



Adult Neglect Strategy

2025 - 2027

‘In Wolverhampton we will work in partnership and collaborate to ensure that all adults at risk of abuse and neglect are able to live safely’

WOLVERHAMPTON SAFEGUARDING TOGETHER PARTNERSHIP

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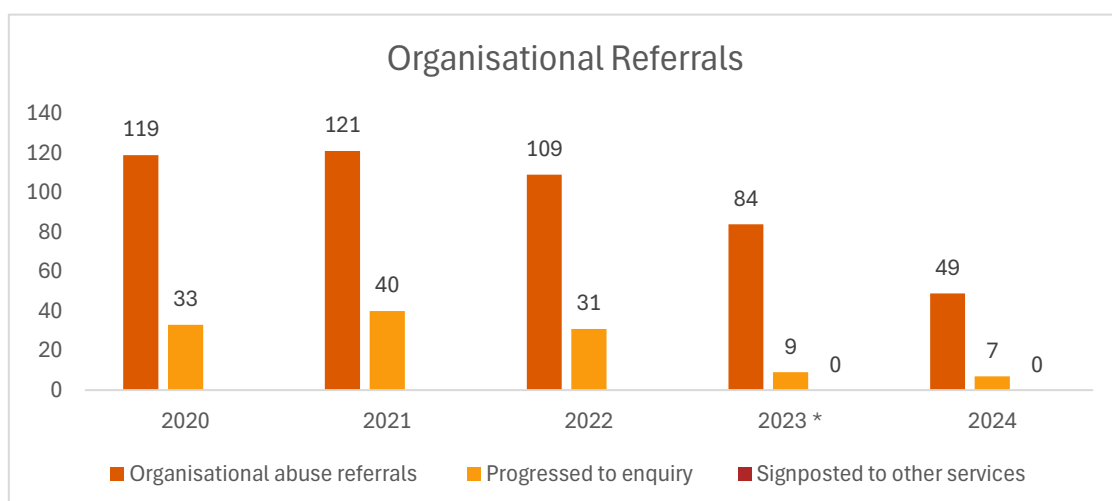
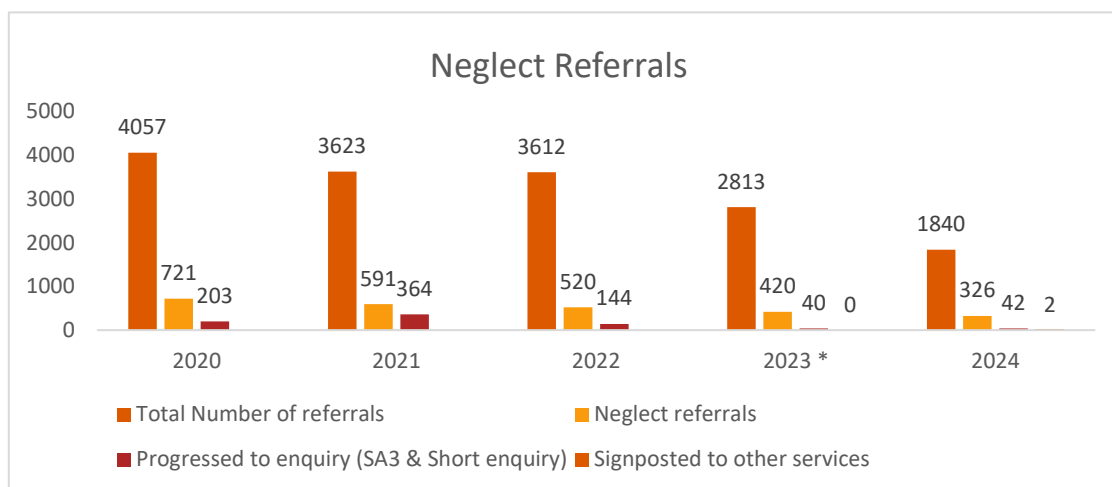
Why do we need this strategy?

Neglect remains a prevalent issue that affects many adults, leading to significant harm and distress and in some circumstances death. As a partnership we are committed to ensure all adults at risk of abuse and neglect are able to live safely and we will work in collaboration to achieve this. We are passionate about ensuring people’s rights are respected, and their needs met. It is our duty to support those with care and support needs, experiencing or at risk of abuse, who are unable to protect themselves.

