

Norfolk Safeguarding Adults Board

Safeguarding vs. safeguarding

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Safeguarding vs. safeguarding

1. Introduction

The word 'safeguarding' can be interpreted in different ways and this can create some confusion for professionals, when deciding what course of action to take when they have encountered a person who needs support.

'**Safeguarding**' can mean two things; a formal safeguarding response under s42 of the Care Act, or a general response to keep someone safe and to ensure their needs are met. These two types of safeguarding are sometimes referred to as **Safeguarding with a capital 'S'** to identify the formal safeguarding response and **safeguarding with a small 's'** to identify the more general response to keep someone safe.

Sometimes we also say the difference is between **safeguarding** and **safety**.

2. What is 'Safeguarding with a capital S'?

This is where a safeguarding enquiry under s42 of the Care Act would be triggered, where the Local Authority is made aware that someone with care and support needs has experienced or is at risk of abuse or neglect, and as a result of their care and support needs, they are unable to protect themselves.

In the past, this has been described as 'adult protection' and may be referred to as 'formal safeguarding'. If these criteria are met, the local authority will involve partners from other agencies and make (or cause to be made) whatever enquiries are necessary, deciding whether action is necessary and if so what and by whom.

3. What should I do if I think a formal safeguarding response is needed?

You should gain the person's permission if possible and either (if it is urgent) ring your concerns through to **Norfolk County Council adult social care on 0344 800 8020** stating that you would like to report a safeguarding concern or use the professional reporting portal form, selecting the 'safeguarding adults' option [Adult Social Care Online](#).

Via the phone you will then speak to either the local authority's 'front door' team or any active team already working with the person you are calling about. They will take further details and support the internal triage process around your concern, including deciding if a formal safeguarding enquiry will be raised, or if another form of support is more appropriate. Concerns raised via the portal will be triaged in the same way.

If you cannot gain the person's permission, the local authority may still be able to act if the person is at risk of abuse or neglect. You may want to consult the Norfolk Safeguarding Adults Board's (NSAB) Multi-agency Policy and Procedure, or look on the [NSAB website](#) for further guidance.

4. What is 'safeguarding with a small s'?

Many people with physical or mental health problems who have care and support needs live in complex circumstances and can be very vulnerable. These people may need support to keep safe, to manage the risks of day to day life and may need coordinated responses from a variety of health, social care, housing or other professionals.

However, they are not necessarily experiencing abuse or neglect - so while they will need a coordinated response to keep them safe, this would not necessarily be under a formal s42 enquiry.

5. What should I do if I think someone needs support or a coordinated multi-agency approach, but they are not experiencing abuse or neglect?

If the person needs a social care assessment, seek their permission to request support and then you can ring 0344 800 8020 and ask to make a referral for a Care Act assessment or find out if they already have an allocated social worker. Again, you can also use the portal link above and select the option for making a referral to Norfolk County Council

If the person has a health or mental health need, seek their permission to contact their doctor in the first instance (or ring 999 if they have an urgent health care need).

If you have not sought their permission, you may be asked to go back and speak to them for consent to make a referral. If you already know the professionals who are involved with the person, you could contact them to ask for a meeting to discuss the person's need for a risk assessment or a coordinated response.

6. What should I do if I want to ask the local authority to review a small 's' safeguarding decision?

If you have contacted the local authority with an adult safeguarding concern, but after consideration they have said that they are not raising a formal section 42 enquiry, first ask them for a clear explanation of why this is, so that you can understand the reasoning. They will often also offer advice and support with the issue regardless of the safeguarding decision.

A note for care providers: currently, concerns that are related to quality issues via the professionals reporting portal may not result in direct feedback as these sit outside of the main safeguarding process. Work is underway to determine how best to provide feedback, and we will update this guidance as soon as this has been resolved.

If you still have concerns about abuse and harm, you can ask for the decision to be reviewed. Consider what new or more detailed information you can give the local authority to help consider the risks to the person.

Tip: you are helping the local authority in the process of gathering information in order to establish that they (the local authority) have 'reasonable cause to suspect' that abuse is present.

7. Examples

- ❖ Someone with dementia keeps letting themselves out of their home and wandering in the street putting themselves at risk

This is an example of '**safeguarding with a small s**' and the necessary response will involve a risk assessment, consultation with their GP and possibly a meeting of multi-agency professionals

- ❖ Someone with dementia living in a secure care home managed to leave the building because a carer didn't close the door behind him. They became lost and were found by the police, suffering from hypothermia

This is an example of a situation where '**Safeguarding with a capital S**' is required, as the person has suffered abuse by neglect as the door was left open and they were able to get out of an environment where they should have been kept safe, and as a result, they have come to harm (hypothermia).

- ❖ Mrs Thomas is being cared for at home by her husband. She uses a hoist for transfers and has four double-up home care visits a day, and her skin is very fragile. Her husband is struggling to manage the complexities of her care and is worried he will get something wrong and cause her some harm

This is an example of '**safeguarding with a small s**' and the necessary response will involve a carers assessment for Mr Thomas, a risk assessment, a review of the health provision Mrs Thomas is receiving, consultation with her GP and possibly a meeting of multi-agency professionals.

