Essex County Council
Adult Social Care

Making the difference every day

Safeguarding Adults Decision Support Framework

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Overview

Supporting System Partners in Safeguarding Decisions

The purpose of this document is to provide guidance on the different indicators of abuse and to assist all system partners to make decisions about when to raise a safeguarding concern.

The Framework is also intended to support partners in preventing low-level and quality concerns becoming safeguarding issues.

This Framework has been collaboratively developed by multi-agency partners in Greater Essex, who have come together to develop this tool. The working group included Adult Social Care Safeguarding and Quality Improvement colleagues, Essex Care Association, social care providers, East of England Ambulance Service, Provide Primary Care Service and the Care Quality Commission.

It has been developed and reviewed in line with the previous Essex Decision Support Tool, recognising the need to strengthen our safeguarding arrangements across Essex. This framework provides additional guidance to ensure a common understanding of indicators of abuse. This Framework should be read in conjunction with your own organisation's Safeguarding Adults policies and procedures to promote consistent terminology and responses to safeguarding people in Essex.

This Framework will help you identify the possible abuse type and determine necessary actions. However, professionals should always use their knowledge, skills and professional judgement when deciding on applicable actions. Professionals should use the Framework to assist decision-making with their organisation's safeguarding leads with reference to the guidelines provided, and documenting their rationale.

Professionals can also contact the local authority's advice line (details provided at the end of this document) if they do not have a safeguarding lead or if the safeguarding lead is unavailable. This line offers advice to enable decisions as whether to raise a safeguarding alert or notification through the Adult Social Care Safeguarding Portal. Please refer to this guidance prior to making calls for further advice.

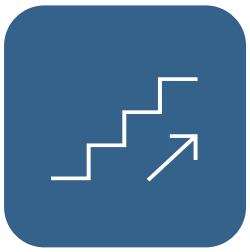
The decision-making process must always be recorded in the person's notes or records and those of the organisation, even if the outcome is that no safeguarding intervention is required. Individual cases may not fit neatly into one specific abuse type or category, so professionals must ensure that they fully understand the situation to inform their decision-making and identify necessary support or preventative interventions.

This Safeguarding Adults' Decision Support Framework format is modelled (with thanks) on the Suffolk Adults' Framework document (May '24). It complements existing guidance from Social Care Institute for Excellence (SCIE), the Royal College of General Practitioners and has been developed in line with the safeguarding requirements set out in the Care Act, 2014.

Collaborative Safeguarding: Strengthening Our Commitment

At the **heart of our safeguarding** efforts is a commitment to **protecting** the **well-being and dignity** of every **person**. We believe that safeguarding is a shared responsibility that thrives on **collaboration and partnership**. By working together, we can ensure that our decisions are informed, balanced, and centred on the **best interests** of those we serve.

Our **approach to safeguarding** is guided by the principles of **transparency, respect and inclusivity**. We recognise that effective safeguarding requires the **collective expertise** and judgment of professionals across various sectors. By fostering **open communication** and **mutual support**, we can create a robust framework that not only identifies and addresses potential risks but also promotes a **culture of vigilance and proactive intervention**.



We are dedicated to **continuous improvement** and **learning**, ensuring that our safeguarding practices **evolve** to meet emerging challenges and reflect **best practice**.

Together, we can build a safer, more supportive environment where every person is valued and protected.

The Framework

What does the Care Act 2014 say?

This framework is designed to support people/families and multi-agency partners to ensure that people at risk have access to the right support at the right time and responses to concerns are appropriate and proportionate.

The following **three** statutory criteria (Care Act 2014, Section 42:1) will be applied before considering the need for a safeguarding enquiry (Care Act 2014, Section 42:2):

A person who meets this criteria below is referred to as an 'adult at risk'.

Has a need for care and support (whether or not the Local Authority is meeting any of those needs)

AND

Reasonable cause to suspect there is a risk of, or experiencing abuse and/or neglect

AND

As a result of those care and support needs is unable to protect themselves from either the risk or experience of abuse or neglect.

Safeguarding Principles

Professionals should also be aware that safeguarding duties extend to family carers who may be experiencing harm, whether intentional or unintentional, from the person they support, as well as from professionals and organisations they interact with. Including victims of domestic abuse or modern slavery who receive care and support. This also includes adults and or young people (MATE) who are at significant risk of exploitation.

The Local Authority must undertake enquiries for those that only have support needs if there is a significant risk, and it is appropriate for the person. The Framework is designed to ensure that people at risk receive the right support at the right time, with responses to concerns being both appropriate and proportionate.

Actions taken at any level should involve the person, their representative or advocate, and be guided by the best possible outcome for that person.

All support and interventions should be grounded in the six safeguarding principles and making safeguarding personal outlined in the Care Act' 2014.

Click on icons on each abuse type page to get back to these pathways..

Pathways

Local Management

Incidents of this nature do not require reporting to Essex County Council Safeguarding Teams.

However, organisations should keep a written internal record of what happened and what action was taken.

Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.

Quality Concern

Incidents of this nature do not require reporting to Essex County Council Safeguarding Teams.