This strategy aims to:

- Prevent neglect of a person by an individual or organisation, it is not about self-neglect
- Outline our commitment to enhancing awareness and understanding of neglect
- Identify when neglect occurs
- Support effective safeguarding responses to promote the safety and wellbeing of adults at risk

We recognise that addressing adult neglect requires a multi-agency approach that extends beyond the confines of a single agency or organisation. This strategy emphasises the importance of working in partnership, where everyone involved understands their role and responsibilities in safeguarding adults.



The legal framework of which we adhere to:

This strategy applies to adults aged 18 and above living in Wolverhampton.

The [Care Act \(2014\)](#) sets out a clear legal framework for how local authorities and partnership agencies should safeguard adults at risk of abuse or neglect. The legislation actively promotes the wellbeing principle, preventative work and independence of adults with care and support needs.

The [Care Act \(2014\)](#) places a duty on the local safeguarding adult board (Wolverhampton Safeguarding Together Partnership) to develop and implement a clear strategy around the prevention of abuse or neglect of adults at risk.

Adult safeguarding duties under the [Care Act \(2014\)](#) states;

1. where a local authority has reasonable cause to suspect that an adult in its area
 - a) has needs for care and support
 - b) is experiencing, or is at risk of, abuse or neglect, and
 - c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
2. The local authority must make, or cause others to make, whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

The partnership is also committed to our statutory responsibility under the [Mental Capacity Act \(2005\)](#). We recognise that neglect and or acts of omission is one of the 10 categories set out in the Care Act.

Safeguarding enquiries are undertaken when an adult with care and support needs is believed to be at risk of abuse or neglect and unable to protect themselves. Most safeguarding enquiries undertaken in Wolverhampton, where neglect is the main concern, are prompted by allegations against paid care providers. A smaller proportion relate to allegations against informal carers/family members.

Safeguarding Adults Reviews (SARs) are undertaken when an adult with care and support needs has been harmed or has died as a result of abuse, neglect, and where there are concerns about the way that organisations have worked together to safeguard the adult.

Abuse and neglect occur when someone causes another person harm or distress. It can take place in any environment, including online, it can involve one or multiple incidents, and anyone can cause harm. Abuse and neglect are often the result of deliberate intent to cause harm, but sometimes abuse isn't intentional. It happens because someone doesn't have the skills or support needed to care for someone. That doesn't make the impact of it any less, but it can help to understand how it happened.

To understand the experience of the adult, it is important to consider the context of the abuse and what combination of push and pull factors may be present, as this will affect the approach taken to engage with the adult. Push factors are things that drive the adult to detach from people who keep them safe. This, in turn, leaves them vulnerable to abuse. Pull factors are actions that lure the adult in.

When is Neglect a Criminal Offence?

Neglect can constitute a criminal act. Sections 20 and 21 of the [Criminal Justice and Courts Act \(2015\)](#) makes it a criminal offence for an individual or an organisation to wilfully neglect or mistreat any person who is in receipt of any type of health and/or social care provision. This offence can apply even where no actual harm was caused. It is important to report your concerns about suspected criminal neglect to the police as soon as you identify, suspect or witness it.

The offence applies:

- to all formal healthcare provision for adults in both the NHS and private sector,
- to all formal adult social care provisions, in both the public and private sectors, including where care is self-funded; and
- to individuals and organisations paid to provide or arrange for the provision of these health and adult social care services.

Section 44 of the [Mental Capacity Act \(2005\)](#) identifies two criminal offences: ill treatment and wilful neglect of a person who lacks capacity to make relevant decisions.

The offences may apply to:

- anyone caring for a person who lacks capacity – this includes family carers, healthcare and social care staff in hospital or care homes and those providing care in a person's home
- an attorney appointed under an LPA (Lasting Power of Attorney) or an EPA (Enduring Power of Attorney), or
- a deputy appointed for the person by the court.

Advocacy

Where individuals have substantial difficulty participating in an assessment under the [Care Act \(2014\)](#), there is a legal duty on the local authority to arrange an appropriate advocate to support the adult's engagement and representation of the views and wishes of the adult.

