



Safeguarding Adults Threshold Tool

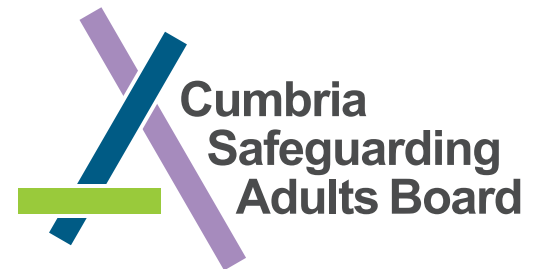
February 2021



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Introduction

The concept of introducing a threshold guidance to adult safeguarding practice is a contentious issue, particularly after the introduction of the Care Act 2014; the Care Act gave rise to a shift from previous “adult protection” work to be a more inclusive response to adults with care and support needs who may be at risk of abuse/neglect.

The Care Act and associated statutory guidance was introduced to ensure an improved and more consistent approach to care and support nationally. Turning the focus onto the person rather than “services”. However, over the last few years, confusion has arisen within Cumbria around the decision of when to refer to the local authority under the safeguarding adults procedures or when another approach is the most appropriate. It is imperative that a consistent approach to safeguarding adults practice is developed. Introducing a thresholds guide is one way to improve and develop this.

This guide seeks to support practitioners, partners and providers, working within the adult sector, to report and respond to concerns at the appropriate level and to have a consistency of approach across agencies. This guidance is not a substitute for professional judgement, but should be used to assist decision making and to support professional judgement.

The guidance should be used to:

- Help determine a consistent approach to identifying what concerns may require a response under the safeguarding process
- Support decision making when alternative processes should be used.



Care Act, 2014

Section 42 of the Care Act 2014 defines an adult at risk as an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The local authority retains the responsibility for overseeing a safeguarding enquiry and ensuring that any investigation satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult, and to ensure that such action is taken when necessary.

The Care Act 2014 has introduced the requirement to record additional categories of abuse such as Female Genital Mutilation, Modern Slavery, Self-neglect, so called Honour Based Violence and Domestic Abuse. It should be noted that these categories may be seen within other categories of abuse.

Section 14.9 of the Care Act Statutory guidance is clear that safeguarding is not a substitute for:

- Providers responsibility to provide safe and high quality care and support
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- The core duties of the police to prevent and detect crime and protect life and property.

Principles

This threshold guidance is underpinned by the 6 principles of safeguarding and the Mental Capacity Act 2005. Making Safeguarding Personal must also be applied in all decision making and must be used by all agencies working in adult provision:

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

Prevention - It is better to take action before harm occurs

Proportionality - Proportionate and least intrusive response appropriate to the risk presented.

Protection - Support and representation for those in greatest need.

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

Accountability - Accountability and transparency in delivering safeguarding.

Guidance

Threshold decision making can be complex, often an incident may consist of several types of abuse which must be factored into decision making. For example a medication error could be an indication of institutional, physical, psychological abuse or neglect. However a medication error may be just an error, and may be a quality of care issue.

This Adult Safeguarding thresholds guidance is a model that should be seen as a guide to managing risk for safeguarding concerns, it should be used in conjunction with providers and practitioners own multi-agency procedures and has been produced to:

- Offer consistency
- Provide a framework that allows multi agency partners to manage risk
- Assist in differentiating between quality issues and safeguarding risk

Its' intention is to help providers and practitioners identify the levels of support and the response required when a concern is suspected or an incident is recognised. It helps you consider the type and seriousness of abuse and the circumstances that a referral to Adult Social Care is required.

Responses must be proportionate and directed at preventing vulnerability and risk and promoting the wellbeing of adults at risk of abuse.

This guidance has been agreed by the Cumbria Safeguarding Adults Board (CSAB) and will be used by all agencies, in the public, private and voluntary sectors that provide adult services.

