



# **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.

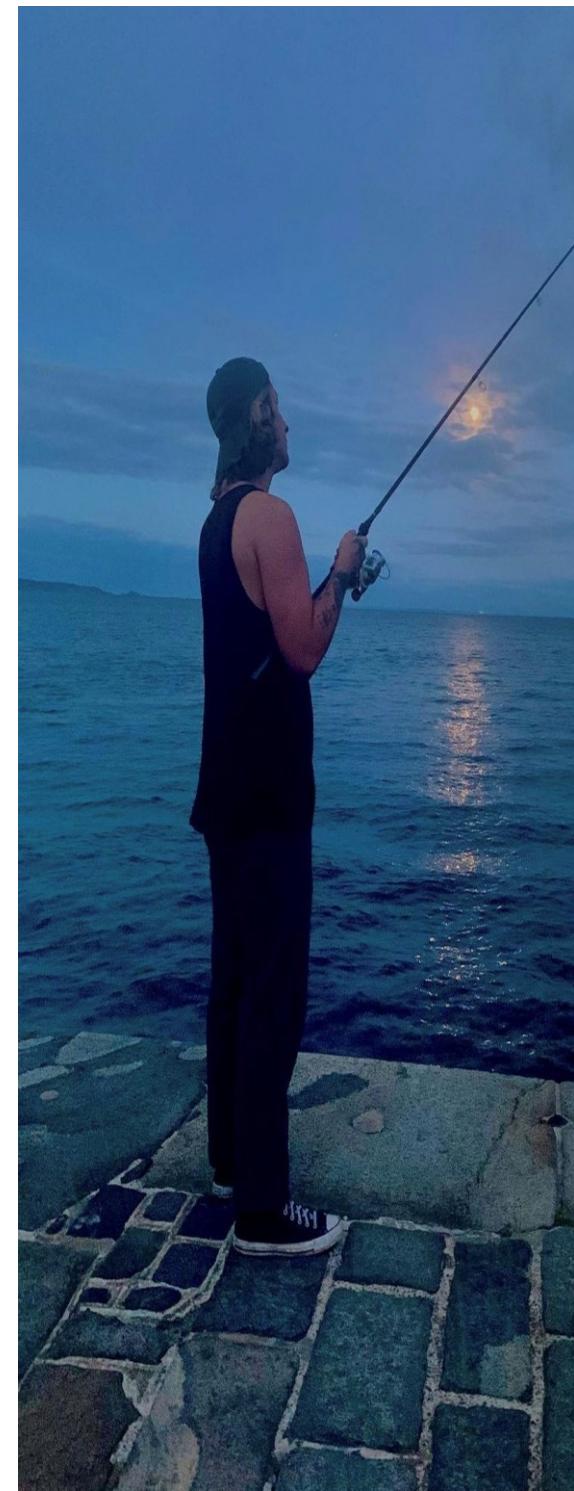
A multi-agency States of Guernsey Adult Safeguarding Policy and Procedure has been introduced to similarly ensure an improved and more consistent approach to care and support within the Bailiwick, turning the focus onto the person rather than “services”. There are, inevitably, times that confusion may 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	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<b>The act of causing physical harm to someone else</b>  Falls/medication/pressure ulcers and service user on service user incidents - see separate sections.	<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><b>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</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• <i>No harm/impact has occurred</i></li> <li>• <i>Isolated incident</i></li> <li>• <i>Physical contact but not with sufficient force to cause a mark or bruise, and adult is not distressed</i></li> <li>• <i>Appropriate moving and handling procedures not followed on one occasion not resulting in harm</i></li> <li>• <i>Error by staff causing little/no harm e.g. skin mark due to ill-fitting hoist</i></li> <li>• <i>Simply resolved</i></li> <li>• <i>Robust recording is in place</i></li> <li>• <i>Relevant and appropriate risk assessments/action plan in place</i></li> <li>• <i>Minor incident that meets the criteria for "incident reporting" accidents</i></li> <li>• <i>Incident not caused by a Person in a Position of Trust</i></li> </ul>	<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 the HSC Safeguarding Unit and directed to the Adult Safeguarding Manager NB: You may need to contact the police/emergency services.</p>
<b>Actions/Outcomes to consider at every stage</b>	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.	<b>RAISE SAFEGUARDING CONCERN</b>  If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.

