



Guidance for agencies working with adults at risk

The responsibility for implementing these procedures rests with all who are in contact with adults at risk

All people are entitled to a life without exploitation or abuse

For help and advice, or to report a concern:
Telephone Care Direct 0117 922 2700

Guide to Protecting and Safeguarding Adults 2016

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Contact details for Reporting:

All abuse or neglect concerns relating to adults with care and support needs must be reported to Adult Social Care via Care Direct **0117 922 2700**.

The adult themselves, any member of the public, a professional, or any organisation can refer an adult safeguarding concern.

Where to get safeguarding information / advice

If you are unsure whether to make a safeguarding adult referral you are welcome to discuss your concerns and/or seek information and advice from Care Direct by telephone on **0117 922 2700 (8.30am to 5pm Monday to Friday)**.

If children may be at risk; including unborn children, **contact First Response on 0117 903 6444**.

If out of hours, and the situation is an emergency, do consult the Emergency Duty Team on **01454 615165**. **Please note that EDT is for emergency situations only, for example where an adult at risk may need alternative accommodation or there is a child protection concern.**

Part One – Definitions

1. Who is an adult at risk under the Care Act 2014?

The Care Act 2014 states that adult safeguarding duties apply to an adult, aged 18 or over, who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- is experiencing, or at risk of, abuse or neglect; **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

Workers need to be vigilant about adult safeguarding in all walks of life including health and social care, welfare, policing, banking, fire and rescue services, trading standards, leisure services, faith groups and housing. GPs, in particular, are often well placed to notice changes in an adult that may indicate they are being abused or neglected. If concerned all staff are expected to make a referral into adult safeguarding.

Safeguarding means protecting an adult's right to live in safety; free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where possible, having regard to their views, wishes, feelings and beliefs in deciding on any action.

1.1 What is meant by abuse?

Abuse is the violation of an individual's human and civil rights by any other person or persons

- It may be something that is done to the person
- It may be something not done when it should have been.

- It may be unintentional,
- But if an adult is harmed action must be taken to address the situation.

Defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, psychological, or acts of omission. It may occur where a person is persuaded to enter into a financial or sexual transaction to which they have not consented, or cannot consent.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect.

1.2 Categories of Abuse

Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following categories of abuse or neglect:-

- Physical Abuse
- Emotional / Psychological abuse
- Financial or material abuse
- Sexual abuse
- Neglect and acts of omission
- Organisational abuse
- Self-neglect
- Domestic abuse
- Modern Slavery
- Discriminatory abuse.

Part Two - How to recognise abuse

2. Abuse can happen in any setting, and comes to light in different ways. Sometimes a person may tell you that they are being abused, but more often concerns are raised by something that you see or behaviour observed by you or others, or be discovered on admission to hospital.

2.1 What to look for

There are some situations that will alert you to the possibility that an adult is being abused. These are not proof in themselves that abuse has taken place as each indicator may have a different explanation other than abuse, but you must report your concerns.

If you notice an injury, you may have an opportunity to enquire of the adult in an open way about how it happened. It is very important not to suggest explanations, or put words into people's mouths, but a simple sympathetic "How did that happen?" may be helpful. Any injury that is not fully explained by the history given should alert you to the possibility of abuse. You should also be alert to frequent changes of address, changes of names or aliases and complex and inconsistent family histories that are not substantiated.

The following are examples of possible signs and symptoms of abuse, arranged according to type of abuse. It is important to remember that different types of abuse may, and very often are, happening at the same time.

2.2 Indicators of abuse

A definition of each, how to recognise abuse and what signs to look for in each category is outlined below. This is not intended to be an exhaustive list, but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered.

Physical abuse

Includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators:

- Unexplained or inappropriately explained injuries;
- Adult exhibiting self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising; to the face, torso, arms, back, buttocks, thighs, in various stages of healing.
- Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of over/under-medication;
- Adult flinches at physical contact;
- Adult appears frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;
- Adult may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;
- An adult with capacity not being allowed to go out when they ask to;

Psychological abuse

Includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying or "trolling", isolation or withdrawal from services or support networks.

Psychological abuse includes the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation/gender orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information from the person. Psychological abuse has an effect on a person's self-esteem, they may use punitive or derogatory language to describe themselves, may be emotionally withdrawn, have sleep disturbance and may deliberately self-harm.

All these behaviours are cause for concern and the reasons for them need to be established.

Possible indicators:

- Untypical ambivalence, deference, passivity, resignation;
- Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Adult exhibits low self-esteem;
- Threats to abandon or "put away" the adult at risk;
- Teasing, threats and intimidation;
- Talking about the person as if they were a child or object.
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Adult is not allowed visitors/phone calls;
- Adult is locked in a room/in their home;
- Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Adult's access to personal hygiene and toilet is restricted;
- A punitive approach to bodily functions or incontinence;
- Adult's movement is restricted by use of furniture or other equipment;
- Locking a person in at home or in a car, and allowing few visitors, phone calls or outings
- Bullying via social networking internet sites and persistent texting.

Financial or Material abuse

This can include theft, fraud, telephone and internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Be alert to any unusual bank account activity where sums withdrawn cannot be accounted for, there are recent changes to deeds or title of property, or there are significant sums of money borrowed and not repaid, or only repaid in part.

A person living in poverty who cannot afford the basic necessities of life, but has adequate income, may be being deprived of money by others.

Sometimes adults at risk are manipulated or “groomed” for financial gain, e.g. a perpetrator may disclose sad family circumstances, borrowing small sums of money, breaching professional boundaries. Family members, friends or professionals may be the perpetrators of such abuse. Financial abuse can be part of “**Mate Crime**”, a situation where people befriend a person and then exploit them for money, goods and accommodation.

