

Safeguarding Adults Practice Guidance

Abuse between adults with care and support needs

The practice guidance provides information on allegations of abuse or neglect perpetrated by another adult with care or support needs. Thanks are given to Leeds, Salford and Sunderland Safeguarding Adults Board's whose policy and procedures have been adapted for use in this guidance.

This guidance aims to provide advice about:

- When it is appropriate to address the concerns;
- Actions that can be taken to support and protect both the victim and the alleged perpetrator and prevent abuse of this nature happening in the future.

Abuse between adults with care and support needs and can take different forms and can happen in a variety of locations. This guidance relates to incidents of abuse that occur both in the community, a person's own home and within settings where care or support is being provided. This guidance was formerly called "service user on service user abuse" guidance.

- [Background](#)
- [Common types of abuse between adults with care and support needs](#)
- [Deciding whether to report a safeguarding adults concern](#)
- [Deciding whether safeguarding adults procedures should continue beyond the initial stage of the safeguarding adults enquiry](#)
- [Repeated abuse or neglect by adults with care and support needs](#)
- [Learning from allegations of abuse or neglect between adults with care and support needs](#)
- [Preventing abuse between adults with care and support needs](#)
- [Appendix 1 – case examples](#)

Background

This guidance takes, as its starting point, an agreement that all abuse is serious and needs to be recognised as such. An acceptance of abuse or bullying from whatever source will ultimately, if allowed to continue, lead to a culture that is damaging.

Abuse perpetrated by one adult with care and support needs towards another can result in significant and long-lasting harm and usual safeguarding adults procedures should apply. There should be a **zero tolerance** of abuse whoever it is perpetrated by.

The trigger for reporting concerns is the harm caused or potential for harm not the degree of responsibility or intent of the person carrying out the act. When adults, with care or support needs, are subject to sections of the Mental Health Act 1983, the Mental Capacity Act 2005, or the criminal justice system, they are entitled to be both protected from abuse and prevented from abusing others.

A crime may also need to be reported to the Police. It is for the Police to consider the incident(s), any mitigating factors and determine whether a criminal investigation is the appropriate course of action. Not every report to the Police will result in a criminal investigation and the actions of the Police will be proportionate to the concerns that have been reported. Professionals may wish to seek further advice on guidance from the Police on a particular case or scenario. This can be done by contacting 101.

The table on page 4 goes into further detail about consent to make a safeguarding adults referral and/or reporting to the Police.

Common types of abuse between adults with care and support needs

Abuse or neglect is an act or omission that causes harm to another person. It can be intentional or unintentional (for example as a result of a person's mental incapacity or a lack of knowledge/training). Abuse or neglect may be a crime.

Physical	Hitting, slapping, kicking, pushing, biting, pinching, causing pain or physical harm.
Emotional	Threats of harm, humiliation, intimidation, coercion, controlling, harassment, degrading treatment, verbal abuse.
Sexual	Rape and sexual assault or sexual acts which the adult at risk has not consented to, or could not consent or was pressurised into consenting, including sexual exploitation. It also includes online sexual abuse.
Financial	Theft of money or property, misuse or exploitation of a person's money, coercion around finances or property.

Discriminatory	Harassment, slurs, taunts, verbal abuse, bullying related to a person's race, sex, disability, faith, sexual orientation or age.
Exploitation	Use of intimidation or violence to control and coerce a person. Includes sexual exploitation, criminal exploitation, modern slavery, "cuckooing"/home invasion, forced begging, and "mate crime". There are not always clear distinctions between those experiencing and those who are perpetrating exploitation. For example, a person may have been controlled or coerced into carrying out a criminal act or recruiting/facilitating someone else to be exploited.

Abuse or neglect (in whatever form) between an adult with care and support needs and their informal carer would be covered by this practice guidance. The Care and Support Statutory Guidance is clear that informal carers who "experience intentional or unintentional harm from the adult that they are trying to support"¹ may require a safeguarding response.

Deciding whether to report a safeguarding adults concern

Safeguarding adults concern not made if all of the following apply:

- No harm or low level harm has occurred (including emotional harm); and
- It is the first time such an incident has happened; and
- Actions have been taken to manage any risks and relevant professionals (e.g. Social Workers, CPNs, Care Managers in Continuing Healthcare, GPs) have been notified where appropriate.

Safeguarding adults concern made if any one of the following apply:

- Significant or critical harm or repeated low-level harm has occurred or may occur;
- There have been previous incidents involving the alleged perpetrator and/or the alleged victim;
- The abuse is also a crime.