Type of abuse	Non-reportable to Safeguarding Unit	Requires consultation	Reportable
SEXUAL  When an incident of a sexual nature has taken place  This does not have to be physical contact and can happen online.	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><b>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</b></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>
<b>Actions/Outcomes to consider at every stage</b>	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.	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable to Safeguarding Unit	Requires consultation	Reportable
PSYCHOLOGICAL	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
There has been a psychological/emotional incident(s)	<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><b>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</b></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"> <li>• No impact has occurred</li> <li>• Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no distress is caused.</li> <li>• Simply resolved</li> <li>• Internal policies and procedures followed</li> <li>• Robust recording is in place</li> <li>• Relevant and appropriate risk assessments/action plan in place.</li> <li>• Infrequent taunt or outbursts that cause no distress</li> <li>• Withholding information from an adult, where this is not intended to disempower them</li> <li>• Incident not caused by a Person in a Position of Trust</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Repeated incidents/patterns of similar concerns.</li> <li>• Carer breakdown</li> <li>• Risk can/cannot be managed appropriately with current professional oversight or universal services</li> <li>• The withholding of information leading to disempowerment but minor impact.</li> <li>• Treatment that undermines dignity and damage self esteem</li> <li>• Occasional taunts or verbal outburst that do cause distress</li> <li>• Repeated incidents of denying or failing to value their opinion, particularly in relation to service or care they receive.</li> <li>• Incident not caused by Person in a Position of Trust</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Prolonged intimidation</li> <li>• Denial of Human Rights/civil liberties, forced marriage, Deprivation of liberty</li> <li>• Prolonged intimidation</li> <li>• Vicious, personalised verbal attacks</li> <li>• Emotional blackmail</li> <li>• Frequent and frightening verbal outburst or harassment</li> <li>• Intentional restriction of personal choice or opinion</li> <li>• Concerns regarding “cuckooing”</li> <li>• Cyberbullying</li> <li>• Radicalisation – see UK PREVENT guidance</li> <li>• Incident caused by Person in a Position of Trust</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	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.	<b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred the police <b>MUST</b> 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><b>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</b></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"> <li>• No impact has occurred</li> <li>• Failure by relatives to pay care fees/charges where no harm occurs and adult receives personal allowance or has access to other personal monies.</li> <li>• Money is not recorded safely or properly.</li> <li>• Risks can be managed by current professional oversight or Universal Services</li> <li>• Incident of staff personally benefiting from the support they offer in a way that does not involve the actual abuse of money</li> <li>• Isolated and unwanted cold calling/door step visits</li> <li>• Not caused by a Person in a Position of Trust</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Repeated incidents/patterns of similar concerns</li> <li>• Risk can/cannot be managed appropriately with current professional oversight or universal services</li> <li>• Incident impacts on person's wellbeing or causes distress</li> <li>• High level of antisocial behaviour</li> <li>• High level of visitors to property and service user appears unable to say "No"</li> <li>• Adult monies kept in joint bank account – unclear arrangements for equitable sharing of interest</li> <li>• Adult not routinely involved in decisions about how their money is spent or kept safe</li> <li>• Non-payment of care fees putting the persons care at risk</li> <li>• Incident not caused by Person in a Position of Trust</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Significant impact on person's wellbeing and lifestyle</li> <li>• Restricted access to personal finances, property and/or possessions</li> <li>• Incident caused by Person in a Position of Trust including Guardianship POA</li> <li>• Personal finances removed from adult's control without legal authority</li> <li>• Fraud/exploitation relating to benefits, income, property or legal documents.</li> <li>• Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control</li> <li>• Adult coerced or misled into giving over money or property.</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	Disciplinary, Training, Social Security. Trading standards.	Referrals to appropriate Adult Community Services team, Legal advice, Neighbourhood Policing, PPU. Review of care plan.	<b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred the police <b>MUST</b> 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 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><b>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</b></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"> <li>• No harm has occurred.