

TABLE1. A SUMMARY OF RESPONSIBILITIES FOR SAFEGUARDING: WHEN SHOULD A SAFEGUARDING CONCERN BE RAISED WITH SHEFFIELD LOCAL AUTHORITY /ADULT SOCIAL CARE

Safeguarding Concern, and when should these be raised with the local authority?

All potential Safeguarding Concerns that are referred to the local authority (First Contact Team) will be proceeded directly to the Multi-Agency Safeguarding Hub (MASH) for screening. The purpose of the MASH is to quickly gather and process information bringing together different agencies where necessary. This supports an efficient and effective decision-making process to safeguard adults who are experiencing or at risk of abuse or neglect.

A safeguarding concern arises where there is reasonable cause to suspect an adult who has needs for care and support is subject to the risk or occurrence of abuse or neglect. It can occur intentionally or unintentionally, and it may not be immediately apparent or visible. The **Care and support statutory guidance** identifies ten types of abuse which are reflected in this document. The individual circumstances which might give rise to a safeguarding concern can occur in different ways and take different forms. Each potential case requires careful consideration of the individual circumstances and context of the situation.

Risks to wellbeing and safety do not always involve abuse or neglect and not all situations involving risk will qualify as a safeguarding concern. For example, some incidents may occur from an isolated incident i.e. of poor practice or poor-quality care rather than from abuse or neglect. In these cases, the adult's/advocates views and wishes should be sought in regards to the significance of the impact and the consequences on the adult should be considered. It is therefore important to examine the individual circumstances present within each case to distinguish between those cases which do not involve reasonable cause to suspected abuse or neglect, including self-neglect and other cases which will need to be regarded as safeguarding concerns. If there is not reasonable to cause to suspect abuse or neglect issues can then be addressed in the most appropriate way by the relevant professionals or organisations. Organisations should be recording incidents and documenting any decision making.

Making Safeguarding Personal

It is important to seek the views and wishes of the adult concerned, 'where it is safe to do so' before raising any concerns with the local authority. It may not always be possible this should not prevent concerns being raised. The adult at risk's view of the abuse should be established and what they want to happen next, including decisions about raising concerns. Adults may sometimes withhold their consent to the sharing of safeguarding information for various reasons. For example, they may be unduly influenced, coerced

or intimidated by another person. **In some circumstances the adult's decision to consent can be overridden** i.e., they do not have capacity, the risk is unreasonably high and there is an overarching duty of care or others are, or may otherwise be, placed at risk, including children.

If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected. The police **MUST** be consulted without consent if other adults or children are at risk.

This table of responsibilities 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. The additional guidance document should be used, (specifically the flow chart): LGA and ADASS 2021. <https://www.local.gov.uk/publications/understanding-what-constitutes-safeguarding-concern-and-how-support-effective-outcomes> LGA: Londo

Appendix 1. Table of responsibilities	INDIVIDUAL STAFF MEMBER OR ORGANISATIONAL RESPONSIBILITY – Unlikely to require a safeguarding concern raised to the local authority.	REQUIRES ORGANISATIONAL RESPONSIBILITY TO BE TAKEN – But may require a safeguarding concern raising to the local authority – dependent on the circumstances and context of the incident.	LOCAL AUTHORITY SHARES RESPONSIBILITY UNDER THEIR STATUTORY DUTIES - A safeguarding concern must be raised in the following circumstances.
	<p>Some other action outside of a safeguarding concern/ enquiry may need to be taken by the organisation.</p> <p>E.g. Carers assessments or signposting to Citizens Advice or similar organisations.</p> <p>Learning needs may need to be identified for staff and training sourced.</p> <p>The views of the person (in relation to the incident) should always be sought and their wishes considered.</p>	<p>Organisations are required to establish facts to ensure the incident was not abusive or neglectful.</p> <p>i.e.</p> <ul style="list-style-type: none"> • It was a 'one-off' and isolated occurrence. • It was unintentionally caused. • It did not result in any significant impact or detriment to the person. • It can be quickly put right. • No attempt was made to deliberately ignore, to conceal or to knowingly 	<p>i.e.</p> <ul style="list-style-type: none"> • It was not a 'one-off' or isolated occurrence. • It was intentionally caused. • It resulted in significant impact or detriment to the person. • It was not or could not be quickly put right. • Attempts were made to deliberately ignore, to conceal or dishonest information regarding the incident was knowingly provided.