Where there is no suitable person within the person's social network to represent them, the adult has a legal right to an independent advocate. This is set out in section 67, [Care Act \(2014\)](#). Ensuring that adults are appropriately supported to participate in assessments of their needs can prevent neglect as it promotes accurate identification of needs and their associated risks.

Partnership Working

The law and statutory guidance governing assessments of need make clear the importance of partnership working across professional boundaries to achieve good quality assessment of needs and risks.

[Care Act \(2014\)](#), Section 7 creates a duty on all relevant organisations to cooperate with each other. It makes clear that if a local authority requests co-operation of health professionals, or other relevant professional, to help in the assessment or support of an individual with care and support needs, they must cooperate, unless it is incompatible with their own duties.

[Care Act \(2014\)](#), Section 9 states when an adult may have requirements for care and support, the authority must assess the adult's needs, and that assessment must involve:

- the adult
- any carer that the adult has
- any person whom the adult suggests; or where the adult lacks capacity any person who appears to be interested in the adult's welfare

This would include any health professionals, paid carers, advocates and any other relevant professionals involved with the person.

[Care Act \(2014\)](#), Section 11 outlines the procedures when an adult or carer refuses a needs or carer's assessment. If an adult refuses an assessment, the authority is not required to conduct it. However, there are two exceptions where the local authority must proceed with the assessment despite the refusal:

- a) If the adult lacks the capacity to consent to the assessment but the authority is satisfied it is in their best interests; and
- b) if the adult is at risk of harm or financial abuse.

Additionally, if the authority believes the circumstances have changed after a refusal, they have a duty to carry out the assessment unless the person continues to refuse.

Definition of Neglect

Whilst there is no overarching definition of neglect, this strategy uses the following description: The failure of any person, who has responsibility for the charge, care, or custody of an adult at risk, to provide the amount and type of care that a reasonable person would be expected to provide. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.¹

Neglect and Acts of Omission includes:

- 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
- Poor environmental conditions
- Inadequate heating and lighting
- Poor physical condition of the vulnerable adult
- Clothing is ill-fitting, unclean and in poor condition
- Malnutrition
- Failure to give prescribed medication properly
- Failure to provide appropriate privacy and dignity
- Inconsistent or reluctant contact with health and social care agencies
- Isolation – denying access to callers or visitors
- Avoidable accidents, especially if there is more than one affecting one or multiple users of the same service
- Avoidable pressure ulcer or moisture associated skin damage

Is it Poor Care or Neglect?

Sometimes it can be difficult differentiating between poor care and neglect. It is important that concerns are addressed to prevent future harm. Incidents of poor care should be addressed through training, supervision, contract monitoring and improvement plans, and review of staffing sufficiency etc. Poor care does not need to trigger the safeguarding process. Safeguarding interventions should be reserved for neglect, which is different to poor care because of the severity of associated risks and chronicity. Distinguishing between poor care and neglect help safeguarding professionals to focus their time and energy where it is most needed.

¹ West Midlands Policy and procedures for Adult Safeguarding Nov 2019

Examples of Poor Care:

- A one-off medication error (although this could of course have had serious consequences)
- An isolated incident of under-staffing, resulting in a person's incontinence pad being unchanged all day
- Poor quality, unappetising food
- An isolated incident of a missed visit by a care worker from a home care provider

Organisational Abuse

“This can include neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in a person's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation” (Care Act Statutory Guidance). Safeguarding decision making in respect of allegations of organisational abuse within care environments in Wolverhampton should be undertaken within the context of the ‘Framework for Responding to Organisational Failure or Abuse’ and the Council's Provider Failure process.

Organisational abuse may also be identified because of a cluster of safeguarding concerns about a number of adults with care and support needs being supported by the same care provider. However, several allegations of abuse within a care environment do not necessarily always constitute organisational abuse. It is imperative that such situations are not dealt with in isolation as repeated instances of neglect or poor practice may be an indication of a more serious concern. The Adult MASH should be contacted to discuss further.

