



# **Safeguarding Adults from Abuse Policy**

**Issued September 2017**

**Reviewed: April 2025**

**Next review due: April 2026**

## **Sources:**

**The Joint Safeguarding [Policy](#) – Bristol, North Somerset, and South Gloucestershire – July 2023**

**Social Care Institute for Excellence (SCIE) Adult safeguarding practice questions, published July 2018**

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Our commitments:

## **SAFEGUARDING IS EVERYBODY'S BUSINESS**

Safeguarding is the responsibility of everyone including statutory, independent and voluntary agencies as well as every citizen. We will work together to prevent and minimise abuse.

## **EQUITY, DIVERSITY AND INCLUSION**

Brigstowe is committed to supporting the right of adults at risk to be safeguarded from abuse and ensuring that all staff and volunteers work together in accordance with this procedure and act promptly in investigating allegations or suspicions of abuse. It is recognised that adults at risk from specific key groups may experience discrimination and less favourable treatment on the grounds of their age; disability; race; colour; ethnic or national origin; financial or economic status; gender or marital status; HIV status; homelessness or lack of a fixed address; political view or trade union activity; religion or belief; sexuality; or unrelated criminal convictions. We will take positive steps to stop any unfair/unlawful discrimination and carry out positive action where lawful.

## **DOING NOTHING IS NOT AN OPTION**

If we know or suspect that an adult at risk is being abused, we will do something about it and ensure our work is properly recorded.

# **Reporting A Concern**

## **The Police**

101 To report a crime

999 In an emergency

## **Bristol**

### **Bristol Care Direct**

Tel 0117 9222 700

Need to report abuse in writing to Bristol Care Direct using the Safeguarding online form. This can be accessed on <https://www.bristol.gov.uk/safeguarding-adults>

## **North Somerset**

### **Care Connect**

Tel 01275 888 801

Email: [care.connect@n-somerset.gov.uk](mailto:care.connect@n-somerset.gov.uk)

Make a safeguarding online referral. This can be accessed on [How you can get help | Adult Safeguarding Board \(nssab.co.uk\)](#)

## **South Gloucestershire**

### **Care and Support for Adults**

Tel 01454 868 007

Email: [csodesk@sglos.gov.uk](mailto:csodesk@sglos.gov.uk)

If any of the above offices are closed then call: **Emergency Duty Service**  
01454 615 165

## **Designated Adults Safeguarding Staff at Brigstowe**

**Chief Executive officer: Rami Ghali**

**Lead Adults Safeguarding staff member: David Simpson**

Discuss all concerns with the CEO or designated officer within the same working day and decide if a referral is required.

If a referral is required, then need to make the referral within 24 hours to the local authority that the client falls under.

Please record the safeguarding concern on the log of adult safeguarding concerns found in the safeguarding incidents folder which acts as our record keeping and recording of any safeguarding incidents. The safeguarding incidents folder is kept confidential and is found on our shared drive. We will also make notes on our charity log database which is kept confidential and password protected. If necessary, you can make a note in the risk assessment box on Charity Log for the client which will also raise a red flag by the client's name on the database.

## **Adult Safeguarding Team**

To seek advice or discuss any concern contact Safeguarding Adults, Bristol City Council.

Tel 0117 9036629

Email: [safeguardingadults@bristol.gov.uk](mailto:safeguardingadults@bristol.gov.uk)

(Correct April 2025)

## 1 Introduction

The Care Act 2014 places a duty on Local Authorities to make enquiries or cause others to do so when they reasonably suspect an adult (to whom safeguarding duties applies) is experiencing, or at risk of experiencing abuse or neglect and is unable to protect themselves.

The Act places a duty on all partner agencies to co-operate by sharing information and contributing to these enquiries.

The Act stresses that enquiries should be proportionate to the level of risk and that responses should be personalised and must consider the wishes and views of the adult and their desired outcome.

Safeguarding is not a substitute for:

- Providers' responsibilities to deliver safe and high-quality care and support;
- Contract and Commissioning Teams to regularly assure themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission to ensure regulated providers comply with the standards of care or take enforcement action, and;
- The core duties of the Police to prevent and detect crime and protect life and property.

