Warrington Safeguarding Adults Board

Safeguarding vs. safeguarding Guidance Pack

Support for effective referrals

September 2023

We would like to offer our thanks to Norfolk Safeguarding Adult Board for giving permission to adapt their existing materials.

Safeguarding vs. safeguarding

1 Introduction

1.1 The word 'safeguarding' can be interpreted in different ways and this can create some confusion for professionals, when deciding what course of action to take when they have encountered a person who needs support. 'Safeguarding' can mean two things; a formal safeguarding response under s42 of the Care Act, or a general response to keep someone safe and to ensure their needs are met.

1.2 These two types of safeguarding are sometimes referred to as Safeguarding with a capital 'S' to identify the formal safeguarding response and safeguarding with a small's' to identify the more general response to keep someone safe.

2 What is 'Safeguarding with a capital S'?

2.1 A safeguarding enquiry under s42 of the Care Act would be triggered if the Local Authority is made aware that someone with care and support needs has experienced or is at risk of abuse or neglect, and as a result of their care and support needs, they are unable to protect themselves. In the past, this has been described as 'Adult protection' and may be referred to as 'formal safeguarding'. If these criteria are met, the Local Authority will involve partners from other agencies and make (or cause to be made) whatever enquires are necessary, deciding whether action is necessary and if so what and by whom.

3 What should I do if I think a formal safeguarding response is needed?

3.1 You should gain the person's permission if possible, and raise your concerns using the Warrington online adult safeguarding referral mechanism (to be used by professionals and service providers only). If you are a member of the public please contact us via 01925 443322. If you require an urgent response outside of office hours (evenings, weekends and bank holidays) please contact us via 01925 444400. Please provide all of the information that you have at your disposal when raising the concern. If needed, the team may contact you to discuss your concern further, this will support them to make a decision about whether a formal safeguarding enquiry will be raised.

3.2 If you cannot gain the person's permission, the local authority may still be able to act if the person is at risk of abuse or neglect.

4 What is 'safeguarding with a small s'?

4.1 Many people with physical or mental health problems who have care and support needs live in complex circumstances and can be very vulnerable. These people may need support to keep safe, to manage the risks of day to day life and may need coordinated responses from a variety of health, social care, housing or other professionals. However, they are not necessarily experiencing abuse or neglect so will need a coordinated response to keep them safe, but not a formal s42 enquiry.

5. What should I do if I think someone needs support or a coordinated multi-agency approach, but they are not experiencing abuse or neglect?

5.1 If the person needs a social care assessment, seek their permission to request support and then you can ring 01925 443322 and ask to make a referral for a Care Act assessment or find out if they already have an allocated social worker.

5.2 If the person has a health or mental health need, seek their permission to contact their doctor in the first instance (or ring 999 if they have an urgent health care need). If you have not sought their permission, you may be asked to go back and speak to them for consent to make a referral. If you already know the professionals who are involved with the person, you could contact them to ask for a meeting to discuss the person's need for a risk assessment or a coordinated response.

6. What should I do if I want to ask the local authority to review a small 's' safeguarding decision?

6.1 If you have contacted the local authority with an adult safeguarding concern, but after consideration they have said they are not triggering a formal section 42 enquiry, first ask them for a clear explanation of why this is so that you can understand the reasoning. They will often also offer advice and support with the issue regardless of the safeguarding decision.

6.2 If you still have concerns about abuse and harm, you can ask for the decision to be reviewed. Consider what new or more detailed information you can give the local authority to help consider the risks to the person.
Tip: you are helping the local authority in the process of gathering information in order to establish that they (the local authority) have 'reasonable cause to suspect' that abuse is present.

Examples

- Someone with dementia keeps letting themselves out of their home and wandering in the street putting themselves at risk:

  This is an example of 'safeguarding with a small s' and the necessary response will involve a risk assessment, consultation with their GP and possibly a meeting of multi-agency professionals

- Someone with dementia living in a secure care home managed to leave the building because a carer didn't close the door behind him. They became lost and were found by the police, suffering from hypothermia:

  This is an example of a situation where 'Safeguarding with a capital S' is required, as the person has suffered abuse by neglect as the door was left open and they were able to get out of an environment where they should have been kept safe, and as a result, they have come to harm (hypothermia).

- Mrs Thomas is being cared for at home by her husband. She uses a hoist for transfers and has four double-up home care visits a day, and her skin is very fragile. Her husband is struggling to manage the complexities of her care and is worried he will get something wrong and cause her some harm:

  This is an example of 'safeguarding with a small s' and the necessary response will involve a carers assessment for Mr Thomas, a risk assessment, a review of the health provision Mrs Thomas is receiving, consultation with her GP and possibly a meeting of multi-agency professionals.