However, organisations should keep a written internal record of what happened and what action was taken.

Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.

Requires Consultation

Incidents of this nature should be discussed with your organisation's Adult Safeguarding Lead and ECC's Organisational Safeguarding Duty Team via:

033301 39032

org.safeguards@essex.gov.uk

This duty service operates Mon-Fri, 9:00 - 17:30.

After the conversation you must record the concern and the actions you have taken in your professional records.

Reportable Safeguarding Concern

Safeguarding referral to be made via:

Report a concern about an adult Essex County Council.

Scan here to go directly to the website on your mobile or tablet!

If there is any indication that a criminal act has occurred and the matter is urgent, the Police must be contacted.

Neglect and Acts of Omission: Missed Visits

INDICATORS OF NEGLECT AND ACTS OF OMISSION:

A person with care and support needs, whose medical or physical care needs are not recognised or met. This includes a failure to provide access to appropriate health, care and support or educational needs.

Local Management

- Isolated missed home care visit - no harm occurred, and no other person was missed that day.
- Person is not assisted with a meal/drink on one occasion, and no harm occurs.
- Person loses weight or is dehydrated, and the care plan is being followed with primary care support.
- One-off incident of discomfort that did not cause harm.

Quality Concern

- Missed home care visits - several people are missed on a given day/consecutive days, but no harm occurs.
- A person is not assisted with a meal/drink on one or more occasions with no harm or impact.
- Inadequacies in care provision affecting more than one person leading to minor discomfort e.g. left wet for a short period of time. No harm experienced.

Requires Consultation

- Visits by carers are shortened or merged into other visits.

Reportable Safeguarding Concern

- Lack of care leading to deterioration in health and wellbeing.
- A missed home visit has an adverse effect on a person at risk.
- There are repeat missed visits to a person at risk.
- Unexplained weight loss or signs of dehydration where a care plan is not in place or has not been followed, and specialist advice has not been sought
- Failure to arrange access to medical care or lifesaving services.
- Where a risk assessment is not in place or is not being followed and insufficient prevention measures are in place.
- Where appropriate care interventions have not occurred.
- Failure by a person in a position of trust to report harm.

Supporting documents: People must refer to their own organisational policy in the first instance. ESAB also have a number of policies available on their **website**. Other legislation to consider include **Mental Capacity Act 2005**, **Human Rights Act 1998** and the **Equality Act 2010**.

Neglect and Acts of Omission: Falls

INDICATORS OF NEGLECT AND ACTS OF OMISSION:

A person with care and support needs, whose medical or physical care needs are not recognised or met. This includes a failure to provide access to appropriate health, care and support or educational needs.

Local Management

- One off incident of discomfort not causing harm.
- Accidental fall- may have minor injury requiring basic medical attention, isolated incident whereby the person is supported up from the floor in a timely manner.
- A risk assessment has been followed/reviewed and there is an associated care plan in place.
- A person has had a fall due to medical condition (including distressed behaviour); with medical assistance sought/care plan followed (as required).

In addition to Local Management – A post-falls assessment tool (e.g. ISTUMBLE) can be used to determine a person's level of injury.

Quality Concern

- Falls – minor injury where the risk assessment and associated care plan is in place, but is not being followed.
- Lack of robust auditing activity to identify themes, patterns and trends which impacts on early prevention.

Requires Consultation

- Fall where harm occurs, whilst in receipt of care and requires medical treatment, e.g head injury/undetermined fracture.
- Numerous falls affecting more than one person from the same care setting (3 or more people, with unwitnessed falls over 3mth period).
- 2 or more falls experienced by one person within a month period.
- Where a person has fallen and is receipt of 1:1 Care.

Reportable Safeguarding Concern

- Falls with serious injury, where the person has experienced avoidable harm.
- Where there is avoidable harm and risk assessment is not being followed or in place, insufficient prevention measures in place.
- Failure to arrange access to medical care or lifesaving services where a fall has resulted in a serious injury (in accordance with the organisations policy and NICE's Falls Guidance).
- Lack of care leading to deterioration in health and wellbeing.
- Where appropriate care interventions have not occurred.
- Where a person at risk has repeated unexplained injuries.
- Failure by a person in a position of trust to report harm.

Supporting documents: People must refer to their own organisational policy in the first instance. ESAB also have a number of policies available on their **website**. Other legislation to consider include **Mental Capacity Act 2005**, **Human Rights Act 1998** and the **Equality Act 2010**.

Neglect and Acts of Omission: Nutrition/Hydration

INDICATORS OF NEGLECT AND ACTS OF OMISSION:

A person with care and support needs, whose medical or physical care needs are not recognised or met. This includes a failure to provide access to appropriate health, care and support or educational needs.

Local Management

- Person is not assisted with a meal/drink on one occasion and no harm occurs.
- Person loses weight or is dehydrated, and the care plan is being followed with primary care support.
- One off incident of discomfort not causing harm.
- Person is experiencing or symptomatic of a Urinary Tract Infection which is being managed appropriately through treatment and care plan.