Organisational abuse may include:

- Inappropriate use of power or control
- Inappropriate confinement, restraint, or restriction
- Lack of choice – in food, in decoration, in lighting and heating, and in other environmental aspects
- Lack of personal clothing or possessions
- No flexibility of schedule, particularly with bedtimes
- Financial abuse
- Physical or verbal abuse
- An unsafe, unhygienic or overcrowded environment
- A strict or inflexible routine
- Lack of privacy, dignity, and respect for people as individuals
- Withdrawing people from community or family contacts
- No choice offered with food, drink, dress or activities
- No respect or provisions for religion, belief, or cultural backgrounds
- Treating adults like children, including arbitrary decision-making

Definition of ill-treatment and wilful neglect:

As stated in the [Mental Capacity Act Code of Practice](#) ill-treatment and neglect are separate offences. For a person to be found guilty of ill-treatment, they must either:

- have deliberately ill-treated the person, or
- be reckless in the way they were ill-treating the person or not. It does not matter whether the behaviour was likely to cause, or actually caused, harm or damage to the victim's health.

The meaning of 'wilful neglect' varies depending on the circumstances. But it usually means that a person has deliberately failed to carry out an act they knew they had a duty to do.

Depending on the nature of the concerns, a Multi-Agency Safeguarding Meeting (MASM) may be required to share information and to agree a plan of action with partner agencies e.g. Quality Assurance, Commissioning, Integrated Care Board and police. A multi-agency approach is fundamental in these situations and a s42 enquiry may be jointly undertaken by several agencies e.g. the local authority, police, and others depending on the nature of the concerns.

Our vision

‘In Wolverhampton we will work in partnership and collaborate to ensure that all adults at risk of abuse and neglect are able to live safely’

‘Safeguarding is everyone’s business’

The Wolverhampton Safeguarding Together Partnership is committed to the vision. However, the board can not realise this vision alone and will work in partnership with the people of Wolverhampton as well as both statutory and non-statutory partners. All partners are committed to making safeguarding personal in line with the [Care Act \(2014\)](#) requirements.

Six key principles underpin all adult safeguarding, including efforts to safeguard adults from neglect. These are set down in the Care Act Statutory Guidance:

Empowerment

Safeguarding should promote choice and control for adults at risk. By empowering people to make choices and speak up for themselves we can reduce risk of abuse and neglect.

Prevention

Prevention of neglect is a key objective of this strategy. Good practice in assessment, care planning, work with families and carers, information sharing and quality assurance of care provision help to prevent neglect.

Proportionality

Intervening in families and people’s personal lives must be proportionate to the risks they face. Effective risk assessment and analysis of information helps to support proportionate interventions.

Protection

Appropriate and timely support and care are important tools to protect people from avoidable harm. When someone has been neglected there is a duty to explore ways to reduce harm by intervening with those causing harm and by addressing the harm caused and ensuring needs are met subsequently.

Partnership

Professionals need to work together, across organisational and disciplinary boundaries, to assess needs and risks, to safely plan and deliver care, and to protect people from harm. Seeking and sharing information and addressing and resolving differences of opinion helps to safeguarding people. There needs to be partnership working between professionals, adults and their families too.

Accountability

Assessments, decision making, and communication between professionals should be clearly documented. The reasoning behind decision making should be documented explicitly.

Learning from Safeguarding Adult Reviews

[The Second National Analysis of SARs \(2024\)](#) reviewed SARs from 2019-2023 across the UK. 46% of the SARs nationally involved neglect; in 82% of all SARs reviewed, the adults were deceased. The prevalence of neglect among serious incidents, locally and nationally, evidences the high risks involved in neglect and why prevention, identification and effective responses are so important.

Preventing Neglect of Adults

There are many ways that professionals can act to prevent neglect, both in our interactions with adults and their families, and in terms of organisational processes and procedures.

Steps to prevent inadvertent and unintentional neglect

- Thorough assessment of care and support needs, and assessment of carers needs including an honest and frank assessment of their willingness and ability to meet needs.
- Ensuring carers, paid and informal, are clear on how they can meet the needs of the adult and exactly what is expected of them, and how they can seek help if they are not sure.
- Contingency planning, especially with informal carers, particularly when the adult has a deteriorating condition such as dementia or other degenerative disease.
- Being realistic about the level of care that someone is agreeing to undertake - no one can provide care on their own 24 hours a day.
- Sharing accurate, clear and thorough information with care providers, including family carers, at points of transition such as hospital discharge, and moves from one care provider to another, or when informal carers are taking over care.
- Clear care plans and recording of needs held by paid care providers and care managers and informal carers.