		<p>provide dishonest information regarding the incident.</p> <p>Organisations must address the issues and determine whether a referral to the local authority is necessary.</p> <p>Organisations should be recording the incident and documenting any decision making.</p>	<p>To note for abuse or neglect to have occurred it need not have been intentional. The views and wishes of the person should always be considered as should the impact on them. Whilst also considering the potential impact on other children or adults</p>
	<p>Lower-level concern where the necessity of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following internal processes.</p> <p>Where there are multiple low-level concerns, consideration should be given as to whether the threshold is met for a safeguarding referral to the local authority due to increased risk</p>	<p>Incidents at this level need to be dealt with by the organisation with the concern, who should keep a written internal record of what happened and what action was taken, following internal processes.</p> <p>Where there are multiple low-level concerns, consideration should be given as to whether the threshold is met for a safeguarding referral to the local authority due to increased risk.</p>	<p>SCC want concerns at this level to be reported into the local authority. However, Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the local authority. If consent is not given, consider if you have grounds to override it?</p> <p>Consider people who lack mental capacity (including fluctuating capacity and executive function) in relation to the safeguarding concern and their ability to keep themselves safe.</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected.</p>



			<p>The police MUST be consulted without consent if other adults are at risk or children, or to prevent a criminal act.</p> <p>Immediate safety plans must be implemented by the organisation with the concern.</p>
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TYPES OF ABUSE AND OR NEGLECT WITH EXAMPLES ACCORDING TO THE LEVEL OF ESCALATION:

<p>1. PHYSICAL</p> <p>Can include:</p> <ul style="list-style-type: none"> • assault • hitting • slapping • pushing • misuse of medication • restraint • inappropriate physical sanctions <p>Abuse may be from friend/neighbour/family which may also include Domestic Abuse if the individuals are personally connected.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Isolated incidents, which did not result in any-impact or detriment to the person and was quickly put right. • Physical contact but not forceful, and adult is not distressed. • Moving and handling procedures not followed on one occasion not resulting in any-impact or detriment to the person. • Isolated incident of equipment used incorrectly, or wrong equipment used i.e. ill-fitting slings for hoisting which caused a mark. • Also consider psychological impact that incidents may cause, abuse and harm may not be visible <p>The above incidents were simply resolved and recorded as per the organisations criteria for incident reporting or accidents with relevant actions taken and risk assessments reviewed.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Unexplained minor marking or lesions, minor cuts or grip marks found on multiple occasions or multiple service users cared for by the same team/carer. • Inappropriate restraint that causes marks but no external medical treatment/ consultation with the local authority specifically MASH is required. Via a concern or by using the Safeguarding Advice Line (detailed at the end of this document). • Carer breakdown <p>Where incidents are not caused maliciously or carelessly by a Person in a Position of Trust the risks can be managed internally with appropriate professional oversight and risk assessment.</p> <p>Incidents may be between 2 people using the service. These may or may not require a referral depending on the context of these, i.e. were they preventable, the impact on the person and their views and wishes.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Inappropriate physical or medical restraints – to note restraint can take many forms. • Unexplained, injuries. • Assault • Intended harm towards a service user. • Deliberately withholding food, drinks or aids to independence • Physical assaults or actions that result in significant harm or where there is ongoing distress to the adult. • Predictable and preventable incident between adults where injuries have been sustained or emotional distressed caused. • Inappropriate restraint that requires medical treatment • Incident caused carelessly or maliciously by a Person in a Position of Trust
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<p>Relevant actions and outcomes to be considered</p>	<p>Provide advice, information, review any care plans and risk management plans, review staff training.</p> <p>Domestic Abuse, Stalking and Honour Based Violence (DASH) assessments and signposting if Domestic Abuse may be occurring.</p>	<p>Staff members discuss with managers. Think about reviewing the care and support provided, or training needed. Consider the need for a re-assessment of need. Make any necessary onward referrals. Use organisational complaints processes if suitable, consider use of capability/disciplinary processes with staff if relevant.</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise a concern. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the Local Authority</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected. In some circumstances the adult's decision to consent can be overridden i.e., they do not have capacity, the risk is unreasonably high and there is an overarching duty of care or others are, or may otherwise be, placed at risk, including children.</p> <p>Immediate safety plans must be implemented.</p>
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<p>2. SEXUAL</p> <p>When an incident of a sexual nature has taken place, This does not have to be physical contact and can happen online.</p> <p>Sexual Abuse includes:</p> <ul style="list-style-type: none"> • 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 assault • sexual acts to which the adult has not consented or was pressured into consenting <p>May also include Domestic Abuse</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Must not have been committed by a Person in a Position of Trust • Isolated incident when an inappropriate or sexualised remark is made to an adult with capacity and no distress is reported. <p>Person is able to and has the capacity to protect themselves from any unwanted attention, either verbal or physical.</p>	<p>Examples:</p> <p>Must not have been committed by a Person in a Position of Trust</p> <ul style="list-style-type: none"> • Non-contact sexualised behaviour which is reported by the adult at risk to have caused minimum distress. • Being subject to indecent exposure i.e. from another adult who may be unaware of their inappropriate behaviours and where the person at risk is not distressed. The source of harm must not pose any further risk to adult involved or others. <p>Consider context and circumstances of situation alongside person at risks wishes if the situation is not easily managed within the organisation or risk is not managed this should be reported to the local authority as safeguarding concerns.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Concern of grooming or sexual exploitation (including online) e.g. made to look at sexually explicit material against their will or where consent cannot be given because the adult does not have capacity in this area. • Rape, sexual assault • Voyeurism • Sexual harassment • Contact or non-contact sexualised behaviour which causes distress. • Indecent exposure that causes distress • Any sexual act without valid consent or pressure to consent. • Sex activity within a relationship characterised by authority, inequality or exploitation e.g. receiving something in return for carrying out sexual act. • Any concerns about a Person in a Position of Trust
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<p>Relevant actions and outcomes to be considered</p>	<p>Education around consent for sexual contact/relationships and what constitutes unwanted conduct, either verbal or physical. Case management, review of any support plan and risk assessments</p>	<p>Think about using organisational resources to address issues: complaints, for source of harm around appropriate behaviours and expected standards of conduct, increased monitoring for specified period.</p> <p>Outward Referrals: health, police, governing bodies i.e. CQC, DBS as relevant and necessary. Review decision to inform the local authority should these actions be necessary or others are at risk.</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected. If consent is not given, consider if you have grounds to override it?</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so)- If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the Local Authority</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected.</p> <p>The police MUST be consulted without consent if other adults are at risk or children.</p> <p>Immediate safety plans must be implemented.</p>