**Safeguarding is everybody's business.** Therefore, everybody is required to meet essential/fundamental standards of care and people using services are safeguarded additionally through monitoring by providers and commissioners, regulation and inspection. People's welfare should also be secured by good commissioning, contracts management and, for some people, by care management or other forms of review.

This Guidance is based on the Social Care Institute for Excellence (SCIE) Adult Safeguarding Practice questions, published in March 2015, and updated July 2018

Opportunities for further reading are listed at the end of the document.

## 2 Who does safeguarding apply to?

In the context of the legislation, specific adult safeguarding duties apply to any adult who:

- Has care and support needs (whether they are being met or not), and;
- Is experiencing, or is at risk of, abuse or neglect, and;
- Is unable to protect themselves because of their care and support needs.

This applies to people over 18 years of age and young people in the transition from children's to adult services. If a person over 18 is still receiving children's services and a safeguarding concern is raised, the matter is dealt with under safeguarding adults. In these cases the response must involve the young person's practitioners

from children's services as well as any other relevant professional or people who have a legitimate interest in their welfare (this may include relatives, friends, and carers).

Local authorities also have safeguarding responsibilities for carers and duties apply for people who pay for their own care and support services.

Examples of people include (this is not exhaustive):

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

Safeguarding duties apply wherever someone is living except for prisons and approved premises such as bail hostels.

They apply regardless of whether or not someone has the ability to make specific decisions for themselves at specific times.

Everybody needs to make sure that adults who may be at risk of abuse or neglect are enabled to live as safely and independently as possible, making their own decision and taking control of their own lives.

There are no eligibility criteria for adult safeguarding services. If an adult is at risk of being abused or neglected and is unable to keep themselves safe because of care and support needs, then safeguarding duties apply.

Local Authorities are responsible for looking at any safeguarding concerns raised and deciding if it is necessary to carry out an enquiry.

A summary of the roles and responsibilities of different partner agencies is provided in Appendix I.

### **3 The experience, or risk of, abuse or neglect**

Concerns may be in relation to any of the types of abuse listed in the Care Act Guidance and Multi-Agency Policy. These are:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological abuse

- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Full details are given in Appendix II.

The definition of harm used in adult safeguarding comes from a definition given by the Law Commission (Who Decides? Dec 1997) which builds on the definition used in the Children Act 1989:

‘Harm should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical, or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.’

#### **4 Raising a concern**

There is an expectation that Brigstowe staff have the capacity to identify the signs and symptoms of neglect and abuse.

If a volunteer or peer mentor has safeguarding concerns, they must pass this information immediately to their supervisor, who will act on the information given following Brigstowe’s Safeguarding from Abuse Policy and Procedure. If a volunteer or peer mentor is not satisfied with the response from their supervisor, they must raise this concern with the Chief Executive or the Chair of the Trustees.

If there is a concern that someone with care and support needs is experiencing or at risk of abuse or neglect then the Local Authority should be informed at the earliest opportunity.

There is no one answer to when a safeguarding concern needs to be raised with the Local Authority; professional judgement is required. Staff should discuss all concerns with the designated Safeguarding Officer or the Chief Executive outlining the full facts, as known to staff.

If the designated Safeguarding Officer or the Chief Executive is not available, staff should report the matter to a Trustee.

The designated Safeguarding Officer for Brigstowe is David Simpson, Advice and Support Worker. David Simpson is responsible for the implementation of the safeguarding policy and the annual review.

Brigstowe has a Whistle-Blowing policy to protect and support you in taking action to report any act or failure to act in accordance with our safeguarding policy.

#### **4.1 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

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.

## 4.2 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 and 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 on **0117 903 6444**.

### 4.3 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, or wash people, things, bedding or clothing before you report the incident or take the advice of the police.

### 4.4 Report and 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. Textphone 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 the Local Authority.

- Contact the Local Authority as soon as possible, and in all circumstances within one working day of the concern being raised –
- Report to First Response on **0117 903 6444** as soon as possible if a child or unborn child is identified as being at risk of harm.
- 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 a notification.
- Consider and take required actions under the Disclosure and Barring Scheme (DBS). If unsure contact the DBS referral helpline on 01325 953795.

#### **4.5 Speaking with the adult who is experiencing or 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, 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 on any immediate protective actions needed.

