

Definition of an Adult at Risk

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Introduction

With the guidance taken from [The Care Act 2014](#) (and interpreted for the Jersey context), the definition of an adult at risk applies in respect of any person aged 18:-

(1) Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(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 to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

(3) "Abuse" includes financial abuse; and for that purpose, "financial abuse" includes:

(a) having money or other property stolen,

(b) being defrauded,

(c) being put under pressure in relation to money or other property, and

(d)having money or other property misused.

It is important to not take a limited view of who may be at risk. Point 1(b) above states 'at risk of abuse or neglect' which has a very different meaning to someone 'experiencing' abuse or neglect. The inclusion of 'at risk of abuse/neglect' enables a preventative approach to safeguarding. It is better to act before harm occurs.

Everyone working to support people with care and support needs has a responsibility within these multiagency adult safeguarding procedures to identify and respond to concerns about possible abuse and neglect.

Our policy and procedures provide a foundation upon which supportive safeguarding practice can be based. There is nothing in these procedures that put in place a ceiling on how far support can be extended.

An adult with care and support needs may be: (but not limited to)

- a person with a **physical disability**, a **learning disability** or a **sensory impairment**
- someone with **mental health needs**, including dementia or a personality disorder
- a person with a **long-term health condition**
- someone who **misuses alcohol or substances** to the extent that it affects their ability to manage day-to-day living
- Someone who is **unable to demonstrate the capacity** to make a decision relating to their safety and is in need of care and support.

This is not an exhaustive list. In its definition of who should receive a safeguarding response, the policy can also include people who are victims of sexual exploitation, domestic abuse and modern slavery. Whilst these are largely criminal matters, safeguarding responses would be applicable where an adult is not able to protect themselves due to their care and support needs.

An adult at risk may reside or experience abuse in any setting, there may be times when an adult has care and support needs and is unable to protect themselves for a short, temporary period – for example, if they were significantly unwell due to an infection.

People with care and support needs are not inherently vulnerable, but they may come to be at risk of abuse or neglect at any point due to:

- physical or mental ill-health,
- becoming disabled,
- frailty,
- not having support networks,
- inappropriate accommodation,
- financial circumstances or,
- being socially isolated.

Abuse can happen anywhere, for example:

- at home,
- in a care home, hospital or day service,
- at work or college, or,
- in a public place or in the community.

Abuse can be caused by anyone, for example:

- a partner, carer, relative, neighbour or friend,
- a health, social-care or other worker, whether they are paid or a volunteer,
- a stranger, or,
- another adult with care and support needs,
- a child or children

Homelessness is an emerging issue in Jersey, and for some people may be a consequence of health problems or may cause worsening health. Many people who 'sleep rough' may have significant needs in relation to physical health, mental health and substance misuse. Amongst the population of people who sleep rough there are significantly higher

prevalence rates of organic and functional mental illness, substance use, acquired brain injury, autistic spectrum conditions and learning difficulties, and some communicable diseases. Any of these conditions can contribute to behaviours which can also result in self-neglect.

The Care Act statutory guidance is clear that Local Authorities should acknowledge that abuse and neglect can occur in many ways and the same type of abuse can have a different effect on one person when compared to another.

Hence it is not appropriate to have set responses based on the type of abuse that has occurred and the response should be based on the effect on the person.

See chapter on [‘what is care and support’?](#)

Safeguarding responsibilities also apply in respect of informal carers in the following ways:

- An informal carer may witness or speak up about abuse or neglect;
- An informal carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or
- An informal carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Informal carers play a significant role in looking after Jersey residents, some of whom have highly complex needs. In doing so, carers can prevent the person’s need for formal services and this can involve working long, unsociable hours. It is important that professionals consider supporting carers from developing needs for care and support themselves. There is a plethora of research which finds that people who act as long-time informal carers can have poorer physical and mental health. Strategies that support carers to continue to care should take carer resilience into account.

If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally (or intentionally) harms or neglects the adult they support. Consideration should be given to whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, additional support can be provided that removes or mitigates the risk of abuse.