The intent of the act or omission will be an important consideration for those involved in the safeguarding adults enquiry. However, it should not be a key factor in deciding whether to refer a concern or not. An unintentional act or omission may result in significant or critical risk/harm. All safeguarding adults enquiries should be proportionate to the presenting circumstances and the resulting safeguarding adults plan should address the risks and their cause.

The [Safeguarding Adults Risk Threshold Tool](#) has more information to help professionals decide when it would be appropriate to refer a safeguarding adults

¹ Care and Support Statutory Guidance, Carers and Safeguarding, paragraph 14.45

concern. You should follow your usual procedures for referring a safeguarding adults concern. The [NSAB's Report a Concern webpage](#) provides further guidance.

It is important to note that no-one will be criticised for referring a safeguarding adults concern that does not ultimately progress through safeguarding adults procedures. If professionals are unsure about whether to report an incident via safeguarding adults procedures, advice can be sought from your agency's safeguarding adults leads (where available) or Newcastle City Council's Safeguarding Adults Unit: 0191 278 8156 (Monday-Friday 9am-4pm).

Consent to share information

All safeguarding adults referrals should have the consent of the person at risk OR a justifiable reason for not seeking or overriding consent. The same principles around consent apply for reporting to the Police. There are a number of different scenarios where it would be appropriate to share information without consent:

Alleged victim lacks mental capacity to make decisions about: risks and their safety or consenting to safeguarding adults referral.	Best interest decision needs to be made on behalf of the alleged victim.
A serious crime has been committed	Consent overridden (Prevention and Detection of Crime)
There is serious risk of harm to the alleged victim	Consent overridden (Article 8.2 Human Rights Act)
There is a risk to other adults and/children	Consent overridden (Public Interest)
Seeking consent would increase risks to the alleged victim or others	Consent not sought
It is not possible to seek consent (e.g. referrer has no way of contacting alleged victim within reasonable timeframe)	Consent not sought

Professionals should also consider whether the alleged victim has been threatened or coerced to the extent that it affects their decision-making ability. Consent may need to be overridden in these circumstances, taking into consideration the factors above e.g. risk of harm, risks to others.

Responsibilities in relation to the alleged victim

Alongside the decision to refer a safeguarding adults concern into the safeguarding adults procedures, the following must be done:

- Assess the risk of harm and it's impact. Seek medical attention if needed
- Take action to keep the person safe
- Consider if the incident should be reported to the Police and in cases of cases of rape or sexual assault, whether a referral to the Sexual Assault Referral Centre would also be appropriate.
- Consider if the person has any immediate unmet needs whether that be related to their physical, emotional or social wellbeing.
- Consider the person's mental capacity in relation to their ability to keep themselves safe
- Review relevant care plans
- Provide help to understand the safeguarding adults procedures
- Provide support to participate in the safeguarding adults process
- Consider if a relative or other representative needs to be informed and involved in decisions. Is an advocate required?
- Ask the person (or their representative²) what they would like to happen?
- Keep clear records of actions and decisions
- Offer an apology to adult/relative/other representative where appropriate.

The above actions and information should be clearly recorded on the Safeguarding Adults Initial Enquiry Form.

Note: where both adults are living in the same care setting, the impact of an incident may be compounded by the emotional distress of living with an abusive person. Take this into account when considering the impact of an incident and the person's support needs.

Responsibilities in relation to the person alleged to have caused the harm

Alongside the decision to make a safeguarding adults referral the following must be done:

- Assess the risk of further incidents
- Review the person's care plans
- Consider the person's mental capacity in relation to them causing harm to others
- Consider if the person has any immediate unmet needs

² Family member, friend or advocate

- Help them to understand safeguarding adults procedures
- Consider if a relative or other representative needs to be informed and involved in decisions. Is an advocate required?
- Keep clear records of actions and decisions

The above actions and information should be clearly recorded on the Safeguarding Adults Initial Enquiry Form.

Note: In assessing risk, it is important to seek to understand the underlying reasons for the incident or concern. Consider what factors may have triggered or contributed to the incident or concern, and focus on these when reviewing arrangements to keep people safe.