The involvement of adults in their own safeguarding has been prompted by a government-led 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 wellbeing, 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

Guidance is provided here in relation to the factors that need to be considered and the types of abuse or neglect that need to be reported. These include:

1. Does the alleged adult at risk have care and support needs?  
*If the answer is yes then a concern may need to be raised.*
2. Is there evidence of abuse or neglect happening, or a risk of it happening?  
*If there is evidence of, or the risk of, abuse or neglect in relation to any of the types of abuse or neglect then a concern may need to be raised.*
3. Does the person know of the concern? If so, what are their views and wishes?  
  
If not, unless it puts them at greater risk they should be told.  
*It is important, right from the start when the concern is noted that the adult is informed, unless it puts them at greater risk by doing so.*
4. Does the alleged adult at risk have the capacity to assess the risk and decide on a course of action to protect themselves?  
  
*It is important to consider this question when raising a concern and it impacts on whether a duty to make enquiries applies.*
5. Is the person able to act on a course of action to protect themselves?  
*Linked to above.*
6. Is the person under duress? Is someone controlling their ability to make decisions? Protect themselves?  
  
*It is really important to consider whether someone is controlling the adult's ability to make decisions.*
7. Does the person have family or friends to support them? Isolation can increase the risks of vulnerability and abuse.  
  
*People need support from workers, family and friends. In addition, they need support through understanding the concerns and identifying their desired outcomes.*
8. Is there a pattern of previous concerns, abuse or neglect?  
*One incident may not need to be raised as a concern; a pattern of incidents might.*
9. What is the impact on the adult?  
*What impact has the incident/concern had on the adult? Remember that people respond to and are affected differently by a similar situation.*

## **5 Specific practice issues**

### **5.1 Safe recruitment, induction and training of staff and peer mentors**

Prospective employees; prospective peer mentors and any volunteers have to complete an application form and interview to assess their suitability and supply at least two references. The post will be offered subject to satisfactory references and a DBS check and will be subject to a probationary period. DBS records for staff and peer mentors are kept on our charity log database and will be reviewed regularly. This also includes all Trustees of Brigstowe, who are also required to undertake a DBS check. Brigstowe has a Recruitment Policy, which can be found in the Staff Handbook, and a Disclosure and Barring Service (DBS) Policy.

Our Induction Policy requires all staff to read Brigstowe's Safeguarding Adults Policy which is signed off by their supervisor. Peer Mentors receive training on safeguarding as part of their training programme and this is also covered in their induction. Training on safeguarding is provided to all staff and refresher training is provided every three years. Safeguarding is a standard agenda item in our regular team meetings.

### **5.2 Poor practice and safeguarding**

There is evidence that many of the issues raised as safeguarding concerns are rooted not in malicious harm but in poor practice and poor-quality care. Nonetheless, the impact on the adult at risk can be just as great, regardless of whether harm is intended.

It is important to differentiate between the two in order to ensure that the problems are addressed in the right way so that adults receive safe, high-quality care and support. It is also important to avoid making safeguarding enquiries unnecessarily so that police and adult safeguarding teams are able to focus on potentially criminal acts and malicious behaviour rather than on poor care practices.

Providers are expected to take quick and effective action in relation to single instances of poor or neglectful care. If these are repeated, clear patterns of harm are identified and/or the risk to adults is increased then this should be raised as a safeguarding concern.

It remains good practice for providers to keep commissioners and regulatory bodies informed when any action is taken.

Repeated instances of poor care or neglect may indicate an underlying concern in relation to organisational abuse. The Local Authority may decide to raise a concern in relation to organisation abuse where they detect such patterns.