- Mr Thomas tried to move his wife using the hoist before the carers arrived to provide double-up support, and she fell from the hoist, sustaining a fractured neck of femur. Mr Thomas had been clearly told not to use the hoist on his own due to the risk of harm:

  This is an example of a situation where 'Safeguarding with a capital S' is required, as Mrs Thomas has suffered harm as a result of neglect by her husband and a formal Safeguarding process needs to be followed using s42 of the Care Act.

- Mr Patel has lost capacity and is not coping at home. His daughter is keen not to move him to residential care as she says she promised him that she would always care for him. Professionals have a suspicion that the motive for keeping Mr Patel at home could be to preserve his funds so his family can inherit:

  This is an example of 'safeguarding with a small s'. There is no indication that Mr Patel's family have abused him, but if there is a difference of opinion about where his health or care needs should best be met, and he lacks capacity, a best interests meeting will need to be held with family and professionals, to make a decision on his behalf.

- Following a best interests meeting, a best interests decision is made that Mr Patel's care needs will be best met in a care home. His family have locked him in the house and are refusing access to the GP and district nurse as they do not want him to move to a care home. He requires regular treatment for leg ulcers and diabetes which are not being carried out as health professionals cannot gain access to the property:

  This is an example of 'Safeguarding with a capital S' because Mr Patel is suffering from neglect as a result of his family's actions, and this could be leading to harm from infection and diabetes symptoms.

Small 's' vs. Capital 'S' guidance tool

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
DISCRIMINATORY- including discrimination on grounds of; • Race • Gender • Gender identity (including the use of incorrect pronouns) • Disability • Sexual orientation • Religion • Other forms of harassment • Slurs or similar treatment	• Isolated incident of care planning that fails to address an adult's specific diversity associated needs. **Action is being taken to address concerns** • Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences that does not result in harm to the person e.g. emotional distress. **Action is being taken to address concerns**	Hate Crime or any action motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender identity or marital status • Denial of civil liberties e.g voting, making a complaint • Being the focus of anti-social behaviour as a result of disability, age, race, religion or belief, sexual orientation, transgender identity or marital status • Inequitable access to service provision as a result of a diversity issue or recurrent failure to meet specific care/support needs associated with diversity, resulting in harm e.g. emotional distress, loss of dignity • Recurrent taunts, associated with diversity, causing harm e.g. emotional distress, loss of confidence, intimidation, loss of dignity • Adult at risk is repetitively not supported to attend place of worship or receive pastoral visits which causes distress • Arrangements are not made to appropriately meet cultural needs which results in harm or distress • Denied access to facilitate communication to assess or meet needs (language, sign language etc.) which results in harm or distress

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
DOMESTIC ABUSE- Domestic violence and abuse is officially classified as "any incident of threatening behaviours, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality". It's abuse if a partner, ex-partner or a family member: • Threatens/frightens an individual • Shoves or pushes an individual • Makes an individual fear for their physical safety • Puts an individual fear for their physical safety • Puts an individual down, or attempts to undermine their self-esteem • Controls an individual, for example by stopping them seeing friends and family • Is jealous and possessive, such as being suspicious of friendships and conversations **This may also include sexual exploitation.** **It is important to consider whether either of the individuals named hold caring responsibilities e.g. Adult son caring for his elderly mother.**	• Isolated incident of taunts or verbal outburst, no harm or distress caused and adequate protective factors in place Consider alternatives to safeguarding referral/ assessment e.g. complaints, disciplinary, review of needs/ services, onward referral e.g. Contracts, Health and Safety, Trading Standards etc. **Where there are a number of low level incidents, consideration should be given to whether the threshold is met for a safeguarding enquiry due to increased risk.**	• Stalking • Threats to kill • Presence of 'trilogy of risk' factors mental health needs, domestic abuse and substance misuse. If children are involved a referral must be made to Children's Services using the Multi-agency request for services form • Sexual assault and rape • Strangulation/suffocation/ choking or use of weapon • Any concerns about forced marriage • Any concerns about Female Genital Mutilation (FGM) • Any concerns about Honour Based Violence • No access/control over finances • Relationship characterised by imbalance of power • Inexplicable marking, cuts etc. on a number of occasions • Limited access to medical or dental care • Accumulation of minor incidents • Frequent verbal/physical outbursts • Indicators or concerns about coercion and control e.g. adult experiencing fear of family member or current or previous intimate partner due to threats of harm or previous harm. Having their contact with others controlled and being prevented from attending appointments alone