Wider responsibilities of the referrer and referring organisation

- Consider if a crime has occurred and whether it needs to be reported to the Police. Seek the consent from the alleged victim about doing this (see above).
- Preserve evidence if a crime has occurred. The Sexual Assault Referral Centre (SARC) can undertake forensic medical examinations in rape or sexual assault cases (without requiring a report to the Police). A forensic pathway for all non-accidental injuries of adults is being developed and further information about this will be added once this is available.
- Liaise with Adult Social Care about any key decisions relevant to the safeguarding adults enquiry.
- Consider if there is any risk to others.
- Provide support for any person, including staff, raising the concern.
- Log incidents in a way which means any particular patterns or trends can be identified.
- Duty of candour to be open and honest with the alleged victim and their relatives/representatives where this has been consented to by the alleged victim.

If the abuse has happened in a care, health or support setting:

- Notify your contracting authority
- Notify your regulator e.g. Care Quality Commission.
- Identify any organisational learning as to how to prevent and respond to such incidents in the future (see below).

Deciding whether safeguarding adults procedures should continue beyond the initial stage of the safeguarding adults enquiry

Once a safeguarding adults referral has been made to the Local Authority, a decision will be made about whether the concern needs to progress further. An initial assessment will be undertaken, focussing on whether the person is an adult who has an appearance of care and support needs AND whether they are experiencing or at

risk of abuse or neglect. Where this is the case, the concern will progress to Stage 2 of the safeguarding adults enquiry.

At Stage 2, further information will be gathered about the concern to inform an initial safeguarding adults plan. This will include ensuring that Making Safeguarding Personal principles are embedded and that the views of the adult and/or the representative are informing the safeguarding adults plan to manage the risks. Safeguarding adults procedures may end at Stage 2 if it is felt that all appropriate actions have been taken to manage the risks and there are no ongoing investigations/enquiries being undertaken into the incident. A Strategy Discussion/Meeting (Stage 3) should be held if it is felt the risks are unmanaged or require further investigation/enquiry.

Repeated abuse or neglect by adults with care and support needs

Where there have been four “low-level” harm concerns relating to the same alleged victim within a six-month period, there will be additional scrutiny of the concerns and the case will progress to at least Stage 2.

It is more difficult (for the local authority) to identify repeated abuse perpetrated by the same alleged perpetrator against different alleged victims. It is therefore important that referring agencies are clear on multi-agency referrals about any information or knowledge they have in relation to the alleged perpetrator so that this can be taken into account.

Similarly, it is difficult for the local authority to identify recurring incidences of abuse between adults with care and support needs within a care, health or support setting where there are different alleged victims and different alleged perpetrators involved. This may suggest that the service is not managing risks appropriately and the case is more of an organisational abuse enquiry in its nature.

Referring agencies should be clear on the multi-agency referrals about any information or knowledge that suggests that there are repeated concerns about abuse between adults with care and support needs within a service or setting.

Please see the [Safeguarding Adults Risk Threshold Tool](#) for further information.

Learning from allegations of abuse or neglect between adults with care and support needs

As in any other aspect of work, it is important to consider whether lessons can be learned from the decisions and actions that were taken in the handling of any concerns.

Some questions that could be asked are:

- Could this incident have been avoided? Can we attribute a cause to the incident?

- Have we reviewed management and practice to protect people in the future?
- Did we take the appropriate action at the right time?
- Did we receive the support we needed? If not, what can we do to ensure that we receive it in the future?
- Have the appropriate risk assessments or risk management plans been undertaken?
- Have we considered whether environmental factors might have contributed to the abuse or neglect and taken steps to address this if this is the case?
- Did we consider the needs, rights, views and opinions of both victim and perpetrator?
- Have we recorded the actions taken appropriately?
- Have we revised care plans and set reviews?
- Did we notify the relevant care managers for the individuals involved?
- Have we referred a multi-agency safeguarding adults concern? Did this include information about the measures and actions taken to safeguard the individuals?
- What have we learnt and what should we do differently next time?
- Were other adults with care and support needs or staff at risk? (*Whilst abuse against staff would not constitute a safeguarding adults concern, organisations will need to identify and address any risks there may be towards staff from adults with care and support needs. Additionally, abuse perpetrated against staff may suggest there are wider risks to others.*)

The following methods could be used to help identify and act upon learning:

- Group supervision
- Audits
- Discussions at team meetings
- Review processes (e.g. Root Cause Analysis, Appreciative Inquiry)

Preventing abuse between adults with care and support needs

The following are best practice suggestions:

- Relevant training. For example in managing distressed or challenging behaviours, safeguarding adults, domestic violence.
- Having appropriate policy and procedures in place. For example on anti-bullying, managing distressed or challenging behaviours, safeguarding adults, domestic violence.
- Ensuring care plans and risk assessments are regularly reviewed and are up-to-date. Where risks are identified, there should be a clear plan as to how the risks will be managed.
- Involving professionals who can help to manage distressed or challenging behaviours at an early stage e.g. Speech and Language Therapy, Challenging Behaviour Team, mental health services, learning disability services, specialist dementia care team.

