VERSION 1.0

ADULT SAFEGUARDING PRACTICE GUIDANCE

DECISION SUPPORT TOOL FOR REFERRAL OF SAFEGUARDING CONCERNS

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Introduction

This guidance document has been developed by the HSE National Safeguarding Office and is for all staff working in organisations providing care and support to older adults and to adults with a disability, both in residential and community settings. The decision support tool aids staff in recognising and reporting safeguarding concerns arising in clinical care, and in deciding when to initiate an adult safeguarding response. **Definitions of abuse** and adults at risk are included in the **HSE National Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedure (2014).**

It is the responsibility of service providers to ensure that practice or quality of care issues are addressed proactively and effectively through internal processes, ensuring that required standards of care are provided. However, where an incident has resulted in harm to a person, or where there are reasonable grounds to suspect abuse, neglect, coercive control, exploitation or rights violations, consideration should be given to raising a safeguarding concern with the local **Adult Safeguarding and Protection Team**.

This guidance is intended to support professional judgement and should not replace organisational incident management, governance or clinical review processes.

Purpose

The purpose of this guidance document is to provide practical support for practitioners and organisations in making safeguarding decisions. While some cases are straightforward, others require professional judgement. All decisions to raise or progress a safeguarding concern must be clearly recorded. Where a concern does not warrant a safeguarding referral, it should be managed through the organisation's internal incident/risk procedures, ensuring appropriate action, learning, and prevention of recurrence.

To aid decision making in clinical contexts, this guidance offers clarity on issues such as:

- Falls
- Incidents between adults at risk
- Nutrition and hydration
- Skin integrity
- Medication errors
- Manual handling and people handling
- Poor discharge from hospital
- Financial concerns

Definitions

Adult Safeguarding

All adults have the right to live safely and free from harm, with dignity. Safeguarding encompasses measures aimed at promoting and protecting the safety, wellbeing, human rights and dignity of adults at risk, including preventative actions to reduce the risk of harm, abuse or neglect.
Putting measures in place to promote and protect the safety, health, well being and human rights of adults at risk, reduce their risk of harm, empower them to protect themselves and support them to live free from abuse, harm and neglect.

Abuse is defined as

> *“A single or repeated act, or omission, which violates a person’s human rights or causes harm or distress to a person. Abuse may take a variety of forms. Abuse may be perpetrated as the result of deliberate intent, negligence, ignorance or lack of insight or knowledge and can arise from acts of abuse by individuals and also from inappropriate or inadequate care or programmes of care. Anyone who has contact with an adult at risk may be abusive, including a healthcare or social care worker or volunteer, a member of their family or community, a friend or informal carer”*

Abuse or neglect can be unintentional; however, the primary focus must always be on how to safeguard the adult at risk. What is important to consider is the harm done and/or the adverse effect on the adult and whether there is a potential future risk or where the abuse might be repeated.
The safeguarding duties apply to an adult (person aged 18 or over), who may be experiencing abuse or is at risk of abuse and is unable to protect themselves from either the risk of, or the experience of abuse or neglect as a result of care and/or support needs. Needs for care and support for the individual may be due to factors such as those outlined below;

- Diminished social skills/judgement
- Diminished capacity
- Physical dependence
- Requirement for assistance with personal hygiene and intimate body care
- Lack of knowledge about how to defend against abuse

What Happens When a Safeguarding Concern is Raised?

Adult Safeguarding and Protection Teams provide advice, screening, preliminary enquiry and coordination in relation to safeguarding concerns. The role of the safeguarding team is not to replace provider responsibilities for **incident management**, governance, disciplinary processes or clinical review. Following referral, the safeguarding team may:

- provide advice and guidance
- request further information
- support safeguarding planning
- coordinate with relevant services or agencies
- determine whether a formal safeguarding assessment or enquiry is required
- advise on immediate risk reduction measures

Service providers remain responsible for managing immediate safety risks, incident review, quality improvement and implementation of corrective actions.