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
		DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence) Risk Assessment Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into the MARAC (Multi-Agency Risk Assessment Conference) where appropriate.
ELDER ABUSE- The term "Elder Abuse" has been adopted by many bodies including the World Health Organisation and other notable organisations and countries and is established to mean; *'A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'.* The core of the definition is an 'expectation of trust' that an older person may rightly establish with another person. This trust is subsequently violated, it mostly takes the form of abuse which happens within families and those within close relationships. It doesn't usually happen with strangers unless those strangers have also abused the older person's 'expectation of trust'.	**This may result in a number of abuse types such as physical abuse, domestic abuse, neglect etc. Please refer to the relevant abuse type.**	**This may result in a number of abuse types such as physical abuse, domestic abuse, neglect etc. Please refer to the relevant abuse type.**

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
EMOTIONAL/ PSYCHOLOGICAL ABUSE- including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.	• Isolated incident where an adult is spoken to in a rude or inappropriate way – respect is undermined but little or no distress caused. **Actions taken to prevent reoccurrence** • Isolated incidents involving taunts or verbal outbursts which do not cause distress. **Actions taken to prevent reoccurrence** • Withholding of information from an adult, where this is not intended to disempower them. **Actions taken to prevent reoccurrence**	• Incident(s) perpetrated by staff member resulting in harm e.g. distress, demoralisation, loss of confidence • Practice is non-compliant with the Mental Capacity Act resulting in emotional distress • Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Humiliation • Emotional blackmail • Threats of abandonment / harm • Frequent and frightening verbal outbursts • Prolonged intimidation / victimisation • Cyber bullying • Breach of basic human or civil rights, including where deprivation of liberty is unauthorised and need for a DOLS referral has not been recognised. • Anti-social behaviour where this impacts on the adult's emotional well-being (this could also be considered under other categories of abuse such as physical, if harm occurs, or discriminatory) • Any concerns about Radicalisation; please see Warrington Safeguarding Partnerships - Radicalisation for further information

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
FINANCIAL/ MATERIAL- including theft, fraud, exploitation, 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.	• Staff member has borrowed items from adult with their consent, professional boundaries breached, but items are returned to them. **Actions being taken to prevent reoccurrence** • Nominal amounts of money are not recorded safely or properly but there is no evidence of misuse of money. **Actions being taken to prevent reoccurrence** • Failure to meet agreed contribution to care by family/attorney but resident still has personal allowance and the placement is not at risk. **Actions being taken to prevent reoccurrence** • Isolated incidents of staff taking the "one free" item from "buy one get one free" offers or similar. **Actions being taken to prevent reoccurrence**	• Fraud/exploitation/theft relating to benefits, income, property or will • Allegation of theft by a person in position of trust • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control • Action not taken in an adult's best interests where they lack capacity for financial decisions e.g. by Lasting Power of Attorney • Failure to assess mental capacity in circumstances where it is apparent that mental capacity is in question and harm is caused (i.e. financial abuse, exploitation, build-up of debt) • Scams/fraud • Adult denied access to his/her own funds or possessions to meet agreed contribution to care by family/attorney resulting in a failure to provide personal allowance and/or jeopardising the placement • Staff borrowing or using the adult's possessions such as phone, electricity etc. without consent, or where consent is not valid
NEGLECT and ACTS OF OMISSION - including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.	For a breakdown of low level or 'care quality' concerns, please refer to the Safeguarding and Care Quality screening guidance document, which can be found in the appendix.	**For a breakdown of safeguarding concerns relating to neglects and/ or acts of omission, please refer to the Safeguarding and Care Quality screening guidance document.**

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
ORGANISATIONAL - including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g. this may range from isolated incidents to continuing ill-treatment	• Service design where groups of adults living together are incompatible and no harm occurs. **Actions being taken to address concerns** • Absence of policies or procedures or training/ supervision in relation to key aspects of practice but which do not result in harm. **Actions being taken to address concerns** • Poor quality care or professional practice that does not result in harm, albeit an adult may be dissatisfied with the service. **Actions being taken to address concerns** • Care planning documentation is not person centred, limited opportunities to engage in social and leisure activities, not resulting in harm. **Actions being taken to address concerns**	• Punitive responses to challenging behaviours • Rigid/inflexible routines impacting on health and wellbeing • Denial of individuality and opportunities to make informed choice e.g. denial of rights; impairment of or a deterioration in adult's health or wellbeing • Denying the adult at risk access to professional support and services such as advocacy • Failure to whistle blow on serious issues when it has not been possible to resolve issues i nternally • Failure to refer disclosure of abuse • Poor, ill-informed or outmoded care practice and harm occurs to adults • Organisational practice is based on staff convenience impacting adversely on adult's choice and control • Service design where groups of adults living together are incompatible and harm occurs
PHYSICAL - including assault hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.	• Isolated incident involving physical contact without consent but not with sufficient force to cause a mark or bruise and the adult is not subsequently distressed. Care plans amended to address risk of reoccurrence	• Assault – whether or not injury is caused and particularly where there is on-going distress to the adult • Inexplicable fractures • Inexplicable marking, bruising or lesions, cuts or grip marks • Inappropriate/unauthorised restraint, including the misuse of medication