Lasting Power of Attorney (LPA) over property and affairs must be obtained at a time when the person has the mental capacity to consent and inform, e.g. determine who will act as their Attorney. If an LPA is obtained when a person is unable to consent, because they have lost the mental capacity to choose their Attorney, it is invalid and any action taken is unlawful. If the person managing an adult’s financial affairs is evasive, uncooperative or withholding money or care i.e. not acting in the persons “best interests” do be alert to the possibility of financial abuse.

Possible indicators:

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on an adult’s accounts or cards
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the adult lacks the capacity to make this decision;
- Recent changes of deeds/title of house or will;
- Acquaintances expressing sudden or disproportionate interest in the adult and their money;
- Sending large amounts of money to “charities” or people they have not met, sometimes outside of the UK.
- Service user not in control of their direct payment or individualised budget;
- Mis selling/selling by door-to-door traders or cold calling; Paying unusually large amounts for repairs.

- Illegal money-lending.

Sexual abuse

Includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. Sexual abuse and exploitation can be perpetrated by one individual to another, and/or be perpetrated by an exploitative group who target individuals or a group of vulnerable people.

Sexual abuse includes penetration of any sort, and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health or care worker etc.) may also constitute sexual abuse.

It should be noted that denial of a sexual life to consenting adults is also considered abusive practice and a potential breach of Human Rights (article 8) .

Possible indicators:

- Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

Sexual exploitation

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person) receives affection or inclusion or some type of "reward", for example food, accommodation, drugs, alcohol,

cigarettes, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone, or being sent such an image by the person alleged to be causing harm.

In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

As above, sexual exploitation can be perpetrated by an individual or a group of perpetrators.

Neglect and Acts of Omission

Neglect includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an institution or specific care setting such as a hospital or care home, or where care is provided within the adult's own home.

Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators:

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;

- Callers/visitors are refused access to the person;
- Adult is exposed to unacceptable risk.

Organisational Abuse

Includes neglect and poor care practice within an establishment or specific care setting such as a hospital, day centre, or care home, or where care is provided within the adults own home by a provided service. This may range from one off serious incidents to on-going ill-treatment. Organisational abuse involves neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Such abuse violates the person's well being, dignity, independence, safety, privacy and choice, and represents a lack of respect for their human rights.

Organisational abuse can occur in any setting where health or social care is provided.

Research (University of Hull 2012) has highlighted that organisational abuse is most likely to occur in organisations where :

- There are poor recruitment practices
- There is a failure of leadership or management / frequent changes of management
- Staff do not have the right skills and knowledge to inform their practice.
- Staff are poorly supervised and poorly supported in their work;
- There are insufficient staff to deliver the service
- People's individual needs and circumstances are not recognised, the service is not person centred or fails to recognise the dignity, identity and well being of each person

Self-Neglect

Self neglect can be defined as

A lack of self-care – neglect of personal hygiene, nutrition, hydration, and health, thereby endangering safety and well-being, and/or

lack of care of one's environment – squalor and hoarding, and/or

a refusal of services that would mitigate risk of harm.

People who self neglect can present through a variety of key episodes – fire risks, drugs and alcohol abuse, infections from poor tissue viability, untreated diabetes or other serious medical conditions.

Possible indicators:

- Living in very unclean, sometimes verminous, circumstances;
- Poor self-care leading to a decline in personal hygiene;
- Poor nutrition;
- Poor healing/sores;
- Hoarding;
- neglecting household maintenance;
- Poor health with a refusal to take prescribed medication or follow medical advice
- Refusing all services which may help address health or self care concerns.

Do note that poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income. The key consideration is – does this behaviour lead to risk of or actual harm to the individual? If there is no, or low, risk of harm to self or others, the persons choice should be respected. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment has to be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Domestic abuse

In 2013, the Home Office announced changes to the definition of domestic abuse as:

“An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse, by someone who is or has been an intimate partner or family member regardless of gender or sexuality”.

Domestic abuse may include psychological, physical, sexual, financial, emotional abuse; so-called ‘honour-based’ violence; Female Genital Mutilation (FGM) and forced marriage.

Many people think that domestic abuse is restricted to abuse between intimate partners, but this is incorrect. Domestic abuse can extend to other family members as well, for example parents and sons/daughters, brothers and sisters, in laws and step family members, or other relatives. Risk of harm to adults living at home is most commonly related to domestic abuse. It is therefore appropriate to consider domestic abuse approaches and legislation as part of the safeguarding adults process.

Female Genital Mutilation. There is no requirement for automatic referral of adult women with FGM to adult social services or the police. Professionals should be aware that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. A referral to the police should not be an automatic response for all adult women who are identified as having had FGM; cases must individually assessed and a safeguarding adults referral made for any woman who is also an adult at risk. An adult woman who has had FGM may also be an indicator that others in the family, including children, may be a risk of FGM. There is a mandatory requirement to refer children who are at risk of, or have had, FGM, as a child protection referral.

In all cases above, if the person is an adult at risk as defined by the Care Act you must also make a safeguarding adults referral.

If children are also affected to make a referral to First Response on 0117 903 6444

Modern Slavery

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

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

Contemporary slavery takes various forms and affects people of all ages, genders and backgrounds. Modern slavery can involve people trafficked into the UK or adults who are UK or European Union residents.

Modern Slavery should be considered if a person is:

- Forced to work - through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.

Human trafficking involves the act/s of recruiting, transporting, transferring, harbouring or receiving a person through the use of force, coercion or other means; for the purpose of exploiting them.

If an identified victim of modern slavery and /or human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process.

The police are the lead agency in managing responses to all adults who are the victims of human trafficking.

There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism (NRM). The NRM was introduced in 2009 to meet the UK's obligations under the Council of European Convention on Action against Trafficking in Human Beings. At the core of every country's NRM is the process of locating and identifying "potential victims of trafficking".

From 31st July 2015 the NRM was extended to all victims of modern slavery in England and Wales following the implementation of the Modern Slavery Act 2015.