DECISION SUPPORT TOOL
Safeguarding Concern

Use this tool to help you decide if an issue should be raised as a safeguarding concern.

How to use this tool

Consider each question below. There is no single answer that determines the outcome.
Use your professional judgement and consult your manager or safeguarding lead if unsure.

Decision Support Questions	Yes	No	Unsure
1 Was the incident reckless, deliberate or repeated?	☐	☐	☐
2 Has the adult experienced harm, distress, deterioration or avoidable risk?	☐	☐	☐
3 Does the incident indicate possible abuse, neglect, coercion, exploitation or institutional practice failure?	☐	☐	☐
4 Were appropriate assessments, care plans, supervision and safeguards in place and not followed?	☐	☐	☐
5 Was there a failure to report, review, escalate, or manage the incident?	☐	☐	☐
6 Is there evidence of repeated omissions, unsafe practice or systemic failings?	☐	☐	☐
7 Are other adults potentially at risk?	☐	☐	☐

What do your responses indicate?

MOSTLY 'NO' ANSWERS

The issue is more likely to be an incident management, quality assurance, supervision or complaints matter.

Follow appropriate internal processes.

MIXED RESPONSES OR UNCERTAINTY

Seek management advice and consider consultation with your safeguarding lead.

Consider whether the issue is incident, safeguarding or both.

ONE OR MORE SIGNIFICANT CONCERNS IDENTIFIED

The issue may be a safeguarding concern.

Consider raising a safeguarding concern in line with local procedures.

Remember If you believe an adult has experienced or is at risk of abuse or neglect, always act. When in doubt, consult your manager or safeguarding lead.

Making Safeguarding Personal (MSP)

Actively engaging adults at risk in the safeguarding process is imperative to the success of the **Making Safeguarding Personal (MSP)** approach. MSP may involve the use of accessible formats and communication supports such as; easy read materials, assistive communication devices and other tailored resources that promote understanding and engagement for individuals with diverse needs. MSP is a personalised, outcomes-focused approach that enables safeguarding to be, *'done with, not to, people'*. The principles of MSP involves asking the adult at risk what they would like to happen.

The aim of MSP is to;

- engage people throughout the process from the outset with a focus on outcomes for the adult at risk.
- make people feel safe.
- make people feel empowered and in control.
- use an asset-based approach to help identify individuals strengths and networks.

Practice in relation to safeguarding adults has been criticised for being driven by policy and process rather than focused on what the adult wants. Embedding making safeguarding personal in practice has been acknowledged nationally as a culture change, moving away from process to personalisation.

Supporting Decision Making Capacity

Balancing rights and risks is important in ensuring protective action is proportionate and respects the individual's dignity. When raising an adult safeguarding concern, adults should be asked their views and these are recorded on the referral form. Under **the Assisted Decision-Making Capacity Act,** individuals retain the right to make decisions others may consider unwise, and this does not indicate a lack of capacity. Decision support services may be needed to ensure choices are informed and supported.

If an adult does not have the capacity to make or communicate decisions about safeguarding, one must act in accordance with the Assisted Decision-Making (Capacity) Act and support the adult's will and preferences insofar as possible. Capacity may fluctuate and may be decision-specific and time-specific. Staff may need to consult with relevant parties such as family, carers, advocates, or appointed decision supporters to ensure the adult's rights and preferences are considered. Record clearly the basis for determining lack of capacity and the steps taken to involve appropriate supports.

Supporting Decision Making Capacity continued

Raise the safeguarding concern where harm has occurred or may occur, even if the adult cannot express a view. Everyone's values and preferences must be respected; however, if other adults are at risk, a safeguarding concern should be raised regardless of the individual's wishes.