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
	• Isolated staff error causing minor accidental injury or harm e.g. friction mark on skin due to ill-fitting hoist sling. **Actions taken to prevent reoccurrence** • Appropriate moving and handling procedures not followed on one occasion not resulting in harm. **Actions taken to prevent reoccurrence**	• Deliberate withholding of food, drinks or aids to independence • Injury is caused by, or there is consistent disregard of, moving and handling procedures which make injury very likely to happen • Predictable and preventable incident between adults where injuries have been sustained or emotional distress caused • Covert administration of medication without medical authorisation where there has been detrimental impact • Deliberate misadministration of medication (consider fabricated or induced illness)
SELF NEGLECT - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern.	• There is clutter within the adult's property, but this is not posing a risk to the person's health and safety • There are concerns about levels of hygiene and clutter within the adult's environment which may pose a risk to the adult's health and safety, but they are willing to engage in support to address this • The adult's health needs have been neglected, but it is established that this is due to the adult requiring support to manage this, and this support is available (through informal networks or commissioned support)	• There are high levels of hoarding present (refer to the self-neglect and hoarding toolkit) posing a high risk to health and safety including fire risk • The adult is consistently neglecting their health needs, and this is significantly impacting on their wellbeing • The adult is not eating or drinking adequately, and this is impacting on their health or there is high risk of impact **In cases where a high level of risk is noted, it may be beneficial to consider instigating the MARAM process.** **Additional information around self-neglect can be found at Warrington Safeguarding Partnerships - Self-neglect and hoarding.**

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
SEXUAL - including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.	• Isolated incident of unwanted sexualised attention where no harm or distress has occurred. Care plans being amended to address concerns	• Rape or attempted rape • Sexual assault https://www.cps.gov.uk/sexual-offences • Sexual harassment https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/sexual-harassment/ • Contact or non-contact sexualised behaviour which causes distress to the adult at risk • Being subject to indecent exposure • Being made to look at pornographic material or sexual acts against their will or where valid consent cannot be given • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Any sexual act without valid consent or where there has been pressure to consent
MODERN SLAVERY - Illegal Exploitation of people for personal/commercial gain. Victims trapped in servitude they were deceived or coerced into. • Criminal Exploitation pick pocketing, shoplifting, drug trafficking • Domestic Servitude forced to work in private houses with restricted freedoms, long hours, no pay • Forced labour long hours, no pay, poor conditions, verbal and physical threats	• Dispute between employer and employee where there is no evidence that employee's rights are affected	• Injuries apparently as a result of assault or controlling measures which may be untreated • May look malnourished or unkempt, anxious/agitated or appear withdrawn and neglected • Adult rarely allowed to travel on their own, may travel in groups, seems under the control, influence of others, rarely interacts or appears unfamiliar with their neighbourhood or where they work • Relationships which don't seem right – for example, a young

Area of concern	Safeguarding with a little 's'	Safeguarding with a capital 'S
• Sexual Exploitation prostitution and child abuse • Other forms - Organ removal, forced begging, forced marriage and illegal adoption		teenager appearing to be the partner of a much older adult where there appears to be a power imbalance • Living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address • Have no identification documents or travel documents, have few personal possessions and wearing the same clothes all the time • Appearing frightened or hesitant to talk to professionals and fearful of law enforcers • Little access to money or where their money is kept • Appears to be working long hours for little or no pay, or unsure about what their pay arrangements are

Raising a safeguarding concern: FAQs

Q: **Who can raise a concern?**

A: Anyone can raise a concern about an adult at risk of abuse or harm, whether you are a professional or member of the public.

Q: **How do I raise a safeguarding concern and what will happen next?**

A: If you are a professional or care provider, you will need to raise a concern via the adult safeguarding referral mechanism. If you are a family member or member of the public, you will need to raise a concern via 01925 443322.

If the person you are concerned about has an **active** social care worker, you may also wish to speak with them directly to discuss prior to making the referral. You can do so via 01925 443322 and the call hander will put you straight through to them, or their duty team.

