

Safeguarding Adults

Guidance on Raising Concerns about Abuse and Neglect

This guidance is designed to assist practitioners / providers across all agencies in considering risk relating to potential safeguarding concerns involving adults with care and support needs. It aims to enable safeguarding concerns to be reported when it is appropriate to do so and that they are responded to in a consistent way. It provides a framework for multi-agency partners to manage risk, and assists in differentiating between quality issues and safeguarding. It should be used in conjunction with the [Sussex Safeguarding Adults Policy and Procedures](#) and each agency's own safeguarding policy and procedures. This guidance is also not a substitute for each agency following their own internal incident policy and processes and responding to practice and performance issues with staff or following agency disciplinary procedures.

Safeguarding concern: A safeguarding concern is when any person has reasonable cause to believe that an adult has needs for care and support (whether or not the local authority is meeting any of those needs) and may be experiencing, or is at risk of abuse or neglect and is unable to protect themselves from that abuse or neglect because of their care and support needs.

Section 42 enquiry: When the local authority receives a safeguarding concern, if further information gathering confirms that the three key tests outlined above are met, then the duty to undertake a safeguarding enquiry under section 42 of the Care Act is triggered. Where an adult does not meet the criteria as outlined in section 42 of the Care Act, the local authority may carry out a safeguarding enquiry at its discretion if it believes it is proportionate to do so, will promote an adult's wellbeing and support a preventative agenda.

Consent: Wherever possible you should discuss your concerns with the adult and / or their representative and seek their consent explaining that one possible outcome may be a safeguarding enquiry. However consent is not essential when deciding whether safeguarding concerns should be raised. Please refer to [section 2.2.5 of the Sussex Safeguarding Adults Policy and Procedures](#) for more information regarding consent and empowerment of an adult when raising a safeguarding concern.

Key Considerations

Please note: This guidance is for support when assessing and managing risks and only contains some examples. You should always consider the individual circumstances of each situation and use your professional judgement when deciding on the best course of action.

Questions to be considered for all potential safeguarding concerns:

- What is the impact of the harm on the adult?
- Are there multiple sources of harm / patterns of abuse increasing the impact on the adult?
- What is the severity of the harm and likelihood of it re-occurring?
- What is the adult's mental capacity and / or ability to understand what has happened and make decisions about the concern?
- Is duress or coercion an influence?
- Have there been previous concerns or other issues, e.g. Anti-Social Behaviour, Hate Crime incidents etc.
- Have there been any previous concerns about the person thought to be the cause of risk, or are they in a position of trust?
- Does the concern relate to family or friends acting as carers? If so, consider whether the risk of abuse may be connected to their caring role.
- Are there any other adults at risk?
- Are there children also at risk? If so contact Children's Services.

Contact details:

If someone is in immediate danger or has been the subject of a crime, contact emergency services where necessary on 999.

If you are in any doubt about whether a safeguarding concern should be raised then you should contact Health and Social Care Connect for further consultation on 0345 60 80 191. It is an expectation that Adult Social Care and Health (ASCH) provides feedback to anyone who raises a safeguarding concern, regarding the outcome of the referral and what happens next, where appropriate.

Safeguarding children: If a child is identified to be at risk of harm, you should always contact the Single Point of Access (SPoA) in Children’s Services on 01323 464 222.

Guidance on using the tables below:

Non-reportable	Consult ASCH	Reportable
<p>Incidents at this level do not require reporting as a safeguarding concern to ASCH. However agencies should keep a written internal record of what happened and what action was taken, and comply with any requirements to notify e.g. Care Quality Commission (CQC).</p> <p>Actions / outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with ASCH. After the consultation you may be asked to formally report the concern.</p>	<p>It is likely the criteria for a safeguarding enquiry will be met, and concerns should be reported to ASCH.</p> <p>If there is any indication a crime has occurred the police must also be informed.</p>

Supplementary guidance is also available to aid decision making in relation to the areas set out below. These should be read in conjunction with this document.