Possible Indicators:

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

- The adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else;
- They are accompanied outside their address, they are not permitted to go out alone.
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn
- The adult has few personal possessions and often wears the same clothes
- What clothes they do wear may not be suitable for their work.
- The adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them.
- If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live

- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.
- Fear of authorities

Environmental indicators include:

- Outside the property - there may be bars covering the windows of the property or they are permanently covered on the inside. Curtains are always drawn or windows have reflective film or coatings applied to them.
- The entrance to the property has CCTV cameras installed.
- The letterbox is sealed to prevent use.
- Inside the property - access to the back rooms of the property is restricted or doors are locked.
- The property is overcrowded and in poor repair.
- There may be unusual usage of energy or unusual arrangements, e.g. there are signs the electricity has been tagged on to neighbouring properties or directly from power lines.

Modern Slavery - Who should you tell?

If you are concerned that someone may be the victim of modern slavery or sexual exploitation, or you have suspicions about perpetrators of these crimes you should report it in one of the following ways:

If you think that someone is in immediate danger call **999**

For non-emergency calls contact [Avon and Somerset Police](#) on **101**

Call the Modern Slavery National Helpline on 0800 121 700 or report your concerns online by visiting <https://modernslavery.co.uk/report-it.html>

Call [Crime stoppers](#) anonymously on 0800 555111

In England and Wales you can call [The Salvation Army](#) 24-hour confidential Referral Helpline on 0300 3038151 to refer a potential adult victim of trafficking or to receive advice. This line accepts victim self-referrals.

For actual or potential child victims of trafficking call the Bristol First Response: **0117 903 6444**

If the person is an adult at risk as defined by the Care Act you must also make a safeguarding adults referral.

Discriminatory Abuse

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.

Discriminatory abuse can also be a feature of any form of abuse of an adult at risk, where abuse is motivated by the perpetrators prejudice toward an adult at risk's age, gender, gender identity, sexuality, disability, religion, class, culture, language, political views or ethnic origin.

It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

Hate crime is a form of discriminatory abuse, although will often involve other types of abuse as well, ie physical and psychological abuse.

A Hate crime is any criminal offence committed against a person or property that is motivated by hostility towards someone based on the adult's: disability, race, religion or belief, sexual orientation, transgender.

All hate crime is important and should be reported to the Police. Anyone can be the victim of a hate crime. Hate crime targets people because of their identity. It is a form of discrimination that infringes human rights and keeps people from enjoying the full benefits of society.

Hate crime creates fear in victims, groups and communities and encourages communities to turn on each other.

Research has shown that hate crimes cause greater psychological harm than similar crimes without a motivation of prejudice.

Possible indicators:

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment; all the indicators listed may apply to discriminatory abuse.

- An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices.
- An adult making complaints about service/s not meeting their needs.

- Physical attacks such as physical assault, damage to property, offensive graffiti and arson.
- Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate, and unfounded, malicious complaints.
- Calling a person a paedophile or attempting to damage their reputation and cause others to react against them.
- Verbal abuse, insults or harassment - taunting, abusive gestures and bullying.
- Offensive leaflets and posters, dumping of rubbish outside homes or through letterboxes.

2.3 Historical Allegations of Adult Abuse

There is no time limit in relation to historical allegations of adult abuse. Historical allegations should therefore be responded to in the same way as contemporary concerns - in line with the Safeguarding Adults process.

2.4 Historical Allegations of Child Abuse

If an adult at risk discloses abuse that happened when they were a child and from which they are now safe, i.e. they have no contact with the alleged perpetrator; this is not a concern that needs to be reported under safeguarding adults. However several courses of action must still be considered:

- If the person has the capacity to decide they may wish to report their abuse to the police. This decision must not be rushed and the person should be well supported throughout the process
- If the person does not have the mental capacity to make those decisions for themselves, a report may be made on their behalf if it is decided it is in their best interests to do so.
- If **children** are thought to be at risk from the alleged perpetrator a referral **must** be made to Bristol First Response whether the victim consents or not. Tel **0117 903 6444**. If you have a belief that children are at risk then you have a duty to report this information to Children Services via First Response.

2.5 Situations of increased risk

To enable you to identify abusive situations more clearly it is useful to be aware of factors that can, potentially, increase the risk of abuse.

The profile and circumstances of the **alleged perpetrator** are more significant than the profile, or degree of dependence of the adult at risk. This is likely to be the same in domestic and other settings.

The following factors can act as a flag for further assessment:

The alleged perpetrator may have:

- A history of substance misuse (including alcohol, prescription medication, illegal substances, steroids & legal highs)
- Mental health issues
- A history of violence or abuse including domestic abuse or sexual offences.
- A dependency on the adult at risk for money, accommodation
- Financial problems, low income, debt problems
- History of family conflict
- Carer stress.

In these situations it is important to be alert to the potential risk of abuse.

Part Three – Taking action

Contact details for Reporting:

All abuse or neglect concerns relating to adults with care and support needs must be reported to Adult Social Care via Care Direct **0117 922 2700**. Or by using the web based form available at <https://www.bristol.gov.uk/social-care-health/report-suspected-abuse-safeguarding-adults-at-risk>

The adult themselves, any member of the public, a professional, or any organisation can refer an adult safeguarding concern.

Where to get safeguarding information / advice

If you are unsure whether to make a safeguarding adult referral you are welcome to discuss your concerns and/or seek information and advice from Care Direct by telephone on **0117 922 2700 (8.30am to 5pm Monday to Friday)**.

If children may be at risk; including unborn children, **contact First Response on 0117 903 6444**.

If out of hours, and the situation is an emergency, do consult the Emergency Duty Team on **01454 615165**. Please note that EDT is for emergency situations only, for example where an adult at risk may need alternative accommodation or there is a child protection concern.