When raising the concern, please use this checklist to make sure you give as much information as possible:

Raising a Safeguarding Adult Concern Checklist

When the concern is received, a worker will screen to determine if it meets the criteria for a safeguarding enquiry (Section 42 Care Act 2014).

Some safeguarding concerns are really about risk in a situation, which may not be abusive, but rather a result of choices made by individuals, or complicated relationships. Other concerns may be about the quality of a service being provided.

If your concern meets the criteria for a S42 enquiry, Adult Social Care (ASC) will inform you as soon as possible.

Please note: depending on your relationship to the situation / individual, you may not get direct feedback on the **outcome** of the safeguarding enquiry.

Q: Can I remain anonymous?

A: Anyone bringing a concern to ASC can ask for their details to be kept confidential or choose not to share those details in the first place. However, anonymity can sometimes make it difficult for the safeguarding team to progress the enquiry, particularly if your information is quite generalised.

If the concern that you share is serious, Warrington Borough Council (WBC) will need to explore it with the individual or service involved. It is possible that you may be identified as the source as a result. Also if you haven't given your name a worker from ASC will not be able to give you feedback because they have no means of contacting you.

Q: I am worried raising a safeguarding concern about my service, will it reflect badly on the care we provide?

A: On the contrary, by ringing in a safeguarding concern within your service you are demonstrating good and transparent practice and protecting those who use your service. It is more harmful to your service's reputation not to report.

Q: What do I do next?

A: Once you have confirmation that a S42 enquiry has been raised, there may be a slight delay while Adult Social Care discuss your enquiry with police colleagues. If the police decide to investigate this should happen before anyone else does any other enquiry. In the meantime, make sure the person you are concerned about, or anyone else at risk, is as safe as possible. The Adult Social Care worker will inform you of the next steps ASAP, where appropriate.

Q: What can I do if my concern isn't accepted as I am still worried about the person?

A: If the situation continues to cause you concern, the risk remains or increases, please call again and ask for the concern to be reviewed. It is helpful if you can provide as much detail and additional information as possible. Remember that safeguarding is only one avenue of support, so even if it is not a safeguarding enquiry, agencies can help in other ways.

Q: Will I find out what has happened once I have made a referral? Will I get feedback?

A: If the concern that you bring to WBC's attention is raised as a safeguarding referral, then the worker should inform you that this is happening – but please be aware that, depending on your relationship to the situation / individual, **you may not get direct feedback** on the outcome of the safeguarding enquiry.

For example, if the person you have called about has mental capacity (i.e. the ability to make decisions for themselves), they may not want the outcome shared with you.

If the concern you raised is **not** going to be a safeguarding enquiry, the worker should inform you. This does not necessarily mean that no action at all will be taken (although sometimes this might be the case) and they should advise you about what will happen next.

If you haven't received feedback on a concern you have raised, do call back to check, but please be aware that WBC's information sharing policy may limit what you can be told.

If you are a health professional (for example a nurse or therapist working in an area where there are numerous professionals responding to calls and queries), please check with colleagues or make local arrangements for sharing feedback on safeguarding referrals. Feedback may be recorded, for example, in ward notes. WBC relies on the person who receives the feedback to share it with those colleagues who need to know the outcome.

Q: What if the person who is being abused will not consent to a concern being raised?

A: Individuals may refuse consent to the sharing of safeguarding information for several reasons. For example, they may be frightened of reprisals, they may fear losing control, they might not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged.

Reassurance and appropriate support along with gentle persuasion can help to change their view on whether it is best to share information.

If a person refuses help or requests that information about them is not shared with other safeguarding partners, you should respect their wishes. However, there are a number of circumstances where you can reasonably override their wishes:

- Where the person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- Where other people are, or may be, at risk, including children
- Where sharing the information could prevent a crime
- Where the alleged abuser has care and support needs and may also be at risk
- If a serious crime has been committed
- If staff are implicated
- Where the person has the mental capacity to make that decision, but they may be under duress or being coerced
- Where the risk is unreasonably high and meets the criteria for a Multi-agency Risk Assessment Conference (MARAC) referral
- If a court order or other legal authority has requested the information.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person you must still work to:

- Support the person to weigh up the risks and benefits of different options

- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the person is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust and use gentle persuasion to enable the person to better protect themselves.

As long as it does not increase the risk to the individual, always tell the person of your concerns. Explain why you are worried and that there are services to support them in stopping the abuse and harm from happening. If they still do not want their information to be shared, explain that it is your responsibility to share safeguarding concerns in line with your organisation's policy, usually with your line manager or safeguarding lead in the first instance, except in emergency situations.

If you have a safeguarding concern about someone who is using your service, you should always tell your manager.