Quality Concern

- A person is not assisted with a meal/drink on one or more occasions with no harm or impact.
- Inadequacies in care provision affecting more than one person leading to small discomfort - no harm e.g. left wet for a period of time.
- Safe temperatures of hot items not maintained, increasing risk of injury.

Requires Consultation

- Where there is a suitable care plan in place, however, the person is refusing food/fluids.
- Weight loss – due to malnutrition or dehydration; complaints of hunger.

Reportable Safeguarding Concern

- Lack of care leading to deterioration in health and wellbeing.
- Burns/scalding from hot drinks/objects.
- Unexplained weight loss or signs of dehydration where a care plan is not in place or has not been followed and specialist advice has not been sought.
- Failure to arrange access to medical care or lifesaving services.
- Where a risk assessment is not in place or being followed, insufficient prevention measures in place-having adverse effect on the person.
- Where appropriate care interventions have not occurred.
- Where appropriate medical attention has not been sought in a reasonable time frame.
- Failure to provide hydration or nutrition with identified needs in this area.
- Failure by a person in a position of trust to report harm.

Supporting documents: People must refer to their own organisational policy in the first instance. ESAB also have a number of policies available on their **website**. Other legislation to consider include **Mental Capacity Act 2005**, **Human Rights Act 1998** and the **Equality Act 2010**.

Neglect and Acts of Omission: Medication errors

INDICATORS OF NEGLECT AND ACTS OF OMISSION:

A person with care and support needs, whose medical or physical care needs are not recognised or met. This includes a failure to provide access to appropriate health, care and support or educational needs.

Local Management

- Isolated incident where the person is accidentally given the wrong medicines, given too much or too little medicines or given it at the wrong time but no harm occurs.
- Delay in giving medication but with no ill effect to the person.
- Isolated incident/human error causing no harm.
- Isolated prescribing or dispensing human error by GP, pharmacist or other medical practitioner resulting in no harm. This may require a complaint to the prescribing clinician/pharmacy.

Quality Concern

- Reoccurring incident where one person is accidentally given the wrong medicines, given too much or too little medicines or given it at the wrong time but no harm occurs.
- Prescribing or dispensing error by GP, pharmacist or other medical practitioner resulting in no harm.
- Medication has been given but not signed for. This is poor practice and needs to be addressed through internal processes (e.g. refresher training, observation of practice, competency assessments). However, multiple omissions may indicate a culture of poor practice and therefore consideration should be given to raising an organisational safeguarding concern.

Requires Consultation

- A number of incidents causing no harm that are not reported by carer/s.
- Recurring prescribing or dispensing errors by GP, pharmacist or other medical practitioner that affect more than one person and/or result in harm to one or more persons.
- Covert administration without following Mental Capacity Act and/or NICE guidance.
- Repeated medication errors and repeated medication errors not reported.

Reportable Safeguarding Concern

- Deliberate withholding of medicines or failure to follow proper procedures, e.g. controlled medicines.
- Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting.
- Misuse of/over-reliance on sedatives to control challenging behaviour.
- Incident where a person is given wrong medication or failure to administer medication causing significant harm.
- Delay in receiving medication that leads to an adverse effect on the person.
- Recurring missed medicines or errors that affect more than one person and results in actual , deliberate or potential harm to one or more persons.

Supporting documents: People must refer to their own organisational policy in the first instance. ESAB also have a number of policies available on their **website**. Other legislation to consider include **Mental Capacity Act 2005**, **Human Rights Act 1998** and the **Equality Act 2010**.

Neglect and Acts of Omission: Moving and Handling

INDICATORS OF NEGLECT AND ACTS OF OMISSION:

A person with care and support needs, whose medical or physical care needs are not recognised or met. This includes a failure to provide access to appropriate health, care and support or educational needs.

Local Management

- There are ambiguities the handling plan and/or care plan that are proactively rectified.
- Observations of practice show areas of improvement required.

Quality Concern

- Where incorrect technique is used or equipment manufacturers guidelines are not followed, on a one-off occasion-appropriate action is taken and there is no adverse effect on the person at risk.
- Error by carer causing no/little harm to more than one person, e.g. skin friction marks due to ill-fitting hoist sling, manual handling.
- Equipment not maintained appropriately.
- Where there is a failure to follow a care plan on a one-off occasion and there is no adverse effect on the person.
- Where there is a failure to use the correct equipment on a one-off occasion, the provider is aware and there is no adverse effect on the person at risk.
- Un-serviced equipment or shortage of equipment/slings needed.
- Insufficient quantity of personal slings.

Requires Consultation

- Family/informal carers not using equipment or approved moving and handling techniques.
- Person has alternative preferences or refuses to use equipment assessed for their use.
- Failure to follow handling or risk plan in relation to manual handling assessed need including use of obsolete techniques or incorrect equipment/ fitting of equipment.