Key Considerations

- How long has the alleged abuse been occurring for
- What is the seriousness or impact of the suspected harm on the individual
- Is there a pattern of abuse
- Have there been previous concerns – not just safeguarding adult referrals, but other issues related to the adult, e.g. Anti-social behaviour, hate crime incidents and also in relation to the person alleged to be causing harm
- Has a previous plan to mitigate the concern not been successful – has it lacked robustness or implementation
- Any other adults at risk
- Is the situation monitored
- Are the incidents increasing in frequency and/ or severity
- Are there children present and if so consider making a Children's Social Care referral by contacting Cumbria MASH.





Making Safeguarding Personal (MSP)

Whether an incident is low risk or high risk, it is important to consider the views of the adult or the adult's advocate and record them. When considering the impact, always identify the individual's account of the depth and conviction of their feelings. What effect did it have on the individual? MSP means the actions of all staff working with the adult at risk should be person led and outcome focused.

Responding to concerns

All incidents must be recorded and reported using the appropriate procedures but not all incidents will be safeguarding issues.

IT IS IMPORTANT TO CONSIDER IN THE FIRST INSTANCE WHETHER SOMEONE IS IN IMMEDIATE DANGER - OR HAS BEEN THE SUBJECT OF A CRIME. CRIMINAL ACTS MUST BE REPORTED TO THE POLICE AND/OR EMERGENCY TREATMENT SHOULD BE SOUGHT WHERE NECESSARY. YOU SHOULD ALWAYS SEEK ADVICE FROM YOUR LINE MANAGER OR SAFEGUARDING LEAD IF YOU HAVE A CONCERN AND IF IN DOUBT CONTACT THE COUNCIL SINGLE POINT OF ACCESS

Threshold Decision Making Guidance

In respect of 'Green' – record the incident and take action to resolve.

In respect of 'yellow' – record the incident, consult own agency safeguarding lead/policies and procedures. Take actions to reduce risk. Consult with Adult Social Care.

In respect of 'Red' – in addition to the above, raise a safeguarding Concern with Adult services.

Examples have been provided of possible actions that should be considered at every stage. These are offered as examples only and should not be considered exhaustive. It is important that following any incident a review should be undertaken and an action plan put in place to ensure lessons are learnt and the risk of the incident being repeated is reduced. It is also important to review all incidents in the context of those previously recorded as a series of similar incidents may meet the criteria for referral into safeguarding.

The CQC, as part of the inspection process, will require evidence of your decision making to confirm internal reviews, including subsequent actions, have taken place.