Your manager will decide whether to share this information with external agencies, including the police and local authority.

If it is necessary to share information outside the organisation:

- Explore the reasons for the person's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the person who you would like to share the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone, and that support is available to them.

If you cannot persuade the person to give their consent, then, unless you consider it dangerous to do so, explain to them that the information will be shared without their consent and your reasons and record them. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be made on a case-by-case basis.

If it is not clear that information should be shared outside the organisation, discuss it with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that you consider the risk of sharing information. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. Safeguarding partners need to work jointly to provide advice, support and protection to the individual in order to minimise the risk of worsening the relationship or triggering retribution from the abuser.

Q: I think someone is not looking after themselves properly – is this safeguarding?

A: Self-neglect is a category of abuse in the Care Act guidance, but it will rarely require an enquiry under s42. However, Warrington Safeguarding Adults Board (WSAB) promote a multi-agency approach to be taken by all those working with people where there are concerns of this type. Partners need to consider any risks to the individual, and what support to be given. WSAB have a self-neglect and hoarding strategy and more information can be found on the website here Self-neglect and Hoarding

Self-neglect is a subjective term and can occur in a range of situations. People may be acutely unwell or have experienced specific difficulties or losses; things that are usual to them may not be usual to someone else, but that may not make it wrong. Where there are environmental or concerns about the person's health / wellbeing, we would not necessarily consider this a safeguarding issue – we would expect that all possible steps are taken to work with that person to properly identify what risks there may be, how the person feels about those risks, and what support may be available. This should involve all appropriate agencies (social care, health, housing, fire service, local community etc.).

In situations where, despite a multi-agency / long-term approach, the risks to the person remain and indicate a high risk of harm, a referral may be made and an s42 enquiry raised. NB: this does not give any additional powers to the agencies involved but provides a further forum in which to review the risks and take actions if necessary.

Q: As a professional do I need to inform the Care Quality Commission (CQC) that I have raised a safeguarding concern in relation to care provision?

A: CQC will expect the service provider to tell them when a concern has been raised with WBC whether this is screened in as a S42 enquiry or not.

Appendix

Neglect and Acts of Omission Guidance

Area of concern	Quality concern Poor practice which requires actions by a provider organisation and information sharing with appropriate agencies.	Safeguarding concern Possible abuse which requires reporting as such, and the instigation of Safeguarding procedures
1. **Use of force- including physical, mechanical or chemical restraint of a patient, or the isolation of a patient (which includes seclusion and segregation).** **NEGLECT**	Inappropriate technique is used during a period of restraint but is a one-off incident and/or no harm has occurred as a result.	Inappropriate techniques are used during restraint on more than one occasion when proactive measures **have not** been taken to de-escalate and harm has occurred as a result.
2. **Ingestion and/or insertion of foreign objects- including insertion through orifices and/or insertion into open wounds.** **NEGLECT**	The individual may have required attendance to A&E/ endoscopy, but there is clear evidence to support that care plans have been followed and neglect has not occurred. **Actions:** Following incident, care plans and risk assessments MUST be reviewed/ updated to mitigate further incidents/ harm.	Relevant care plans and risk assessments are in place, however **significant** harm/ injury has occurred. Relevant care plans and risk assessments are not in place, up to date and/or followed satisfactorily and the individual has required invasive medical treatment and/or experienced significant harm/ injury. **Actions:** Following incident, care plans and risk assessments MUST be reviewed/ updated to mitigate further incidents/ harm.
3. **Failure to provide assistance with food/ drink** **NEGLECT**	Person does not receive necessary help to have a drink/ meal. If this happens once and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the service, dealt with under staff disciplinary procedures.	Person does not receive necessary help to have drink/ meal and this is a recurring event, or is happening to more than one person or harm occurs. This constitutes neglectful practice, may be evidence of organisational abuse and would prompt reporting of a safeguarding concern.

