

Safeguarding Adults

Guidance on Raising Concerns about Abuse and Neglect

This guidance is designed to assist practitioners and 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 in a consistent way and with the adult central to all decision making. It provides a framework for multi-agency partners to manage risk, and appropriately identify safeguarding concerns. It should be used in conjunction with the [Sussex Safeguarding Adults Policy and Procedures](#) and each agency's own safeguarding policy and 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.

The meaning of "care and support needs"

The Care Act says adult safeguarding duties apply to adults with care and support needs, but does not define what it means by these. Guidance from the Social Care Institute of Excellence (SCIE) can help address this, as can the regulations that accompany the Act.

SCIE guidance

In its "Adult safeguarding practice questions" (March 2015) SCIE wrote

"An adult with care and support needs may be:

- *an older person;*
- *a person with a physical disability, a learning difficulty or a sensory impairment;*
- *someone with mental health needs, including dementia or a personality disorder;*
- *a person with a long-term health condition;*
- *someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.*

The position of the West Sussex Safeguarding Adults Board is that “an older person” should not be taken to mean that age alone means a person has care and support needs, but is a recognition that older people are at higher risk of some conditions that can lead to care and support needs developing.

The meaning of “is experiencing, or is at risk of, abuse or neglect”

Section 42 (1) (b) of the Care Act says that one of the tests to determine whether there is a duty for there to be a safeguarding adults enquiry is that the person “is experiencing, or is at risk of, abuse or neglect”.

In practice we need to consider whether the adult has suffered abuse, or distress, or whether they are likely to suffer abuse or distress if they remain in the same situation. Risk may be increased due to the adult’s individual needs, and personal circumstances.

The meaning of “unable to protect himself or herself”

For the duty to have an adult safeguarding enquiry to apply, the person with care and support needs must be unable to protect himself or herself against the abuse and neglect because of the care and support needs they have. This requires there to be a causal link between the care and support needs and the inability to protect themselves.

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, 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

Adult safeguarding within each local authority should seek to respond to concerns about abuse in a way that is sensitive to individual circumstances, is person centred and outcome focused. There may be pathways and processes to follow but these should not deter people from adopting common sense and proportionate approaches that put the individual at the heart of their work.

Although the responsibility for the coordination of adult safeguarding arrangements lies with local authorities, the implementation of safeguarding procedures is a collaborative responsibility and in most cases effective work should be based on a multi-agency approach.

It should not be forgotten that abuse and neglect can have a dramatic effect on an individual's wellbeing, in particular on:

- personal dignity;
- physical and mental health and emotional wellbeing;
- control by the individual over their day to day life;
- participation in work, education, training;
- suitability of the persons living accommodation;
- participation and contribution to society.

It is therefore vital that everyone plays a key role in identifying, reporting, tackling and preventing abuse and neglect.

Contact details:

West Sussex County Council

Contact Adults' Care Point on 01243 642 121

Email adults.carepoint@westsussex.gov.uk

Online <https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/safeguarding-adults-raise-your-concerns/>

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 should be raised, please contact Adult Social Care and raise the concern so that appropriate and robust decision making can be made.

Safeguarding children: If a child is identified to be at risk of harm, you should always contact the Multi-Agency Safeguarding Hub (MASH) on 01403 229900.

Guidance on using the tables below:

| Incident | Raise a safeguarding concern |
|--|---|
| <p>Incidents at this level do not require reporting as a safeguarding concern to Adult Social Care. 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>It is likely the criteria for a safeguarding enquiry will be met, and concerns should be reported to Adult Social Care.</p> <p>There is any indication a crime has occurred the police must also be informed.</p> <p>The adult or their representative would like the incident reported it needs to be reported to Adult Social Care.</p> <p>An adult or their representative or a partner agency identifies a concern that the local authority should be aware of then it should be reported.</p> <p>There has been a number of low level concerns involving one adult or more, then this should be reported.</p> <p>An adult dies and there is a possible risk to others then a safeguarding concern should be raised.</p> |

NEGLECT AND ACTS OF OMISSION

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

*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](#)

| Incident | Raise a safeguarding concern |
|---|--|
| <ul style="list-style-type: none"> • Low grade pressure damage* and appropriate clinical input sought. • An injury or fall that requires no external medical treatment and appropriate risk assessment and mitigation processes are in place. | <ul style="list-style-type: none"> • Recurrent lack of care causing significant deterioration, e.g. dehydration or malnutrition. • An injury or fall occurs and appropriate medical treatment not sought and appropriate risk assessment and risk mitigation not in place. • Recurring falls. • Unwitnessed falls. • Mismanagement of pressure damage. • Recurrent missed home care visits. • Low grade pressure damage* and no evaluation or appropriate clinical input sought. • Discharge from hospital without adequate planning, where there has been impact on the individual or their carer. • Failure to provide or maintain vital equipment, e.g. hoist, epilepsy monitor, or pressure mattress. • Intentionally or unintentionally not following duty of care or procedures. • Not assisted with a meal / drink. • Continence needs not met on one or more occasion. • Care plan not followed and incident occurs. • Failure to respond to deteriorating health conditions. • Failure to follow guidelines re: eating, drinking, management of nutrition and management of airways. |