- **Responding to Adult Safeguarding Concerns – a summary of what to do.**

There are some key responsibilities and actions for *anyone* who is alerted to abuse or neglect. These responsibilities must be addressed on the same day as the Concern is raised.

Hearing allegations of abuse and reporting your concerns is not always easy, you may feel you are betraying someone, perhaps a colleague, a neighbour or a relative. Whatever the source of the information it must be treated seriously, checked, recorded and shared with your manager. All care agencies and professions share equally the responsibility for the identification of abuse, and for ensuring appropriate action is taken.

If you work for an organisation it is your duty to report your concerns, and it may be considered a disciplinary matter not to do so. Your organisation should have policies in place to protect and support you in taking action e.g. whistle-blowing policies.

Whatever the source of the information it must be treated seriously, checked, recorded and shared.

3.1 Dealing with disclosures

The possibility of abuse can come to light in various ways, for example:

- An active disclosure of abuse by the adult;
- A passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse;
- A growing awareness that "something is not right";
- An allegation of abuse by a third party;
- A complaint or concern raised by an adult or a third party who doesn't recognise that it is abuse.

3.2 If an adult at risk discloses an allegation of abuse to you.

Remember:

- Stay calm
- Try not to show if you are shocked,
- Listen carefully and be sympathetic, you don't need to press the person for lots of detail, indeed taking a full written statement from the person at this point could be too stressful and jeopardise any future police investigation.
- Tell the person they have done the right thing in telling you, and that the abuse is not their fault
- Tell the person that you are treating what they said seriously and that you will be talking to your manager about it.
- Tell the person that you will do your best to support them.
- Clarify the nature of the abuse and establish if it needs an urgent response. If so keep the person as calm as possible until the police arrive.
- Make sure that the person is safe and well at that point.
- Do not attempt to contact or question the alleged perpetrator as you may be placing the adult at further risk of harm.
- Adhere to information sharing protocols, only share the persons' information with the people who need to know, and observe the confidentiality of all concerned at all times.
- Ask the person what they would like to happen next – see section 3.4 below for further guidance

It may be that the person you are seeking to protect asks you not to do anything at all, although they disclose that they are being abused. Whilst respecting this, it is important that you share what the person has said with your manager. Do reassure the person that you are listening to them but that you have a duty to inform your manager.

3.2.1 Address any immediate safety and protection needs

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. The NHS 111 service can be used for medical help or advice when it's not a life-threatening situation.
- Consider if there are children or other adults with care & support needs who are at risk of harm, and take appropriate steps to safeguard them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed.
- Make a written record of what was agreed, what action/s have been taken and make a record of any evidence that has been preserved and where it is stored etc.
- Consider if there are children who are at risk of harm, and take appropriate steps to safeguard them. Are there unborn children who may be at risk? In all cases you must refer directly to children's services on First Response **0117 903 6444**

3.2.3 Preserving evidence

Be aware that in certain situations medical or other evidence will need to be preserved. You may need to lock rooms, or ensure that equipment and documents are secured appropriately so that evidence cannot be tampered with.

If there has been a physical or sexual assault you should not clear up, move things, wash people, things, bedding or clothing before you report the incident or taken the advice of the police.

3.3 Report & Inform - Checklist

- If you are a paid employee, inform your manager. Report the matter internally through your safeguarding adults internal reporting procedure.
- Report to the police as appropriate: To report **an emergency, if a crime is in progress, or life is at risk call - 999. Text phone in an emergency - 18000.**

To report a non-emergency abuse or raise a concern about a crime call - 101. Text phone 18001 followed by 101.

Make a note of the log or “STORM” number you are given and include it in any referral to Bristol Care Direct.

- Contact Care Direct as soon as possible, and in all circumstances within one working day of the concern being raised – **see How to Report your concerns in 3.6 below.**
- Report to First Response on **0117 903 6444** as soon as possible if a child or unborn child is identified at being at risk of harm.
- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC.
- Consider what actions can be taken should a member of staff be the alleged perpetrator. A risk assessment of potential harm will need to be considered.
- If you are suspending a member of staff remember that suspension does not confirm guilt, and it is not a disciplinary penalty in itself. It is a neutral act which also protects the member of staff. Frontline managers must be aware of their own organisation's procedures regarding allegations, and in particular what arrangements are required if suspension is needed out of normal working hours.
- Consider and take required actions if the individual allegedly responsible for the abuse is registered with a professional body, complete and send notification.

- Consider and take required actions under the Disclosure and Barring Scheme (DBS). If unsure contact the DBS referral helpline on 01325 953795.

3.4 Speaking with the adult who is experiencing or is at risk of abuse or neglect:

From the very first stage of concerns being identified, the views of the adult should be sought. This will enable the adult to give their perspectives about the abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

The adult must also be asked for their consent to report the concern. If consent is withheld but there are risks to others including children and other adults at risk, or the risk to the adult at risk is serious, a referral to adult care should still be made and the adult at risk informed that this has been done.

There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management or from an external agency as appropriate.

When speaking to the adult –

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present;
- Obtain the adult's views on the concern and what they want done about it;
- Provide the adult at risk information about the adult safeguarding process and how that could help to make them safer; ask for their consent to refer.
- Explain confidentiality issues, how they will be kept informed and how they will be supported;
- Identify any communication needs, personal care arrangements and access requests;
- Discuss what could be done to make them feel safer;

- Preserve evidence through recording;
- Take steps to preserve any physical evidence.
- Discuss and agree any immediate protective actions needed.

3.4.1 Involvement of adults in their own safeguarding has been prompted by a government lead initiative to improve the way that adults at risk are involved in their own safeguarding process. This initiative is called Making Safeguarding Personal (MSP). At the heart of MSP is a shift in safeguarding adults from a process of “doing to” to “doing with” an individual.

MSP involves engaging with people about how we might respond in safeguarding situations in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety; we must see people as experts in their own lives and work alongside them. It is also about the outcomes adults at risk identify at the beginning and middle of the safeguarding process, and then ascertaining the extent to which those outcomes have been realised at the end of the safeguarding process.

