



**Safeguarding Adults at
Risk of abuse or neglect
in Guernsey & Alderney**
Threshold Tool



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Introduction

At the time of developing this document there is no specific safeguarding ordinance around the protection of adults at risk within the Bailiwick of Guernsey & Alderney. In order to support its function as the lead agency in the co-ordination and management of adult safeguarding concerns, the principles of section 42 of the UK Care Act 2014 have been adopted by the Committee for Health and Social Care, supported by partner agencies, to provide a framework to carry out this important area of work. The introduction of the Care Act in England and Wales gave rise to a shift from “adult protection” work to provide a more inclusive response to adults with care and support needs who may be at risk of abuse or neglect.

A multi-agency States of Guernsey Adult Safeguarding Policy and Procedure has been introduced to similarly ensure an improved and more consistent approach to care and support within the Bailiwick, turning the focus onto the person rather than “services”. There are, inevitably, times that confusion may arise around the decision to make a referral under the safeguarding adults procedures or to decide when another approach may, perhaps, be more appropriate. A consistent approach to adult safeguarding practice is important, and 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.



Guernsey & Alderney Multi-Agency Adult Safeguarding Policy 2022

The multi agency policy defines an 'adult at risk' as an adult who:

- Has needs for care and support (whether or not any support agencies are 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 Safeguarding Unit is an HSC resource which acts as a referral point for safeguarding concerns. It will make (or cause to be made) whatever enquiries it thinks necessary to enable a decision around whether any action should be taken in the adult's case and, if so, what and by whom. Its function and decision making responsibility is supported by discussion within the adult Multi Agency Safeguarding Hub (MASH). You may hear this process being referred to as a 'Section 42 Enquiry' by some practitioners. This terminology reflects the section of the UK Care Act which places a duty upon local authorities to similarly take action when the abuse or neglect of an adult may be taking place. This section of the Act introduced the requirement to record additional categories of abuse such as Female Genital Mutilation, Modern Slavery, and so called Honour Based Violence, although these categories are sometimes recorded within other categories of abuse locally, due to the low prevalence of such concerns raised within the Bailiwick.

This guidance would like to clarify that formal safeguarding processes are 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
- Regulators or Inspectors 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 Capacity (Bailiwick of Guernsey) Law 2020. 'Making Safeguarding Personal' (MSP) should also be applied in all decision making and should be used by all agencies working in adult service 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

The 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 the Safeguarding Unit & MASH is required.

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

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 Children's 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 appointed representative 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 HSC SAFEGUARDING UNIT MONDAY-FRIDAY BETWEEN 08:45- 17:00 HRS on 01481 226923

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, your policy and procedure. Take actions to reduce risk.

However, please consult with the HSC Adult Safeguarding Manager if you need to raise a formal concern or if you require further advice.

In respect of 'Red' – in addition to the above, formally raise a safeguarding concern with the HSC Safeguarding Unit 01481 226923 and complete an adult safeguarding 'Raising a Concern' (alert) form with as much information as possible.

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 HSC Regulation and Inspection Officer, as part of the inspection process, may require evidence of your decision making to confirm internal reviews, including subsequent actions, have taken place.