Falls Guidance – [Appendix 1](#)

Medication Guidance – [Appendix 2](#)

Incidents between Adults in a Service - [Appendix 3](#)

NEGLECT AND ACTS OF OMISSION

Not meeting an adult's physical, medical or emotional needs, either deliberately or failing to understand these

*For any concerns relating to pressure damage please consult the guidance produced by the
[Department of Health and Social Care on Pressure Ulcers: Safeguarding Adults Protocol](#)

Non-reportable	Consult ASCH	Reportable
<ul style="list-style-type: none"> • Contenance needs not met on one occasion. No harm occurs. • Isolated missed home care visit with no harm to the adult. • Low grade pressure damage* and appropriate clinical input sought. • An injury or fall that requires no external medical treatment or consultation i.e. no harm occurs. • Not assisted with a meal / drink on one occasion and no harm occurs. 	<ul style="list-style-type: none"> • Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. • Low grade pressure damage* and no evaluation or appropriate clinical input sought. • An injury or fall in which harm has occurred and appropriate medical treatment sought. • Recurring falls. • Discharge from hospital without adequate planning, where harm or potential harm occurs. • Intentionally or unintentionally not following duty of care or procedures. 	<ul style="list-style-type: none"> • Recurrent lack of care causing significant deterioration, e.g. dehydration or malnutrition. • Missed or late home care calls and no timely action by provider and risk of / or significant harm. • An injury or fall in which harm has occurred and appropriate medical treatment not sought. • Mismanagement of a pressure damage* leading to significant harm. • Discharge from hospital without adequate planning where harm occurs.

PHYSICAL ABUSE

Includes being pushed, shaken, pinched, hit, held down, locked in a room, or being restrained inappropriately.

Non-reportable	Consult ASCH	Reportable
<ul style="list-style-type: none"> • Dispute between adults in a service where no harm occurs and issue resolved by provider. • Adult misses medication on one occasion and no harm occurs. • Error by staff causing no / little harm e.g. friction mark on skin due to ill-fitting hoist sling. • Light marking / bruising found on one occasion with an explanation. 	<ul style="list-style-type: none"> • Unexplained marking or bruising on a number of occasions or on a number of adults cared for in a service or by an informal carer. • Recurring missed medication or errors. • Rough or inappropriate handling and adult appears fearful or distressed. • Intentional or non-intentional harm or deprivation of liberty by formal or informal carers. 	<ul style="list-style-type: none"> • Inappropriate physical restraint which causes harm and distress, or the risk of it. • Recurrent missed medication or errors that results in ill health or death. • Unexplained or significant injuries. • Assault by another adult requiring medical treatment, e.g. Hate or Mate Crime.

PSYCHOLOGICAL OR EMOTIONAL ABUSE

Being shouted at, ridiculed, bullied, threatened, humiliated or controlled by intimidation or fear.

Non-reportable	Consult ASCH	Reportable
<ul style="list-style-type: none"> • Isolated incident where an adult is spoken to in a rude or inappropriate way, but no distress caused. • Occasional taunts or verbal outbursts between adults in a service, which do not cause distress. <p>Unless committed by a person in a position of trust.</p>	<ul style="list-style-type: none"> • Repeated incidents of failing to recognise an adult's choices or views, particularly in relation to a service or care they are receiving. • Taunts, mocking or humiliation which causes distress. 	<ul style="list-style-type: none"> • Any allegation committed by a person in a position of trust. • Prolonged intimidation or humiliation, e.g. emotional blackmail. • Coercive or controlling behaviour, e.g. cuckooing, radicalisation (Prevent). • Personalised verbal attacks. • Withholding of information to undermine dignity and self-esteem.

SEXUAL ABUSE

Includes being made to take part in sexual activity, when consent is not, or cannot, be given. This does not have to be physical contact and can happen online.