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances and well being, rather than just on 'investigation' and 'conclusion'
- An approach that works actively with people rather than just 'putting people through a process'
- An approach that helps practitioners, families, teams and SABs to know what difference has been made.

3.5 Mental Capacity and Consent

When safeguarding concerns arise the mental capacity of the individuals involved – victims as well as those alleged to be responsible - is central to the assessment and decision-making processes. It is therefore essential that the mental capacity and consent of those involved is clarified at every stage of the safeguarding process. If a person has been assessed as not having the capacity to consent at any stage, a best interest decision must be made on their behalf to make a referral regarding the concerns.

3.6 How to report safeguarding concerns to Care Direct

When somebody raises a concern about an adult with care and support needs who is at risk of abuse, the first step of the process is called 'Raising a safeguarding concern.' Anybody can raise a safeguarding concern, for example they might be a carer, a professional working with adults with care and support needs or somebody who thinks they have been abused.

Alternatively, an adult at risk or somebody acting on their behalf may raise the concern, or they may have contacted other professional bodies (such as the police, health services or voluntary organisations) these agencies can also raise the concern.

When you come to report your concern you will be expected to give relevant details of the person you seek to protect, and it will help greatly if you give good organised information when you report the allegation or suspicion of abuse. Your organisation may have a specific form for reporting allegations and concerns.

When you can, please use the Bristol City Council **safeguarding adults referral form**. **The most secure referral route is by filling in the form on the website via**

<https://www.bristol.gov.uk/social-care-health/report-suspected-abuse>.

[The form will print out for your records.](#)

A copy of the safeguarding adults referral form can be found on the website. If you have an email address ending in nhs.net or pnn or gcsx you can securely email to Care Direct on

adult.care@bristol.gcsx.gov.uk

You can fax the form to Care Direct on **0117 9036688**.

You do not need to fill in every box, but it is useful to know specific information about the adult at risk including:

- Name and date of birth if known
- Address and who they live with
- Services they receive and from whom
- Who is providing the information
- Who is the alleged perpetrator or person implicated in the alleged abuse
- Your concerns, and the reasons for those concerns. What do you think the risks are?
- If it is possible and safe for the adult – have you made the adult aware of the referral, have they consented, what are the views of the adult at risk

If you do not have all this information and the situation is urgent do not delay, report it first to Bristol Care Direct on 0117 922 2700.

If you are quoting someone else then be sure that you advise of this. It is important that the initial referral is clear, so try to recall what was said using the person's own words. Remember to sign and date the record.

There should be no delay in reporting serious concerns. The information will be treated in the strictest confidence within the limits of the law, which requires that the police are informed where there is serious risk to life, or information about a serious crime is discovered.

A Safeguarding Adults referral will be given high priority. It indicates that there is a risk to an individual's physical, emotional, or mental well-being and must be carefully assessed by Adult Care.

3.7 What happens after a referral is made?

3.7.1 Decision.

Decisions about Adult Safeguarding Concerns

The Adult Safeguarding Concern will be screened to establish if the adult –

- (a) has needs for care and support
- (b) is experiencing, or is at risk of abuse or neglect,
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

When a safeguarding concern is reported a decision will be made by Care Direct to determine if the person is in immediate danger. If this is the case, immediate action will be taken to safeguard them with their agreement. If the adult at risk lacks the mental capacity to understand their situation, any action taken to safeguard them will be in their 'Best Interests' and the least restrictive option.

If the person is not in immediate danger the referral will be passed through to a specialist safeguarding adults team to determine what the next steps should be. The team will contact the referrer and when possible the adult at risk to discuss the situation and what they think should happen next. In order to determine whether further enquiries need to be made or another course

of action followed the team may also consult other agencies including the person's GP, the police or health/social care provider.

Within **two working days** a decision regarding whether further enquiries must be undertaken under a safeguarding adults process will be made.

The person referring must be contacted to advise them of the decision.

3.7.2 Statutory Safeguarding Enquiries

If further enquiries need to be made these will be undertaken using section 42 of the Care Act 2014. These are sometimes called **section 42 enquiries**.

(A local authority has a duty to) make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;

(section 14.10 Care Act Guidance 2016)

The Care Act requires local authorities to make enquiries itself, or to require another agency to make an enquiry on its behalf.

A **section 42 enquiry** must be proportionate to the level of risk or need. It may take the form of a conversation with the individual concerned (or with their representative or advocate). It may need the involvement of another organisation or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency safeguarding plan to ensure the wellbeing of the adult concerned.

A person will be identified to lead the enquiry. This might be Bristol City Council staff, the police, health staff or a care provider. Bristol City Council must arrange for the adult at risk to be supported by an **advocate** if it is believed that the adult will have substantial difficulty in participating in the safeguarding process. An advocate will listen to the adult at risk, provide information and explain options, assisting the adult to reach their own decisions and support or represent them in expressing their views. The independent advocate should always support the adult at risks views regardless of whether they agree with those views.

Many enquiries will often be undertaken by a social worker – there will be aspects that should be carried out by other professionals with the necessary skills and knowledge. For example, it may be

a health professional that has the closest relationship with the individual and is best placed to explore a particular concern with them in the first instance.

The local authority may decide that another organisation should carry out the enquiry, this is termed a “**Caused Enquiry**”. The local authority will ask the most appropriate agency, most commonly provided services, to undertake an enquiry. The local authority must coordinate this by:

- agreeing the terms of reference for the enquiry,
- negotiating and agreeing the timescales and support arrangements.
- on receipt of the caused enquiry report the local authority must assure itself of the quality of the enquiry and determine further actions to be taken to protect the adult at risk or others.

If you are caused to undertake an enquiry you will have the support of a named local authority coordinator.