Duress and Coercion

Where the adult at risk has capacity, but you suspect they are under duress or coercive control please refer also to HSE Safeguarding Guidance on **Responding to Concerns of Abuse**

Decision Making in Clinical Contexts

An incident, a safeguarding concern or both

The HSE defines safety incidents where things go wrong due to errors, circumstance or system complexity. Incidents are managed via the **HSE National Incident Management Framework** and the focus is on learning, quality improvement and preventing recurrence. A safeguarding concern is raised where there are reasonable grounds to suspect abuse, neglect, coercive control or a breach of a person's rights. An incident is not automatically a safeguarding concern. Individual incidents should be reviewed in context, including consideration of preventability, recurrence, impact, unmet need, governance issues and whether patterns of omission or poor practice are emerging. Repeated low-level incidents may not constitute a safeguarding concern; however, they may collectively indicate institutional abuse, neglect or systemic practice concerns. An incident report and a safeguarding referral have different purposes, trigger different duties and sit in different governance systems however some clinical events sit across both domains meaning staff have a duty to complete both processes to protect the individual and support organisational learning and accountability.

Incident review and trend analysis can be essential in identifying safeguarding concerns revealing patterns of harm, risk or system weakness that an individual safeguarding referral may not show on its own. They can allow organisations to detect emerging safeguarding concerns, not just respond to single events.

Falls

A fall is defined by **the National Institute for Health and Care Excellence (2025)** as:

> *"an unexpected event in which the person comes to rest on the ground, floor or lower level"*

One third of people aged 65 and over and 50% of those over 80 years, experience at least one fall each year (NICE 2025). Persons with physical or cognitive disability are at higher risk due to mobility limitations, medication side effects or environmental hazards. See **HSE Falls resources here**. Falls can cause fractures, pain, distress, loss of confidence, reduced independence and increased mortality. The one year mortality rate post a hip fracture is 31% (NICE 2025). While some falls are unavoidable, falls that are unexplained or repeated falls may indicate neglect, unsafe environments, lack of supervision or unmet care needs. This makes them a safeguarding issue not just a clinical issue.

When should a Safeguarding Adult Concern be raised?

- All incidents involving a service user falling require timely review to determine cause, preventability and contributing factors to determine if it meets the criteria for a safeguarding concern.
- Where an adult at risk sustains an injury due to a fall, the incident should be reviewed to determine cause, preventability, contributory factors and whether appropriate risk assessments and care plans were in place and followed.
- A safeguarding concern should be considered where avoidable harm has occurred, where repeated falls indicate unmet care needs or where there is evidence of neglect, unsafe care practices or failure to respond appropriately to known risk.
- Where an adult at risk has sustained an injury which has resulted in a change in function and appropriate medical attention has not been sought, this must be reported as an adult safeguarding concern.

Incidents Between Adults at Risk

In a report by **Safeguarding Ireland, 2024**, it was recommended that incidents between adults or peer to peer abuse be defined as:

> *"Offensive, aggressive and intrusive verbal, physical, sexual, and material interactions between service users that in a community setting would likely be unwelcome and potentially cause physical or psychological distress or harm to the recipient"*

Incidents between adults can both capture low-level incidents that routinely occur in services and the more serious abuse incidents, but also allow for differentiation. A culture of **zero tolerance of abuse** is to be promoted and embedded. Also see the **HSE Safeguarding Guidance on Peer to Peer Abuse**

When should a Safeguarding Adult Concern be raised?

- When any adult at risk has been harmed physically, sexually, or/and psychologically during an incident, a safeguarding adult concern must be raised.
- Where there are low impact incidents (incidents where no obvious adverse effect has been caused) and the risks between adults are not being managed effectively.
- Where concerns relate to ineffective risk management, organisational response or repeated failure to manage known risks, providers should ensure escalation pathways are available beyond the immediate care team.