<p>3. PSYCHOLOGICAL</p> <p>There has been a psychological/ emotional incident(s) which may not be visible and may also include Domestic Abuse</p> <p>Psychological Abuse includes:</p> <p>Psychological abuse including:</p> <ul style="list-style-type: none"> • emotional abuse • threats of harm or abandonment • deprivation of contact • humiliation • blaming • controlling • intimidation • coercion • harassment • verbal abuse • cyber bullying • isolation • unreasonable and unjustified 	<p>Examples:</p> <ul style="list-style-type: none"> • Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no distress is caused. • Infrequent taunt or outbursts that cause no distress i.e. from another person using the service and where the behaviour is addressed. • Withholding information from an adult, where this is not intended to disempower them. • Incident must not be caused maliciously by a Person in a Position of Trust 	<p>Examples:</p> <ul style="list-style-type: none"> • Repeated incidents/patterns of similar concerns where there is a plan in place to address these. • Carer breakdown • The initial withholding of information leading to disempowerment but this has been addressed. • Treatment that undermines dignity and damage self esteem • Occasional taunts or verbal outburst that do cause distress i.e. from another person using the service and where the behaviour is addressed. • Repeated incidents of denying or failing to value their opinion, particularly in relation to service or care they receive. 	<p>Examples:</p> <ul style="list-style-type: none"> • Prolonged Intimidation that is a pattern of concern • Denial of Human Rights/civil liberties, forced marriage, DoL/LPS • Prolonged intimidation • Vicious, personalised verbal attacks • Emotional blackmail • Frequent and frightening verbal outburst or harassment • Intentional restriction of personal choice or opinion • Concerns regarding “cuckooing”. • Cyberbullying • Radicalisation – see PREVENT guidance. • Incident caused by Person in a Position of Trust <p>The adult should always determine if any distress has been caused and this should be documented and acted upon. If an adult lacks mental capacity or has substantial difficulty i.e. with communication they will need an appropriate Advocate.</p>
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<p>withdrawal of services or supportive networks</p>			
<p>Relevant actions and outcomes to be considered</p>	<p>Input from mediation services information for any source of harm detailing expected standards of conduct use of behaviour chart staff training re de-escalation.</p> <p>Referral to Adult Social Care, Onward referrals for support Neighbourhood policing Housing Association.</p> <p>The above incidents can be simply resolved and recorded as per the organisations criteria for incident reporting with relevant actions taken and risk assessments reviewed.</p>	<p>Ensure risks can be managed appropriately with current professional oversight in organisation-</p> <p>Incidents caused by Person in a Position of Trust, intentionally or not must be managed within the relevant HR procedures i.e. disciplinary, capability, training etc..</p> <p>Consider context, who is the source of harm and circumstances of situation alongside the person at risks wishes move directly to 'Red' raise a safeguarding concern if the situation is not easily managed within the organisation.</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the Local Authority.</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected.</p> <p>The police MUST be consulted without consent if other adults are at risk or children.</p> <p>Immediate safety plans must be implemented.</p>



