



**South Tyneside  
Safeguarding Adults Board**

**South Tyneside Safeguarding Adults Thresholds Guidance  
Tool  
July 2023**

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[@STSafeGuarding](#)

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## 1. Introduction

- 1.1 The Care Act and associated statutory guidance was introduced to ensure an improved and more consistent approach to care and support nationally. Turning the focus onto the person rather than “services”. This threshold guidance builds on the current knowledge and understanding around of when to refer to the local authority under the safeguarding adults procedures or when another approach is more appropriate. It is imperative that a consistent approach to safeguarding adults practice is developed. Introducing a thresholds guide is one way to improve and develop this.
- 1.2 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.**
- 1.3 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.
- 1.4 **PLEASE NOTE: All suspected cases of Female Genital Mutilation, Honour Based Crime, Sexual and Criminal Exploitation, Forced Marriage, Domestic Abuse, Grooming for terrorist activities, Modern Slavery should be reported to the police and adult safeguarding immediately.**

**Prior to raising an adult safeguarding concern please consider;**

**Does the concern meet the criteria for a Section 42 (S42) safeguarding enquiry under the requirements of the Care Act 2014?**

The requirements are as follows:

- The adult is reported as having or appears to have needs for care and support
  - The adult is reported or appears to be experiencing or at risk of abuse or neglect
  - And as a result of care and support needs is the adult unable to protect themselves from either the risk of, or the experience of abuse or neglect
- 1.5 **Has the person given their consent to the information to be shared and do they know a S42 enquiry may be the result?** Consent is not essential when deciding whether concerns should be raised. However, wherever possible you should discuss your concerns with the person and/or their representative and seek their consent. Where the person is not willing or able to freely give their consent to information about their circumstances being shared you will need to consider if there are any children and/or other adults with care and support needs involved or is there a potential risk to others. If this is the case, consent can be overridden in the interests of protecting others.

1.6 If you remain unsure as to what action to take you should discuss this with your manager or your organisation's safeguarding lead. Ensure you record all actions clearly with reasons for your decision.

1.7 Guidance on Categories

**Non-reportable** – Multiple 'non-reportable' incidents concerning the same service user/staff member/team should be considered for consultation. Individual organisations should define this in writing i.e. three incidents in three months, three in five months, etc. **NB: This does not apply to Providers under the Provider Concerns Framework, all non-reportable concerns require further consideration**

**Requires Consideration** – This is a consultation with a Social Worker in South Tyneside's Adult Safeguarding Team. NHS Trust staff should consult with their Adult Safeguarding Lead first

**Reportable** – This means it is highly likely the case will meet the criteria for a safeguarding enquiry (known as a Section 42 (Care Act 2014) enquiry).

## 2. Care Act, 2014

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

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

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

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

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

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

- 2.5 The Care Act also focuses on the **wellbeing principle** and makes it clear that the wellbeing of individuals must be at the centre of any interaction with a person. **Providers must act to promote wellbeing whenever they carry out any care and support functions for individuals.**
- 2.6 The Act's concept of wellbeing is a comprehensive one and relates to the following areas in particular:
- personal dignity (including treatment of the individual with respect)
  - physical and mental health and emotional wellbeing
  - protection from abuse and neglect
  - control by the individual over day-to-day life (including over care and support provided and the way it is provided)
  - participation in work, education, training or recreation
  - social and economic wellbeing
  - domestic, family and personal
  - suitability of living accommodation
  - the individual's contribution to society
- 2.7 The Wellbeing Principle encompasses several areas of life. Therefore, using a holistic approach to ensure a clear understanding of the individual's views is vital to identifying and defining wellbeing in each case and should always be considered when using this threshold document.