Reportable Safeguarding Concern

- Where there is harm with no moving and handling risk assessment completed and care plan in place for a person assessed as needing assistance with transfers.
- Where there is a failure to follow a care plan and this places risk on the person e.g. using the wrong equipment, failure to provide equipment, sitting on slings etc or where 2 carers should provide support, but the task is only completed by 1 carer.
- Where any of the following obsolete techniques are used on more than one occasion; Drag lift/underarm drag; Shoulder/Australian lift; Through arm/hammock lift; Two sling lift; Orthodox lift; Bear hug transfer/front assist stand; Assistance by pulling on hands; Rocking lift/belt hold; Assisted walking supporting at underarm; Flip turn; Not using slide sheets as per care plan.
- Where incorrect moving and handling techniques are being used on a repeat basis.
- Where condemned or damaged equipment is used.
- Where there is a lack of correct equipment, and this is having an adverse effect on the person at risk.

Neglect and Acts of Omission: Pressure Care

INDICATORS OF NEGLECT AND ACTS OF OMISSION:

Ongoing failure to meet a person **with care and support needs'** basic physical or psychological needs.

Ensure that the following guidance is followed prior to raising a safeguarding concern: **www.gov.uk/pressure-ulcers-how-to-safeguard-adults**

Local Management

- Pressure damage with no evidence of neglect or failure to provide or access adequate care or pressure relieving equipment.
- Pressure damage, person has capacity and makes an informed decision to decline treatment and pressure ulcer develops.
- Single or isolated incident of pressure ulcer.

Quality Concern

Isolated pressure ulcers where:

- A care plan is in place and being followed; and
- Action is being taken; and
- Other relevant practitioners have been notified; and
- There has been full discussion with the person, their family or representative; and
- There are no other indicators of abuse or Neglect.

Requires Consultation

- Pressure ulcers that have been investigated through the serious incident process and have found to be preventable.
- Where the pressure sore has occurred outside the specified care setting i.e. new hospital acquired pressure sore.
- Primary health colleagues are involved and supporting the person.

Reportable Safeguarding Concern

- Pressure damage - Person not risk assessed with regards to pressure ulcers risk and management and harm occurs.
- Pressure damage - Person risk assessed with regards to pressure ulcers, but actions not implemented.
- Failure to assess risk and lack of care plan.
- Failure to provide suitable pressure relieving equipment and harm occurs.
- Failure to seek or follow the advice of clinical specialists regarding pressure ulcer care.

NB Category 3 or above pressure ulcers must be reported to the CQC and follow Department of Health guidance.

Neglect and Acts of Omission: Hospital Discharge

INDICATORS OF NEGLECT AND ACTS OF OMISSION:

Neglect and acts of omission in the context of hospital discharge, refers to failures in providing adequate care and support for a person **with care and support needs,** during the discharge process.

Local Management

- Operational and administrative challenges that can affect the quality of care but do not involve direct harm or abuse.
- Someone is believed to have been discharged prematurely- this requires a direct complaint via hospital and PALs.
- An ambulance took a long time to arrive leaving a resident distressed- follow complaint route.

Quality Concern

- Where there is insufficient discharge or transfer of care planning from any area and there is no adverse effect on the person at risk.
- Where the person at risk is discharged without necessary equipment or clothing and there is no adverse effect.
- Where the person at risk is discharged with cannula in situ and there is no adverse effect.
- Where the person at risk is discharged with no or incomplete discharge letter **or** plan and there is no adverse effect.
- Where there is a failure to communicate the treatment plan (e.g. now has catheter in situ, tissue damage present etc) and no adverse effect occurs.

Requires Consultation

- See pressure care: person leaves home with skin intact and acquires a new pressure sore in hospital that is believed to have been preventable.
- Changes in the persons behaviour, physical appearance, or living conditions that raise concerns about a person's safety or wellbeing should prompt a consultation.
- Signs of carer breakdown or new vulnerabilities/changes of need.
- Lack of follow-up care i.e. not arranging necessary follow-up appointments or referrals to support services.
- Frequent discharges and readmissions within short period of time.

Reportable Safeguarding Concern

- Person discharged without care which impacts them.
- Where there is insufficient discharge or transfer of care planning from any area resulting in an adverse effect on the person at risk.
- Where the person is discharged without necessary medication, equipment or clothing and this has an adverse effect on the person at risk.
- Where the patient is discharged with cannula in situ and has an adverse effect on the person at risk.
- Where the patient is discharged with no / or incomplete discharge letter and has an adverse effect on the person at risk.
- Unsafe home environment: Discharging a patient to an environment that cannot meet their medical needs or lives alone without suitable support system.

Financial or Material Abuse

INDICATORS OF FINANCIAL OR MATERIAL ABUSE:

The unauthorised or improper use of funds, property or any resources from a person **with care and support needs**. This includes the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.

Local Management

- Isolated incident where money is not recorded safely or recorded properly.
- Isolated incident where person not involved in a decision about how their money is spent or kept safe, capacity in this respect is not properly considered.
- Single incident of missing money (where a third party is not thought to be involved) and/or belongings where the quality of the service user's life has not been affected, little or no distress is caused and no other person cared for by that worker/team has been affected.
- *Single theft related incidents must be reported to the police, have been followed through HR processes and the risk removed.