Non-reportable	Consult ASCH	Reportable
<ul style="list-style-type: none"> • Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia) where the effect on the adult is minimal and no distress is caused. • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists. No harm or distress caused. <p>Unless committed by a person in a position of trust.</p>	<ul style="list-style-type: none"> • Non-contact sexualised behaviour which causes distress to the adult at risk. • Verbal sexualised teasing or harassment. • Two adults who lack capacity to consent to a sexual relationship engaged in sexual activity. No distress to either. • Being subject to indecent exposure where the adult does not appear to be distressed. 	<ul style="list-style-type: none"> • Any allegation of sexualised behaviour relating to a person in a position of trust against an adult in their care. • Being made to look at or take part in pornographic material / activity where consent is not or cannot be given. • Concern of grooming or sexual exploitation. • Any sexual behaviour directed towards another adult who lacks the mental capacity to consent. • Any sexual violence. • Female Genital Mutilation (contact Children's Services SPoA for females under 18 years).

FINANCIAL OR MATERIAL ABUSE

Unauthorised or improper use of an adult's money or belongings, including scams, theft, coercion or fraud.

Non-reportable	Consult ASCH	Reportable
<ul style="list-style-type: none"> • Money is not recorded safely or properly. • Isolated incident where adult not involved in a decision about how their money is spent or kept safe. Provider addresses concern. • Unwanted cold calling / door step visits, and Trading Standards notified. 	<ul style="list-style-type: none"> • Staff personally benefitting from the support they offer service users e.g. accrue 'reward points' on their own store loyalty card when shopping. • Family or friends not respecting boundaries and using an adult's money for their own benefit. • Adult has no access to own funds and no evidence of items being purchased for them. • Non-payment of client contribution or care fees 	<ul style="list-style-type: none"> • Suspected fraud / exploitation relating to finance, income, property or will. • Misuse of Lasting Power of Attorney. • Misuse / misappropriation of property, possessions or finances e.g. non-payment of client contribution or care fees and no access to own funds. • Adult coerced or misled into handing over money or property e.g. cuckooing, Hate / Mate Crime.

MODERN SLAVERY

Holding a person in a position of slavery, forced servitude, or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

Non-reportable	Consult ASCH	Reportable
All concerns about Modern Slavery require a safeguarding concern to be raised.	All concerns about Modern Slavery require a safeguarding concern to be raised. See examples in Reportable box.	<ul style="list-style-type: none">• Appears under the control of others, e.g. no freedom / unable to leave, not in possession of ID or passport, unable to access medical treatment.• Poor living and / or working conditions, including long working hours, poor wages and debt.• Being encouraged to participate in unsafe or criminal activity.• Subject to violence / threats / harm.

DOMESTIC VIOLENCE AND ABUSE

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

Completion of a Domestic Abuse Stalking and Harassment Risk Identification Checklist (DASH RIC) should be considered in all situations involving allegations of domestic abuse.

***MARAC refers to a Multi-Agency Risk Assessment Conference**

Non-reportable	Consult ASCH	Reportable
<p>Adult has no current fears and there are adequate protective factors, and a DASH RIC assessment has identified standard or lower levels of risk, AND:</p> <ul style="list-style-type: none"> • One off incident with no injury or harm experienced. • Occasional taunts or verbal outbursts where the adult has the capacity to decide on whether to receive any support and domestic abuse services or other services. 	<p>Where there is harm or risk of harm relating to domestic violence and abuse and coercion and control always consider raising a safeguarding concern. Also consider referrals to specialist services where required, such as *MARAC or The Portal.</p> <p>See examples in Reportable box.</p>	<p>Where there is harm or risk of harm relating to domestic violence and abuse and coercion and control always consider raising a safeguarding concern. Also consider referrals to specialist services where required, such as MARAC or The Portal.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Violent behaviour, including physical assault and unexplained injuries. • Sexual activity without valid consent. • Denial of access to medical treatment or care. • Isolation from family and friends or support services. <p>Note: Where children are involved contact Children's Services SPoA.</p>

DISCRIMINATORY ABUSE

Forms of harassment, ill-treatment, threats or insults because of an adult's race, age, culture, gender, gender identity, religion, sexuality, physical or learning disability or mental health needs.