</li> <li>• Relevant and appropriate risk assessments/action plan in place</li> <li>• Appropriate care plan in place; care needs not fully met but no harm or distress occurs</li> <li>• Issues or complaints around an adult's admission and/or discharge from Hospital where no harm has occurred</li> <li>• Isolated missed home visit where no harm occurs</li> <li>• Isolated incident of an adult not supported with food/drink and reasonable explanation is given</li> <li>• Adult not being bathed as per agreed care planning</li> <li>• Not having access to aids to independence</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Repeated incidents/patterns of similar concerns.</li> <li>• Carer breakdown</li> <li>• Risk can/cannot be managed appropriately with current professional oversight or universal services</li> <li>• Health and wellbeing compromised due to ongoing lack of care</li> <li>• Repeated health appointments missed due to unmet needs</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Gross Neglect</li> <li>• Continued failure to adhere with care plan</li> <li>• Lack of action resulting in serious injury or death</li> <li>• Care plans not reflective of individuals' current needs leading to risk of significant harm</li> <li>• Failure to arrange access to lifesaving services or medical treatment.</li> <li>• Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g. dehydration, malnutrition, loss of independence.</li> <li>• Missed, late or failed visit/s where the provider has failed to take appropriate action and harm has occurred</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	Complaint, referral, Care Review, regulator. If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted.	Referral to Community nurse, GP, OT, review staffing arrangements, disciplinary, regulator.	<b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred the police <b>MUST</b> 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
<b>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</b>	<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><b>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</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• No impact has occurred.</li> <li>• Relevant and appropriate risk assessments/action plan in place</li> <li>• Good leadership and Management can be demonstrated</li> <li>• Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs</li> <li>• Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm</li> <li>• Service design where groups of adults live together and are not compatible but no harm occurs</li> <li>• Poor quality of care or professional practice that does not result in harm, albeit adult may be dissatisfied with service</li> </ul>	<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>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>
<b>Actions/Outcomes to consider at every stage</b>	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	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable to safeguarding Unit	Requires consultation	Reportable
DISCRIMINATORY	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<b>Treatment experienced by people based on age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy, maternity, race, religion and belief, sex or sexual orientation</b>	<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><b>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</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• No harm has occurred</li> <li>• Isolated incident</li> <li>• Simply resolved</li> <li>• Robust recording is in place</li> <li>• Relevant and appropriate risk assessments/action plan in place</li> <li>• Incident not caused by a Person in a Position of Trust</li> <li>• Risks can be managed by current professional oversight or universal services</li> <li>• Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused</li> <li>• Care planning fails to address an adult's culture and diversity needs for a short period</li> </ul>	<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>	<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>
<b>Actions/Outcomes to consider at every stage</b>	Education, training, review policies,	Discussions with Police, PPU, community policing, Refer to Disability, Equality & Inclusion Law guidance	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable to Safeguarding Unit	Requires consultation	Reportable
MODERN SLAVERY	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<b>Holding a person (s) in position of slavery, forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them</b>	<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><b>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</b></p>	<p>Incidents at this level could 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 alert</p>	<p>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.</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"> <li>• Long hours at work</li> <li>• Poor living conditions</li> <li>• Low wage</li> <li>• Lives in work place</li> <li>• No health and safety at work</li> <li>• Encouraged to participate in unsafe activities.</li> </ul> <p>Where there is harm or risk of harm move directly to 'Red'</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Found living in poor conditions alone/with others – believed under duress</li> <li>• Identification documents held by another person, who is controlling the individual.</li> <li>• Fear of law enforcers</li> <li>• 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</li> <li>• Arrived in the area to work in an expected area of employment</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	Further guidance and referral mechanism can be provided via the HSC Safeguarding Unit or PPU	Please contact the PPU/ Safeguarding Unit for guidance	<b>RAISE SAFEGUARDING CONCERN</b> there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.