Quality Concern

- A number of incidents where money is not recorded safely or recorded properly for one or more persons.
- Person not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered.

Requires Consultation

- Person's monies kept in a joint bank account – unclear arrangements for equitable sharing. Lasting Power of Attorney claimed to exist but unregistered.
- Concerns about a person's access to their own funds or possessions.
- Loss of property and possessions. Person falling behind on rent payments.
- Person responsible for managing finances is failing to engage with practitioners with regard to financial concerns.
- General deterioration in persons health and wellbeing due to lack of funds. Property falling into disrepair.
- Personal finances removed from a person's control without legal authority.
- Mismanagement of direct award, from the person's agreed care and support plan.
- Unintentional misuse of direct payment.

Reportable Safeguarding Concern

- *Suspected fraud/exploitation relating to benefits, income, scams, property or will, including 'cuckooing'.
- Person is denied access to their funds or possessions.
- Where there is a failure by a responsible person to pay care fees/charges and the person at risk experiences distress or an adverse effect through having no personal allowance, risk of eviction or termination of service.
- Misuse/misappropriation of property, possessions, or benefits by a person in a position of trust or control.
- *Reasonable cause to suspect theft.
- Clear fraud or theft relating to council or health commissioned services/equipment.
- *Payments to doorstep callers, i.e. for home maintenance or being taken to the bank by traders.

In addition to reporting a safeguard concern - Where there are concerns about a registered attorney and deputy the safeguarding should be raised both with the Office of the Public Guardian and with the local authority.

Organisational Abuse

INDICATORS OF ORGANISATIONAL ABUSE:

Neglect or poor professional practice as a result of the structure, policies, processes or practices across a care setting, resulting in ongoing neglect or poor care to people **with care and support needs.**

Local Management

- Lack stimulation/ opportunities for people to engage in meaningful social and leisure activities.
- Lack of personal choice with self care routines.
- Person/People not enabled to have a say in how the service is run.
- Care home staff appear to be poorly trained; have poor understanding of English - contractual issue.
- Environmental issues.

Quality Concern

- Denial of individuality and opportunities to make informed choices and take responsible risks.
- Care-planning documentation not person-centred/does not involve the person(s) or capture their views.
- Single incident of insufficient carer/s to meet all peoples' needs in a timely fashion but causing no harm. Staffing levels should reflect the dependency levels of the residents.
- Odours at low level.
- Unclean environment causing no harm.

Requires Consultation

- Rigid/inflexible routines that are not always in the person's best interests.
- People's dignity is undermined e.g. lack of privacy during support with intimate care needs.
- Recurrent incorrect practice that lacks management oversight (including manual handling) and is not being reported to relevant organisations/ departments.
- Unsafe and unhygienic living environments that could cause harm to the person/s.
- Inability of providers to manage own safeguarding enquiries.
- Staff asleep on duty.

Reportable Safeguarding Concern

- Staff misusing their position of power.
- Over-medication and/or inappropriate restraint i.e.: managing behaviour.
- Recurrent or consistent ill-treatment by staff/care provider to more than one person over a period of time.
- Serious injuries sustained following poor manual handling practices.
- Recurrent or consistent incidents of insufficient staff resulting in harm requiring external medical intervention or hospitalisation of persons.
- Lack of engagement from health and/or social care.
- Whistle blower concerns not addressed or investigated appropriately.
- Inability of providers to manage own enquiries.
- Lack of recognition of failings and/or care quality issues.
- Lack of response or inability to respond to concerns.
- Care plans that have inconsistent and/or incorrect information that leads to and increases significant risk of harm.
- Failure to implement recommendations.

Southend, Essex and Thurrock (SET) Managing and Responding to Organisational Concerns Guidance: **Guidance, Policies and Protocols | Essex SAB**

Discriminatory Abuse/Hate Crime

INDICATORS OF DISCRIMINATORY ABUSE/HATE CRIME:

Unequal or abusive treatment to a person **with care and support needs** based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

Local Management

- Isolated incident of care planning that fails to address a person's specific diversity needs for a short period.
- Isolated incident of teasing motivated by prejudicial attitudes e.g. making stereotypical comments about someone's ethnicity, such as making fun of their traditional food, way of speaking, etc.

Quality Concern

- Denial of civil liberties e.g. preventing a person from voting, making a complaint etc.

Requires Consultation

- Recurring failure to meet specific care/support needs associated with diversity or not respecting religious needs.
- Consistently using incorrect pronouns and make dismissive comments about a person's chosen gender identity and excluding them from activities.

Reportable Safeguarding Concern

- Humiliation, threats or taunts on a regular basis e.g. a carer making derogatory comments about a person's abilities, calling them "stupid" or "useless".
- Threatening to withhold necessary assistance (e.g. food, fluids, essential needs) if the person does not comply with demands.
- Failure to meet specific care/support needs associated with diversity.
- Unnecessary medical intervention or treatment e.g. administering antipsychotic medication to manage a person with dementia behaviour, despite the lack of symptoms that would warrant such treatment.
- *Hate crime e.g. verbal abuse, threats, name calling, injury/serious injury requiring emergency medical treatment, *fear for life, *attempted murder, *honour-based violence.
- Mate crime – exploitation, abuse or theft from any person at risk from those they consider to be their friends. People with disabilities, particularly those with learning disabilities, mental health problems, substance misuse and older people are often targets.