The person carrying out the enquiry may need to see a range of records / documentation and may also talk to anyone else who can help with the enquiry to find out what happened. This may be members of the adult at risks family or employed staff.

Whatever form the enquiry takes, the following must be recorded:

- details of the safeguarding concern and who raised it
- the views and wishes of the adult affected, at the beginning and over time,
- where appropriate the views of the adult’s representatives, including family and friends.
- any immediate action agreed with the adult or their representative
- the reasons for all actions and decisions
- details of who else is consulted or the concern is discussed with
- any timescales agreed for actions
- sign-off from a line manager and/or the agency’s safeguarding adults lead.

The local authority needs to record all information for Safeguarding Adults Data Collection purposes. Practitioners will need to make sure that their recordings capture everything necessary for this, in line with local procedures.

3.7.3 Safeguarding meetings and discussions

One or more safeguarding meetings may be held. The adult at risk should be invited to safeguarding meetings about them and they can bring someone with them for support. If they do not want to attend or cannot attend, someone can attend on their behalf to represent their views - such as an advocate who can talk to them before the meeting so their views can be heard. The adult at risk will always be informed of what was discussed and will be consulted regarding what will happen next.

The Safeguarding meeting may determine that the adult at risk is safe in which case no more action will be taken and the case will be closed as a safeguarding matter.

Strategy Discussion / Strategy Meeting

The first safeguarding strategy discussion or meeting will take place **within 5 working days** following the decision made regarding the concern raised. In urgent cases, a strategy discussion may take place over the telephone, by e-mail or by 'virtual' meeting.

A face-to-face Strategy Meeting will always be convened in more complex cases.

Safeguarding meetings will consider all of the information raised in the safeguarding concern, evaluate the risks to the adult (and others including children, young people and other adults at risk) and confirm the terms of reference for the Section 42 Enquiry.

If the adult is still at risk of abuse we will talk about what can be done to prevent the abuse. We do this by agreeing a **Safeguarding Plan** with the adult and putting it into place.

Safeguarding Planning Meeting

Once enquiries are completed the outcomes will be shared at a **safeguarding planning meeting** and joint decisions are made with the adult what, if any, further action is necessary and acceptable.

In relation to the adult this should set out:

- The outcome of the enquiry / investigation
- Whether the abuse/neglect is:-

- substantiated
 - partly substantiated
 - inconclusive
 - unsubstantiated
- What steps are to be taken to assure the adult's safety in future;
 - Provision of any additional support, treatment or therapy including on-going advocacy;
 - Amendments to the care and support plan regarding services provided ;
 - How best to support the adult through any action they take to seek justice or redress;
 - On-going risk management strategy as appropriate; and,
 - Action/s to be taken in relation to the person or organisation that has caused the concern.

The planning meeting will agree/amend the **Safeguarding Plan** with the adult and/or their advocate, and other agencies as necessary. It will also assess whether the safeguarding concern/s have been addressed and whether the risk of further abuse is removed or reduced.

Review Meeting

To ensure that the Safeguarding plan is working it will be reviewed on a regular basis with the adult at risk and any other people involved in the safeguarding plan. This will ensure that the safeguarding plan addresses current and ongoing risks to the adult, identifies any new risks, prevents abuse, reduces the vulnerability of the adult and reduces the possibility of further abuse or harm.

All parties will consider whether the case can be closed to safeguarding at this point and any on-going safeguarding actions can be combined with the care and support plan for ongoing monitoring and review.

What might happen to the person who is causing harm?

If the person found to be causing harm to the adult at risk is a relative or friend of the adult, we will support the adult to identify the outcomes they want for this person. We can offer advocacy support (if necessary), information, advice, and services, to enable the adult to identify the best possible safeguarding outcomes.

If the adult at risk does not want to see the person who is causing them harm anymore, we can support the adult to make that possible.

If the person is an employed staff member, there is a duty of care to protect others who may be at risk of harm from the member of staff. They will not be allowed to contact the adult whilst enquiries take place. The person who has allegedly abused the adult may be prevented from working, they may be questioned by people investigating the concern, the issues may be addressed as part of employer disciplinary proceeding and they may be questioned or arrested by the police who might prosecute them.

What happens afterwards?

At the end of the safeguarding process we will ask the adult at risk if they are satisfied with what people did to try and keep them safe, how satisfied they are with how people dealt with their concern throughout and whether they feel safer because of the help from people dealing with their concern. We will use the information they provide about their experience to review our procedures and make improvements if necessary. **The referring individual or agency must be informed of the outcome of the referral if they are not closely involved with the safeguarding process.**

How long will the process take?

Some Safeguarding Adults enquiries can be completed quite quickly; however others can be quite lengthy and complex. Timescales for enquiry and protection planning will be defined within strategy discussions or meetings and **should not exceed 6 weeks from the decision to initiate a section 42 enquiry.**

Appendix 1

The table below is intended to support decision making in when to make a safeguarding adults referral and is not a definitive guide, **If in doubt do telephone Adult Care on 0117 922 2700 to discuss further.**

If an occurrence appears to be “poor practice” the internal or external quality assurance process should be considered and the situation remedied immediately. If “possible abuse” then do refer to Adult Care as a safeguarding adults concern