Examples of poor care and potential concerns (SCIE):

<b>Poor care:</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A one-off medication error (unless the consequences were very serious)</li> <li><input type="checkbox"/> An incident of understaffing, resulting in a person's incontinence pad being unchanged all day</li> <li><input type="checkbox"/> Poor-quality, unappetising food</li> <li><input type="checkbox"/> One missed visit by a care worker from a home care agency</li> </ul>
<b>Potential causes for concern:</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A series of medication errors</li> <li><input type="checkbox"/> An increase in the number of A&amp;E visits, especially if the same injuries happen more than once</li> <li><input type="checkbox"/> Changes in the behaviour and demeanour of an adult with care and support needs</li> <li><input type="checkbox"/> Nutritionally inadequate food</li> <li><input type="checkbox"/> Signs of neglect such as clothes being dirty</li> <li><input type="checkbox"/> Repeated missed visits by a home care agency</li> <li><input type="checkbox"/> An increase in the number of complaints received about the service</li> <li><input type="checkbox"/> An increase in the use of agency or bank staff</li> <li><input type="checkbox"/> A pattern of missed GP or dental appointments</li> <li><input type="checkbox"/> An unusually high or unusually low number of safeguarding concerns</li> </ul>

### 5.3 Self-neglect

The Care Act includes self-neglect as a form of abuse or neglect if the person has care and support needs. However, in many cases, self-neglect will be appropriately dealt with under other sections of the Care Act (assessment, planning, information and advice and prevention).

It is vital to establish whether a person has the capacity to make decisions about their wellbeing and whether or not they are able or willing to care for themselves. An adult who is able to make choices may make 'unwise' decisions that others think of as self-neglect.

If a person does not want any safeguarding action to be taken, it may be reasonable not to intervene, if:

- No-one else is at risk and their 'vital interest' are not compromised (that is, there is no immediate risk of death or major harm)
- All decisions are fully explained and recorded
- Other agencies have been informed and involved as necessary.

If the person is reluctant, carrying out an assessment of their capacity may be difficult. Brigstowe should record all the steps they have taken to complete an assessment; this should evidence this was done taking time to gain the person's trust and build a relationship, and at the person's pace.

If it is not possible to complete an assessment then you should be able to show you have tried and that information and advice have been made available on how to access support and how to raise a concern. You should be able to show that whatever your action, it was reasonable and proportionate.

Cases of particular concern can be discussed with the Local Authority for guidance.

#### **5.4 Domestic violence and abuse**

In some situations where there is domestic violence and abuse, the criteria for a safeguarding duty to make enquiries may also apply.

If a situation of domestic violence and abuse may impact on the wellbeing of an adult with care and support needs then a concern should be raised and appropriate action taken; the response will be individual to the person but domestic violence and abuse and adult care services need to communicate effectively and work together.

### **6 What happens if you raise a safeguarding concern about an adult?**

The Local Authority will take the concern seriously and consider what action needs to happen in response, this will include the decision as to whether they have a legal duty to make enquiries or cause others to do so.

The person who raises the concern will be informed whether a safeguarding response will be instigated. It will be agreed who will ensure that the adult is made aware of this decision.

There is always a need to balance the need to protect adults with the need to respond to and respect the needs, wishes and circumstances of individual people. The response to a safeguarding concern will consider the views and wishes of the adult at risk and will work with them, or their representative to achieve their desired outcomes.

There will be an open culture for adult safeguarding. There must be partnership working; adults need support to achieve outcomes.

## 7 Sharing information

Given the duty to cooperate in the Care Act 2014, there are only a limited number of circumstances in which it would be acceptable not to share information pertinent to safeguarding with relevant partners. These would be where the person has the capacity to make the decision in question and does not want their information shared, and:

- Their 'vital interests' do not need to be protected (that is, there is no immediate risk of death or major harm)
- Nobody else is at risk
- There is no wider public interest
- No serious crime has been or may be committed
- The alleged abuser has no care and support needs
- No staff are implicated
- No coercion or duress is suspected
- The risk is not high enough to warrant a referral to a Multi-Agency Risk Assessment Conference (MARAC)
- No other legal authority has requested the information.