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|---|---|--|--|
| <p>PHYSICAL</p> <p>The act of causing physical harm to someone else</p> <p>Falls/medication/pressure ulcers and service user on service user incidents - see separate sections.</p> | <p>Low risk No impact</p> <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> <p>Examples:</p> <ul style="list-style-type: none"> No harm/impact has occurred Isolated incident Physical contact but not with sufficient force to cause a mark or bruise, and adult is not distressed Appropriate moving and handling procedures not followed on one occasion not resulting in harm Error by staff causing little/no harm e.g. skin mark due to ill-fitting hoist Simply resolved Robust recording is in place Relevant and appropriate risk assessments/action plan in place Minor incident that meets the criteria for "incident reporting" accidents Incident not caused by a Person in a Position of Trust | <p>Medium risk Some harm or risk of harm</p> <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> <p>Examples:</p> <ul style="list-style-type: none"> Unexplained minor marking or lesions, minor cuts or grips marks found on a number of occasions or on a number of service users cared for by the same team/carer Repeated incidents/patterns of similar concerns Carer breakdown Inappropriate restraint that causes marks but no external medical treatment/consultation required Risk can/cannot be managed appropriately with current professional oversight Accumulation of minor incidents Incident not caused by Person in a Position of Trust | <p>High risk Significant harm or risk of harm</p> <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> Unexplained, significant injuries. Assault Intended harm towards a service user Deliberately withholding food, drinks or aids to independence Physical assaults or actions that result in significant harm or where there is ongoing distress to the adult. Predictable and preventable incident between adults where injuries have been sustained or emotional distressed caused Inappropriate restraint that requires medical treatment Incident caused by a Person in a Position of Trust |
| <p>Actions/Outcomes to consider at every stage</p> | <p>Advice, information, review of care plans, risk management planning, staff training. Review of needs/services Onward referrals Complaints, disciplinary process.</p> | <p>Care Act Assessment, Carer's assessment, GP appointment re unexplained bruising, Referral to Occupational Therapy.</p> | <p>RAISE SAFEGUARDING CONCERN</p> <p>If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|--|---|--|--|
| <p>SEXUAL</p> <p>When an incident of a sexual nature has taken place</p> <p>This does not have to be physical contact and can happen online.</p> | <p>Low risk No impact</p> <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> <p>Examples:</p> <p>Not committed by a Person in a Position of Trust, AND:</p> <ul style="list-style-type: none"> Isolated incident or unwanted attention, either verbal or physical (excluding genitalia) where the impact is low Isolated incident when an inappropriate sexualised remark is made to an adult with capacity and no distress is caused | <p>Medium risk Some harm or risk of harm</p> <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> <p>Examples:</p> <ul style="list-style-type: none"> Non-contact sexualised behaviour which causes distress to the person at risk Verbal sexualised teasing or harassment Being subject to indecent exposure where the service user is not distressed. <p>Where there is harm or risk of harm move directly to 'Red'</p> | <p>High risk Significant harm or risk of harm</p> <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> Concern of grooming or sexual exploitation (including online) e.g. made to look at sexually explicit material against their will or where consent cannot be given Rape, sexual assault Voyeurism Sexual harassment Contact or non-contact sexualised behaviour which causes distress Indecent exposure that causes distress Any sexual act without valid consent or pressure to consent Sex activity within a relationship characterised by authority, inequality or exploitation e.g. receiving something in return for carrying out sexual act Any concerns about a Person in a Position of Trust |
| <p>Actions/Outcomes to consider at every stage</p> | <p>Education around safe sexual relationships and conduct. Case management, review of care plan and risk assessments.</p> | <p>Complaints, disciplinary processes, Information for service users around expected standards of conduct, Increased monitoring for specified period. Outward Referrals: health, police.</p> | <p>RAISE SAFEGUARDING CONCERN</p> <p>If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|---|--|---|---|
| PSYCHOLOGICAL There has been a psychological/emotional incident(s) | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> |
| | <p>Examples:</p> <ul style="list-style-type: none"> No impact has occurred Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no distress is caused. Simply resolved Internal policies and procedures followed Robust recording is in place Relevant and appropriate risk assessments/action plan in place. Infrequent taunt or outbursts that cause no distress Withholding information from an adult, where this is not intended to disempower them Incident not caused by a Person in a Position of Trust | <p>Examples:</p> <ul style="list-style-type: none"> Repeated incidents/patterns of similar concerns. Carer breakdown Risk can/cannot be managed appropriately with current professional oversight or universal services The withholding of information leading to disempowerment but minor impact. Treatment that undermines dignity and damage self esteem Occasional taunts or verbal outburst that do cause distress Repeated incidents of denying or failing to value their opinion, particularly in relation to service or care they receive. Incident not caused by Person in a Position of Trust | <p>Examples:</p> <ul style="list-style-type: none"> Prolonged intimidation Denial of Human Rights/civil liberties, forced marriage, DoL/LPS Prolonged intimidation Vicious, personalised verbal attacks Emotional blackmail Frequent and frightening verbal outburst or harassment Intentional restriction of personal choice or opinion Concerns regarding “cuckooing” Cyberbullying Radicalisation – see PREVENT guidance Incident caused by Person in a Position of Trust |
| Actions/Outcomes to consider at every stage | <p>Input from mediation services information for service users detailing expected standards of conduct use of behaviour chart staff training re de-escalation.</p> | <p>Referral to Adult Social Care, Onward referrals for support Neighbourhood policing Housing Association.</p> | <p>RAISE SAFEGUARDING CONCERN</p> <p>If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|---|--|---|---|
| FINANCIAL OR MATERIAL | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| Concerns raised in regard to peoples funds, property and or resources. | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> <p>Examples:</p> <ul style="list-style-type: none"> No impact has occurred Failure by relatives to pay care fees/charges where no harm occurs and adult receives personal allowance or has access to other personal monies. Money is not recorded safely or properly. Risks can be managed by current professional oversight or Universal Services Incident of staff personally benefiting from the support they offer in a way that does not involve the actual abuse of money Isolated and unwanted cold calling/door step visits Not caused by a Person in a Position of Trust | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> <p>Examples:</p> <ul style="list-style-type: none"> Repeated incidents/patterns of similar concerns Risk can/cannot be managed appropriately with current professional oversight or universal services Incident impacts on person's wellbeing or causes distress High level of antisocial behaviour High level of visitors to property and service user appears unable to say "No" Adult monies kept in joint bank account – unclear arrangements for equitable sharing of interest Adult not routinely involved in decisions about how their money is spent or kept safe Non-payment of care fees putting the persons care at risk Incident not caused by Person in a Position of Trust | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> Significant impact on person's wellbeing and lifestyle Restricted access to personal finances, property and/or possessions Incident caused by Person in a Position of Trust including POA Personal finances removed from adult's control without legal authority Fraud/exploitation relating to benefits, income, property or legal documents. Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control Adult coerced or misled into giving over money or property. |
| Actions/Outcomes to consider at every stage | Disciplinary Training, Office of Public Guardian, Department of work and pensions. Trading standards. | Referrals to Adult Social Care, Client Affairs, Legal, Neighbourhood Policing. Review of care plan. | RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented. |