Poor practice	Possible abuse
<p>Poor practice:</p> <p>Person does not have within their care or support plan/service delivery plan/treatment plan, a section that addresses a significant assessed need such as:</p> <ul style="list-style-type: none"> • management of behaviour to protect self or others • liquid diet because of swallowing difficulty • cot sides to prevent falls and injuries <p>but no harm occurs..</p>	<p>Possible abuse:</p> <p>Failure to specify in a persons’ plan how a significant need must be met. Inappropriate action or inaction related to this, results in harm such as injury, choking etc.</p> <p><i>If this is also a common failure in all care plans in the care home/hospital/care agency this may need an organisational abuse response .</i></p>
<p>Poor practice:</p> <p>Person’s needs are specified in treatment or care plan.</p> <p>But the plan is not followed, needs are not met as specified but no harm occurs.</p>	<p>Possible abuse :</p> <p>Failure to address a need specified in the person’s plan results in harm This is especially serious if it is a recurring event or is happening to more than one adult. <i>If this practice is evident throughout the care home/hospital/care agency, and not just being perpetrated by one member of staff, this may need an organisational abuse response .</i></p>
<p>Poor practice:</p> <p>Person does not receive necessary help to have a drink/meal on one occasion and no harm occurs</p>	<p>Possible abuse:</p> <p>Recurring event, or is happening to more than one adult. Harm: weight loss, hunger, thirst, constipation, dehydration, malnutrition, tissue viability problems.</p> <p><i>If this is a common occurrence in the setting, or there are no policies/protocols in place regarding assistance with eating or drinking this may need an organisational abuse response .</i></p>

Poor practice	Possible abuse
<p>Poor practice:</p> <p>Person does not receive the necessary help to get to the toilet to maintain continence, or have appropriate assistance such as changed incontinence pads on one occasion.</p>	<p>Possible abuse</p> <p>Recurring event, or is happening to more than one adult. Harm may also occur: pain, constipation, loss of dignity and self-confidence, skin problems</p> <p><i>If this is a common occurrence in the setting, or there are no policies/protocols in place regarding assistance with continence needs, this may need an organisational abuse response .</i></p>
<p>Poor practice</p> <p>Person who is known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management but no discernable harm has arisen yet.</p>	<p>Possible abuse</p> <p>Person has not been formally assessed/advice not sought with respect to pressure area management, or plan not followed.</p> <p>Harm: avoidable significant tissue damage.</p> <p><i>If this is a common occurrence in the setting, or there are no policies/protocols in place or evidence of staff knowledge of pressure sore risks, this may need an organisational abuse response.</i></p>
<p>Poor practice</p> <p>Medication is not administered as set out in the care plan to a person as prescribed or is not given to meet the persons current needs. This happens on one occasion and results in no harm.</p>	<p>Possible abuse</p> <p>Recurring event, or is happening to more than one person. Inappropriate use of medication that is not consistent with the persons needs.</p> <p>Harm: pain not controlled; physical or mental health condition deteriorates / kept sleepy/ unaware; side effects; put at risk.</p> <p><i>Continual medication errors, even if they result in no significant harm, are a strong indicator of poor systems, staff compliance or training. Urgent remedial action, either via safeguarding adults or quality improvement strategies, must be undertaken. This may need an organisational abuse response if affects more than one person using the service.</i></p>
<p>Poor practice</p> <p>Person does not receive recommended assistance to maintain mobility on one occasion and no harm occurs.</p>	<p>Possible abuse</p> <p>Recurring event, or is happening to more than one adult.</p> <p>Harm: loss of mobility confidence and independence.</p> <p><i>If this practice is evident throughout the care home/hospital/care agency, and not just being perpetrated by one member of staff, this may need an organisational abuse response.</i></p>

Poor practice	Possible abuse
<p>Poor practice</p> <p>Appropriate moving and handling procedures are not followed on one occasion but person does not experience harm.</p>	<p>Possible abuse</p> <p>Person is injured, or common non use of moving and handling procedures make this very likely to happen.</p> <p>Harm: injuries such as falls and fractures, skin damage, lack of dignity.</p> <p><i>If this practice is evident throughout the care home/hospital/care agency, and not just being perpetrated by one member of staff, this may need an organisational abuse response .</i></p>
<p>Poor practice</p> <p>Person has been formally assessed under the Mental Capacity Act and lacks capacity to recognise danger e.g. from traffic.</p> <p>Steps taken to protect them are not 'least restrictive'. Steps need to be reviewed urgently. Ensure a Deprivation of Liberty Safeguards (DoLS) authorisation or community deprivation has been applied for.</p>	<p>Possible abuse</p> <p>Restraint and deprivation of liberty is occurring (e.g. cot sides, locked doors, medication) and best interests have been ignored. No DoLS referral made.</p> <p>Harm: loss of liberty and freedom of movement, emotional distress.</p>
<p>Poor practice</p> <p>Person is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff. Respect for them and their dignity is not maintained but they are not distressed. Staff member's behaviour or attitude is addressed.</p>	<p>Possible abuse</p> <p>Recurring event, or is happening to more than one person. Insults contain discriminatory, e.g. racist, homophobic abuse.</p> <p>Harm: distress, demoralisation, other abuses may be occurring as rights and dignity are not respected</p> <p><i>If this practice is evident throughout the care home/hospital/care agency, and not just being perpetrated by one member of staff, this may need an organisational abuse response.</i></p>
<p>Poor practice</p> <p>Poor practice</p> <p>Person is discharged from hospital without adequate discharge planning, procedures not followed but no harm occurs.</p> <p>Use poor discharge route</p>	<p>Possible abuse</p> <p>Person is discharged with significantly inadequate discharge planning, procedures not followed and the person experiences harm as a consequence.</p> <p>Harm: care not provided resulting in risks and/or deterioration in health and confidence; avoidable readmission.</p> <p>If the incident shows poor discharge planning throughout a hospital trust or on a specific ward <i>Urgent remedial action, either via safeguarding</i></p>

