long-term studies (e.g. those involving elderly individuals) some participants may become incapacitated before the study has concluded. It may be that the research time identifies a means of determining mental capacity throughout the study at particular time points.

6 - HEALTH SCREENING

Many research projects require the screening of participants for various health conditions that might adversely influence the results. These screens are normally administered prior to data collection and act as exclusion criteria so that a person's time is not wasted in them providing data that could subsequently be discarded. Research may also involve specific health-related questionnaires that are looking for relationships between certain health factors and test performance indices. There are several issues associated with screening and health questionnaires:

6.1 Screening and data collection.

A screen is a means of screening out individuals and should not form the basis of data collection. Data can only be collected once an individual has given their informed consent – typically screens are given out before the consent phase, and as such must not ask questions that may provide data that could be used in any subsequent analysis. E.g. You are conducting a study looking at the effects of exercise on well being. Your participants will be asked to take part in some high-intensity exercise sessions and so you need to screen out people who do not normally undertake such exercise as it may be harmful for them to take part in your study. In your health screen it is acceptable to provide people a list of exercises/activities and some indication of how often they engage with such exercises in a certain time period. However that data can only be used to screen out certain individuals and should not then form part of your data analysis. If you did want to use such data then think of a way to incorporate it into your research after consent has been received.

6.2 Screening and confidentiality.

Health screens often contain questions that it is in fact unethical and/or illegal to actually ask! For example, if you are going to be taking blood samples from people then it is acceptable for you to screen them for various blood-related illnesses (e.g. HIV, Hepatitis etc) but it is not acceptable for you to directly ask such questions. Thus "*Are you HIV antibody positive, or do you think that you may be HIV positive?*" is completely unacceptable and legally questionable. It is acceptable to say something like "*If you suffer from any of the following blood-related illnesses then we cannot include you in our research*" e.g. HIV; Jaundice; Hepatitis; Haemophilia etc. The person is then under no pressure to identify that they do suffer from a specific disorder and they can simply read the list and then decline to take part. The same goes for any health-related issue whether it by physical or psychological – you can give someone a list of conditions that act as exclusion criteria. These can be given as a separate 'screen' or may form part of your participant information sheet. It may of course be the case that your research involves questioning people about specific medical conditions – this is fine but such questions can only be administered after the person has given their informed consent. **If in doubt discuss with colleagues/Chair of the FREC before your submission**. Note that all screens must be submitted with your submission documentation.

7 - PAYMENTS TO CHILDREN AND YOUNG PEOPLE

The University has a long history of conducting successful research involving children and young people, and over the years several debates have taken place concerning the practical and ethical issues of providing payments to minors (<18 years old). In the past several different methods were employed – these included the provision of gift vouchers to schools, gift vouchers to parents/guardians and children, or the use of other (non-payment) 'rewards' (e.g. stickers). While researchers were conforming to some ethical guidelines (i.e. the British Psychological Society), guidelines from other professional bodies suggested that such practices might require further consideration.

Some research articles have raised issues concerning (pediatric) studies with regard to ethical implications of payments to minors and the American Academy of Pediatrics (1995) stated that "…*serious ethical questions arise when payment is offered to adults acting on behalf of minors in return for allowing minors to participate as research subjects*." They recommended that payment be limited to a token gesture of appreciation and that if payment is for reimbursement of costs, then it should be fair and not lavish or excessive, which could be perceived as an inducement.

Two payment policies in line with the kinds of research that we typically conduct are:

7.1 Institution-based.
In such studies the researcher is collecting data with children and young people within an institutional setting (School, detention centre, hospital, nursery etc) which has provided written consent for the research to take place. In such cases the parents/guardians should also have provided their written consent, and the children given their verbal (and wherever possible written) assent. There should be no mention of payment to the Institution at this stage. After the research has been conducted however, it is possible to provide the Institution with a modest recompense as a 'thank-you' gesture – this could be in the form of vouchers (e.g. book tokens) commensurate with the involvement of the Institution. Following completion of the study the minors could also be provided with some sort of token of appreciation (e.g. sticker, badge, certificate etc) for their participation. If recompense will be offered to the Institution after the research has been completed then the amount should be justified to the ethical reviewers.

7.2 Non-institution-based.
In such studies the researcher may be conducting research with children and young people in their home-setting, within a youth or community group, or the young people may have travelled to the University site. In such cases it may be extremely difficult to obtain volunteers for participation (especially in the latter scenario) unless some form of financial recompense is made at the outset. This should reflect travelling and time expenses and not act as an inducement for parents to encourage their children to take part. Full information as to the payment should be outlined at the information/consent stage. Following completion of the study, rewards should be in the form of vouchers that are in a sealed envelope with the child's name written on, it should be explained to the parents that the token represents appreciation of the child's involvement. Researchers will have to justify the amount chosen to the ethical reviewers. As the current minimum wage for 16-17 year olds is £3.72 per hour then under normal circumstances we should not be providing more than this for a young person. It is understood that some studies may have different requirements that could justify a higher payment rate, explanation and justification for this must be clearly stated in the ethics application.

8 - USING APPROPRIATE TESTS

When testing vulnerable individuals it is important that any tests used must have been validated for that population.

For example, if you are assessing possible eating disorders in children, then you must ensure that the questionnaires you intend to use have been validated on the age range you are wanting to test.

It is unethical to ask people to complete tests which may be invalid, and it is a waste of your research time!

