

North Somerset Multi-Agency Adult Safeguarding Procedures



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Multi-agency safeguarding guidance

Reference Number: MASG1
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Document Owner: Business Manager - NSSAB
Approved by:
Approval Date:
Replaces: NSSAB014
Equalities impact: NA
Impact on carers: NA
Date displayed on NSSB web site:
Date due to be reviewed by responsible person or body:
Reviewed by/changes made:

To be read in conjunction with the Safeguarding Adults multi-agency policy agreed by: Safeguarding Adults Boards for Bath and Northeast Somerset, Bristol, North Somerset, South Gloucestershire and Somerset.

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1. Introduction

This guidance is based on the [Social Care Institute for Excellence \(SCIE\) Adult safeguarding practice questions](#) and the [Care and Support Statutory Guidance](#) (updated 2024).

This document is intended for use by staff in all agencies which provide care and support to adults. It should be used when staff consider they have identified something which may be a safeguarding adults concern.

This guidance will

- support people to make appropriate safeguarding decisions and
- understand their role in the process.

If an adult is at risk of being abused or neglected and is unable to keep themselves safe as a result of their care and support needs, then safeguarding duties apply.

Local authorities are responsible for looking at any safeguarding concerns raised and deciding if there is a duty to carry out an enquiry under S.42(2).

Please also read our Threshold Support Tool ([Appendix one](#)) which aims to support partners in making decisions on when to raise safeguarding adults concerns. It does this by separating out the 'vulnerability' of an adult at risk and the 'seriousness of the act'.

2. Our commitments

2.1. Safeguarding is everybody's business

Safeguarding is everyone's responsibility. Everybody is required to meet essential/fundamental standards of care and regard to ensure that adults at risk are safeguarded from neglect and abuse. This includes, but is not limited to statutory, independent and voluntary agencies, charities, educational institutions, businesses, faith-based organisations, support groups, and individuals who have contact with adults at risk and who are independent of these organisations. We will work together to prevent and minimise abuse.

Everybody must commit to;

- supporting the right of adults at risk to be safeguarded from neglect and abuse,
- ensuring that all staff and volunteers work together in accordance with this procedure,
- acting promptly to raise concerns, and where applicable, investigate allegations or suspicions of abuse.

2.2. Equality and diversity

The North Somerset Safeguarding Adults Board (NSSAB) is dedicated to upholding the highest standards to protect individuals from harm, abuse, and neglect. These standards are implemented without discrimination with due consideration for a person's pregnancy, ethnicity, disability, age, sex, gender reassignment, marital status, sexual orientation, and religion/belief.

The NSSAB celebrates and respects diversity, treating everyone fairly and has the ambition to provide accessible information, advice, and support to help individuals stay safe and maintain control over their lives.

While socio-economic status is not a protected characteristic under the Equality Act, NSSAB recognises its impact on access to services and ensures that a person's access to private resources does not affect safeguarding outcomes.

NSSAB understands that various identities can combine to create different experiences of discrimination, neglect and abuse. Not everyone experiences harm, abuse, and neglect in the same way. The NSSAB will work collaboratively with its partners to ensure that no one is excluded from accessing safeguarding services.

All NSSAB documents can be made available in large print, audio, easy read and other formats. Documents on our website can also be emailed to individuals as plain text files.

Help is also available for people who require council information in languages other than English. Please email adultspolicy@n-somerset.gov.uk or call 01934 888 888 to make a request.

2.3. Doing nothing is not an option

If we know or suspect that a person at risk is being abused, we will do something about it and ensure our work is properly recorded.

If you need to raise a safeguarding concern the number to contact is: 01275 88 88 01 or visit <https://nssab.co.uk/how-you-can-get-help>.

If you have reason to believe that concerns about a safeguarding adults issue has not been appropriately considered or resolved, [you can send us feedback through our website](#). If you have any concerns about any action or decision taken by Adult Social Services and Housing, you should initially talk to the person you normally talk to. You can also contact our complaints manager at:

Complaints Manager,
Adult Social Services and Housing,
Town Hall,
Walliscote Grove Road,
Weston super Mare, BS23 1UJ

Telephone: 01275 882171

Email: complaints.manager@n-somerset.gov.uk

Professional decision-making disagreements can be addressed through the [escalation policy](#).

3. Safeguarding and the law

3.1. The Care Act 2014

The Care Act 2014 places a duty on local authorities to make enquiries or cause others to do so when they reasonably suspect an adult (to whom safeguarding duties apply) is experiencing, or at risk of experiencing abuse or neglect and is unable to protect themselves.