Supporting documents: People must refer to their own organisational policy in the first instance. ESAB also have a number of policies available on their **website**. Other legislation to consider include **Mental Capacity Act 2005**, **Human Rights Act 1998** and the **Equality Act 2010**.

Physical Abuse

INDICATORS OF PHYSICAL ABUSE:

The act of causing physical harm to a person **with care and support needs.**

NB When considering a physical assault, please also consider neglect of care needs that may have contributed to the incident occurring.

Local Management

- Error by carer causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling.
- Isolated incident by another person causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress.
- Unexplained very light marking/bruising found on one occasion.
- Minor events that still meet criteria for incident reporting.

Quality Concern

- Absence of identifying a recurrent issue between people at risk, which has not caused emotional or physical distress but could escalate if unmanaged.
- Unexplained very light marking/bruising found on a two or less occasions.

Requires Consultation

- Unexplained minor marks or lesions, burns, minor cuts or grip marks on a number of occasions or on a number of persons cared for by a specific team and/or carer.
- One off inappropriate restraint that causes marks to be left but no external medical treatment/ consultation required.
- Appearing to be over-medicated.
- Untreated medical conditions.
- Reoccurring physical incidents between people causing distress.
- Error by carer causing harm (unintended) e.g. accidental skin tear.

Reportable Safeguarding Concern

- *Intended harm towards a person.
- Deliberately withholding of food, drinks or aids to independence.
- Unexplained fractures/serious injuries, which are avoidable (current or historic).
- *Assault by a person in position of trust
- *Assault by another person requiring acute medical intervention.
- Continuous disproportionate restraint that may or may not result in the need for medical treatment.
- Injuries requiring acute hospital intervention and/or overnight stay.
- *Grievous bodily harm/assault leading to significant harm or death.
- *Actual bodily harm, battery, or manslaughter.
- *Homicide.
- *Deliberate maladministration of medications.
- *Serious bodily harm as a result of care and handling interventions.
- Fabricated illness by proxy
- *Assisted suicide.

Emotional/Psychological Abuse

INDICATORS OF EMOTIONAL/PSYCHOLOGICAL ABUSE:

This is ongoing psychological/emotional maltreatment of a person **with care and support needs**. Consideration of the impact on the person at risk must be taken into consideration.

Local Management

- Isolated incident where a person is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused.
- Occasional taunts or verbal outbursts which do not cause distress between people.
- An incident involving action such as shouting at each other, but where there is deemed to be an equal power relationship.

Quality Concern

- A number of incidents where a person/s are spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused.
- Taunts or verbal outbursts which do not cause distress between person/s but have not been addressed/managed by carer/provider.

Requires Consultation

- Treatment that undermines dignity and damages esteem.
- Repeated incidents of denying or failing to recognise a person's choices or of failing to value their opinion.
- Occasional taunts or verbal outbursts which cause distress.
- Cyber bullying causing distress.

Reportable Safeguarding Concern

- Denial of basic human rights/civil liberties, overriding advance directive, forced marriage, prolonged intimidation.
- Vicious/personalised verbal attacks.
- Humiliation of a person with care and support needs.
- Emotional blackmail e.g., threats of abandonment/harm.
- The withholding of information to disempower.
- Allegations or concerns relating to 'cuckooing'.
- Vulnerable to radicalism.
- Persistent cyber bullying causing psychological distress and harm.
- *Withdrawal of services or support for coercion and controlling purposes.
- *Revenge Porn.
- Fabricated illness by proxy.
- *Hate crime.
- *Mate crime

Self-Neglect and Hoarding - Part 1 of 2

(Please consult part 2 also)

Self-neglect and hoarding is complex, and any referrals should be made after consulting **SET's Self-Neglect Policy and Hoarding Guidance**. All standard interventions must be used first to manage risk to a person **with care and support needs e.g.** Care Management/Care Plan Approach/Multi-Disciplinary Team.

Local Management

- Eating and Drinking - Quality of food and/or drink inconsistent through lack of knowledge or effort.
- Washing and Bathing - Irregular bathing.
- Clothing - Clothing inappropriate for weather or environment.
- Medical Needs - Seeks advice from practitioners on matters of genuine and immediate concern.
- Occasionally fails to keep appointments.

Requires Consultation

- Eating and Drinking - Quality of food and/or drink is consistently poor through lack of effort; consistent support required to improve any quality.
- Poor food safety.
- May be experiencing health related issues.
- Washing and Bathing occasionally bathed but seldom groomed.
- Clothing often dirty and/or unsuitable to weather conditions/environment.
- Concerns that this may be having an impact on health.
- Medical Needs - Only seeks advice when illness becomes moderately severe.
- Fails to keep some medical appointments and/or takes only partial medical advice where executive functioning is of concern.

