

# Safeguarding Adults at Risk

## Guidance for frontline staff

**Let's end homelessness together**

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### PRODUCED BY

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# Introduction

Staff in homelessness services work with adults who have experienced or are at risk of abuse. It is the responsibility of all staff to recognise and respond to the signs of abuse. Organisations should have policies and procedures about Safeguarding Adults at Risk. This guidance sets out the principles and what staff can expect if they raise safeguarding alert.

You might find it useful to refer to Homeless Link's guidance on the Mental Capacity Act and Adult Social Care Assessments alongside this document: [www.homeless.org.uk/our-work/resources](http://www.homeless.org.uk/our-work/resources)

# Legislation

Unless otherwise stated, the law outlined in this briefing applies to England. The Government guidance is contained within chapter 14 of The Care Act's statutory guidance, which came into force in April 2015 and has been updated since. The Care Act gives a legal framework for safeguarding adults. Each local authority must have a Safeguarding Adults Board (SAB) that includes the local authority, NHS and police (section 43, Care Act 2014). SABs must meet regularly, develop shared safeguarding plans and publish an annual review of progress. SABs will carry out Safeguarding Adult Reviews (section 44) where an adult with care and support needs has died or suffered significant harm as a result of abuse or neglect, including self-neglect, and there is concern about how agencies worked together. The Act also introduces a responsibility for local authorities to make enquiries and take any necessary action if an adult with care and support needs could be at risk, even if that adult isn't receiving local authority care and support (section 42).

See Department of Health & Social Care factsheet 7:

[www.gov.uk/government/publications/care-act-2014-part-1-factsheets](http://www.gov.uk/government/publications/care-act-2014-part-1-factsheets)

See Department of Health and Social Care Statutory Guidance for the Care Act 2014

[www.gov.uk/government/publications/care-act-statutory-guidance](http://www.gov.uk/government/publications/care-act-statutory-guidance)

# Definitions of 'an adult at risk'

In safeguarding terms, an adult at risk is defined as a person 18 and over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect (including self-neglect); and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

It is important to note that an adult does not need to be in receipt of a care or support delivered by the local authority. Care and support needs arise from or are related to physical or mental impairment or illness. This can include conditions as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury<sup>1</sup>.

Being homeless may exacerbate physical and/or mental ill-health and impact negatively upon individuals' ability to care for and protect themselves.

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<sup>1</sup> Care and Support (Eligibility Criteria) Regulations 2014.

# What is abuse?

All local authorities have a duty to protect people at risk from abuse. Types of abuse can include:

- sexual abuse
- psychological or emotional abuse
- physical abuse
- financial or material abuse
- neglect
- self-neglect
- modern slavery
- domestic violence
- discriminatory abuse
- institutional abuse

Other forms of abuse are sometimes described, for example: bullying, hate crime and cyber abuse, and coercive and controlling behaviour. When referring adult safeguarding concerns, describe the abuse or neglect about which you are concerned and connect the concerns to one or more of the above bullet points as listed in the statutory guidance.

Abuse can happen anywhere and can consist of single or repeated acts. An abuser can be anyone that comes into contact with an adult at risk and is often someone well known or close to them, or someone who is employed to care for them. Abuse often results in a violation of human and civil rights.

People who are experiencing homelessness often also present with a range of risks and needs which, if not addressed, increase the risk of abuse. Indicative examples are:

### **Interpersonal and Personal**

- Mental health needs
- Dependence on alcohol and/or drugs
- Brain damage
- Lack of purposeful activity
- Odd, anti-social or embarrassing behaviour
- Difficulty in communicating
- Impact of trauma and adverse experiences
- Poverty

### **External**

- Staff working in isolation
- Unconscious bias, stereotyping and prejudice
- Community disengagement, fear and resentment
- Lack of access to safe and adequate housing
- Lack of access to wrap-around support to address health and social care needs
- Victim of gatekeeping and inflexible policies

## Safeguarding Adults Boards

Safeguarding adults at risk and promoting their wellbeing falls under the remit of local authority Adult Social Care Departments. The Care Act (2014) has introduced a legal obligation for each local authority to have a Safeguarding Adults Board – see Legislation above. Members of Safeguarding Adults Boards comprise senior leaders from various fields such as primary and secondary health and mental health commissioners and providers, police, social care services, housing, Healthwatch, substance misuse providers, Department for Work and Pensions, Ambulance Trust, Fire and Rescue Service, National Probation Service, Care Quality Commission and voluntary agencies. Safeguarding Adults Boards will have links with, and may occasionally be merged with Community Safety Partnerships and/or Children’s Safeguarding Partnerships. All Board partners must cooperate (sections 6 and 7) and must provide information when requested when this would assist the Board to fulfil its statutory functions (section 45).