Type of abuse	Non-reportable to Safeguarding Unit	Requires consultation	Reportable
DOMESTIC ABUSE	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<b>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.</b>	<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><b>Where there are a number of low level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry.</b></p> <p>Completion of DASH RIC will be a starting point to determining the level of risk of domestic abuse</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• No harm has occurred</li> <li>• Adult has capacity and no vulnerabilities identified.</li> <li>• Robust assessment has been undertaken and links to domestic violence support services made.</li> <li>• Contact between the victim// children has ceased with no concerns that this will be re-established.</li> <li>• One-off incident with no injury or harm experienced.</li> <li>• Adequate protective factors in place</li> </ul> <p>NB: <b>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.</b></p>	<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>	<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>
<b>Actions/Outcomes to consider at every stage</b>	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	<b>RAISE SAFEGUARDING CONCERN</b> If a criminal act has occurred the police <b>MUST</b> 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	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<b>A person living in a way that puts their health/safety or wellbeing at risk</b>  *Please refer to the Self neglect guidance for further advice	<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><b>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</b></p>	<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 matter</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"> <li>• A concern about an adult who is beginning to show signs and symptoms of self-neglect</li> <li>• Property neglected but all services/appliances work</li> <li>• There is no/low risk or impact to self or others</li> <li>• Risks can be managed by current professional oversight or universal services</li> <li>• The person is not at risk of losing their place within the community.</li> <li>• Some evidence of hoarding – no impact on health/safety.</li> <li>• No access to support</li> <li>• None compliant with support but no impact on health/safety/wellbeing</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Some signs of disengagement with professionals</li> <li>• Indication of lack of insight</li> <li>• Lack of essential amenities/food provision</li> <li>• Collecting a large number of animals in inappropriate conditions.</li> <li>• Increasing unsanitary conditions</li> <li>• There is medium risk and some impact to self / others</li> <li>• Non-compliance with medication – medium risk to health and wellbeing.</li> <li>• Property neglected, evidence of hoarding beginning to impact on health/safety</li> <li>• Where animals in property are impacting on the environment with risk to health</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Living in squalid or unsanitary conditions</li> <li>• There is extensive structural deterioration / damage in the property causing risk to life</li> <li>• Refusal of health/medical treatment that will have a significant impact on health/wellbeing.</li> <li>• High level of clutter/hoarding impacting on health and wellbeing, including fire hazard</li> <li>• Behaviour poses risk to self and others</li> <li>• Life is in danger without intervention</li> <li>• Appearance of malnourishment</li> <li>• The individual is not accepting any support or any plans to improve the situation</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<p>Assessment by service/professional of concern Engage person Onward referrals for support</p>	<p>Assessment of care and support needs  Refer to the <b>Self-neglect guidance</b>. Multi-agency meeting to discuss concerns or VARM process</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable to Safeguarding Unit	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
<b>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.</b>	<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><b>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</b></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"> <li>• A care plan is in place</li> <li>• Action is being taken</li> <li>• Other relevant professionals have been involved</li> <li>• Full discussion with the patient, family or representative</li> <li>• No other indicators of abuse or neglect</li> </ul>	<p>Incidents at this level could be discussed with your named Safeguarding Lead, tissue viability specialist nurse 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 safeguarding Manager NB: You may need to contact the police/emergency services.</p>
<b>Actions/Outcomes to consider at every stage</b>	<p>Follow own organisations policy/procedure NICE guidelines Onward referrals for support, e.g Tissue Viability Nurses Consider medical condition, prognosis, hydration/nutrition</p>	<p>Carers assessment or review, seek advice of TVN and/ or GP and involved health team, consider incident report and safeguarding alert</p>	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