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|--|---|---|--|
| NEGLECT & ACTS OF OMISSION | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| <p>Concerns or incidents of neglect or omission of care</p> <p>Falls, pressure damage and medication concerns</p> | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> |
| <p>Actions/Outcomes to consider at every stage</p> | <p>Complaint, RADAR, referral Review of Care.</p> | <p>Referral to District nurse, GP, OT, review staffing arrangements disciplinary.</p> | <p>RAISE SAFEGUARDING CONCERN</p> <p>If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |
| <p>Examples:</p> <ul style="list-style-type: none"> • No harm has occurred. • Relevant and appropriate risk assessments/action plan in place • Appropriate care plan in place; care needs not fully met but no harm or distress occurs • Issues or complaints around an adult's admission and/or discharge from Hospital where no harm has occurred • Isolated missed home visit where no harm occurs • Isolated incident of an adult not supported with food/drink and reasonable explanation is given • Adult not being bathed as per agreed care planning • Not having access to aids to independence | <p>Examples:</p> <ul style="list-style-type: none"> • Repeated incidents/patterns of similar concerns. • Carer breakdown • Risk can/cannot be managed appropriately with current professional oversight or universal services • Health and wellbeing compromised due to ongoing lack of care • Repeated health appointments missed due to unmet needs | <p>Examples:</p> <ul style="list-style-type: none"> • Gross Neglect • Continued failure to adhere with care plan • Lack of action resulting in serious injury or death • Care plans not reflective of individuals' current needs leading to risk of significant harm • Failure to arrange access to lifesaving services or medical treatment. • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g. dehydration, malnutrition, loss of independence. • Missed, late or failed visit/s where the provider has failed to take appropriate action and harm has occurred | |