The purpose of the Safeguarding Adults Board is defined (section 43(2)) as being to help and protect adults in cases of abuse and neglect by coordinating and ensuring the effectiveness of what each of its partners does (section 43(3)). This may include commissioning Safeguarding Adult Reviews, developing and disseminating multi-agency policies and procedures, monitoring the performance of agencies and services, raising awareness, providing multi-agency training, sharing good practice and suggesting service improvements and enhancements.

Each local authority will have mechanisms in place to respond to referrals of adult safeguarding concerns. These should be communicated to all local statutory, voluntary and community agencies and include clear policies and procedures for agencies to refer to. You can find them on the local authority’s website.

There have been a number of Safeguarding Adult Reviews into the deaths of people experiencing homelessness, providing a rich evidence base to inform practice. Guidance, providing an overview of the learning and recommendations for homelessness services can be found here:

<https://homeless.org.uk/statutory-frameworks-resources>

## Confidentiality and sharing information

All organisations should follow clear principles of confidentiality in relation to their clients. However, there will be occasions when it is appropriate to share information about your clients in order to protect their best interests and, therefore, you should never give assurance of absolute confidentiality. It is a legal requirement that agencies and professionals work together around safeguarding issues.

- Ensure you have contact details for all other professionals in your clients’ support networks.
- Make sure your organisation has clear policies on information-sharing and that you have procedures in place around working with other agencies.
- Assess each occasion on a case by case basis.
- Only share information on a ‘need to know’ basis and when it is in the best interests of your clients, for example to safeguard them from abuse and/or neglect, or to assist with the detection and prosecution of a crime.

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- Always try to obtain informed consent from your clients before sharing information; however if this is not possible it may be necessary to override this requirement – especially if other adults are at risk. Staff should seek management support to decide whether to share information without consent.

The General Data Protection Regulations (GDPR), incorporated into the Data Protection Act 2018, allows organisations to share special information (the GDPR term for sensitive information) about clients without their consent in some limited circumstances. They are:

- To protect the vital interests of an individual – the vital interests condition also extends to any other individual who might be impacted by the abuse.
- Where the individual lacks capacity to give meaningful consent.
- Where the use of information is for the provision of social care, treatment, and services.

Occasionally there is an absolute duty to share information, mandatory reporting, where there is no discretion. The Serious Crime Act 2015 (section 74) introduced in England and Wales mandatory reporting by social workers, teachers and health care professionals to the police of known or suspected cases of female genital mutilation. The Modern Slavery Act 2015 requires public authorities in England and Wales to notify the Home Office of victims of modern slavery. Health care workers are encouraged to make voluntary notifications.

Organisational operational safeguarding leads should ensure they are familiar with the GDPR and the Data Protection Act 2018, and the Mental Capacity Act. Further information can be found at:

- Information Commissioners Office: <https://ico.org.uk/for-organisations/>
- Caldicott Principles: [www.gov.uk/government/publications/the-caldicott-principles](http://www.gov.uk/government/publications/the-caldicott-principles)
- Homeless Link guidance on using the Mental Capacity Act: [www.homeless.org.uk/our-work/resources/guidance-on-mental-capacity-act](http://www.homeless.org.uk/our-work/resources/guidance-on-mental-capacity-act)

## Safeguarding alerts

As well as following local authority procedures, your organisation should have their own internal policies and procedures relating to adult safeguarding. These should go hand in hand with guidance from the local authority.