<p>4. FINANCIAL OR MATERIAL</p> <p>Concerns raised in regard to people’s funds, property and or resources.</p> <p>Financial Abuse includes:</p> <p>Financial or material abuse including:</p> <ul style="list-style-type: none"> • 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. • the misuse or misappropriation of property, possessions or benefits 	<p>Examples:</p> <ul style="list-style-type: none"> • No impact has occurred. • Failure by relatives to pay any fees/charges where no financial impact occurs, and adult receives personal allowance or has access to other personal monies. • Money is not recorded safely or properly. • Incident of staff personally benefiting from the support they offer in a way that does not involve the actual abuse of money. • Isolated and unwanted cold calling/doorstep visits • Financial abuse must not have occurred by a Person in a Position of Trust 	<p>Examples:</p> <ul style="list-style-type: none"> • Repeated incidents/patterns of similar concerns • Incident impacts on person’s wellbeing or causes distress. • High level of visitors to property where it is suspected they are the cause of abuse and adult appears unable to say “No” • Adult monies kept in joint bank account – unclear arrangements for equitable sharing of interest. • Money in an account not accessible by the person. • Adult not routinely involved in decisions about how their money is spent or kept safe. • Relative/unpaid carer doing shopping and not giving change or using money to purchase own shopping. • Non-payment of fees putting the persons care at risk. • Financial abuse must not have occurred by Person in a Position of Trust 	<p>Examples:</p> <ul style="list-style-type: none"> • Significant impact on person’s wellbeing and lifestyle • Restricted access to personal finances, property and/or possessions • Incident caused by Person in a Position of Trust including Power of Attorney (POA) • Personal finances removed from adult’s control without legal authority. • Fraud/exploitation relating to benefits, income, property or legal documents. • Misuse/misappropriation of property, possessions, or benefits by a person in a position of trust or control • Adult coerced or misled into giving over money or property. • Fraud or bribery • Financial abuse can be a consequence of cuckooing and mate crime.
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<p>Relevant actions and outcomes to be considered</p>	<p>Risks can be managed by current professional oversight or Universal Services</p> <p>Disciplinary, Training, Office of Public Guardian, Department of work and pensions. Trading standards</p> <p>Consider context and circumstances of situation alongside person at risks wishes move directly to 'Red' if the situation is not easily managed within the organisation to keep the person safe.</p>	<p>This about how the organisation can respond: Referral to Adult Social Care for management of care and support needs, Legal Services, Neighbourhood Policing. Review of care plan, consider power of attorney.</p> <p>Consider who can help? Banks Citizens Advice.</p> <p>Consider mental capacity for making decisions about finances where this is in doubt.</p> <p>Ensure risk can be managed appropriately with current professional oversight or universal services.</p> <p>Consider context and circumstances of situation alongside person at risk, raise a safeguarding concern if the situation is not easily managed within the organisation.</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the MASH.</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected.</p> <p>The police MUST be consulted without consent if other adults are at risk or children.</p> <p>Immediate safety plans must be implemented.</p>
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<p>5. NEGLECT & ACTS OF OMISSION</p> <p>Concerns or incidents of neglect or omission of care Falls, pressure damage and medication concerns may be abusive</p> <p>Neglect and acts of omission include:</p> <ul style="list-style-type: none"> • 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 <p>More information at:</p>	<p>Examples:</p> <ul style="list-style-type: none"> • No significant impact has occurred and in accordance with the views of the person. • Appropriate care plan in place; care needs not fully met but no harm abuse, neglect or distress occurs. • Issues or complaints around an adult's admission and/or discharge from Hospital where no abuse or neglect has occurred. • Isolated missed home visit where no abuse or neglect occurs. • Isolated incident of an adult not supported with food/drink and reasonable explanation is given. • Adult not being bathed as per agreed care planning. • Not having access to aids to independence • Pressure ulcers where there is evidence of :- <ul style="list-style-type: none"> - A care plan is in place. - Action is being taken. - Other relevant professionals have been involved. - Full discussion with the patient, family or representative 	<p>Examples:</p> <ul style="list-style-type: none"> • Carer breakdown • Carer unaware of needs of adult at risk but appropriate action taken to address this. • Health and wellbeing compromised due to ongoing lack of care where there is a plan in place to address this. • Health appointment missed-'not being brought' to appointment with a plan in place to address this. 	<p>Examples:</p> <ul style="list-style-type: none"> • Gross Neglect regardless of impact • Continued failure to adhere with care plan. • Lack of action resulting in serious injury or death • Care plans not reflective of individuals' current needs leading to risk of abuse or neglect. • Failure to arrange access to lifesaving services or medical treatment. • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g. dehydration, malnutrition, loss of independence. • Missed, late or failed visit/s where the provider has failed to take appropriate action and abuse, or neglect has occurred. • Pressure ulcers where: <ul style="list-style-type: none"> - The Care plan and risk assessment has not been fully implemented. - It is not clear that professional advice has been sought. - There are other similar incidents of concerns. - There are possible other indicators of neglect.
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<p>Sheffield Adult Safeguarding Partnership - (sheffieldasp.org.uk)</p>	<ul style="list-style-type: none"> - No other indicators of abuse or neglect - Consider self-neglect where the person is reluctant to engage with their necessary care, • Falls where:- <ul style="list-style-type: none"> - Care plans in place and adhered to - Action taken to minimise the risk further. - Other professionals have been notified. - Full discussion with persons, family or representative - No other indicators of abuse/neglect • Isolated incidents where the person is accidently given the wrong medication, given too much or too little medication or given it at the wrong time. Whilst in conjunction the care staff have recorded this and remedial action is taken (GP, 101, pharmacy is contacted). 		<ul style="list-style-type: none"> • There is a known risk of falls- <ul style="list-style-type: none"> - A risk assessment has not been completed. - The care plan has not been fully implemented - It is not clear that professional advice or support has been sought - There are other concerns about abuse/neglect - Any fall where there is suspected abuse/neglect by an organisation or Person in a position of trust or failure to follow care plans, policies, and procedures • Medication <ul style="list-style-type: none"> - Incidents where the person is given the wrong medication, given too much or too little medication or given it at the wrong time. Care staff do not report to relevant professionals or make attempts to conceal or to ensure persons safety - Recurrent missed medication or administration errors that affect one or more adult and/or result in harm - Deliberate maladministration of medicines (e.g. sedation) - Covert administration without proper medical supervision or outside the Mental Capacity Act, with a detrimental impact - Pattern of recurring administration errors or an incident of deliberate
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			<p>maladministration that results in ill-health or death.</p> <ul style="list-style-type: none"> - Fabricated illness/ induced illness - Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting.
<p>Relevant actions and outcomes to be considered</p>	<p>Complaint, referral Review of Care.</p> <ul style="list-style-type: none"> • Relevant and appropriate risk assessments/action plan in place 	<p>Think about what the organisation can do to resolve things. Does the person need an appointment or to see District nurse, GP, OT, where health concerns are present review staffing arrangements or HR processes where staff have been negligent.</p> <p>Risk can be managed appropriately with current professional oversight or universal services.</p> <p>Referral for a carers assessment</p> <p>Where risks cannot be managed or incidents were abusive or neglectful raise a safeguarding concern with the Local Authority.</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the Local Authority.</p> <p>Any relevant internal policies must be followed i.e. pressure ulcers.</p> <p>If there is an indication a criminal act has occurred (i.e. wilful neglect), the police MUST be consulted.</p> <p>Immediate safety plans must be implemented.</p>