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|--|--|---|--|
| ORGANISATIONAL Neglect or poor professional practice concerns or incidents as a result of the structure, policies, processes or practices within an organisation, resulting in ongoing neglect or poor care | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> <p>Examples:</p> <ul style="list-style-type: none"> No impact has occurred. Relevant and appropriate risk assessments/action plan in place Good leadership and Management can be demonstrated Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm Service design where groups of adults live together and are not compatible but no harm occurs Poor quality of care or professional practice that does not result in harm, albeit adult may be dissatisfied with service | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> <p>Examples:</p> <ul style="list-style-type: none"> Rigid inflexible routines that are not always in the service users best interests Dignity is undermined Repeated incidents/patterns of similar concerns Risk can/cannot be managed appropriately with current professional oversight or universal services Unsafe and unhygienic living environments. Health and wellbeing of multiple service users compromised Recurrent bad practice lacks management oversight and is not being reported to commissioners/ASC Denying adult at risk access to professional support and services such as advocacy. Bad/poor practice not being reported and going unchecked | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> Widespread, consistent ill treatment. Intentionally or knowingly failing to adhere to Mental Capacity Act Rigid or inflexible routines leading to service user's dignity being undermined Punitive responses to challenging behaviours. Failure to refer disclosure of abuse. Staff misusing their position of power over service users. Overmedication and/or inappropriate restraint managing behaviour Recurrent incidents of ill treatment by care provider to more than one service over a period of time Service design where group of adults living together are incompatible and harm occurs |
| Actions/Outcomes to consider at every stage | RADAR, commissioning referral, quality improvement plan, training, disciplinary, complaint. | Review of placement, consultation with family or service user, outward referrals, CCG quality referral | RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented. |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|---|---|---|---|
| DISCRIMINATORY Treatment experienced by people based on age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy, maternity, race, religion and belief, sex or sexual orientation | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> <p>Examples:</p> <ul style="list-style-type: none"> No harm has occurred Isolated incident Simply resolved Robust recording is in place Relevant and appropriate risk assessments/action plan in place Incident not caused by a Person in a Position of Trust Risks can be managed by current professional oversight or universal services Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused Care planning fails to address an adult's culture and diversity needs for a short period | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> <p>Examples:</p> <ul style="list-style-type: none"> Repeated incidents/patterns of similar concerns. Risk can/cannot be managed appropriately with current professional oversight or universal services Risk of escalation Incident not caused by Person in a Position of Trust Recurring taunts motivated by prejudicial attitudes with no significant harm Service provision does not respect equality and diversity principles Recurring failure to meet specific care/support needs associated with diversity that causes little distress Denial of civil liberties | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> Humiliation or threats motivated by prejudices Harm motivated by prejudice Incident caused by Person in a Position of Trust Compelling a person to participate in activities inappropriate to their faith or beliefs Movement or threat to move into a place of exploitation or take part in activities against their will Being refused access to essential services as a result of prejudices Honour based violence Hate crime resulting in injury |
| Actions/Outcomes to consider at every stage | Education, training, review policies, Equality Act 2010, national guidance | Commissioning/ RADAR referral, Discussions with Police, community policing, PREVENT. | RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented. |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|--|---|---|---|
| MODERN SLAVERY Holding a person (s) in position of slavery, forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> |
| | <p>Examples:</p> <p>All concerns about modern slavery are deemed to be of a level requiring consultation</p> | <p>Examples:</p> <p>No direct disclosure of slavery but:</p> <ul style="list-style-type: none"> • Long hours at work • Poor living conditions • Low wage • Lives in work place • No health and safety at work • Encouraged to participate in unsafe activities. <p>Where there is harm or risk of harm move directly to 'Red'</p> | <p>Examples:</p> <ul style="list-style-type: none"> • Found living in poor conditions alone/with others – believed under duress • Identification documents held by another person, who is controlling the individual. • Fear of law enforcers • Working within an area of criminality (sex work, cannabis cultivation, fraud, theft etc.) with the combination of additional factors such as residing in overcrowded conditions and no control over own finances • Arrived in the area to work in an expected area of employment |
| Actions/Outcomes to consider at every stage | Further guidance and referral mechanism can be found here | Please contact Adult Social Care for further guidance | RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented. |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|--|---|--|--|