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		Harm: malnutrition, dehydration, constipation, tissue viability problems
4. Failure to provide assistance to maintain continence **NEGLECT**	Person does not receive necessary help to get to toilet to maintain continence or have appropriate assistance such as changed incontinence aids If this happens once, no significant harm occurs and a reasonable explanation is given e.g. unplanned staffing problem, emergency occurring elsewhere in the service, dealt with under staff disciplinary procedures.	Person does not receive necessary help to get to toilet to maintain continence and this is a recurring event, or is happening to more than one person, one or more people experience harm or repeated failures make this likely to happen. This constitutes neglectful practice, may be evidence of organisational abuse and would prompt reporting of a safeguarding concern. Harm: pain, constipation, loss of dignity, humiliation, skin problems.
5. Failure to seek assessment re pressure area prevention and management **NEGLECT**	Person known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management but no discernible harm has arisen. This may need to be dealt with under disciplinary procedures. **NOTE: ALL category 3 and 4 pressure ulcers must be reported to the person's ICB to allow consideration of whether they developed in the course of NHS-funded care to make it nationally reportable as a Serious Incident on the Strategic Executive Information System (StEIS) or via the Patient Safety Incident**	Person at risk of pressure injury and has been admitted without appropriate risk assessment in respect to pressure area management (or plan not followed). Care provided with no reference to specialist advice re diet, care or equipment. Pressure damage occurs. Or this is a recurring event, or is happening to more than one person. Harm is experienced or repeated failures make this likely to happen. Neglectful practice, breach of regulations and contract, possible organisational abuse. Safeguarding concern should be reported.

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	Response Framework (PSIRF) as appropriate.	.Harm: Skin damage and tissue viability problems. **NOTE: ALL category 3 and 4 pressure ulcers must be reported to the person's ICB to allow consideration of whether they developed in the course of NHS-funded care to make it nationally reportable as a Serious Incident on the Strategic Executive Information System (StEIS) or via the Patient Safety Incident Response Framework (PSIRF) as appropriate.**
6. Medication not given or given wrong medication **PHYSICAL**	Person does not receive medication as prescribed/error in administration on one occasion but no significant harm occurs. Internal enquiry should be undertaken, possible disciplinary action depending on severity of situation including type of medication.	Person does not receive medication as a recurring event, or it is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Neglectful practice, regulatory breach, breach of professional code of conduct if nursing care provided. Dependant on degree of harm, possible criminal offence. Reported as a safeguarding concern. Harm: Pain not controlled, risk to health, avoidable symptoms.
7. Moving and handling procedures not followed **PHYSICAL**	Appropriate moving and handling procedures not followed, or staff not trained to use the required equipment but person does not experience significant harm.	One or more people experience harm through failure to follow correct moving and handling procedures or frequent failure to follow moving and handling procedures make this likely to happen. Neglectful practice – reported as a safeguarding concern.

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	Provider acknowledges departure from procedures and inappropriate practice and deals with this appropriately under disciplinary procedures.	Harm: Injuries such as falls and fractures, skin damage, lack of dignity, loss of confidence for the person.
8. Service user has had a fall **NEGLECT**	Person is found on the floor, is not injured and appropriate risk assessment is in place and has been followed Witnessed fall. Appropriate risk assessment is in place and has been followed Person has capacity to understand what happened and states that they fell. **Note: Where a fall has occurred and this was not due to poor care practice, this should be reported in providers own fall records and the CQM Team notified for intelligence.**	• The person sustains an injury due to a fall and there is a concern that an appropriate risk assessment was not in place or was not followed, this must be reported as a Safeguarding Concern. The key factor is that the person has experienced avoidable harm. • Person has sustained an injury which has resulted in a change in function and appropriate medical attention has not been sought. • Person has an unexplained injury, other than a very minor injury. **Note: The criteria for safeguarding is met when the fall has caused harm to the person and there is a concern about possible abuse or neglect by another person (or the person themselves in cases of self-neglect). Accidental falls do not meet the criteria for safeguarding when a risk assessment is in place and has been followed.**

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9. Failure to provide medical care **NEGLECT**	The person is in pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required medical attention in a timely manner. The person does not suffer significant harm and a reasonable explanation is given e.g. unexpected staffing problem.	Person is provided with an evidently inferior medical service or no service, or this is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Harm: Pain, distress, deterioration in health.
10. Inappropriate comments or attitude from staff **PSYCHOLOGICAL**	Person is spoken to in a rude, insulting, humiliating or other inappropriate way by a member of staff. They are not distressed and this is an isolated incident. Provider takes appropriate action, to the satisfaction of the person involved.	Person is frequently spoken to in a rude, insulting, humiliating or other inappropriate way or it happens to more than one person, harm occurs to one or more people. Regime in the service doesn't respect people's dignity and staff frequently use derogatory terms and are abusive to residents. Regulatory breach – report as a safeguarding concern. Harm: Demoralisation, psychological distress, loss of self-esteem.
11. Significant need not addressed in Care Plan **NEGLECT**	Person does not have within their Care Plan/Service Delivery Plan/Treatment Plan a section which addresses a significant assessed need, for example: • Management of behaviour to protect self or others • Liquid diet because of swallowing difficulty • Bed rails to prevent falls and injuries but no significant harm occurs • Cultural needs such as dietary needs	Failure to specify in a patient/client's Plan how a significant need must be met. Inappropriate action or inaction related to this results in harm such as injury, choking etc. This is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen. Report as a safeguarding concern.