<p>6. ORGANISATIONAL</p> <p>Definition</p> <p>Neglect or poor professional practice concerns or incidents as a result of the structure, policies, processes or practices within an organisation, resulting in ongoing neglect or poor care.</p> <p>May involve multiple categories of abuse.</p>	<p>Examples:</p> <ul style="list-style-type: none"> No significant impact has occurred. Dignity is undermined - Carer of opposite sex to adult's preference is provided. Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs. Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm. Service design where groups of adults live together and are not compatible but no harm occurs Poor quality of care or professional practice that does not result in harm, albeit adult may be dissatisfied with service 	<p>Examples:</p> <ul style="list-style-type: none"> Rigid inflexible routines that are not always in the adults' best interests. Such as carer being provided at a time not in keeping with the adults' preference. Health and wellbeing of multiple service users compromised because of an isolated incident but abuse or neglect did not occur. 	<p>Examples:</p> <ul style="list-style-type: none"> Widespread, consistent ill treatment. Intentionally or knowingly failing to adhere to Mental Capacity Act Repeated incidents/patterns of similar concerns Unsafe and unhygienic living environments. Recurrent bad practice lacks management oversight and is not being reported to commissioners/Adult Care and Wellbeing. Denying adult at risk access to professional support and services such as advocacy. Rigid or inflexible routines leading to impact on the adult's dignity and choice. Punitive responses to challenging behaviours. Failure to refer disclosure of abuse. Staff misusing their position of power over service users. Overmedication and/or inappropriate restraint managing behaviour. Recurrent incidents of ill treatment by care provider to more than one adult over a period of time.
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			<ul style="list-style-type: none"> • Service design where group of adults living together are incompatible and harm occurs.
<p>Relevant actions and outcomes to be considered</p>	<p>A quality improvement plan will be needed, maybe training / disciplinary / complaint.</p> <p>Relevant and appropriate risk assessments/action plan in place</p> <p>Views of person/s concerned should always be considered.</p> <p>Good leadership and Management can be demonstrated.</p> <p>Any practice that fits the definition of organisational abuse should be referred to the local authority due to risks to others.</p>	<p>Consideration of how the service can address the above issues are they likely to be prevented from occurring again. Context of how the organisation has responded and resolved the situation will dictate the need for a referral.</p> <p>Whether or not a Safeguarding Concern is raised will always depend on the context of the situation and the persons views. Seek advice from MASH Professionals Advice Line where in doubt (see last page).</p> <p>Any practice that fits the definition of organisational abuse should be referred to the local authority due to risks to others</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the MASH.</p> <p>If there is an indication a criminal act has occurred, the police MUST be consulted.</p> <p>Immediate safety plans must be implemented.</p>