Type of abuse	Non-reportable to Safeguarding Unit	Requires consultation	Reportable
PHYSICAL The act of causing physical harm to someone else Falls/medication/pressure ulcers and service user on service user incidents - see separate sections.	Low risk No impact <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><i>Examples:</i></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 	Medium risk Some harm or risk of harm <p>Incidents at this level should be discussed with your designated safeguarding lead or safeguarding manager in the first instance.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding alert</p> <p><i>Examples:</i></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 stress 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 	High risk Significant harm or risk of harm <p>Incidents at this level should be reported to the HSC Safeguarding Unit and directed to the Adult Safeguarding Manager NB: You may need to contact the police/emergency services.</p> <p><i>Examples:</i></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
Actions/Outcomes to consider at every stage	Advice, information, review of care plans, risk management planning, staff training. Review of needs/ services, Onward referrals, Complaints, disciplinary process.	Care Needs Assessment, Carer's assessment, GP appointment re unexplained bruising, Referral to Occupational Therapy.	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 to Safeguarding Unit	Requires consultation	Reportable
SEXUAL	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<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>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 should be discussed with your designated safeguarding lead or safeguarding manager in the first instance.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding alert</p>	<p>Incidents at this level should be reported to your HSC Safeguarding Unit and directed to the Adult safeguarding Manager NB: You may need to contact the police/emergency services.</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>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>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
Actions/Outcomes to consider at every stage	Education around safe sexual relationships and conduct. Case management, review of care plan and risk assessments.	Complaints, disciplinary processes, Information for service users around expected standards of conduct, Increased monitoring for specified period. Outward Referrals: health, social work, police.	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 to Safeguarding Unit	Requires consultation	Reportable
PSYCHOLOGICAL	Low risk	Medium risk	High risk
There has been a psychological/emotional incident(s)	No impact	Some harm or risk of harm	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 should be discussed with your named Safeguarding Lead or safeguarding manager in the first instance.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding alert</p>	<p>Incidents at this level should be reported to the HSC Safeguarding Unit and directed to the Adult Safeguarding Manager 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, Deprivation of liberty 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 UK PREVENT guidance Incident caused by Person in a Position of Trust
Actions/Outcomes to consider at every stage	Input from mediation services, information for service users detailing expected standards of conduct, use of behaviour chart, staff training re de-escalation.	Referral to appropriate Community Services team for assessment, Onward referrals for support, Neighbourhood policing, Housing Provider.	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 to Safeguarding Unit	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>Incidents at this level should be discussed with the HSC safeguarding unit, the PPU or your designated safeguarding lead</p> <p>After the conversation, they may request you formally report the concern as a safeguarding alert/ and or a crime</p>	<p>Incidents at this level should be reported to the HSC Safeguarding Unit and directed to the adult safeguarding manager NB: You will need to contact the police for advice if you believe a crime has been committed</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>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>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 Guardianship 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, Social Security. Trading standards.	Referrals to appropriate Adult Community Services team, Legal advice, Neighbourhood Policing, PPU. 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.

