

Safeguarding Adults Practice Guidance

Service user on service user abuse

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.

The term “service user” in this document is used to mean an adult with care and support needs. This could include a tenant, a patient, or an unpaid carer.

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. 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.

Abuse by one adult of another adult should be reported via the safeguarding adults procedure in the same way as other concerns of abuse and neglect.

A crime may also need to be reported without the person's consent, where there is a duty of care to report the crime and/or it is assessed as in the person's best interests where the alleged victim lacks mental capacity.

This guidance relates to incidents of abuse that occur both in the community and within settings where care or support is being provided.

Common types of abuse between service users

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.
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.

Deciding whether to make a safeguarding adults referral

Safeguarding adults referral 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 alert made if any one of the following apply:

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

Whether the act was deliberate or intended can be difficult to judge. Considerations which could be taken into account might be:

- Was the act planned?
- Was the act directed at a particular person or person(s)?

- Was there a transitory, treatable factor which may have contributed to the behaviour e.g. acute delirium.

Examples of incidents where a crime may have occurred include:

- Being physically assaulted (even if there is no resulting injury) may be an offence under Section 39 of the Criminal Justice Act 1988.
- Unwanted sexual touching (intentional) may be an offence under Section 3 of the Sexual Offences Act 2003.
- Harassment (causing alarm or distress) of another person may be an offence under the Protection from Harassment Act 1997.
- Taking the money or possessions of others may be an offence under Section 1 of the Theft Act 1968.

There will also need to be a decision made about whether consent to make the safeguarding adults referral is required. The following are examples of scenarios where consent should not be sought or when it should be overridden:

Alleged victim lacks mental capacity to make decisions about: risks and their safety or consenting to safeguarding adults alert.	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. alleged victim 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.

Please refer to the Safeguarding Adults Risk Threshold Tool for more information.

Responsibilities in relation to the alleged victim

Alongside the decision to make a safeguarding adults alert into the safeguarding adults procedures, the following must be done:

- Assess the risk of harm. Seek medical attention if needed
- Take action to keep the person safe
- Consider if the incident should be reported to the Police
- Consider if the person has any unmet needs
- 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?
- Keep clear records of actions and decisions
- Offer an apology to service user/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 unmet needs
- 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 organisation

- Consider if a crime has occurred and whether it needs to be reported to the Police. Seek the views from the alleged victim about doing this.
- Preserve evidence if a crime has occurred.
- Liaise with Community Health and Social Care Direct and/or the Safeguarding Adults Unit about any key decisions.
- Consider if there is any risk to other service users or patients.
- 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.

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. Low level harm resulting from service user on service user abuse incidents will not progress beyond the Initial Enquiry stage if:

- It is a one-off incident.
- Appropriate actions have been taken to manage the risk.
- Information has been shared with all relevant professionals for both the alleged victim and alleged perpetrator.

Incidents which did result, or could have resulted, in significant or serious harm will progress to Stage 2 of the safeguarding adults enquiry.

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 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 service user on service user abuse within a care, health or support setting where there are different alleged victims and alleged perpetrators involved. This may suggest that the service is not managing risks appropriately and therefore safeguarding adults procedures would need to progress beyond the initial alert stage. Referring agencies should be clear on the multi-agency referrals about any information or knowledge that suggests that there are repeated concerns about service user on service user abuse.

Please see the Safeguarding Adults Risk Threshold Tool for further information.

Learning from allegations of service user on service user abuse

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?

- 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 made a multi-agency safeguarding adults alert? 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 vulnerable service users or staff at risk? *(Whilst abuse against staff would not constitute a safeguarding adults alert, organisations will need to identify and address any risks there may be towards staff from service users. Additionally, abuse perpetrated against staff may suggest there are wider risks to service users.)*

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 service user on service abuse

The following are best practice suggestions in relation to preventing service user on service abuse:

- 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.
- 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

Additional guidance: alert decision support tool

When considering whether to make a safeguarding adults alert, 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.

	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 multi-agency basis to Newcastle City Council.
Physical abuse	<ul style="list-style-type: none"> • One service user ‘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 alert 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 alert 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 make a safeguarding alert.</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 alert is required.</p>

Psychological/emotional abuse	<ul style="list-style-type: none"> • One service user is teased or spoken to in a rude, insulting, belittling or other inappropriate way by another service user. 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 make a safeguarding alert.</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 service user 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 service users 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 alert 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 alert is required and the Police should be contacted.</p>

Discriminatory abuse	<ul style="list-style-type: none"> • Isolated incident of service user being treated differently/unfairly for reasons of race, sex, disability, faith, sexual orientation or age by another service user. • 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 make a safeguarding alert.</p>
Financial/material abuse	<ul style="list-style-type: none"> • Service user has borrowed items from another service user with their consent but items are returned to them. • Actions being taken to prevent reoccurrence. 	<ul style="list-style-type: none"> • Service user has taken item(s) from another service user 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 alert is required.</p>