While safeguarding procedures may vary slightly between agencies and local authorities, they should all follow the same fundamental process:

1. Make sure the adult at risk is not in immediate danger. If necessary, seek urgent medical treatment.
2. Contact the police if you think a crime has been committed or if someone is in immediate danger.
3. Make safeguarding personal, which is a person-led and outcome-focused approach that through relationship-based practice enhances involvement, choice and control whilst also sharing concerns about risk and seeking to prevent the occurrence of abuse and harm. Thus, practice should identify a person's wishes, feelings and perspectives; review with them their choices and options; identify their strengths, capabilities and circles of support; share concerns openly, and be collaborative when seeking acceptable levels of safety.

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4. Raise a 'safeguarding alert' by informing your line manager or another manager within your organisation.
5. Make a written report recording your concerns and detailing anything you have seen including dates, times, people involved and any observed injuries.

As stated in the Care Act statutory guidance, your organisation's first priority should always be to ensure the safety and protection of an adult at risk. It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person/agency.<sup>2</sup>

Once a safeguarding alert has been raised, service managers will decide how to proceed with the concern. While an incident may fall within internal safeguarding procedures, it will not necessarily fall within local authority procedures. It is usually a managerial decision whether to report to local authority safeguarding teams or not. Where the following three criteria appear to be met, you should refer a safeguarding concern to the local authority and not assume or rely on another organisation, service or practitioner to do so. The three criteria are listed in section 42(1), namely where the local authority may have reasonable cause to suspect that:

- An adult has care and support needs (regardless of whether these needs are being met);
- Is experiencing or at risk of abuse and/neglect (including self-neglect);
- As a result of their care and support needs is unable to protect themselves.

These are the only three criteria that a local authority should use when deciding whether to conduct an enquiry or to request another agency to do so.

Action must be taken as soon as possible to minimise any risk of harm or exploitation to individuals concerned. In the absence of management support, raise an alert to the local authority rather than doing nothing. In the first instance this will often be via the local Social Services helpline or emergency duty team.

- Make sure you know where your safeguarding policies and procedures are saved and that they are accessible.
- Ensure that you have an up-to-date list of relevant local contact details to be used if necessary.
- Make sure you know where to find your organisation's whistleblowing policies and procedures, to be followed when reporting any safeguarding concern involving a colleague.

## What happens next?

All safeguarding concerns should be fully investigated by the appropriate person i.e. Adult Social Care and/or the responsible manager within your organisation. Where it is suspected that a criminal act has taken place, the Police should be involved immediately as they may conduct their own investigations. If the suspected abuser is another member of staff, suspension or disciplinary proceedings may ensue.

Both internal and external enquiries should be as broad as necessary, drawing on evidence from all relevant sources. The statutory guidance that accompanies the Care Act details the stages to be followed when conducting an adult safeguarding enquiry (section 42(2)), namely:

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<sup>2</sup> Public Interest Disclosure Act, 1998

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- Establish the facts through robust information gathering
- Ascertain the adult's wishes and views; if the person declines safeguarding support, ways should still be considered for managing or mitigating risks
- Assess the adult's needs for protection, support and redress, and how these needs should be met
- Protect the adult from abuse and/or neglect in accordance with their wishes
- Make decisions on follow-up action regarding the individual or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and redress.

## Making Safeguarding Personal

Where the adult at risk would have substantial difficulty in engaging and participating in a safeguarding enquiry, advocacy to support them should be provided (section 67)<sup>3</sup>.

As with all safeguarding adult practice, making safeguarding personal should be the golden thread. The statutory guidance also lists six other principles that should inform all decision-making, namely:

- *Empowerment* - look beyond the presenting problem to the backstory; make every adult matter and every contact count; listen, hear and acknowledge, see and build on the person's strengths; consider the need for advocacy; involve the person and their circle of support.
- *Prevention* - commissioning to avoid revolving doors and to provide integrated wrap-around support; transitions out of prison or hospital as opportunities to plan for meeting needs; building family and community circles of support.
- *Protection* - address risks of abuse and neglect, and of premature mortality; in-reach and outreach to build up and sustain a relationship through which to provide practical assistance and emotional support.
- *Partnership* - no wrong door; make every contact count; be flexible about how to engage; build a team around the person.
- *Proportionality* - minimise risk; judge the level of intervention required.
- *Accountability* - get the governance right; system-wide leadership; clearly explain and record decisions.