| DOMESTIC ABUSE Any incident of domestic abuse by an intimate partner or family member or have been regardless of gender or sexuality. Incidents of controlling, coercive or threatening behaviour, violence or abuse. | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> |
| | <p>Examples:</p> <ul style="list-style-type: none"> No harm has occurred Adult has capacity and no vulnerabilities identified. Robust assessment has been undertaken and links to domestic violence support services made. Contact with perpetrator has ceased, with no concerns this will be re-established. One-off incident with no injury or harm experienced. Adequate protective factors in place | <p>Examples:</p> <ul style="list-style-type: none"> Unexplained marks or lesions on a number of occasions Concerns over controlling behaviour of partner e.g. financial/material Imbalance of power in a relationship | <p>Examples:</p> <ul style="list-style-type: none"> Continues to reside with or have contact with the perpetrator Escalation of concern for safety Physical evidence of violence such as bruising, cuts, broken bones. Recurring patterns of verbal and physical abuse. Fear of outside intervention, has become isolated – not seeing friends and family. Disengagement from domestic abuse and/or other support services In constant fear of being harmed Denied access to medical treatment Stalking or harassment Forced marriage/ FGM (female genital mutilation) |
| Actions/Outcomes to consider at every stage | <p>Refer to Domestic Abuse Services for early intervention and support. Onward Referrals to support agencies</p> | <p>When children present, ALWAYS make a children's social care referral. Refer to ASC for assessment of need. Complete DASH risk assessment</p> | <p>RAISE SAFEGUARDING CONCERN</p> <p>If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|---|---|--|---|
| <p>SELF-NEGLECT</p> <p>A person living in a way that puts their health/safety or wellbeing at risk</p> <p>*Please refer to the Self neglect guidance for further advice</p> | <p>Low risk No impact</p> <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> <p>Examples:</p> <ul style="list-style-type: none"> • A concern about an adult who is beginning to show signs and symptoms of self-neglect • Property neglected but all services/appliances work • There is no/low risk or impact to self or others • Risks can be managed by current professional oversight or universal services • The person is not at risk of losing their place within the community. • Some evidence of hoarding – no impact on health/safety. • No access to support • None compliant with support but no impact on health/safety/wellbeing | <p>Medium risk Some harm or risk of harm</p> <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> <p>Examples:</p> <ul style="list-style-type: none"> • Some signs of disengagement with professionals • Indication of lack of insight • Lack of essential amenities/food provision • Collecting a large number of animals in inappropriate conditions. • Increasing unsanitary conditions • There is medium risk and some impact to self / others • Non-compliance with medication – medium risk to health and wellbeing. • Property neglected, evidence of hoarding beginning to impact on health/safety • Where animals in property are impacting on the environment with risk to health | <p>High risk Significant harm or risk of harm</p> <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Living in squalid or unsanitary conditions • There is extensive structural deterioration / damage in the property causing risk to life • Refusal of health/medical treatment that will have a significant impact on health/wellbeing. • High level of clutter/hoarding impacting on health and wellbeing, including fire hazard • Behaviour poses risk to self and others • Life is in danger without intervention • Appearance of malnourishment • The individual is not accepting any support or any plans to improve the situation |
| <p>Actions/Outcomes to consider at every stage</p> | <p>Assessment by service/professional of concern Engage person Onward referrals for support</p> | <p>Care Act Assessment</p> <p>Refer to the Self-neglect guidance. Multi-agency meeting to discuss concerns Environmental health</p> | <p>RAISE SAFEGUARDING CONCERN</p> <p>If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|---|---|--|---|
| PRESSURE ULCER | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> |
| | <p>Examples:</p> <p>One person one pressure ulcer Grade 1 or 2 where avoidable and all advice and care is followed.</p> <p>Higher grades of pressure ulcers where:</p> <ul style="list-style-type: none"> • A care plan is in place • Action is being taken • Other relevant professionals have been involved • Full discussion with the patient, family or representative • No other indicators of abuse or neglect | <p>Examples:</p> <p>Grade 3 or 4, ungradable or multiple grade 1 and 2, where:</p> <ul style="list-style-type: none"> • The Care plan has not been fully implemented • It is not clear that professional advice has been sought • There are other similar incidents of concerns • There are possible other indicators of neglect | <p>Examples:</p> <p>Grade 3 or 4, ungradable and suspected Deep tissue injury, where:</p> <ul style="list-style-type: none"> • The person has not been assessed as lacking capacity, treatment and prevention not provided • No assessment and care planning has not been completed • No advice or professional input has been sought • Other incidents of abuse or neglect • This is part of a pattern/trend • Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia. |
| Actions/Outcomes to consider at every stage | <p>Follow own policy/procedure</p> <p>NICE guidelines</p> <p>Onward referrals for support, e.g Tissue Viability Nurses</p> <p>Consider medical condition, prognosis, hydration/nutrition</p> | <p>Care Act Assessment/ Review</p> <p>Refer to local guidance</p> <p>Onward referrals TVN input requested</p> | RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented. |