Reportable Safeguarding Concern

- Eating and Drinking - Quality and frequency of food and/or drink consistently not a priority despite support leading to health issues of concern such as dehydration, malnutrition, infection, diarrhoea, vomiting and/or significant weight loss.
- Washing and Bathing Seldom/never bathed or clean, concern regarding odour.
- Dirty and/or poor condition of clothing (May be wholly unsuitable to weather conditions).
- Poor health of significant concern such as skin infections, sores, abscesses. Likely to be unmanageable within community setting.
- Medical Needs - Only seeks help when illness becomes critical (emergencies), this can also be ignored.
- Clear disregard for own welfare and/or fails to consistently take medication leading to physical ill health and frequent hospital admissions.
- Significant mental ill health may also be of concern and may also include alcohol and drug misuse.'

SET Self-Neglect Policy, SET Hoarding Guidance and 1 minute Guide to Hoarding: **Guidance, Policies and Protocols | Essex SAB**

Self-Neglect and Hoarding - Part 2 of 2

Self-neglect and hoarding is complex, and any referrals should be made after consulting **SET's Self-Neglect Policy and Hoarding Guidance.** All standard interventions must be used first to manage risk to a person **with care and support needs e.g.** Care Management/Care Plan Approach/Multi-Disciplinary Team.

Local Management

- Home Amenities - All essential amenities - heating, power, water, useable shower/bath, cooker and fridge.
- Some repairs needed and amenable to repair or able to self-repair.
- Home and Garden Cleanliness - Cleanliness is not of concern. However, level of untidiness may be having some impact on wellbeing but manageable.

Requires Consultation

- Home Amenities - Lack of some essential amenities or lack of access to essential amenities due to hoarding. In disrepair - unable and /or unamenable repair.
- Home and Garden Cleanliness - Unclean and/or cluttered home and/or garden.
- Dirty (bad odour), some infestations, animal/ human waste, food waste. These are having a moderate impact on person's health and well-being and with support could be managed.

Reportable Safeguarding Concern

- Home Amenities - Little or no essential amenities or hoarding prevents safe use of any amenities within the home.
- Dangerous disrepair – significant risk to wellbeing of person and/or others (including Fire Risk).

Please consider a referral for a Home Fire Safety visit - Essex Fire Referral

- Home and Garden Cleanliness - Hoarding within unclean environment of home and garden.
- Dirty (bad odour). Infestations animal/ human waste and or food waste. These are significantly impacting on person's health and wellbeing.

SET Self-Neglect Policy, SET Hoarding Guidance and 1 minute Guide to Hoarding: **Guidance, Policies and Protocols | Essex SAB**

Domestic Violence and Abuse

INDICATORS OF DOMESTIC VIOLENCE AND ABUSE:

Physical injuries, controlling or coercive behaviour, emotional distress, isolation from support networks, and financial control upon a person with care and support needs. Practitioners should remain alert to subtle signs and changes in behaviour, towards a person **with care and support needs**, that may increase their vulnerability.

NB If the person is not an adult with care and support needs, the referrer can refer the person to **Compass** with consent from the person.

NB If there are concerns about children at risk of harm, **raise safeguarding referral to Children and Family services**.

Requires Consultation

- Carer is experiencing abuse by cared for person. Consultation is required to identity nature and context of abuse, i.e., whether cared for person is unintentionally harming carer.
- Person is experiencing domestic abuse by informal carer. Consultation is required to assess whether carer is struggling with caring role and abuse is a result of carer break down/high stress levels.
- Connected person is obstructing care, treatment or contact with professionals.

Reportable Safeguarding Concern

- Person is being repeatedly *domestically abused by a partner/family member (connected person) and has no means of ability to protect themselves or take action to protect themselves.
- Situation is ongoing, and no agencies are involved. This includes *honour-based abuse, stalking/harassment and forced marriage
- *Person is domestically abused by a partner/family member, has sought support from professionals and is engaging in plans to manage the risk. Person may be in a place of safety, i.e. hospital or has safety measures in place such as a panic alarm, flag on the address. Further Multi-Agency support is required to safety plan and prevent further abuse.

The Southend, Essex and Thurrock Domestic Abuse Board (SETDAB) unites various agencies and organisations to ensure everyone in these areas can live free from domestic abuse. **About SETDAB - Southend and Thurrock Domestic Abuse Partnership**.

Sexual Abuse

INDICATORS OF SEXUAL ABUSE:

When a person **with care and support needs** is forced, persuaded or coerced to take part in sexual activities. This does not have to be physical contact, and it can be online. **This may include cases of an historical nature.**

Staff members can also follow the pathway identified on the 'When to notify Police on Death/Assaults and Sexual offences' flowchart developed for use across SET.

ESAB - SET Assault and Sexual Violence Flowchart

Requires Consultation

- Sexualised incident between people with care and support needs.
- Staff members can also follow the pathway identified on the 'When to notify Police on Death/Assaults and Sexual offences' flowchart developed for use across SET.