Non-reportable	Requires consultation	Reportable
<ul style="list-style-type: none"> • Isolated incident when an inappropriate remark is made to an adult and no distress is caused. • Care plan fails to address an adult's culture and diversity needs, but issue identified and addressed by provider. <p>Unless committed by a person in a position of trust.</p>	<ul style="list-style-type: none"> • Service provision does not respect equality and diversity principles. • Neighbourhood disputes targeting an adult with care and support needs. • Repeated incidents of discriminatory remarks made to or about an adult. 	<ul style="list-style-type: none"> • Recurrent failure to meet specific needs associated with culture and diversity that cause distress. • Compelling an adult to participate in activities not compatible with their faith or beliefs. • Denial of civil liberties e.g. voting, making a complaint. • Targeted Anti-Social Behaviour. • Hate crime. • Honour based abuse.

ORGANISATIONAL ABUSE

Neglect or poor professional practice in a care setting as a result of the arrangements, processes and practices within an organisation.

Non-reportable	Consult ASCH	Reportable
<ul style="list-style-type: none"> • Short term lack of or inappropriate stimulation or opportunities to engage in social activities, where no harm occurs. • One off incident of low staffing due to unpredictable circumstances, no harm occurs. • Adults in a service not given sufficient voice or involved in the running of the service. 	<ul style="list-style-type: none"> • Denial of opportunities for adults in a service to make informed choices and take responsible risks. • Care plans not person-centred. • More than one incident of low staffing levels, no contingency plans in place. Risk of harm occurring. • Unsafe conditions and / or practices which create risk of harm. • Complaints raised with a provider about their service and no action taken e.g. Whistleblowing. 	<ul style="list-style-type: none"> • Failure to refer disclosures of abuse or improve poor care practices. • Staff misusing their position of power over adults within the service. • Single or repeated incident of low staffing resulting in harm, injury or death to one or more adults. • Widespread, consistent ill treatment e.g. unsafe manual handling. • Punitive responses to managing challenging behaviours e.g. misuse of medication, inappropriate restraint. • Rigid / inflexible routines which undermine dignity and privacy.

SELF-NEGLECT

A person who is unable or unwilling to care for their own essential needs.

NOTE: Ordinarily self-neglect may not prompt a section 42 safeguarding enquiry. Self-neglect with a lower level of risk can often be addressed through a social care assessment or signposting to services. In all cases, whether a concern raised regarding self-neglect falls within the scope of a safeguarding enquiry or not, all agencies have a responsibility to consider the self-neglect guidance within the Sussex Safeguarding Adults Policy and Procedures in supporting any individual who is self-neglecting.

Non-reportable	Consult ASCH	Reportable
<ul style="list-style-type: none"> • Poor self-care causing some concern, but no signs of significant harm or distress. • Property neglected but all main services work. • Occasionally not attending health appointments. • No access to health or social care support. 	<ul style="list-style-type: none"> • Failing to engage with health and social care professionals. • Refusing medical treatment / care / equipment required to maintain independence. • High level of clutter / hoarding. • Insanitary conditions in property. • Lack of engagement with professionals. • Chaotic or problematic substance misuse. • Lack of essential amenities. 	<ul style="list-style-type: none"> • Life in danger without intervention. • Chaotic substance misuse. • Environment injurious to health. • Fire risk / gas leaks. • Access obstructed within property. • Multiple reports from other agencies. • Behaviour poses a risk to self / others. • Tenancy at risk because of condition of property. • Lack of self-care results in significant deterioration in health / wellbeing.