Staff should be mindful of client confidentiality during the investigation. Support plans and risk assessments should be revised. Staff should look out for any consequences of the investigation on other clients in the service, and take action as a team to manage emerging risks or support needs. The investigation should result in an action plan to stop the abuse and/or to manage the risks that have been identified. For example, the client concerned or others involved in the abuse might be supported to move to more appropriate accommodation; allocated a Social Worker or Community Psychiatric Nurse; or the project could introduce different ways of working to remove or reduce the risks. The Care Act statutory guidance requires staff to listen to and take account of the wishes of a competent client, even if the client's decisions appear unwise. If there is any doubt about mental capacity, an assessment must be completed.

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<sup>3</sup> Information about advocacy and how to access a service can be found here: <https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/someone-to-speak-up-for-you-advocate/>



## Training and continual professional development

All staff and volunteers must be trained in safeguarding, at either an 'awareness' level through to organisational strategic and operational leads. Some local authorities require safeguarding training to be delivered by approved training contractors. We advise our members to ensure that any training is delivered by experienced training professionals and takes account of the context of your work. Safeguarding training should be updated and refreshed regularly for all staff.

Organisations should consider including safeguarding training as part of continual professional development (CPD) of staff and managers. CPD may include training but could also include many other development activities, for example: personal research, writing briefings, policies and advice notes, keeping a reflective journal or facilitating a discussion group or activity. A useful starting point for CPD activity is an organisations appraisal or supervision process.

We have provided a selection of CPD resources below.

## Resources and training

### Safeguarding

Care Act 2014 statutory guidance, Chapter 14 Safeguarding

[www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

Homeless Link Resources, covering a range of relevant safeguarding issues directly or indirectly, including resources on: Women, Mental Health, Trafficking and Labour exploitation, Hate crime, LGBTQ+ people

[www.homeless.org.uk/our-work/resources](http://www.homeless.org.uk/our-work/resources)

Social Care Institute for Excellence, a constantly updated and influential resource on adult safeguarding

[www.scie.org.uk/adults/safeguarding/resources/](http://www.scie.org.uk/adults/safeguarding/resources/)

London Multi-Agency Adult Safeguarding Policy and Procedures, new guidance for safeguarding people who are homeless has been added as an appendix (Appendix 7)

<https://londonadass.org.uk/safeguarding/>

Local Government Association, a range of resources on safeguarding including some specialist content for housing staff, briefings on adult safeguarding and homelessness, briefings and toolkits for making safeguarding personal, and briefings on safeguarding adult enquiries and making safeguarding personal. For example:

[www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources](http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources)

[www.local.gov.uk/publications/adult-safeguarding-and-homelessness-experience-informed-practice](http://www.local.gov.uk/publications/adult-safeguarding-and-homelessness-experience-informed-practice)

[www.local.gov.uk/publications/adult-safeguarding-and-homelessness-briefing-positive-practice](http://www.local.gov.uk/publications/adult-safeguarding-and-homelessness-briefing-positive-practice)

[www.local.gov.uk/making-decisions-duty-carry-out-safeguarding-adults-enquiries](http://www.local.gov.uk/making-decisions-duty-carry-out-safeguarding-adults-enquiries)

[www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal](http://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal)

Ornelas, B., Bateman, F., Meakin, A., Cornes, M. and Pritchard-Jones, L. (2019) *Multiple Exclusion Homelessness: A Safeguarding Toolkit for Practitioners*. Accessed at [www.qni.org.uk/wp-content/uploads/2020/05/SafeguardingToolkitDRAFT-PDF.pdf](http://www.qni.org.uk/wp-content/uploads/2020/05/SafeguardingToolkitDRAFT-PDF.pdf).

Continual Professional Development – examples of resources available

Manchester Safeguarding Boards has a range of links to many free training and development resources

[www.manchestersafeguardingpartnership.co.uk/learning-hub](http://www.manchestersafeguardingpartnership.co.uk/learning-hub)

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NSPCC has a useful resource on female genital mutilation

[www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm/](http://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm/)

Virtual College on course on awareness of forced marriage

[www.virtual-college.co.uk/resources/free-courses/awareness-of-forced-marriage](http://www.virtual-college.co.uk/resources/free-courses/awareness-of-forced-marriage)

MOOC List – a clunky but comprehensive search engine for free or pay-for-certificate online learning through world universities

<https://www.mooc-list.com/>

Coursera – A MOOC (Massive Open On-line Course) platform course on Psychological First Aid from John Hopkins University