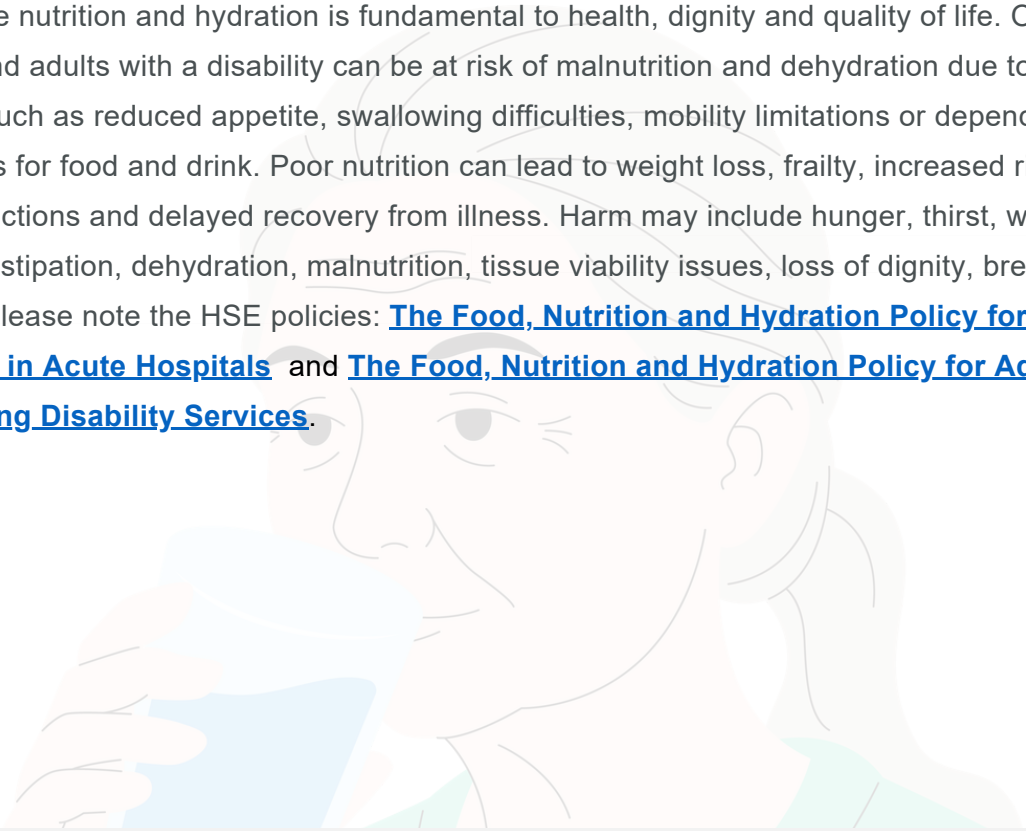
NB: *Where the person causing the harm is also an adult at risk, agencies must ensure that they receive support. A reassessment of need must be carried out and the care or support plan should ensure that safeguards are in place to prevent repeat incidents.*

Examples

Incident	Action	Impact
Two residents argue and one uses offensive language. No distress or ongoing risk identified.	Managed through provider incident/risk procedures.	Low
Repeated aggressive or intimidating behaviour causes injury, fear or psychological distress to another resident.	Safeguarding concern to be raised and consideration given to Garda notification.	High

Nutrition and Hydration

Adequate nutrition and hydration is fundamental to health, dignity and quality of life. Older adults and adults with a disability can be at risk of malnutrition and dehydration due to factors such as reduced appetite, swallowing difficulties, mobility limitations or dependence on others for food and drink. Poor nutrition can lead to weight loss, frailty, increased risk of falls, infections and delayed recovery from illness. Harm may include hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity, breach of rights. Please note the HSE policies: **The Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals** and **The Food, Nutrition and Hydration Policy for Adult Accessing Disability Services**.



When should a Safeguarding Adult Concern be raised?

- Where there is a failure to provide nutrition and hydration to an adult at risk in line with care plan.
- Where there is unexplained weight loss or the adult at risk is showing signs of dehydration and a care plan is not in place or has not been followed.
- Where an adult's food/fluid charts have not been completed and specialist advice has not been sought.
- Where swallow care plans are not being adhered to with risk to adult of serious health complications, **(HSE, 2025).**
- Where an adult is being compelled to eat food, they dislike or do not wish to eat or making an unwise decision that is unsupported.
- Concerns relating to repeated omissions, failure to implement care plans or persistent poor practice should also be reviewed within governance and safeguarding structures to determine whether institutional neglect or systemic practice concerns may exist.