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12. Care/support Plan not followed **NEGLECT**	Person's needs are specified in Treatment or Care/Support Plan. Plan not followed on one occasion, need not met as specified but no significant harm occurs and a reasonable explanation can be given such as unexpected staffing issue.	Failure to address a need specified in a person's Plan results in harm. This is especially serious if it is a recurring event or is happening to more than one person. Report as a safeguarding concern.
13. Failure to respond to person's mental health needs **NEGLECT**	Person known to mental health services is identified as being at risk. Previous risk assessment identifies same day response is required. Response is not made that day but no significant harm occurs and a reasonable explanation is given.	Person is known to be high risk, a timely response is not made and harm occurs. Report a safeguarding concern. Harm: Physical injury, emotional distress, death
14. Inappropriate discharge from mental health ward **NEGLECT**	Person is discharged from hospital without adequate discharge planning involving assessment for care/ therapeutic services, procedures not followed but no significant harm occurs.	Person is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence. Harm: Care not provided resulting in risks and/or deterioration in health and confidence; avoidable re-admission. Report as a safeguarding concern.
15. Service user to service user Incident **PHYSICAL**	One service user verbally abuses or 'taps' or pushes another service user but has left no mark or bruise, victim is not intimidated and significant harm has not occurred. There is a clear and documented history and diagnosis to support the person's behaviour and there is no history of recent repeated episodes which might indicate a failure of appropriate care planning.	Predictable and preventable (by staff) incident between two service users where an injury requiring medical attention is required. Or this is a recurring event, or is happening to more than one person. One or more people experience harm, or repeated failures make this likely to happen.

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		Report a safeguarding concern. Inform Police if it amounts to a crime. Any incident involving a concern in regards to sexual abuse must be treated as safeguarding. Harm: Physical injury, psychological distress
16. A vulnerable adult with unstable mental health makes allegations against staff or fellow patients/ residents that appear unrealistic/false **PSYCHOLOGICAL**	Person is unwell and makes allegations that appear false, e.g. staff are trying to poison me with medication. There is clear documented evidence supported by assessment that the allegations are due to the person's mental health symptoms and no significant harm has occurred. That a doctor and one other qualified professional responsible for the persons care are able to confirm this. • That clear care plans are devised to reflect this issue • That the care plan indicates that the allegation/s is revisited when the person's mental health improves to the point where they have the capacity to clarify their allegations • That consideration of an advocate is made to facilitate the above • That where appropriate family/carers are involved in this process	There is no clear evidence documented or otherwise of a mental health presentation that would support the view of a false allegation. That an historical allegation is made when a patient becomes well

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17. Financial mismanagement **FINANCIAL**	Appropriate financial policy/ procedures not followed, staff member does not complete person's financial records and/ or receipts not kept but person does not experience significant harm. Provider acknowledges departure from procedures and poor practice and deals with this appropriately.	Failure to follow procedures on more than one occasion. Records found to be incomplete and no clear audit trail. Possible neglectful practice, financial abuse/ mismanagement, harm occurring. Report as a safeguarding concern. Any concern of theft must be treated as safeguarding.
18. Unexplained bruising/injury **PHYSICAL**	Staff become aware that the person has a bruise/injury, the cause is unknown and significant harm has not occurred.	Predictable and preventable (by staff) incident where an injury requiring medical attention is required. Or this is a recurring event, or repeated failures make this likely to happen. Report a safeguarding concern. Harm: Physical injury, skin damage, injuries such as falls and fractures, pain
19. Self-harm **SELF NEGLECT/ NEGLECT**	An incident has occurred whereby the individual has self-harmed or engaged in self-injurious behaviours such as 'banging their head against the walls', but this is a common occurrence and all risk assessments and care plans are in situ and are up to date. There has been a deviation from the care plan but significant harm has not occurred.	An incident has occurred whereby the individual has self-harmed or engaged in self-injurious behaviours such as 'banging their head against the walls', which is either a common occurrence or outside of the scope of the individual's usual presentation. Risks assessments and care plans are in situ but have not been followed or are not up to date. Significant harm has occurred and treatment has been required which is beyond the scope of what is typically provided within the service.

This resource is intended to offer guidance to professionals when decision making but it is acknowledged that at times there may be incidents where this is not straightforward and professional judgement is required. In all cases, ensure that the reasons for the decision are recorded. If in doubt, please consult with your line manager in the first instance.

If further guidance is required, please contact the adult safeguarding managers duty line for advice via 01925 442115 or adultsafeguardingmanagers@warrington.gov.uk.