- Ensuring environmental factors which might increase abuse or neglect are addressed.
- Making referrals into other procedures as appropriate. For example into MARAC for high risk domestic violence cases and MAPPA for high risk offenders.
- Undertaking a robust initial assessment of person's needs to ensure people are placed appropriately according to their level of need. Assessments should be reviewed as required.
- Professionals sharing information about possible risks both prior to a new placement or transfer of case and on an ongoing basis.

Appendix 1

Case examples

When considering whether to refer a safeguarding adults concern on a multi-agency basis, the following examples can be used to support your decision-making. This can be used as a general guide, however it always important to use your professional judgement and consider the unique circumstances of the situation in reaching your decision. It is based on the NSAB Safeguarding Adults Risk Threshold Tool.

	Safeguarding adults referral may not be required. Consider alternative responses e.g. revised care plans, care reviews, information sharing with professionals involved.	Safeguarding adults referral likely to be required Reporting the concerns on a multiagency basis to Newcastle City Council.
Physical abuse	<ul style="list-style-type: none"> • One adult ‘taps’ or ‘slaps’ another but not with sufficient force to cause any harm. • Isolated low level incident, care plans amended to address risk of reoccurrence 	<ul style="list-style-type: none"> • Isolated incident causing harm. • Predictable and preventable (by staff) incident between two adults at risk • Harm may include: bruising, abrasions and/or emotional distress caused
	<p>Nathan has learning disabilities and lives in a care home with 3 other people. When walking through the lounge he is pushed by Mike, another resident, as he rushes past. Nathan stumbles and falls over. He is a bit shocked but is not hurt. Staff tell the manager, who decides that a safeguarding adults concern is not required. They provided Nathan with support and advise the other resident of the need to take greater care in the future.</p> <p>Iris is in her 80’s, has dementia and lives in a nursing home. During lunch she sits with Joyce, but becomes disorientated and confused about where she is. As staff walk over to reassure her, she becomes agitated and throws her tea cup in frustration. The tea cup lands up in Joyce’s lap, who is initially cross, but is not scalded or otherwise harmed. Staff tell the manager, who decides that a safeguarding adults concern is not required. They provide both Iris and Joyce with support and review the incident and the support provided.</p>	<p>Nathan has learning disabilities and lives in a care home with 3 other people. When walking through the lounge he is pushed by Mike, another resident as he rushes past. Nathan stumbles and falls over. Staff have spoken to Mike about this before, but it has happened several times now. Nathan has bruised his arm, and is upset and anxious around Mike. They provide Nathan with support and refer a safeguarding concern.</p> <p>Iris is her 80’s, has dementia and lives in a nursing home. During lunch she sits with Joyce, but becomes disorientated and confused about where she is. As staff walk over to reassure her, she becomes agitated and throws her tea cup in frustration. The tea cup hits Joyce on the side of her head. This has not happened before. Joyce is distressed and has a small cut on her cheek. Staff provided both Iris and Joyce with support. Later Joyce was unable to remember what had happened due to her dementia. Staff tell the manager, who decides that a safeguarding concern is required.</p>

Psychological/emotional abuse	<ul style="list-style-type: none"> • One adult is teased or spoken to in a rude, insulting, belittling or other inappropriate way by another adult. Isolated incident. • Respect for them and their dignity is not maintained but they are not distressed or harmed. • Actions being taken to prevent reoccurrence. 	<ul style="list-style-type: none"> • Isolated incident(s) resulting in harm or recurring/persistent, or is happening to more than one adult at risk. • Persistent teasing • Harm may include: distress, demoralisation, loss of confidence or dignity.
	<p>Harinder is in her 30's, she has cerebral palsy and uses a wheelchair outside of her home. Harinder lives in a supported living accommodation. The tenancy support worker overhears another tenant, Mark, shouting at her, calling her derogatory names. Harinder says they had been arguing, and Mark just 'lost it'. Harinder says this is unlike him, they are friends and she doesn't know why he got so cross. The tenancy support worker provides Harinder with support. She tells her manager who speaks to Mark about acceptable behaviour and encourages him to apologise.</p>	<p>Harinder is in her 30's, she has cerebral palsy and uses a wheelchair outside of her home. Harinder lives in a supported living accommodation. The tenancy support worker overhears another resident, Mark, shouting at her, calling her derogatory names. Harinder is very upset, she says that Mark is doing this 'all the time', he only lives next door so it is hard to avoid him. She says she avoids going out in case she sees him. The tenancy support worker tells her manager, they provide Harinder with support, and refer a safeguarding concern.</p>