Steps to prevent willful neglect

- Safer recruitment processes, where references and Disclosure and Barring Service (DBS) checks are completed, and training and supervision are provided regularly.
- Use the Local Authority Designated Officer (LADO) process when you have concerns about the behaviour of any person in a position of trust outside of their work role.
- Thorough investigation of complaints and spot-checking practice can also help reduce risk.
- Exploration and professional curiosity about family dynamics. Take account of background information or current concerns about domestic abuse or family conflict when exploring a person's ability and willingness to care for someone.
- Respectful but frank challenge when seeing something that contradicts what you are being told, such as poor personal hygiene or home environment.
- Paying attention and thinking about the lived experience of the adult receiving care. Be curious about what life is like for them.

Overarching Strategic Priorities – Improving Outcomes for Adults

To improve the effectiveness of multi-agency practice in relation to neglect for adults, our aims are to:

- Provide a user-friendly toolkit and ensure it is embedded in practice
- Provide an overview of what action is being taken to tackle neglect within the city
- Reduce the number of inappropriate safeguarding referrals
- Provide a better understanding of what constitutes neglect where there are care quality concerns
- Provide an understanding of the extent agencies and families are aware of what neglect looks like and the impact it can have
- Identify any gaps in knowledge in the work force and provide appropriate training / resources
- Increase practitioner knowledge and understanding of neglect and poverty

To do this we will:

- Develop the neglect strategy
- Develop the neglect toolkit
- Develop a Quality Assurance Framework to understand the extent agencies and families are aware of what neglect looks like and the impact it can have including the impact of poverty
- Develop a training package to raise awareness of neglect and the impact of poverty
- Conduct necessary dip samples and audits and develop action plans as appropriate

Operational Requirements

Workforce development

Training for practitioners is essential to support them to recognise, assess and intervene in cases of neglect, and to be confident in distinguishing neglect from poverty, and understanding the relationship between these factors. Training will be available via Wolverhampton Safeguarding Together. Supervision, consultation and reflection are central in supporting staff around identifying and responding to neglect.

Robust assessment of needs and risks

Social care assessments should include information gathered from healthcare professionals. Healthcare professionals should seek and share information from social care professionals to inform healthcare assessments, decision making and risk assessments. Health care and social care professionals should seek and share information with care providers. A risk assessment is an important part of all assessments.

All assessments should consider the views, wishes and feelings of adults and their family members. Concerns from family members about the risks someone faces, the care they need, and any doubts expressed about the person's mental capacity should be taken seriously and clearly recorded.

Information seeking and sharing pathways

Whilst there is a duty on organisations to cooperate with each other, including information sharing, it is important that anyone being asked for information is given a clear reason for sharing the information so that they are not breaching GDPR. If professionals are asking for clinical information or social care information it is important they explain their professional role and the reasons for requesting the information.

Escalating concerns and professional disputes

Safeguarding is everyone's responsibility and effective, collaborative working is essential. Professionals need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when an agreement cannot be reached, appropriately escalating those concerns via the [WST Escalation Policy](#). The need for staff to feel confident in their understanding of when and how to raise effective challenges about practice is essential in achieving the best outcomes for adults with care and support needs.

Wolverhampton Safeguarding Together Partnership follows the [HM Government Information Sharing Guidance](#) adhering to the data protection and freedom of information legislation in order to protect and safeguard adults with care and support needs in Wolverhampton.

Useful links

[Care Act \(2014\)](#)

[Criminal Justice and Courts Act \(2015\)](#)

[HM Government Information Sharing Guidance](#)

[Mental Capacity Act \(2005\)](#)

[Mental Capacity Act Code of Practice](#)

[The Second National Analysis of SARs \(2024\) reviewed SARs from 2019-2023](#)

[WST Escalation Policy](#)