Poor practice	Possible abuse
	<i>adults organisational abuse enquiry, or quality improvement strategies, must be considered</i>
<p>Poor practice</p> <p>Person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs.</p>	<p>Possible abuse</p> <p>Person does not receive scheduled domiciliary care visit(s) and no other contact is made to check on their well-being or calls are being missed to more than one adult at risk.</p> <p>Harm: missed medication and meals, they are put at risk of significant harm including neglect.</p> <p><i>If this practice is evident throughout the care agency, and not just being perpetrated by one member of staff, this may need an organisational abuse response.</i></p>
<p>Poor practice</p> <p>Person with challenging behaviour whose personal plan of care stipulates that they should not go into the local town without two staff supporting them is taken by one member of staff to avoid disappointment when the other worker reports sick at the last moment. No harm occurs.</p>	<p>Possible abuse</p> <p>Person is regularly taken out by only one member of staff, with no review of care plan, and is therefore regularly put at risk.</p> <p>Harm: may injure self or others.</p> <p><i>If this is an indicator of poor practice by several members of staff, or poor management of the setting, others may be affected, this may need an organisational abuse response.</i></p>
<p>Poor practice</p> <p>Adult at risk in need of medical care such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required/requested medical attention in a timely fashion. No pain or harm occurs.</p>	<p>Possible abuse</p> <p>Adult at risk is provided with an evidently inferior medical service or no service, and this is likely to be because of their disability or age or because of neglect on the part of the provider</p> <p>Harm: pain, distress and deterioration of health</p> <p><i>If there is evidence that others have also been affected, or that there is a systemic problem within the provider service this may need an organisational abuse response .</i></p>
<p>Poor practice by housing providers</p> <p>Person is known to be living in housing that places them at risk from predatory neighbours or others in community and housing department/association is slow to respond to the need for mitigation for example an</p>	<p>Possible abuse</p> <p>Housing provider fails to respond within a defined and appropriate timescale to address the identified risk. Harm occurs</p> <p>Harm: financial, physical, emotional abuse.</p>

Poor practice	Possible abuse
application for urgent re-housing – but no harm occurs.	
<p>Poor practice by housing providers</p> <p>Adult at risk needs housing repairs arranged by their landlord. There is undue delay but repairs done eventually and no harm has occurred.</p>	<p>Possible abuse</p> <p>Landlord persists in not arranging repairs that are urgently required to maintain the safety of the person's environment.</p> <p>Harm: physical and/or emotional e.g. from dangerous wiring, damp, or lack of security</p>
<p>Family non cooperation</p> <p>Failure to meet agreed contribution to residential care cost by family member or attorney, but resident still has personal allowance and placement not at risk (should be treated as failure to meet lawful debt).</p>	<p>Possible abuse</p> <p>Failure to meet agreed contribution to cost of residential care by family member or attorney results in a failure to provide personal allowance and/or jeopardises placement.</p>
<p>Incident between two adults living in a care setting:</p> <p>One adult 'taps' or slaps another adult but has left no mark or bruise and victim is not intimidated and no harm has occurred</p> <p>Or</p> <p>One adult shouts at another, victim is not intimidated and no harm has occurred</p>	<p>Possible abuse:</p> <p>Predictable and preventable (by staff) incident between two adults where bruising, abrasions or other injuries have been sustained and/or emotional distress caused.</p> <p><i>A significant level of violent incidents between adults living in care or health settings can be an indicator of poor staff attitude, training, risk assessment and risk management, or poor Supervision and management of the service.</i></p> <p><i>This may need an organisational abuse response .</i></p>
<p>This section applies to Self Neglect</p> <p>Self neglect:</p> <p>The person is refusing to take medication, has capacity to understand the risks of doing this, can retain and use/weigh this information this information, they are making an informed decision.</p> <p>Harm may occur – but the clinician is satisfied that an informed decision has been made.</p>	<p>This section applies to Self Neglect</p> <p>Self neglect:</p> <p>The person is refusing medication which plays a crucial role in supporting their health. The clinician is concerned that they do not have the capacity to make this decision, or have made this decision under duress.</p>

Poor practice	Possible abuse
<p>The person is living in unsanitary conditions. These are not affect their health or well being or the health or well being of others.</p>	<p>The person is living in unsanitary conditions. This has, or is likely to, seriously affect their health and well being or the well being of others.</p> <p>The person is an adult at risk as defined in the Care Act 2014</p>
<p>The person is not undertaking their own personal care, this does not affect their health or well being or the health or well being of others.</p>	<p>The person is not undertaking their own personal care to the extent that their own health and well being and/or those of others, are being affected.</p> <p>The person is an adult at risk as defined in the Care Act 2014</p>
	<p>The person is lighting fires in in appropriate places within their own dwelling.</p> <p>The person is an adult at risk as defined in the Care Act 2014</p>
<p>The person is hoarding items within their dwelling. Whilst the dwelling is crowded they are still able to exit safely, others can enter in order to provide care, there are no risks to the persons health and well being and no risks to others.</p>	<p>The person is hoarding items within their own dwelling. In the event of a fire or emergency they could not exit, others cannot get in safely, there are risks of fire or suffocation, being trapped. There are risk to the persons health and well being and/or that of others.</p> <p>The person is an adult at risk as defined in the Care Act 2014</p>

Explaining what safeguarding adults is can be difficult. The following has been read and agreed by a panel of people who use services. It can be used in conjunction with the Safeguarding Adults Board easy read leaflet available on the Bristol City Council Public web site.

What is Safeguarding Adults?

The council has a duty to help any person who is or may be harmed by another person, and who is having difficulty in getting help for themselves.

People may have difficulty in getting help because they are living in a care home or in a hospital, or because they have to rely on others to take care of them due to illness or disability.

Safeguarding Adults is a way of helping you solve problems with help from agencies like your GP, the police, nurse or social worker.

Whilst we are working with you:

1. We will listen to you and treat you with respect
2. We will ask for your consent to share information about you with others if this is needed to help you.
3. We will believe you and take what you say seriously
4. We will be honest with you about what we can do. We will explain what we cannot do.
5. We will give you the name of the person you can speak to when you need help or want to know something.
6. We will involve you as much as you want to be involved at every stage.
7. We will provide you with support, if needed, to understand what is happening and to help you tell us what you think.
8. We will invite you to any meetings about you at a place you can get to.
9. We will support you to use the legal system if wished
10. We will respect your choices, you have the right to change your mind.