- ❖ Mr Thomas tried to move his wife using the hoist before the carers arrived to provide double-up support, and she fell from the hoist, sustaining a fractured neck of femur. Mr Thomas had been clearly told not to use the hoist on his own due to the risk of harm

This is an example of a situation where '**Safeguarding with a capital S**' is required, as Mrs Thomas has suffered harm as a result of neglect by her husband and a formal Safeguarding process needs to be followed using s42 of the Care Act.

- ❖ Mr Patel has lost capacity and is not coping at home. His daughter is keen not to move him to residential care as she says she promised him that she would always care for him. Professionals have a suspicion that the motive for keeping Mr Patel at home could be to preserve his funds so his family can inherit

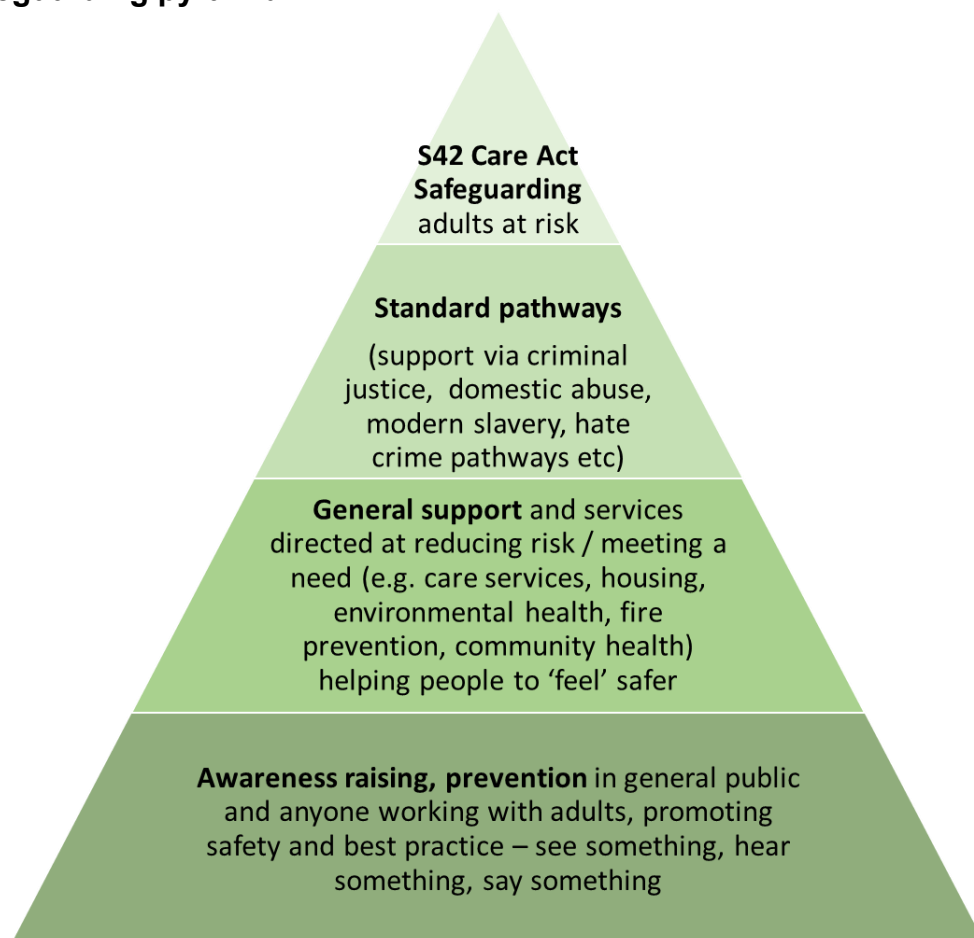
This is an example of '**safeguarding with a small s**'. There is no indication that Mr Patel's family have abused him, but if there is a difference of opinion about where his health or care needs should best be met, and he lacks capacity, a best interests

meeting will need to be held with family and professionals, to make a decision on his behalf.

- ❖ Following a best interests meeting, a best interests decision is made that Mr Patel's care needs will be best met in a care home. His family have locked him in the house and are refusing access to the GP and district nurse as they do not want him to move to a care home. He requires regular treatment for leg ulcers and diabetes which are not being carried out as health professionals cannot gain access to the property.

This is an example of '**Safeguarding with a capital S**' because Mr Patel is suffering from neglect as a result of his family's actions, and this could be leading to harm from infection and diabetes symptoms.

8. Safeguarding pyramid



9. Further guidance

[Policy and procedures | Norfolk Safeguarding Adults Board](#)

[Complex Case guidance \(norfolksafeguardingadultsboard.info\)](#) (scroll down page)

[Available training | Norfolk Safeguarding Adults Board](#) - Safeguarding adults training

[Raising a concern | Norfolk Safeguarding Adults Board](#) - Information on 'raising a concern' including a checklist of the information you may need