The Act places a duty on all partner agencies to co-operate by sharing information and contributing to these enquiries.

The Act stresses that enquiries should be proportionate to the level of risk and that responses should be personalised by placing the wishes and views of the adult and their desired outcomes at the centre of intervention.

3.2. The Mental Capacity Act (MCA) 2005

The MCA is central to the involvement of the adult at risk in making safeguarding decisions. It provides a framework against which an adult's ability to make a specific decision is assessed. If an adult lacks the capacity to make a specific decision the MCA places a duty on others to make decisions in the adult's best interests. The MCA introduced a criminal offence of neglect or ill-treatment of a person who lacks mental capacity.

In addition to this the offence of 'wilful neglect' is introduced under the Criminal Justice and Courts Act 2015 and applies to individuals or organisations responsible for providing care.

4. Who does safeguarding apply to?

In the context of The Care Act S.42(1) (The Statutory Criteria) specific adult safeguarding duties apply to any adult who:

- Has care and support needs (whether they are being met or not), and;
- Is experiencing, or is at risk of, abuse or neglect, and;
- Is unable to protect themselves because of their care and support needs.

This applies to people over 18 years of age. If a person over 18 is still receiving children's services and a safeguarding concern is raised, the matter is dealt with under safeguarding adults. In these cases, the response must involve the young person's practitioners from children's services as well as any other relevant professional or people who have a legitimate interest in their welfare (this may include relatives, friends, and carers).

Local authorities also have safeguarding responsibilities toward people who pay for their own care and support services or who may have care and support needs but are not currently drawing upon care and support.

Local authorities may decide to make safeguarding enquiries in cases where the statutory criteria are not met if they deem it to be an appropriate and proportionate response to the risks posed. For example, if a family carer was experiencing abuse.

Examples of people who may be defined as having care and support needs include (this is not exhaustive):

- An older person
- A person with a physical disability, a learning disability, or a sensory impairment
- Neurodivergent people, such as autistic people.
- Someone with mental health needs
- A person living with dementia
- A person with a long-term health condition
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

Everybody needs to make sure that those who may be at risk of abuse or neglect are enabled to live as safely and independently as possible, making their own decisions and taking control of their own lives.

Whenever possible a safeguarding response should be influenced by the views and wishes and the desired outcomes of the adult at risk of abuse.

Safeguarding duties sit with the local authority regardless of whether the adult at risk lacks mental capacity or not.

The duty does not sit with the local authority in relation to safeguarding in prisons and approved premises. These responsibilities remain with the relevant prison/institution.

A summary of the roles and responsibilities of different partner agencies are provided in [Appendix 2](#).

5. The experience of, or risk of, abuse or neglect

Concerns may be in relation to any of the types of abuse listed in the Care Act Guidance. These are:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

In addition to this it is important to have an understanding of hate crimes.

Full details are given in [appendix 3](#).

6. Specific Practice Issues

6.1. Poor practice and safeguarding

There is evidence that many of the issues raised as safeguarding concerns are rooted not in an intention to cause harm or neglect but in poor practice and poor-quality care. Nonetheless the impact on the adult at risk can be just as great, regardless of whether harm is intended.

It is important to differentiate between the two in order to ensure that the problems are addressed in the right way so that adults receive safe, high-quality care and support. Repeated instances of poor care or neglect may indicate an underlying concern in relation to organisational abuse. North Somerset Council may initiate an organisational abuse enquiry where they detect such patterns.

Providers are expected to take quick and effective action in relation to single instances of poor or neglectful care. If these are repeated, clear patterns of harm are identified and / or the risk to adults is increased then this should be raised as a safeguarding concern.

It remains good practice for providers to keep commissioners and regulatory bodies informed when any action is taken.

Examples of poor care and potential concerns include (SCIE)

- Poor care
 - A one-off medication error (unless the consequences were very serious)
 - An incident of understaffing, resulting in a person's incontinence pad being unchanged all day
 - Poor-quality, unappetising food
 - One missed visit by a care worker from a home care agency
- Potential causes for concern
 - A series of medication errors
 - An increase in the number of A&E visits, especially if the same injuries happen more than once
 - Changes in the behaviour and demeanour of an adult with care and support needs
 - Nutritionally inadequate food
 - Signs of neglect such as clothes being dirty
 - Repeated missed visits by a home care agency
 - An increase in the number of complaints received about the service
 - An increase in the use of agency or bank staff
 - A pattern of missed GP or dental appointments
 - An unusually high or unusually low number of safeguarding concerns
- Concerns about management and leadership
 - The people who manage the home and other managers in the organisation. What are they doing, or not doing that might put people at risk of abuse?
- Concerns about staff skills, knowledge and practice
 - The people who work in the home. What are their skills and practice like? What are they doing that might put people at the risk of abuse? Remember this is not just people who work as care workers or nursing staff. For example, this section also includes the practice of managers and other non-care staff who work in the service.
- Concerns about residents' behaviours and wellbeing