## 8 Further reading

Department of Health, ADASS & Local Government Association, 2015. *Adult safeguarding practice questions*. Social Care Institute of Excellence, London. Information on safeguarding

<http://www.scie.org.uk/adults/safeguarding/>

The Care Act, 2014

The Mental Capacity Act, 2005

Department of Health, 201. *Care and Support Guidance*

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-forimplementation>

Safeguarding Adults Multi-Agency Policy. Bristol keeping safe partnership

<http://www.bristolsafeguarding.org/media/19829/joint-safeguarding-adults-policy-final-22-dec-2017.pdf>

<http://www.bristolsafeguarding.org/media/27282/multi-agency-pathways.pdf>

**Appendix I: Summary of Partner’s Roles and Responsibilities**  
(SCIE, 2015)

<b>Safeguarding Adults Boards</b>			
<ul style="list-style-type: none"> <li><input type="checkbox"/> Hold partners to account</li> <li><input type="checkbox"/> Monitor outcomes and effectiveness</li> <li><input type="checkbox"/> Use data and intelligence to identify risk and act on it</li> <li><input type="checkbox"/> Co-ordinate activity</li> </ul>			
<b>Social Care and Health Providers</b>		<b>Social Care and Health Commissioners</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Show leadership and routinely monitor activity</li> <li><input type="checkbox"/> Meet the required service quality standards</li> <li><input type="checkbox"/> Train staff in safeguarding procedures and ensure they are effectively implemented</li> <li><input type="checkbox"/> Investigate and respond effectively to incidents, complaints and whistleblowers</li> <li><input type="checkbox"/> Take disciplinary action against staff who have abused or neglected people in their care</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Build safeguarding into commissioning strategies and service contracts</li> <li><input type="checkbox"/> Review and monitor services regularly</li> <li><input type="checkbox"/> Intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place</li> </ul>	
<b>Clinicians</b>	<b>Social Workers/Care Managers</b>	<b>Specialist Safeguarding staff</b>	<b>Police</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Apply clinical governance standards for conduct, care and treatment and information sharing</li> <li><input type="checkbox"/> Report incidents of abuse, neglect or undignified treatment</li> <li><input type="checkbox"/> Follow up referrals</li> <li><input type="checkbox"/> Consult patients and take responsibility for ongoing patient care</li> <li><input type="checkbox"/> Lead and support enquiries into abuse or neglect where there is a need for clinical input.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify and respond to concerns</li> <li><input type="checkbox"/> Identify with people (or their representatives or Best Interest Assessors if they lack capacity) the outcomes they want</li> <li><input type="checkbox"/> Build managing safeguarding risks and benefits into care planning with people</li> <li><input type="checkbox"/> Review care plans</li> <li><input type="checkbox"/> Lead and support enquiries into abuse or neglect</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Be champions in their organisations</li> <li><input type="checkbox"/> Provide specialist advice and coordination</li> <li><input type="checkbox"/> Respond to concerns</li> <li><input type="checkbox"/> Make enquiries</li> <li><input type="checkbox"/> Work with the person subject to abuse</li> <li><input type="checkbox"/> Co-ordinate who will do what – e.g. criminal or disciplinary investigations.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Investigate possible crimes</li> <li><input type="checkbox"/> Conduct joint investigations with partners</li> <li><input type="checkbox"/> Gather best evidence to maximise the prospects for prosecuting offenders</li> <li><input type="checkbox"/> Achieve, with partners, the best protection and support for the person suffering abuse or neglect – including victim support</li> </ul>

<b>Professional Regulators</b>	<b>Care Quality Commission</b>
<ul style="list-style-type: none"> <li>□ Set the culture and professional standards</li> <li>□ Apply the Fit to Practise test</li> <li>□ Take action where professionals have abused or neglected people in their care</li> </ul>	<ul style="list-style-type: none"> <li>□ Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high-quality care</li> <li>□ Intervene and take regulatory action on breaches</li> <li>□ Publish findings including performance ratings</li> </ul>

## **Appendix II: Types of abuse**

(Department of Health Statutory Guidance on the Care Act 2014)

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. Types of abuse include:

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic violence and abuse** – including psychological, physical, sexual, financial, and emotional abuse; so-called ‘honour’ based violence, and controlling/coercive behaviors

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual exploitation and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse** – including theft, fraud, 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.

**Modern slavery** – encompasses slavery, human trafficking, forced 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.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and acts of omission** – including ignoring medical, emotional 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

**Self-neglect** – This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

**End of Document**

**Review frequency:** Annual

<b>Date policy created</b>	September 2017
<b>Created by</b>	David Simpson
<b>Last review date</b>	April 2024
<b>Date amended</b>	April 2025
<b>Amended by</b>	David Simpson
<b>Approved by Trustees</b>	Jan 2019
<b>Next Review Due</b>	April 2026