Pressure Ulcers are primarily a clinical issue and should be referred to the appropriate health professional in the first instance. However, where there are obvious signs of neglect they should be reported to safeguarding. Whilst not all pressure Ulcers are due to neglect (deliberate or unintentional) each individual's care should be considered, taking into account the persons medical condition, prognosis, skin condition, poor personal hygiene, living environment, nutrition/hydration and their own views on care and treatment.

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|---|---|---|--|
| FALLS Please refer to local organisational guidance | Low risk No impact | Medium risk Some harm or risk of harm | High risk Significant harm or risk of harm |
| | <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> | <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> | <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> |
| | <p>Examples:</p> <p>Isolated or multiple incidents where no harm has occurred and:</p> <ul style="list-style-type: none"> Care plans in place and adhered to Action taken to minimise the risk further Other professionals have been notified Full discussion with persons, family or representative No other indicators of abuse/neglect. | <p>Examples:</p> <p>More than one incident in a 6 month period required hospital attendance.</p> <p>Multiple incidents where:</p> <ul style="list-style-type: none"> The care plan has not been fully implemented It is not clear that professional advice or support has been sought There are other concerns about abuse/neglect Any fall where there is suspected abuse/neglect of a staff member or Person in a position of trust or failure to follow care plans, policies, and procedures | <p>Examples:</p> <p>Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person's failure to follow relevant care plans, policies or procedures.</p> |
| Actions/Outcomes to consider at every stage | Follow own policy/procedure Onward referrals for support, e.g Falls team Consider medical condition, prognosis, hydration/nutrition, Review Care plan/Risk Assessment | Care Act Assessment/ Review Onward referrals Capacity Assessment OT referral | RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented. |

*Everyone should be supported to stay active and independently mobile as possible and support should be recorded in their care plans. Some people who are frail or have mobility problems may have a greater risk of falling. Following a fall the individual may require more intensive services for longer and in some cases, may never return to previous levels of mobility. A fall does not automatically indicate neglect and each individual case should be examined to understand the context of the fall.