9 - MAKING RECORDINGS

The following guidelines for taking and using photographs/videos/recordings of children or vulnerable individuals have been taken and amended from the '*Child Protection in Sport Unit*' (http://www.thecpsu.org.uk)

- Obtain parental consent for a child to be photographed / videotaped / recorded – it must be made clear for what purpose the recording will be used for, and whether the recording will be made public (i.e. used on a website, a media release, a conference presentation etc).
- Obtain the consent of the individual to use their image/recording. Permission should be obtained for each photograph and the context within which it is to be used (e.g. a web site, promotional brochure etc).
- Only take photographs of vulnerable individuals in suitable clothing.
- Avoid using names (first name or surname) in photograph captions, video voice-overs etc.
- Avoid unsupervised recording sessions, either in the University or in an external setting.
- Provide written expectations of professional photographers/the press who may be invited to an event, making clear our organizations' expectations of them in relation to child protection.

10 - FEEDBACK & DATA PROTECTION

It is essential that all relevant parties receive some feedback following the conclusion of the research programme. This feedback should be in a form commensurate with the status of the individual – i.e. the feedback should be simple and easy to understand for a child, it should be more comprehensive for a parent/carer.

If any institutions have been involved then they should also be provided with some general feedback concerning the key findings of the study, it is also polite to send the organiser/head teacher/class teacher etc a thank-you letter.

The feedback information should provide some information concerning the data that has been provided – i.e. it should state how the data will be stored, for what purposes it will be used for, and when it will be destroyed.

A summary of the Data Protection Act of 1998 can be found in '*Northumbria University Research Ethics and Governance Handbook*' and the full Act can be found at:

http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1

Any queries concerning the management of research records contact the Records and Information manager, Duncan James at: duncan.james@northumbria.ac.uk

11 - GUIDELINES FOR TESTING VULNERABLE INDIVIDUALS.

The following guidelines provide some advice on situations when the researcher(s) may be testing vulnerable individuals in various locations.

11.1 Testing in the University

- The relevant line managers/administrators/first aiders etc should be notified in advance of all such activity.
- Where the activities are to take place outside of normal office hours then other relevant persons should be notified e.g. University security.
- Families should be met on arrival in a designated reception area and shown out of the building at the end of the visit.
- Visitors should be given directions to relevant facilities prior to testing sessions (e.g. toilets/refreshments etc).
- If parents/carers are not in constant attendance then the child should not be left unattended (except for toilet visits).
- If parents/carers leave the child with the researcher for any period of time then a means of contacting the parents/carers must be established prior to their departure.
- A competent adult should be in attendance in case of accident so that the child is not left unattended at any time. The researcher must have arranged this and have a contact number for this person.
- Name and contact details of first-aiders must be on hand in testing areas. Guidelines on what to do in case of emergencies e.g. fire alarms must be clearly displayed.
- Risk Assessments must be undertaken for all research procedures.
- Only approved rooms should be used.
- The researcher should be sensitive to signs of distress and pause/cancel the procedure and inform parents/guardians/carers if necessary.
- Parents/guardians/carers should be asked beforehand if the child can have food/drink during their visit and if the child has any food allergies. If this information is not available then the researcher should only provide water as refreshment.
- If the child is old enough to be left alone with the researcher then they should be old enough to go to the toilet alone, however they should be escorted there and back and helped with heavy doors en route. The researcher should wait outside the toilet. If there are any doubts consult with the parents/guardians/carers beforehand.
- Avoid physical contact with the child.
- Dress appropriately.

11.2 Testing in other institutions

- Inform your line manager where and when you will be conducting your research; consult any appropriate Risk Assessment forms and/or Standard Operating procedures beforehand.
- Agree with your line manager a means by which you can communicate that you have completed the research visit and have left the institution/returned home safely.
- Obtain written permission from the institution before any research visits take place.
- Provide a letter of ethical approval/letter from principal researcher (if required).
- Establish with the institution the exact nature and format of each visit, when they will take place, how long they will last, who will be attending, relevant roles and responsibilities of researchers etc.
- Take along a DBS clearance form.
- Wear some identification – name badge etc and sign in/out of the institution if required.

- Obtain information about local emergency procedures, e.g. in the event of fire/accident etc.
- Ensure that appropriate consent has been obtained before any research is undertaken.
- Ensure that wherever possible you are not left alone with children.
- Escort children to and from the testing area if necessary.
- Identify procedures for toilet visits for the children during testing.
- Ask someone in the institution if there are any sensitive issues that you should be aware of when testing individual children.
- If in any doubt about anything ask someone in the institution for advice (e.g. class teacher).
- Ensure that the testing place is 'safe' for the researcher and participants, e.g. by ensuring that any potential hazards posed by equipment being used in the research has been minimized – consult RA's and SOPS.

11.3 Testing in someone's home

- Inform your line manager where and when you will be conducting your research; consult any appropriate Risk Assessment forms and/or Standard Operating procedures beforehand.
- Agree with your line manager a means by which you can communicate that you have completed the home visit and have returned home safely.
- Obtain written permission from the homeowner before any home visits take place.
- Provide a letter of ethical approval/letter from principal researcher (if required).
- Establish with the homeowner the exact nature and format of each visit, when they will take place, how long they will last, who will be attending, relevant roles and responsibilities of researchers etc.
- Take along a DBS clearance form.
- Wear some identification – name badge etc.
- Wherever possible test in pairs and ensure that you possess a fully charged mobile phone.
- If you experience any reservations about testing or continuing to test then leave immediately, equipment is not important!
- Call 999 in any emergency.
- Where possible ensure that you are not left alone with a child or their siblings and try to ensure that the other researcher/parent/guardian/carer is within sight/earshot.
- If invited to visit a child's bedroom politely decline.
- If an accident occurs make the parent/guardian/carer aware of it without delay. Write down what has happened and sign/date it. Report any such incidents to your line manger when the visit has ended.