- The people who live in the home or service. How are they? Are they behaving in ways which suggest they may be at risk of abuse?
- Concerns about the service resisting the involvement of external people and isolating individuals
 - Are the people in the home cut off from other people? Is it a “closed” or an “open” sort of place? Does the service resist support from external agencies or professionals?
- Concerns about the way services are planned and delivered
 - This is about the ways in which the service is planned and whether what is actually delivered reflects these plans. For example, are people receiving the levels of care which have been agreed? Are the residents a compatible group? Is the service clear about the kind of support they are able to deliver?
- Concerns about the quality of basic care and the environment
 - Are basic needs being met? What is the quality of the accommodation like?

6.2. Pressure injuries

North Somerset has a Pressure Injury Protocol. In summary, if there is a concern that neglect or abuse has contributed to the development of a pressure sore of any grade then it should be raised with North Somerset as a safeguarding concern.

6.3. Self-Neglect

The Care Act includes self-neglect as a form of abuse or neglect if the person has care and support needs. However in many cases self-neglect will be appropriately dealt with under other mechanisms or sections of the Care Act (assessment, planning, information and advice and prevention).

It is vital to establish whether a person has capacity to make decisions about their well-being and whether or not they are able or willing to care for themselves. An adult with capacity is able to make choices and may make ‘unwise’ decisions that others think of as self-neglect.

The concept of self-neglect being a ‘lifestyle’ choice is not endorsed by NSSAB because evidence shows that the root cause of self-neglect is primarily trauma.

If a person lacks mental capacity with regard to relevant decisions then a best interest process should be followed.

If a person does not want any safeguarding action to be taken, it may be reasonable not to intervene, if:

- No-one else is at risk
- Their 'vital interest' are not compromised (that is, there is no immediate risk of death or major harm)
- All decisions are fully explained and recorded
- Other agencies have been informed and involved as necessary.

If the person is reluctant, carrying out an assessment of their capacity may be difficult. Agencies should record all the steps they have taken to complete an assessment; evidence shows best results are achieved when taking time to gain the person's trust and build a relationship, and at the person's pace.

If it is not possible to complete an assessment then the worker should be able to show that they have tried and that information and advice have been made available on how to access support and how to raise a concern. You should be able to show that whatever your action was, it was reasonable and proportionate.

The North Somerset Safeguarding Adults Board website gives further advice on hoarding and self-neglect.

A safeguarding adults response to cases of self-neglect may be initiated if the adult is deemed at severe risk and unable to change their circumstances due to care and support needs.

6.4. Domestic abuse

In some situations where there is domestic abuse the duty to make safeguarding enquiries may also apply.

North Somerset have provided separate guidance, based on the Adult Safeguarding and Domestic Abuse (SCIE document) on how to respond to domestic abuse when safeguarding duties also apply. If a situation of domestic abuse may impact on the well-being of an adult with care and support needs, then a concern should be raised and appropriate action taken; the response will be individual to the person but

domestic abuse and adult care services need to communicate effectively and work together. Section 1 of The Care Act 2014 provides a definition of well-being as relating to any of the following—

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional well-being;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- participation in work, education, training or recreation;
- social and economic well-being;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

There also needs to be awareness that high risk cases of domestic abuse should be referred, via the appropriate agency representative, for discussion at the North Somerset Multi Agency Risk Assessment Conference. Separate guidance on this is available to all Agencies.

6.5. Other types of abuse

This is a non-exhaustive list of other circumstances that may warrant a safeguarding adults response:

- Hate crimes (likely to fall under the category of discriminatory abuse)
- Mate crimes (including cuckooing)
- Forced marriage
- Honour based violence,
- Radicalisation
- Female genital mutilation
- Unauthorised deprivations of liberty

6. Raising a concern

If you are concerned that a person with care and support needs is experiencing or at direct risk of experiencing abuse or neglect, you must raise a safeguarding adults

concern with the council. Once a concern is raised the council will make the decision as to whether there is a duty to carry out enquiries.

There is an expectation that all agencies and settings have the capacity to identify the signs and symptoms of neglect and abuse.