Manual Handling and People Handling

Manual handling and people handling are everyday aspects of care in nursing homes, hospitals and community settings. They involve supporting persons with mobility, transfers, repositioning and the use of equipment such as hoists and slide sheets. Safe handling is essential not only to protect staff from injury but also to preserve the dignity, comfort and wellbeing of service users. Service providers are responsible for ensuring staff receive appropriate training, supervision and access to equipment, and for assuring implementation of the HSE National Manual Handling and People Handling Policy

When should a Safeguarding Adult Concern be raised?

- Where there is no care plan in place for an adult at risk who has been assessed as needing assistance with moving and handling.
- Where there is a failure to follow a care plan and this is having an adverse effect on the adult at risk e.g. using the wrong equipment, failure to provide equipment, sitting on slings etc. or where two carers should provide support, but the task is only completed by one carer.
- Where any of the following obsolete techniques are used;
  - Drag lift/underarm drag
  - Shoulder/Australian lift
  - Through arm/hammock lift
  - Two sling lift
  - Orthodox lift
  - Bear hug transfer/front assist stand
  - Assistance by pulling on hands Rocking lift/belt hold
  - Assisted walking supporting at underarm Flip turn
- Not using slide sheets as per care plan.
- Where poor moving, and handling techniques are being used
- Where condemned
  or damaged equipment is used.
- Where there is a lack of correct equipment or individualised assigned equipment.
- Moving mobility aids out of reach.

It is a mandatory requirement that all staff have been provided with manual handling and people handling training and that the **HSE National Manual Handling and People Handling Policy (2025)** is implemented in all health and social care settings. This policy safeguards healthcare workers and service users by minimizing risks associated with lifting, pushing, pulling, or carrying.

Skin Integrity

Protecting skin integrity is vital to adult health. Pressure sores (ulcers) can signal poor care or neglect and are largely preventable. Older adults and adults with disabilities can be particularly vulnerable to skin breakdown due to factors such as reduced mobility, chronic illness, continence difficulties, diminished sensation, and reliance on assistive devices. Pressure sores that are unexplained, untreated, or recurring may indicate neglect, poor care planning, or wider systemic failings. Staff must recognise that skin breakdown is both a clinical issue and a potential safeguarding concern.

When should a Safeguarding Adult Concern be raised?

- Where a failure to assess risk adequately has resulted in an adult at risk developing a pressure ulcer.
- Where an adult at risk develops a pressure ulcer and a care plan is not in place or has not been followed.
- Where an adult at risk develops a pressure ulcer, does not have appropriate equipment provided in a timely manner or staff are not trained in using equipment.
- Where an adult at risk develops a pressure ulcer and repositioning frequency is unclear on care plan, with no evidence of evaluation or review.
- Where an adult develops a grade 2 pressure sore there is a responsibility to notify HIQA and follow HSE guidance **(HSE 2018)**.

The key indicator is whether the development of a pressure ulcer was avoidable, if so a safeguarding adult concern must be made. For further information, staff can refer to **HSE Safeguarding Guidance on Managing Injuries of Unknown Origin** as may overlap with concerns relating to skin integrity.

Medication

Medication management is a core aspect of safe care for older persons and adults with disability. Errors, omissions or misuse of medicines can have serious consequences including deterioration in health, loss of independence, emotional distress or life-threatening harm.

Medication incidents may arise due to human error, communication failures, inadequate training, unsafe systems, poor documentation, staffing deficits, failure to follow policy or deliberate misuse of medicines.

Organisations should ensure alignment with:

- **HSE National Framework for Medicines Management in Disability Services**
- Local incident management systems
- Safe Administration of Medication (SAM) education guidance
- **NMBI Guidance for Registered Nurses and Midwives on Medication Administration**

When should a Safeguarding Adult Concern be raised?