<https://www.coursera.org/learn/psychological-first-aid>

EDX – A MOOC platform course on ‘Forced and Precarious Labor in the Global Economy: Slavery by another Name?’ from Wits University

[www.edx.org/course/forced-labour-and-precarious-labour-in-the-global-economy-slavery-by-another-name](http://www.edx.org/course/forced-labour-and-precarious-labour-in-the-global-economy-slavery-by-another-name)

Open Learn – OU MOOC platform course on Modern Slavery

[www.open.edu/openlearn/people-politics-law/the-law/modern-slavery/content-section-0?active-tab=description-tab](http://www.open.edu/openlearn/people-politics-law/the-law/modern-slavery/content-section-0?active-tab=description-tab)

IRISS – online course on developing reflective practice

[www.iriss.org.uk/resources/multimedia-learning-materials/reflective-practice](http://www.iriss.org.uk/resources/multimedia-learning-materials/reflective-practice)

## Training

Homeless Link – training for homelessness and supported housing teams

[www.homeless.org.uk/products/training/courses/safeguarding-vulnerable-adults](http://www.homeless.org.uk/products/training/courses/safeguarding-vulnerable-adults)

## St Mungo's case studies <sup>4</sup>

**Case study 1:** C is a 47 year old female client. Her two daughters live with their father. She has a family network living locally with dysfunctional and highly dependent relationships. C is a heavy alcohol user with an unusual drinking pattern. She drinks heavily over an extremely short period of time whilst isolated until she becomes unconscious. These drinking periods last between 1 to 3 weeks. During this time she completely neglects self-care, becoming incontinent (needing full care), walking in and out of the premises naked and begging passers-by for money day and night. She has been the victim of two sexual assaults during these drinking periods, including one outside the hospital entrance after discharging herself from A&E. C eventually stops drinking and becomes fully functioning, however her mental health issues trigger relapses during which she seems to disconnect from the world completely and becomes unresponsive.

Due to C's care needs when drinking alcohol, a Community Care Assessment<sup>5</sup> was requested by making a telephone referral to the local authority. Details were taken and a call-back was received within 48hrs. The local authority aims to offer a full response within a month but, due to the urgency and complexity of this case, Social Services attended within 3 weeks of referral to assess C. As a result, a care package through an external care agency was implemented.

The support team were present throughout the assessment process/meetings and offered clear recommendations for the level of care required (daily assistance with self-care, shopping, maintaining cleanliness of the flat etc.).

A safeguarding alert was raised by a Project Worker as a result of C being found with signs of physical and sexual assault. This followed a period of intense intoxication. The Service Manager immediately raised an external safeguarding alert with the local authority Social Services duty social worker. Social Services called back 24 hours after the alert was raised to make some further queries about C's case including background information, further risks and what measures had already been put in place. The allocated Social Worker for C's case arranged a case conference a week later and invited external agencies already involved in coordinating her support and care, including C's alcohol worker, Police Safer Neighbourhood Team, Mental Health services etc. Actions following the case conference included a mental capacity assessment and an enforced intervention planned with the local Safer Neighbourhoods Team. A follow up case conference meeting was arranged to assess progress and plan any further interventions.

**Case study 2:** Client M is in her 40s, a poly-substance user with mental health support needs, post-traumatic stress disorder and personality disorder. She was subject to sexual exploitation. An adult safeguarding alert was raised by a Project Worker which the Service Manager escalated to the local Social Services safeguarding team. Social Services made some queries about the case and refused to take it further on the grounds that she had capacity and was sex working as a result of her addictions.

This decision was challenged by the Service Manager on the basis that M was an adult at risk who had disclosed being the victim of sexual exploitation. The case was escalated to the borough's Safeguarding lead. This time it was taken further with agreement that a full Mental Health assessment would be carried out over a period of weeks, including re-engagement with alternative drug and alcohol services as M had been excluded from local statutory drug and alcohol services due to a violent incident.

It took approximately 3 months from submission of the initial safeguarding alert to arrive at this outcome.

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<sup>4</sup> These case studies were provided for the first iteration of the guidance in 2018

<sup>5</sup> Now the Care Needs Assessment



## What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

## Let's end homelessness together

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