<p>7. DISCRIMINATORY</p> <p>Discriminatory abuse includes:</p> <ul style="list-style-type: none"> • harassment • slurs or similar treatment: <p>Experienced by people based on age, disability, gender, gender identity, marriage/civil partnership, pregnancy, maternity, race, religion and belief, sex or sexual orientation</p>	<p>Examples:</p> <ul style="list-style-type: none"> • No abuse or occurs isolated incident and simply resolved as agreed by adult at risk. • Incident not caused by a Person in a Position of Trust • Isolated incident when an inappropriate prejudicial remark is made to an adult and adult is not distressed. • Care planning fails to address an adult's culture and diversity needs for a short period 	<p>Examples:</p> <ul style="list-style-type: none"> • Repeated incidents/patterns of similar concerns where there is a plan in place to address this. • Risk can/cannot be managed appropriately with current professional oversight or appropriate services. • Risk of escalation • Incident not caused by Person in a Position of Trust • Service provision does not respect equality and diversity principles. • Recurring failure to meet specific care/support needs associated with diversity where adult agreed it did not cause distress. • Denial of civil liberties 	<p>Examples:</p> <ul style="list-style-type: none"> • Humiliation or threats motivated by prejudices. • Harm motivated by prejudice. • Incident caused by Person in a Position of Trust • Compelling a person to participate in activities inappropriate to their faith or beliefs. • Movement or threat to move into a place of exploitation or take part in activities against their will. • Being refused access to essential services as a result of prejudices • Honour based violence. • Hate crime towards any adult at risk regardless of outcome.
<p>Relevant actions and outcomes to be considered</p>	<p>Education, training, review policies, Equality Act 2010, national guidance</p> <ul style="list-style-type: none"> • Robust recording is in place. • Relevant and appropriate risk assessments/action plan in place • Risks can be managed by current professional oversight or universal services. <p>The ability of adults at risk to protect themselves from any current or future</p>	<p>Issues may need to be discussed with the Police.</p> <ul style="list-style-type: none"> • Risks be being managed appropriately with current professional oversight or services. <p>Whether or not a Safeguarding Concern is raised will always depend on the context of the situation. Seek advice from MASH Professionals Advice Line where in doubt.</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. If consent is not given, consider if you have grounds to override it? Raise a safeguarding concern with the MASH.</p> <p>If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented</p>



discriminatory abuse should always be considered and where this is in doubt safeguarding concerns MUST be raised with the local authority.

The ability of adults at risk to protect themselves from any current or future discriminatory abuse should always be considered and where this is in doubt safeguarding concerns MUST be raised with the local authority.



<p>8. MODERN SLAVERY Holding a person (s) in position of slavery, forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them.</p> <ul style="list-style-type: none"> • Human trafficking • Forced labour • Domestic servitude • Sexual exploitation, such as escort work, prostitution and pornography • Debt bondage – being forced to work to pay off debts that realistically they never will be able to 	<p>Examples: All concerns about modern slavery are deemed to be of a level requiring consultation.</p>	<p>Examples: No direct disclosure of slavery but, there are indicators:</p> <ul style="list-style-type: none"> • Long hours at work • Poor living conditions • Low wage • Lives in workplace • No health and safety at work • Encouraged to participate in unsafe activities. 	<p>Examples:</p> <ul style="list-style-type: none"> • Found living in poor conditions alone/with others – believed under duress. • Identification documents held by another person, who is controlling the individual. • Fear of law enforcers • Working within an area of criminality (sex work, cannabis cultivation, fraud, theft etc.) with the combination of additional factors such as residing in overcrowded conditions and no control over own finances • Arrived in the area to work in an expected area of employment
<p>Relevant actions and outcomes to be considered</p>	<p>Further guidance can be found here: Modern slavery - GOV.UK (www.gov.uk)</p> <p>An online referral should be completed for adults if it is suspected they are a victim of</p>	<p>Please contact the MASH for further local guidance</p> <p>An online referral should be completed for adults if it is suspected they are a victim of modern</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the Local Authority.</p>