- Deliberate withholding of medication without clinical justification.
- Inappropriate use of PRN medication to control or restrict the adult at risk.
- Deliberate overmedication, sedation or chemical restraint.
- Deliberate attempt to cause harm through medication use.
- Covert administration without lawful authority or appropriate best practice process.
- Repeated medication errors indicating unsafe systems, neglect or organisational failure.
- Falsification of medication records.
- Theft, diversion or unsafe storage of medication.
- Failure to report or appropriately escalate medication incidents.
- Failure to seek medical review following medication error where required.
- Adverse impact arising from incorrect medication, incorrect dose or omitted medication.
- Repeated delays in administration causing distress, deterioration or avoidable pain.

Not all medication incidents constitute safeguarding concerns. Isolated human error appropriately managed through incident management and clinical governance processes may not require safeguarding referral. Safeguarding considerations arise where there is evidence of abuse, neglect, coercion, repeated unsafe practice, concealment, systemic failure or serious harm.

Poor Discharge from Hospital to Residential Setting

Transitions from hospital to residential settings are critical points of care. A safe discharge should ensure that residents arrive with appropriate information, medication, equipment and support plans. When these elements are missing, delayed or poorly coordinated, the risks to a person's health, wellbeing and dignity increase significantly.
Harm may include: care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital.
Also see the HSE Safeguarding Guidance on **Transfer and Discharge of Adults at Risk of Abuse**

When should a Safeguarding Adult Concern be raised?

- Where there is insufficient discharge or transfer of care planning from any area resulting in an adverse effect on the adult at risk.
- Where the adult is discharged without necessary medication, equipment or clothing and this has an adverse effect on the adult at risk.
- Where the patient is discharged with cannula in situ and has an adverse effect on the adult at risk.
- Where the patient is discharged with no / or incomplete discharge letter and has an adverse effect on the adult at risk.
- The adult at risk is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence.
- Not all discharge-related incidents will constitute a safeguarding concern, however, repeated failures, inadequate planning or unmanaged risks resulting in harm may indicate neglect or organisational practice concerns.

Financial concerns

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

When should a Safeguarding Adult Concern be raised?

- When an adult at risk is denied access to his / her funds or possessions.
- Where there is a failure by a responsible person to pay care fees/charges and the adult at risk experiences distress or an adverse effect through having no personal allowance, risk of eviction or termination of service.
- Where there is a misuse or misappropriation of property, possessions or benefits by a person in a position of trust or control.
- Where an adult at risk's personal finances are removed from their control without legal authority.
- Where the adult at risk is subject to fraud / exploitation relating to benefits, income, property or will.
- Where the adult at risk is subject to theft.
- Where the adult at risk is subject to doorstep crime.
- Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

Professional Judgement

This guidance does not replace professional judgement. Not all clinical incidents require safeguarding referral. Decisions should consider the nature of the incident, impact on the adult at risk, recurrence, preventability, organisational response and whether there are indicators of abuse, neglect, coercion, exploitation or systemic practice failure. Organisations should ensure staff have access to clear escalation pathways where concerns relate to individual staff practice, management decisions, institutional culture, governance failures or systemic risks.

Conclusion

Safeguarding is not an exact science and therefore this practice guidance is intended to offer guidance to staff and management in making decisions, but it is acknowledged that at times there may be incidents where decision-making is not straightforward and further professional judgement is required. Safeguarding concerns may arise from single serious incidents or from patterns of repeated omission, poor care or unmanaged risk over time. Contact your local safeguarding and protection team for advice and guidance regarding submission of an adult safeguarding concern. Supporting decision making in adult safeguarding requires a balance of professional judgement, compassion and accountability. Staff must remain vigilant to risks, respectful of individual rights and committed to working collaboratively across disciplines. Services should ensure clear governance pathways exist for staff to escalate concerns relating to individual practice, organisational systems or institutional risk.