  ESAB - SET Assault and Sexual Violence Flowchart

Reportable Safeguarding Concern

- *Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care.
- *Rape and attempted rape.
- *Sexual assault.
- *Sexual harassment (incl. teasing, unwanted sexual attention, indecent exposure).
- *Sex without capacity to consent (rape).
- *Voyeurism; inc. hidden cameras, videos, images.
- *Being made to look at pornographic material against will/where consent cannot be given.
- *Attempted penetration, sexualised touch or masturbation by any means (whether or not it occurs within a relationship) without consent.
- *Sexual exploitation.
- *Sexting.
- *Revenge porn.

All of the above could be recent or historical.

SET Guidance Assault and Sexual Violence Policy and Sexual Violence Flowchart: **Guidance, Policies and Protocols | Essex SAB**

Modern Slavery: Part 1 of 2

(Please consult part 2 also)

INDICATORS OF MODERN SLAVERY:

A person with care and support needs is held in a position of slavery, forced servitude, or compulsory labour, or facilitating their travel with the intention of exploiting them soon after for personal or commercial gain.

All concerns about modern slavery are deemed to be at least at a level requiring consultation as detailed on the following page.

The requirements of sponsorship licences, including minimum working hours; additional working hours; criteria for stay etc are subject to change.

You are recommended to check the latest guidance at sites such as:

- Health and Care Worker visa: Overview - GOV.UK
- Guidance for employers, recruits and refugees - Norfolk County Council
- | Making working life better for everyone in Britain

For more information on spotting the signs of modern slavery and what you can do, please visit:

- Unseen. Spot The Signs – Unseen
- National referral mechanism guidance: adult (England and Wales) - GOV.UK
- Modern Slavery | Essex SAB

Modern Slavery: Part 2 of 2

No direct disclosure of slavery but combination of the below:

- Appears under control of another.
- Long hours at work.
- Poor living conditions provided accommodation/low wages below national min wage.
- Lives in workplace or accommodation provided.
- No health and safety in workplace.
- Risk of physical/psychological harm.
- Limited or no access to medical and dental treatment.
- No access to appropriate benefits.
- Regularly moved to avoid detection.
- Removal of passport or ID documents.
- Debt bondage.
- If person has previously been subject of the National Referral Mechanism.
- Repeated unexplained missing episodes.

Requires Consultation

In addition to following 'Requires Consultation' guidance: Incidents of this nature should be discussed with your organisations Adult Safeguarding Lead/First Responder.

Duty to Notify (NRM) Public authorities are required to notify the Home Office about any potential victims of Modern slavery they encounter in England and Wales via the National Referral Mechanism: Report modern slavery – GOV.UK

Consult ESAB website and guidance: Modern Slavery | Essex SAB including Modern Slavery Referral Pathway.

Contact Essex Police on 101/online reporting if it is purely a suspicion Modern slavery is taking place.

Suspicions can also be reported to Crimestoppers - 0800 555 111 or to the 24-hour Modern slavery Helpline - 0800 012 170 or report it online.

Any direct disclosure or evidence of slavery including:

- Regularly moved to avoid detection.
- Person being encouraged to participate in unsafe or criminal activity.
- Lives in sheds/lockup/containers.
- Risk of fatality or serious injury.
- No control over movements/ imprisonment
- Wages used for debt.
- Not in possession of identification or passport.
- Subject to forced marriage.
- Unable to access medical treatment/care/equipment.
- Under control of others e.g., gang master, dealers, pimp for prostitution.
- Subject to violence/threats/ fearful.
- Actual physical/psychological harm.
- Domestic servitude.
- Organ harvesting.
- Sexual exploitation.
- Criminal exploitation including county lines.

Reportable Safeguarding Concern

Duty to Notify (NRM) Public authorities are required to notify the Home Office about any potential victims of modern slavery they encounter in England and Wales via the National Referral Mechanism: Report modern slavery – GOV.UK

Call Essex Police 999 where there is an immediate threat to a person or related persons, emergency medical treatment is needed, or the person is still in the place of exploitation.

Consult ESAB website and guidance: Modern Slavery | Essex SAB including Modern Slavery Referral Pathway.

If a person with care and support needs is believed to be a victim of Modern Slavery. Safeguarding referral to be made via:

Report a concern about an adult | Essex County Council

Thank you to all our partners

Together, we can build a safer, more supportive environment where every person is valued and protected.

Essex County Council
Adult Social Care

Making the difference every day

This information is issued by:
Essex County Council Adult Social Care Services in conjunction with Essex Care Association, East of England Ambulance Service NHS Trust (EEAST), Provide, Essex Fire & Rescue Service (EFRS), and the Southend, Essex & Thurrock Safeguarding Adults Partnership.

Contact us:
Email: org.safeguards@essex.gov.uk Advice line 033301 39032 - Both professionals only

Broken Links? Let Us Know!
If you come across any links in this document that no longer work or lead to incorrect pages, please contact the team so we can update them promptly. Your feedback helps us keep everything accurate and accessible.

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The information contained in this document can be translated, and/or made available in alternative formats, on request.

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