PHYSICAL ABUSE

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

| Incident | Raise a safeguarding concern |
|---|--|
| <ul style="list-style-type: none">• One off dispute between adults in a service and issue resolved by provider.• Light marking / bruising found on one occasion with an explanation. | <ul style="list-style-type: none">• Inappropriate physical restraint which causes distress, or the risk of it.• Unexplained or significant injuries.• Assault by another adult• Examples of Hate or Mate Crime, Cuckooing• Unexplained marking or bruising on a number of occasions or on a number of adults in a service.• Recurring missed medication or errors.• Rough or inappropriate handling.• Intentional or non-intentional abuse suffered or deprivation of liberty by formal or informal carers. |

PSYCHOLOGICAL OR EMOTIONAL ABUSE

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

| Incident | Raise a safeguarding concern |
|--|---|
| <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">• 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.• 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. |

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.

| Incident | Raise a safeguarding concern |
|---|---|
| <ul style="list-style-type: none">Isolated incident of teasing or unwanted attention, resolved to the satisfaction of the adult or their representative. <p>Unless committed by a person in a position of trust.</p> | <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 for females under 18 years.)Non-contact sexualised behaviour which causes distress to the adult.Verbal sexualised teasing or harassment.Two adults who lack capacity to consent to a sexual relationship engage in sexual activity – no distress to either.Being subject to indecent exposure. |

FINANCIAL OR MATERIAL ABUSE

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

| Incident | Raise a safeguarding concern |
|--|---|
| <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. <p>Unwanted cold calling or door step visit and there are no concerns about the person's capacity. Trading Standards and or police notified.</p> | <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• Adult coerced or misled into handing over money or property, e.g. cuckooing, Hate / Mate Crime.• 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. |

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.

| Incident | Raise a safeguarding concern |
|--|--|
| All concerns about Modern Slavery require a safeguarding concern to be raised. | <ul style="list-style-type: none">• Adult appears to be 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 /abuse. |

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.

- * **DASH** refers to the Domestic Abuse Stalking and Harassment
- * **MARAC** refers to the Multi-Agency Risk Assessment Conference

| Incident | Raise a safeguarding concern |
|---|--|
| If the Adult does not appear to have any care and support needs and there are adequate protective factors in place. | <p>Where the adult has care and support needs and is at risk of, or is experiencing domestic abuse, coercion and control always consider raising a safeguarding concern. Also consider referrals to specialist services where required, such as MARAC.</p> <p>Examples include:</p> <ul style="list-style-type: none">• Violent behaviour, including physical assault and unexplained injuries.• Sexual activity without consent or under coercion.• Denial of access to medical treatment or care.• Isolation from family and friends or support services.• Psychological abuse• Financial abuse <p>Note: Where children are involved contact Children's Services</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.

| Incident | Raise a safeguarding concern |
|---|---|
| <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">• 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.• 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.• Campaigns on Social Media. |

ORGANISATIONAL ABUSE

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

| Incident | Raise a safeguarding concern |
|---|---|
| <ul style="list-style-type: none">• One off incident of low staffing due to unpredictable circumstances, no neglect or abuse evident.• Adults in a service not given a sufficient voice or involved in the running of the service. | <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 distress, 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.• Lack of or inappropriate stimulation or opportunities to engage in social activities.• Denial of opportunities for adults in a service to make informed choices and take responsible risks.• More than one incident of low staffing levels, no contingency plans in place. Risk of abuse/neglect occurring• Unsafe conditions and / or practices which create risks to one or more adults.• Fire safety risks.• Complaints raised with a provider about their service and no action taken e.g. Whistleblowing. |

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.

| Incident | Raise a safeguarding concern |
|---|---|
| <ul style="list-style-type: none">• Poor self-care causing some concern, but no signs of significant 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">• 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.• Failing to engage with health and social care professionals and resulting in significant risk to the adult's health and wellbeing.• Refusing medical treatment / care / equipment required to maintain independence and resulting in significant risk to the adult's health and wellbeing.• High level of clutter / hoarding.• Insanitary conditions in a property. |