Type of abuse	Non-reportable to Safeguarding Unit	Requires consultation	Reportable
NEGLECT & ACTS OF OMISSION	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
Concerns or incidents of neglect or omission of care Falls, pressure damage and medication concerns	<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 should be discussed with the your named safeguarding lead or safeguarding manager</p> <p>After the conversation, they may request you formally report the concern as a safeguarding alert</p>	<p>Incidents at this level should be reported to your HSC Safeguarding Unit and directed to the adult safeguarding manager NB: You may need to contact the police/emergency services.</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
Actions/Outcomes to consider at every stage	Complaint, referral, Care Review, regulator.	Referral to Community nurse, GP, OT, review staffing arrangements, disciplinary, regulator.	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 to Safeguarding Unit	Requires consultation	Reportable
ORGANISATIONAL	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
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	<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 your safeguarding Lead, regulator, safeguarding manager</p> <p>After the conversation, they may request you formally report the concern as a safeguarding alert</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/regulator/ inspector 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 HSC Safeguarding Unit and directed to the adult safeguarding Manager 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 Capacity Law or policy 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	HSC Quality & safety referral, referral to regulator/ inspector, quality improvement plan, training, disciplinary, complaint.	Review of placement, consultation with family or service user, outward referrals, HSC Quality & Safety 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 to safeguarding Unit	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 <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>	Medium risk Some harm or risk of harm <p>Incidents at this level could be discussed with your safeguarding Lead or safeguarding manager.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding alert</p>	High risk Significant harm or risk of harm <p>Incidents at this level should be reported to your HSC Safeguarding Unit and directed to the adult safeguarding Manager NB: You may need to contact the police/emergency services.</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>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>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,	Discussions with Police, PPU, community policing, Refer to Disability, Equality & Inclusion Law 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 to Safeguarding Unit	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 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. 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	Medium risk Some harm or risk of harm Incidents at this level could be discussed with your designated Safeguarding Lead or safeguarding manager. After the conversation, they may request you formally report the concern as a safeguarding alert	High risk Significant harm or risk of harm Incidents at this level should be reported to your HSC Safeguarding Unit and directed to the safeguarding Manager NB: You may need to contact the police/emergency services although the safeguarding team will liaise.
	Examples: All concerns about modern slavery are deemed to be of a level requiring consultation	Examples: No direct disclosure of slavery but: <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. Where there is harm or risk of harm move directly to 'Red'	Examples: <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 provided via the HSC Safeguarding Unit or PPU	Please contact the PPU/ Safeguarding Unit for guidance	RAISE SAFEGUARDING CONCERN 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 to Safeguarding Unit	Requires consultation	Reportable
DOMESTIC ABUSE Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been intimate partners or family members, regardless of gender or sexuality.	Low risk No impact <p>Lower level concern where threshold of further enquiries 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.</p> <p>Completion of DASH RIC will be a starting point to determining the level of risk of domestic abuse</p>	Medium risk Some harm or risk of harm <p>Incidents at this level could be discussed with the HSC Safeguarding Unit, PPU, domestic violence support services, your safeguarding lead.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding alert</p>	High risk Significant harm or risk of harm <p>Incidents at this level should be reported to your HSC Safeguarding Unit and directed to the safeguarding Manager or Lead NB: You may need to contact the police/emergency services/ Safer.</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 between the victim// children has ceased with no concerns that this will be re-established. One-off incident with no injury or harm experienced. Adequate protective factors in place <p>NB: The DASH is the agreed multi-agency tool which should be used as the starting point of all DA risk assessment and it should be used in every case where domestic abuse is disclosed.</p>	<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>NB: A new DASH should be completed after any new incident is reported , regardless of whether one has been done fairly recently or by another agency</p>	<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	Refer to Domestic Abuse Services (SAFER) for early intervention and support. Onward Referrals to support agencies, DASH Risk Identification Checklist must be completed	When children present, ALWAYS make a children's social care referral. Refer to Adult community services for assessment of need. Referral to SAFER - DASH risk Identification checklist must be completed	RAISE SAFEGUARDING CONCERN If a criminal act has occurred the police MUST be consulted. Immediate safety plans must be implemented & DASH Risk Identification Checklist completed

Type of abuse	Non-reportable to Safeguarding Unit	Requires consultation	Reportable
SELF-NEGLECT A person living in a way that puts their health/safety or wellbeing at risk *Please refer to the Self neglect guidance for further advice	Low risk No impact 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. 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	Medium risk Some harm or risk of harm Incidents at this level could be discussed with your Safeguarding Lead or safeguarding manager After the conversation, they may request you formally report the concern as a safeguarding matter	High risk Significant harm or risk of harm Incidents at this level should be reported to your HSC Safeguarding Unit and directed to the adult safeguarding Manager NB: You may need to contact the police/emergency services.
	Examples: <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 	Examples: <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 	Examples: <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
Actions/Outcomes to consider at every stage	Assessment by service/professional of concern Engage person Onward referrals for support	Assessment of care and support needs Refer to the Self-neglect guidance . Multi-agency meeting to discuss concerns or VARM process	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 to Safeguarding Unit	Requires consultation	Reportable
PRESSURE ULCER 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.	Low risk No impact 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. 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	Medium risk Some harm or risk of harm Incidents at this level could be discussed with your named Safeguarding Lead, tissue viability specialist nurse or safeguarding manager. After the conversation, they may request you formally report the concern as a safeguarding matter	High risk Significant harm or risk of harm Incidents at this level should be reported to the HSC safeguarding Unit and directed to the safeguarding Manager NB: You may need to contact the police/emergency services.
	Examples: One person one pressure ulcer Grade 1 or 2 where avoidable and all advice and care is followed. Higher grades of pressure ulcers where: <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	Examples: Grade 3 or 4, ungradable or multiple grade 1 and 2, where: <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	Examples: Grade 3 or 4, ungradable and suspected Deep tissue injury, where: <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. septicemia.
Actions/Outcomes to consider at every stage	Follow own organisations policy/procedure NICE guidelines Onward referrals for support, e.g Tissue Viability Nurses Consider medical condition, prognosis, hydration/ nutrition	Carers assessment or review, seek advice of TVN and/ or GP and involved health team, consider incident report and safeguarding alert	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.