It should not be assumed that abuse within a family is unintentional or due to 'carer stress'. Where there is an allegation of domestic abuse and the alleged victim is an [Adult at Risk](#), a concern should be raised to the Safeguarding Adults Team. Other agencies may need to be involved; in circumstances where a criminal offence is suspected this may include alerting the Police, or for other issues a combination of others may be required to assist e.g. GP, healthcare services or other providers may need to be involved.

It is however, necessary to exercise professional judgment to discern where alleged [Abuse](#) or [Neglect](#) by an informal carer may be due to lack of knowledge or where the carer's own needs make them unable to care adequately for the person at risk.

A distinction should be made between harm caused inadvertently; and abuse caused deliberately or in reaction to the adult at risk.

In certain situations, aims may be achieved to reduce harm through protective measures; such as offering support for the carer.

Assessment

Assessment of both the carer and the adult they care for must include consideration of both their well-being. *Section 1 of the Care Act* includes protection from abuse and neglect as part of the definition of wellbeing. As such, a needs or carer's assessment is an important opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring. This could include giving specific advice or **providing training** to the carer to enable them to provide care or support more safely. Alternatively, this may also mean enabling them to take regular breaks from direct care, or whatever they may define as their own desired outcome, measured alongside the outcomes defined by the person (adult at risk) who is cared for.

A reassessment of needs could also signal the need of additional services, equipment, or training - or information or other support that minimises the stress experienced by the carer.

In most situations involving carers, the most proportionate safeguarding response is to assess and consider the wellbeing of both carer and cared for person.

Taking a hard line with carers can have a devastating impact on confidence or lead to a total relationship breakdown – and therefore should be a consideration of last resort.

‘Abuse or neglect does not have to be deliberate, malicious or planned. Sometimes events and actions may be clouded by stress and isolation brought on by caring. Often, carers will be trying their best and some may not have the information they need. Carers may not know what is or is not the right way to do things [e.g. moving and handling]. They may feel what they are doing is all-right if it keeps the person safe [e.g. restraint or no independent travel]. It may involve a reluctance to change or to listen to the case for change. The need for change may be seen as criticism or as a lack of real understanding about their situation.’ ADASS 2011

Speaking up/disclosure

If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is **sensitively undertaken**, and other agencies are involved as appropriate.

Supporting carers to reduce risk of harm

To reduce risk to the carer, adult at risk and the overall stability of the informal support network it is important to consider strategies that can support the carer in their role.

These may include:

- a. Carer's assessment or review, and an individualised Support Plan;
- b. Express recognition of the carer's status and their importance
- c. Respite, day service and other ways to enable to carer to take a break;
- d. Referral to a carer's support agency; e.g. Carers Jersey
- e. Referral to a specialist agency e.g. Dementia Jersey or ENABLE Jersey;

- f. Training for the carer in managing the needs of the adult;
- g. Equipment and allied products
- h. Increasing knowledge about a cared for person's illness, disability or life course changes

Other key considerations in relation to carers should include:

- Involving carers in safeguarding enquiries relating to the adult they care for, as appropriate;
- Whether or not joint assessment is appropriate, or separate assessments of the carer and cared for person is preferable.
- Gaining an understanding of the impact of the caring role on the carer themselves; including impacts on their health, and their well-being.
- Thinking of whether an independent advocate or another person may be of help and guidance.

Please read more on this topic:

[Carers and safeguarding: a briefing for people who work with carers | Local Government Association](#)

[Learning resources & events on working with carers | Research in Practice](#)

Safeguarding responsibilities – not limited to how care needs are funded or met

It is important to affirm that Safeguarding responsibilities apply regardless of whether a person's care and support needs are being met, whether by the long-term care benefit (LTCB) or any other arrangement. The responsibilities also apply to people who pay for their own care provision.

Amendments to this chapter

This chapter has been updated throughout. The guidance information offers greater clarity around best practice in defining who is an adult at risk. Historic abuse has been removed from this chapter to a standalone chapter. Informal carers – may have needs for support (but not care) – and as such are defined as ‘at risk’ within this definition.