| Type of abuse | Non-reportable | Requires consultation | Reportable |
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| <p>MALADMINISTRATION OF MEDICATION</p> <p>Mismanagement/ misadministration/ misuse of drugs</p> <p>Please refer to local organisational guidance</p> | <p>Low risk No impact</p> <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> <p>Examples:</p> <ul style="list-style-type: none"> Isolated incidents where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs. Isolated incident causing no harm that is not reported by staff members. Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm. | <p>Medium risk Some harm or risk of harm</p> <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> <p>Examples:</p> <ul style="list-style-type: none"> Recurring missed medication or administration errors in relation to one service user that caused no harm Recurring prescribing or dispensing errors that affect more than one individual but cause no harm Over reliance on sedative medication to manage behaviour Covert medication without correct recorded authorisation with no harm caused | <p>High risk Significant harm or risk of harm</p> <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> Recurrent missed medication or administration errors that affect one or more adult and/or result in harm Deliberate maladministration of medicines (e.g. sedation) Covert administration without proper medical supervision or outside the Mental Capacity Act, with a detrimental impact Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death. Fabricated illness/ induced illness Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting |
| <p>Actions/Outcomes to consider at every stage</p> | <p>Follow own policy/procedure Training Disciplinary Complaints Medication review</p> | <p>Complaint Training Medication review Lessons learnt Speak with GP/Pharmacy</p> | <p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
|--|---|---|--|
| <p>Incidents involving another person with care and support needs</p> <p>Please refer to local guidance for service user to service user incidents.</p> | <p>Low risk No impact</p> <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> | <p>Medium risk Some harm or risk of harm</p> <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> | <p>High risk Significant harm or risk of harm</p> <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> |
| | <p>Examples:</p> <ul style="list-style-type: none"> Isolated incident where no harm was caused More than one incident where there was no impact on the person and: <ul style="list-style-type: none"> Care plan is in place and adhered to Action has been taken to minimise the risk Other professionals have been notified Full discussion with the person, family or representative No other indicators of abuse/neglect | <p>Examples:</p> <ul style="list-style-type: none"> There have been similar incidents involving the same perpetrator Both people display a dislike for one another but no abuse has occurred Concerns over escalation of behaviours between identified individuals | <p>Examples:</p> <ul style="list-style-type: none"> Any incident resulting in intentional or intent harm Weapons/other objects are used with the intention to cause harm Repeated incidents where the person lacks capacity and is unable to protect themselves. Victim appears fearful in the presence of other person or adapting behaviours to pacify or avoid the person <p>Multiple incidents where:</p> <ul style="list-style-type: none"> The care plan has not been fully implemented Professional advice has not been sought Other concerns around abuse/neglect |
| <p>Actions/Outcomes to consider at every stage</p> | <p>Follow own policy/procedure Training Disciplinary Complaints Care Review</p> | <p>Complaint Training Compatibility review Liaise with commissioning Lessons learnt Care Act assessment/review</p> | <p>RAISE SAFEGUARDING CONCERN</p> <p>If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |

| Type of abuse | Non-reportable | Requires consultation | Reportable |
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| <p>NEGLECT & ACTS OF OMISSION</p> <p>Related to the discharge or transfer of persons during the covid 19 outbreak period</p> | <p>Low risk No impact</p> <p>Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk</p> <p>Examples:</p> <ul style="list-style-type: none"> At the point of referral it is known that the person and the receiving care provider is covid negative this should not be raised as a safeguarding concern <p>Response :</p> <ul style="list-style-type: none"> Responsible professionals have been notified and they will take action to minimise the risk of this occurring again | <p>Medium risk Some harm or risk of harm</p> <p>Incidents at this level could be discussed with the local adult social care service.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding</p> <p>Examples:</p> <ul style="list-style-type: none"> At the point of referral the status of either the home or the individual is unknown then this should be raised as a safeguarding concern <p>Response :</p> <ul style="list-style-type: none"> Proportionate fact finding undertaken to establish that the status of either party <ol style="list-style-type: none"> if there has been no covid exposure this should be recorded on the contact record as the outcome If there has been exposure to covid then this full information gathering will be undertaken including ensuring the person or their representatives views are included | <p>High risk Significant harm or risk of harm</p> <p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team NB: You may need to contact the police/emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> a. At the point of referral it is known that the person is covid positive but has been discharged with the appropriate safety measures in place. This will require the Sec 42(1) information gathering form to be completed to ensure the person or their representatives have been consulted and that the risks are being appropriately managed as per Public Health England guidelines b. At the point of referral it is known that either is covid positive then Sec 42(1) information gathering form will be completed to inform the decision to progress to proceed to a formal strategy meeting. <p>Response :</p> <ul style="list-style-type: none"> The outcome of the sec 42(1) form will inform the decision to progress to a formal 42(2) enquiry |
| <p>Actions/Outcomes to consider at every stage</p> | <p>Complaints AOG to be notified of compliance with process but no impact on the person</p> | <p>Complaints Poor discharge notification AOG to be informed of outcome.</p> | <p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented.</p> |