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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
	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. 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	Incidents at this level should be discussed with the HSC Adult safeguarding Manager or your designated Safeguarding Lead After the conversation, they may request you formally report the concern as a safeguarding alert	Incidents at this level should be reported to your HSC Safeguarding Unit and directed to the Safeguarding Manager NB: You may need to contact the police/emergency services.
	Examples: Isolated or multiple incidents where no harm has occurred and: <ul style="list-style-type: none">Care plans in place and adhered toAction taken to minimise the risk furtherOther professionals have been notifiedFull discussion with persons, family or representativeNo other indicators of abuse/neglect.	Examples: More than one incident in a 6 month period required hospital attendance. Multiple incidents where: <ul style="list-style-type: none">The care plan has not been fully implementedIt is not clear that professional advice or support has been soughtThere are other concerns about abuse/neglectAny 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	Examples: 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.
Actions/Outcomes to consider at every stage	Follow own policy/procedure Onward referrals for support, e.g Consider medical condition, prognosis, hydration/nutrition, Review Care plan/Risk Assessment	Social Care 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.

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MALADMINISTRATION OF MEDICATION	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
Mismanagement/ misadministration/ misuse of drugs Please refer to local organisational guidance	<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 should be discussed with your designated safeguarding lead or safeguarding manager.</p> <p>After the conversation, they may request you formally report the concern as a safeguarding matter</p>	<p>Incidents at this level should be reported to the HSC Safeguarding Unit and directed to the adult safeguarding manager NB: You may need to contact the police/emergency services.</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>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>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 Capacity Law, 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
Actions/Outcomes to consider at every stage	Follow own policy/procedure Training Disciplinary Complaints Medication review	Complaint Training Medication review Lessons learnt Speak with GP/Pharmacy	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 to safeguarding Unit	Requires consultation	Reportable
Incidents involving another person with care and support needs Please refer to local guidance for service user to service user incidents.	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
	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. 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	Incidents at this level could be discussed with your designated safeguarding lead or safeguarding manager. After the conversation, they may request you formally report the concern as a safeguarding matter	Incidents at this level should be reported to the HSC Safeguarding Unit and directed to the safeguarding manager NB: You may need to contact the police/emergency services.
	Examples: <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 	Examples: <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 	Examples: <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 Multiple incidents where: <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
Actions/Outcomes to consider at every stage	Follow own policy/procedure Training Disciplinary Complaints Care Review	Complaint Training Compatibility review Liaise with commissioning/regulator Lessons learnt Care assessment/review	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 to safeguarding unit	Requires consultation	Reportable
NEGLECT & ACTS OF OMISSION	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
Related to the unsafe discharge or transfer of persons during the covid 19 outbreak period or similar	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. 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	Incidents at this level should be discussed with your named safeguarding lead or contact the adult safeguarding manager After the conversation, they may request you formally report the concern as a safeguarding matter to the HSC Safeguarding Unit	Incidents at this level should be reported to the Safeguarding Unit and directed to the Adult safeguarding Manager NB: You may need to contact the police/emergency services.
	<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 confirmed 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 of the poor discharge and they will take action to minimise the risk of this occurring again 	<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 <ul style="list-style-type: none"> a. if there has been no covid exposure this should be recorded on the contact record as the outcome b. 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 	<ul style="list-style-type: none"> At the point of referral it is known that the person is covid positive but has been discharged to a care setting without the appropriate safety measures in place. This will require the Adult Safeguarding 'Raising a concern' 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 guidelines The safeguarding Unit will gather information to inform the decision to proceed to a formal strategy meeting or take other action, taking into account the need to dovetail enquiries with any ongoing parallel processes.
Actions/Outcomes to consider at every stage	Incident report, complaint, HSC Quality & Safety Team notify of compliance with process no impact on person.	Complaint, Regulator, Quality & Safety Team -poor discharge notification, SWARM	RAISE SAFEGUARDING CONCERN Immediate safety plans must be implemented Police notified if criminal act has occurred.