<p>A potential victim of modern slavery is a potential victim of a crime.</p>	<p>modern slavery and where the adult concerned has understood the implications of, and consented to, the referral. This referral is made via the NRM (National Referral Mechanism) which is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Only designated first responders can refer cases to NRM.</p> <p>If an adult does not consent to enter the NRM, a Duty to Notify (DtN) referral should be completed using the same online process.</p> <p>Referrals can only be made by a designated first responder organisation i.e. the police, or the local authority.</p>	<p>slavery and where the adult concerned has understood the implications of, and consented to, the referral. This referral is made via the NRM (National Referral Mechanism) which is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Only designated first responders can refer cases to NRM.</p> <p>If an adult does not consent to enter the NRM, a Duty to Notify (DtN) referral should be completed using the same online process.</p> <p>Referrals can only be made by a designated first responder organisation i.e. the police, or the local authority</p>	<p>Raise a safeguarding concern with the Local Authority.. Immediate safety plans must be implemented.</p> <p>An online referral should be completed for adults if it is suspected they are a victim of modern slavery and where the adult concerned has understood the implications of, and consented to, the referral. This referral is made via the NRM (National Referral Mechanism) which is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Only designated first responders can refer cases to NRM.</p> <p>If an adult does not consent to enter the NRM, a Duty to Notify (DtN) referral should be completed using the same online process.</p> <p>Referrals can only be made by a designated first responder organisation i.e. the police, or the local authority.</p>
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<p>9. DOMESTIC ABUSE</p> <p>Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or personally connected to each other.</p> <p>This can encompass, but is not limited to, the following types of abuse:</p> <p>psychological physical sexual economic Emotional</p> <p>This definition includes Adult Family Violence, so called Honour Based Abuse and Forced Marriage.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Adult has capacity and no vulnerabilities identified. • Robust assessment has been undertaken and referrals to domestic abuse support services made and safety plans are in place and effective. <p>Contact with perpetrator has ceased, with no concerns this will be re-established – if medium or high-risk incident plans are in place to ensure contact is not re-established and to monitor risk as this can increase due to separation.</p> <p>No concerns about perpetrator contact with other adults or children at risk</p> <ul style="list-style-type: none"> • One-off incident with no injury or harm experienced. No evidence of a pattern or behaviour or coercive control • Adequate protective factors in place 	<p>Examples:</p> <ul style="list-style-type: none"> • Unexplained marks, lesions or injuries on a number of occasions • Concerns over controlling behaviour of partner e.g. financial/material • Imbalance of power in a relationship • Potential for escalation in frequency or severity of abuse identified. • The victim/survivor has no recourse to public funds 	<p>Examples:</p> <ul style="list-style-type: none"> • Continues to reside with or have contact with the perpetrator and the case has been assessed as medium or high risk using a DASH • Concerns that domestic abuse is happening in the context of a caring relationship. • Escalation of concern for safety and increase in frequency of abuse and increase in severity of abuse • Physical evidence of violence such as bruising, cuts, broken bones. • Use of weapons • Concerns about non-fatal strangulation/suffocation • Known links to Organised Crime Groups • Recurring patterns of verbal and physical abuse. • Fear of outside intervention, has become isolated – not seeing friends and family. • Disengagement from domestic abuse and/or other support services • In constant fear of being harmed • Denied access to medical treatment, health appointments and support services • Concerns around risk of suicide of victim/survivor
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			<ul style="list-style-type: none"> • Stalking or harassment • Forced marriage/ FGM (female genital mutilation) • So called 'honour' based abuse • Evidence of coercive control e.g. isolation, victim not allowed to make own decisions / wishes and feelings not respected • Concerns regarding impact of coercive control on capacity of adult • Victim/survivor has additional vulnerabilities (disabilities/ dementia/English as a second language etc) which may make disclosure more difficult.
<p>Relevant actions and outcomes to be considered</p>	<p>When there are children, ALWAYS make a children's social care referral.</p> <p>When there are concerns regarding domestic abuse, all professionals should safely complete a DASH risk assessment to determine level of risk and ascertain whether the risk is high and a MARAC referral needs to be made. Consent to refer to DA Services is required if risk assessed as standard or medium.</p> <p>Onward referrals to support agencies</p>	<p>When there are children, ALWAYS make a children's social care referral.</p> <p>Refer to Adult Care and Wellbeing for assessment of need.</p> <p>When there are concerns regarding domestic abuse, all professionals should safely complete a DASH risk assessment to determine level of risk and ascertain whether a MARAC referral needs to be made. Consent to refer to DA Services is required if risk assessed as standard or medium.</p>	<p>When there are children, ALWAYS make a children's social care referral.</p> <p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH.</p> <p>Raise a safeguarding concern with the MASH.</p> <p>If there is an indication a criminal act has occurred, the police MUST be consulted.</p>