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 to Safeguarding Unit	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><b>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</b></p>	<p>Incidents at this level should be discussed with the HSC Adult safeguarding Manager or your designated Safeguarding Lead</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 Safeguarding Manager 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"> <li>• Care plans in place and adhered to</li> <li>• Action taken to minimise the risk further</li> <li>• Other professionals have been notified</li> <li>• Full discussion with persons, family or representative</li> <li>• No other indicators of abuse/neglect.</li> </ul>	<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"> <li>• The care plan has not been fully implemented</li> <li>• It is not clear that professional advice or support has been sought</li> <li>• There are other concerns about abuse/neglect</li> <li>• 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</li> </ul>	<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>	
<b>Actions/Outcomes to consider at every stage</b>	<p>Follow own policy/procedure</p> <p>Onward referrals for support, e.g Consider medical condition, prognosis, hydration/nutrition, Review Care plan/Risk Assessment</p>	<p>Social Care Assessment/</p> <p>Review Onward referrals</p> <p>Capacity Assessment</p> <p>OT referral</p>	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

\*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 to safeguarding Unit	Requires consultation	Reportable
MALADMINISTRATION OF MEDICATION	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><b>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</b></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>
<b>Actions/Outcomes to consider at every stage</b>	<p>Follow own policy/procedure</p> <p>Training</p> <p>Disciplinary</p> <p>Complaints</p> <p>Medication review</p>	<p>Complaint</p> <p>Training</p> <p>Medication review</p> <p>Lessons learnt</p> <p>Speak with GP/Pharmacy</p>	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable to safeguarding Unit	Requires consultation	Reportable
Incidents involving another person with care and support needs	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
Please refer to local guidance for service user to service user incidents.	<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><b>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</b></p>	<p>Incidents at this level could 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 safeguarding manager NB: You may need to contact the police/emergency services.</p>
	<p>Examples:</p> <ul style="list-style-type: none"> <li>Isolated incident where no harm was caused</li> <li>More than one incident where there was no impact on the person and: <ul style="list-style-type: none"> <li>Care plan is in place and adhered to</li> <li>Action has been taken to minimise the risk</li> <li>Other professionals have been notified</li> <li>Full discussion with the person, family or representative</li> <li>No other indicators of abuse/neglect</li> </ul> </li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>There have been similar incidents involving the same perpetrator</li> <li>Both people display a dislike for one another but no abuse has occurred</li> <li>Concerns over escalation of behaviours between identified individuals</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>Any incident resulting in intentional or intent harm</li> <li>Weapons/other objects are used with the intention to cause harm</li> <li>Repeated incidents where the person lacks capacity and is unable to protect themselves.</li> <li>Victim appears fearful in the presence of other person or adapting behaviours to pacify or avoid the person</li> </ul> <p>Multiple incidents where:</p> <ul style="list-style-type: none"> <li>The care plan has not been fully implemented</li> <li>Professional advice has not been sought</li> <li>Other concerns around abuse/neglect</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	Follow own policy/procedure Training Disciplinary Complaints Care Review	Complaint Training Compatibility review Liaise with commissioning/regulator Lessons learnt Care assessment/review	<b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred the police <b>MUST</b> 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	<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. 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"> <li>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</li> </ul> <p>Response :</p> <ul style="list-style-type: none"> <li>Responsible professionals have been notified of the poor discharge and they will take action to minimise the risk of this occurring again</li> </ul>	<p>Incidents at this level should be discussed with your named safeguarding lead or contact the Adult safeguarding manager</p> <p>After the conversation, they may request you formally report the concern as a safeguarding matter to the HSC Safeguarding Unit</p>	<p>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> <ul style="list-style-type: none"> <li>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</li> </ul> <p>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.</p>
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	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>Immediate safety plans must be implemented</p> <p>Police notified if criminal act has occurred.</p>