Appendix one has links to the threshold support tool and related documents.

These documents will support partners making decisions on when to raise safeguarding adult's concerns. The documents do this by separating out the 'vulnerability' of an adult at risk and the 'seriousness of the act'.

If you think that a person has care and support needs and is experiencing or is at direct risk of abuse or neglect, you should raise a concern with North Somerset Council by ringing Care Connect on 01275 888 801 or by using the [referral form](#).

7. What happens if you raise a safeguarding concern about an adult?

North Somerset Council will take the concern seriously and consider what action needs to happen in response, this will include the decision as to whether they have a legal duty to make enquiries, or cause others to do so.

Unless there is an overriding duty of confidentiality, the person who raises the concern will be informed whether a safeguarding enquiry will be undertaken. It will be agreed who will ensure that the adult or their representative is made aware of this decision.

There is always a need to balance the protection of adults with the need to respond to and respect the rights, liberty, wishes and circumstances of individual people. The response to a safeguarding concern will consider the views and wishes of the adult at risk and will work with them, or their representative to achieve their desired outcomes. If an adult has substantial difficulties in representing themselves and has no other appropriate person to represent them, an independent advocate will be offered.

7.1. Multi-Agency Risk Management (MARM)

The Multi-Agency Risk Management (MARM) is designed to support people where high levels of risk have been identified and a multi-agency approach would be beneficial. It brings together senior professional representatives from multiple agencies including the emergency services, health and social care to identify what needs to be done to reduce the risk. The professionals meet once a month to discuss multiple people. They will then decide if a review meeting is needed to manage the ongoing concerns.

MARM does not replace statutory adult safeguarding. It is a framework for managing risk where the concerns do not come from a third party and the person is able to protect themselves, but they remain at risk. The referring agency needs to demonstrate that they have exhausted all strategies to reduce the risk before considering referring to MARM.

Concerns that would meet the threshold for MARM

- vulnerability factors requiring pro-active prevention and protection measures to reduce the risk of escalation to a safeguarding response
- on-going needs or behaviour, placing the person and/or others at significant risk
- self-neglect including hoarding and concerns around fire safety where the person is able to protect themselves
- refusal or disengagement from care and support services where person is at significant risk without support
- noncompliance with medication or not adhering to treatment advice where this leaves the person at significant risk of harm
- complex or diverse needs, which either fall between statutory responsibilities or eligibility criteria, or span a number of agencies. For example, risks from the impact of neurodivergence, mental health, substance misuse or care leavers who are not eligible under the Care Act 2014 but present with vulnerabilities

- risks previously addressed via a section 42 enquiry but for which the need for ongoing risk management and monitoring has been identified
- repeated concerns around suicide risk and self-harm where this intersects with other risks and cannot be managed by secondary mental health services alone
- where the person is unable to maintain stable accommodation

To find out more visit [Multi-Agency Risk Management \(MARM\) | Adult Safeguarding Board](#).

8. Sharing information

Given the duty to cooperate in the Care Act 2014 there are only a limited number of circumstances in which it would be acceptable not to share information pertinent to safeguarding with relevant partners. These would be where the person has capacity to make the decision in question and does not want their information shared, and:

- Their 'vital interests' do not need to be protected
- Nobody else is at risk
- There is no wider public interest
- No serious crime has been or may be committed
- The adult at risk has no care and support needs
- No staff are implicated
- No coercion or duress is suspected
- The risk is not high enough to warrant a referral to a Multi-Agency Risk Assessment Conference (MARAC)
- No other legal authority has requested the information.

If there is continued reluctance from a partner to share information, then the matter should be referred to the North Somerset Safeguarding Adults Board. The board will consider the reasons for not sharing the information and decide on the course of action to take.

The North Somerset Safeguarding Adults Board can consider whether the concern warrants a request under section 45 of the Care Act 2014 for the supply of information.

If an organisation needs to hold information on an adult it must have policies and procedures in place regarding the storage and retention of that information. It is the responsibility of each organisation to ensure that they are compliant with GDPR (General Data Protection Regulation).

9. Escalating concerns

If an organisation that has raised a concern considers that the local authority response to a safeguarding concern is not sufficient then the matter should be referred to the North Somerset Safeguarding Adults Board via their agency member for consideration. The joint escalation policy will be applied.

Appendix 1: Links to NSSAB threshold tool and supporting documents

Threshold support tool

This document is intended to be read as practice guidance. It does not replace professional curiosity, or professional judgement. It aims to support partners in making decisions on when to raise safeguarding adults concerns. It does this by separating out the 'vulnerability' of an adult at risk and the 'seriousness of the act'.