		<p>Onward referrals to support agencies</p>	<p>Immediate safety plans must be implemented.</p> <p>When there are concerns regarding domestic abuse, all professionals should safely complete a DASH risk assessment to determine level of risk and ascertain whether a MARAC referral needs to be made. Consent to refer to DA Services is required if risk assessed as standard or medium. nb. Consent is preferred but not required to refer to MARAC.</p>
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<p>10. SELF-NEGLECT</p> <p>A person living in a way that puts their health/safety or wellbeing at risk *Please refer to the Self neglect guidance for further advice</p> <p>i.e. Lack of self-care to an extent that it threatens personal health and safety</p> <p>Neglecting to care for one's personal hygiene, health or surroundings</p> <p>Inability to avoid harm as a result of self-neglect</p> <p>Failure to seek help or access services to meet health and social care needs</p> <p>Inability or unwillingness to manage one's personal affairs</p>	<p>Examples:</p> <ul style="list-style-type: none"> • A concern about an adult who is beginning to show signs and symptoms of self-neglect. • Property neglected but all services/appliances work • There is no/low risk or impact to self or others. • Risks can be managed by current professional oversight or universal services. • The person is not at risk of losing their place within the community. • Some evidence of hoarding – no impact on health/safety. • No access to support • Noncompliant with support but no impact on health/safety/wellbeing 	<p>Examples:</p> <ul style="list-style-type: none"> • Some signs of disengagement with professionals • Indication of lack of insight • Lack of essential amenities/food provision • Collecting multiple animals in inappropriate conditions. • Increasing unsanitary conditions • There is medium risk and some impact to self / others. • Non-compliance with medication – medium risk to health and wellbeing. • Property neglected, evidence of hoarding beginning to impact on health/safety. • Where animals in property are impacting on the environment with risk to health 	<p>Examples:</p> <ul style="list-style-type: none"> • Living in squalid or unsanitary conditions • There is extensive structural deterioration / damage in the property causing risk to life. • Refusal of health/medical treatment that will have a significant impact on health/wellbeing. • High level of clutter/hoarding impacting on health and wellbeing, including fire hazard • Behaviour poses risk to self and others. • Life is in danger without intervention. • Appearance of malnourishment • The individual is not accepting any support or any plans to improve the situation
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<p>Relevant actions and outcomes to be considered</p> <p>See following guidance and process:</p> <p>https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/multi-agency-self-neglect-policy-and-practice-guidance-including-varm-and-ccm</p> <p>https://www.sheffieldasp.org.uk/assets/1/multi_agency_self_neglect_practice_guidance_v4.docx</p>	<p>Assessment by service/professional of concern</p> <p>Engage person</p> <p>Onward referrals for support</p> <p>An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. In these cases a safeguarding concern should be raised with the Local Authority</p> <p>Environmental Health referral</p> <p>South Yorkshire Fire and Rescue referral</p> <p>RSPCA</p>	<p>A Care Act Assessment may be needed i.e. person is not self-neglecting but is unable to manage their own care or environment. Refer to First Contact. Refer to Self-neglect guidance: Self-neglect: At a glance SCIE .</p> <p>An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. In these cases, a safeguarding concern should be raised with Local Authority.</p> <p>Environmental Health referral</p> <p>South Yorkshire Fire and Rescue referral</p> <p>RSPCA</p>	<p>Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the Local Authority.</p> <p>Immediate safety plans must be implemented.</p> <p>Environmental Health referral</p> <p>South Yorkshire Fire and Rescue referral</p> <p>RSPCA</p>
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Sheffield MASH (Multi Agency Safeguarding Hub) Professionals Advice Line

Do you have any safeguarding questions or concerns about an adult you are working with? Are you uncertain if what they are experiencing is abuse or neglect? Are you unsure if you need to raise a safeguarding concern with the Local Authority? Contact us to talk it over with a professional from the Sheffield MASH (Multi Agency Safeguarding Hub). Advice is available to you on a Monday, Thursday and Fri: 1:30pm – 4pm.

To request a telephone call back from a MASH worker: email the MASH inbox on adultmash@sheffield.gov.uk and in the subject line of the email please write **SAFEGUARDING ADVICE NEEDED**.

In the email, please provide the person's name, date of birth and address so that we can check them out on our system before calling you back. Also provide the best phone number to contact you on or your full name, so that you can be contacted on Teams.

We will acknowledge your request by email and make you aware when we will get back to you.

If you are concerned about the immediate safety of an adult, please contact the Police on 101 at any time or in an emergency call 999.

Appendix a: Reporting a Safeguarding Adults concern

Where you do want to report an Adult Safeguarding concern, please do so using the Safeguarding Adults Concern Form which can be found at [Sheffield Adult Safeguarding Partnership - \(sheffieldasp.org.uk\)](http://sheffieldasp.org.uk).