Sexual abuse	<ul style="list-style-type: none"> • Isolated incident of teasing or low level unwanted sexualised attention (verbal or non-intimate touching) directed at one adult to another, whether or not they have mental capacity. • Care plans being amended to address. • Person is not distressed or intimidated. 	<ul style="list-style-type: none"> • Intimate touch between adults without valid consent or recurring verbal sexualised teasing resulting in harm • Harm may include: emotional distress, intimidation, loss of dignity
	<p>Margaret resides in a care home. She wakes one night to find another resident, Albert getting into bed with her. Margaret calls for assistance and a member of staff comes to redirect Albert. Albert is confused, he seems to think this is his bedroom and that he is getting into bed with his wife. Margaret is unhappy that this happened. The care staff provide her with support, encourage her to use the lock on her door, and review the care plans in place for Albert so as to be more aware of his whereabouts. Margaret is reassured by this. The manager decides that a safeguarding adults concern is not required.</p>	<p>Margaret resides in a care home. She wakes one night to find another resident, Albert getting into bed with her. Margaret attempts to call for assistance but Albert prevents this. Staff come to her room after hearing Margaret shouting for help. Margaret is distressed, she reports that Albert has raped her. Albert is confused, he seems to think this is his bedroom and that he is getting into bed with his wife. Margaret is anxious about it happening again. The care staff provide her with support, and inform the manager, who decides that a safeguarding concern is required and the Police should be contacted. Consideration is given to a referral to the Sexual Assault Referral Centre (SARC).</p>
Discriminatory abuse	<ul style="list-style-type: none"> • Isolated incident of adult being treated differently/unfairly for reasons of race, sex, disability, faith, sexual orientation or age by another adult. • Person is not distressed, intimidated or socially excluded. • Isolated teasing incident, insulting comment reflecting discriminatory beliefs. • Actions being taken to address. 	<ul style="list-style-type: none"> • Isolated incidents(s) resulting in harm, reoccurring or repeated incident. • A hate crime or deliberate intent to cause distress. • Harm may include: distress, social exclusion, social withdrawal, loss of confidence.
	<p>David, Carl and John share a flat together. Support staff become aware that John is being teased by the others about his sexuality. Staff overhear them calling him 'gay' and that he is 'like a woman'. This makes John uncomfortable. The support worker holds a house meeting to address this issue; provides John with support and speaks separately with David and Carl about appropriate behaviour. The manager decides that a safeguarding referral is not required.</p>	<p>David, Carl and John share a flat together. Support staff become aware that John is doing all the household tasks. Staff overhear David and Carl calling him 'gay' in a derogatory way, saying he is 'like a woman' and that it is his job to do all their cleaning, washing and cooking. Staff have tried to address this before through house meetings and by speaking to David and Carl about appropriate behaviour. John appears increasingly withdrawn and upset. The manager decides to refer a safeguarding adults concern.</p>

Financial/material abuse	<ul style="list-style-type: none"> • Adult has borrowed items from another adult with their consent but items are returned to them. • Actions being taken to prevent reoccurrence. 	<ul style="list-style-type: none"> • Adult has taken item(s) from another adult without their consent and have not returned them.
	<p>Daljit has mental health problems, he lives alongside Marc in a supported housing tenancy. Daljit has been lending Marc money. The support worker is concerned that it takes a long time for Marc to get his money back. Daljit says he finds it difficult to say no, but also that he is a friend and wants to help. The support worker agrees to support Daljit to be more assertive with Marc, and to offer Marc support with his budgeting.</p>	<p>Daljit has mental health problems; he lives alongside Marc in a supported tenancy. Daljit has been lending Marc money. The support worker is concerned that Marc does not get his money back. Daljit says he finds it difficult to say no and feels intimidated and pressurised and wants to be left alone. The support worker feels Marc is exploiting Daljit because he cannot stand up to him. Daljit doesn't have enough money for his own needs. The worker informs her manager, who decides that a safeguarding adults concern should be referred.</p>