<https://nssab.co.uk/sites/default/files/2024-10/Threshold%20Support%20Tool%20September%202024.docx>

Threshold support tool quick guide

This document provides a quick guide to in relation to when to raise a safeguard concern. When in doubt, always refer.

<https://nssab.co.uk/sites/default/files/2023-06/NSSAB%20Threshold%20Support%20Tool%20Quick%20Guide%20-%20ACC.docx>

Threshold Support Tool Decision matrix outcome record

<https://nssab.co.uk/sites/default/files/2023-06/Decision%20making%20record%20Incidents%20between%20people%20using%20a%20care%20service%20V1%20-%20ACC.docx>

Appendix 2: Summary of Partner's Roles & Responsibilities (SCIE, 2015)

Safeguarding Adults Boards			
<ul style="list-style-type: none"> Hold partners to account Monitor outcomes and effectiveness Use data and intelligence to identify risk and act on it Co-ordinate activity 		<ul style="list-style-type: none"> Uphold the six safeguarding principles Co-ordinate Safeguarding adult reviews Produce a strategic plan Produce an annual report 	
Social Care and Health Providers		Social Care and Health Commissioners	
<ul style="list-style-type: none"> Show leadership and routinely monitor activity Meet the required service quality standards Train staff in safeguarding procedures and ensure they are effectively implemented Investigate and respond effectively to incidents, complaints and whistle-blowers Take disciplinary action against staff who have abused or neglected people in their care 		<ul style="list-style-type: none"> Build safeguarding into commissioning strategies & service contracts Review and monitor services regularly Intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place 	
Clinicians	Social Workers/Care Managers	Specialist Safeguarding staff	Police
<ul style="list-style-type: none"> Apply clinical governance standards for conduct, care & treatment & information sharing Report incidents of abuse, neglect or undignified treatment Follow up referrals Consult patients and take responsibility for ongoing patient care Lead and support enquiries into abuse or neglect where there is need for clinical input. 	<ul style="list-style-type: none"> Identify and respond to concerns Identify with people (or their representatives if they lack capacity) the outcomes they want Build managing safeguarding risks and benefits into care planning with people Review care plans Lead and support enquiries into abuse or neglect 	<ul style="list-style-type: none"> Be champions in their organisations Provide specialist advice and coordination Respond to concerns Make enquiries Work with the person subject to abuse Co-ordinate who will do what – e.g. criminal or disciplinary investigations. 	<ul style="list-style-type: none"> Investigate possible crimes Conduct joint investigations with partners Gather best evidence to maximise the prospects for prosecuting offenders Achieve, with partners, the best protection and support for the person suffering abuse or neglect – including victim support
Professional Regulators		Care Quality Commission	
<ul style="list-style-type: none"> Set the culture and professional standards Apply the Fit to Practise test Take action where professionals have abused or neglected people in their care 		<ul style="list-style-type: none"> Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high quality care Intervene and take regulatory action on breaches Publish findings including performance ratings 	

Appendix 3: Types of abuse (Department of Health Statutory Guidance on the Care Act 2014)

This 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. What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered. Types of abuse include:

- Physical abuse
 - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic abuse
 - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
 - any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence of abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality
- Sexual abuse
 - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
 - Sexual exploitation which involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Key features include coercion and control, disclosures and retractions.
- Psychological abuse
 - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, Verbal abuse, cyber bullying, isolation or

unreasonable and unjustified withdrawal of services or supportive networks.

- Financial or material abuse
 - including 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, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery
 - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse
 - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse
 - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission
 - including 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.
- Self-neglect
 - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- Mate crime

- Mate Crime is defined as the exploitation, abuse or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred to as 'fake friends'.
- People with disabilities, particularly those with learning disabilities, mental health problems, substance misuse and older people are often the targets of this type of crime. In some cases victims of mate crime have been badly harmed or even killed.
- There are different forms of mate crime, for example:
 - Theft/financial abuse - the abuser might demand or ask to be lent money and then not pay it back or the perpetrator might misuse the property of the adult.
 - Cuckooing - the abuser might take over the person's home and visit or stay there, despite the person not wanting them to.
 - Physical assault/abuse - the abuser might hurt or injure the adult.
 - Harassment or emotional abuse - the abuser might manipulate, mislead and make the person feel worthless.
 - Sexual assault/abuse - the abuser might harm or take advantage of the person sexually.