### 3. Principles

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

Empowerment	People being supported and encouraged to make their own decisions and informed consent
Prevention	It is better to take action before harm occurs
Proportionality	Proportionate and least intrusive response appropriate to the risk presented
Protection	Support and representation for those in greatest need
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
Accountability	Accountability is transparency in delivering safeguarding

## **4. Guidance**

- 4.1 Threshold decision making can be complex, often an incident may consist of several types of abuse which must be factored into the 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.
- 4.2 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
- 4.3 The intention of the threshold guidance 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 will help to consider the type and seriousness of abuse and the circumstances that a referral to Adult Social Care is required.
- 4.4 Responses must be proportionate and directed at preventing vulnerability and risk and promoting the wellbeing of adults at risk of abuse.
- 4.5 This guidance has been agreed by the South Tyneside Safeguarding Children and Adults Partnership (STSCAP) and will be used by all agencies, in the public, private and voluntary sectors that provide adult services.

## **5. 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 / young people (under 18) present? If so, consider contacting:

Integrated Safeguarding Intervention Team (ISIT)

Tel: 0191 4245010 (available 8.30am to 5.00pm Monday - Thursday, 8.30am to 4.30pm Friday)

Out of Hours Team on 0191 4562093

**In an emergency always call 999.** See also Interface with Safeguarding Children below.

## **6. Interface with Safeguarding Children**

- 6.1 If you are working with an adult and have concerns and there is an unborn child or there are children/young people living with or in contact with that adult, please consider the safety and wellbeing of the children too – using a “Think Family” approach. Please follow the South Tyneside Safeguarding Children Multi-Agency Procedures: <http://www.proceduresonline.com/nesubregion/>.
- 6.2 In addition to this on the Safeguarding Adults Referral Form you are required to supply information in relation to any risk involving children. This is not instead of following Safeguarding Children Multi-Agency Procedures but is helpful for coordination and ensuring all agencies fulfil their responsibilities to safeguard children. It does not mean that this will be actioned on your behalf, but it will mean that where it is necessary appropriate personnel are involved.
- 6.3 You can also contact the ISIT Team if you have a concern about a child or young person. Please see <https://www.southtyneside.gov.uk/article/13756/Multi-Agency-Referral-Form> to make a referral for a child

## **7. Making Safeguarding Personal (MSP)**

- 7.1 Whether an incident is low risk or high risk, it is important to consider the views of the adult or the adult’s advocate and record them.
- 7.2 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.

## **8. Responding to Concerns**

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

**IT IS IMPORTANT TO CONSIDER IN THE FIRST INSTANCE WHETHER SOMEONE IS IN IMMEDIATE DANGER – OR HAS BEEN THE SUBJECT OF A CRIME. CRIMINAL ACTS MUST BE REPORTED TO THE POLICE AND/OR EMERGENCY TREATMENT SHOULD BE SOUGHT WHERE NECESSARY. YOU SHOULD ALWAYS SEEK ADVICE FROM YOUR LINE MANAGER OR SAFEGUARDING LEAD IF YOU HAVE A CONCERN AND IF IN DOUBT CONTACT THE COUNCIL’S ADULT SOCIAL CARE TEAM ON 0191 424 6000**

## 9. Threshold Decision Making Guidance

<b>Green</b>	Record the incident and take action to resolve.
<b>Yellow</b>	Record the incident, consult own agency safeguarding lead/policies and procedures. Take actions to reduce risk. Consult with Adult Social Care.
<b>Red</b>	In addition to the above, raise a Safeguarding Concern with Adult Social Care.

- 9.1 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.
- 9.2 The CQC, as part of the inspection process, will require evidence of agencies' decision-making to confirm internal reviews, including subsequent actions, have taken place.

## 10. Contact Details

- 10.1 Once this Threshold Guidance Tool has been considered in relation to the alleged abuse and/or neglect, the Safeguarding Adults Referral form should be completed and submitted via the secure email below.

[Safeguardingadults@southtyneside.gov.uk](mailto:Safeguardingadults@southtyneside.gov.uk)

If you do not have a secure email account please email: [letstalk@southtyneside.gov.uk](mailto:letstalk@southtyneside.gov.uk) or telephone the Let's Talk Team (0191 424 6000) and request that the secure email link is sent to you prior to submitting the form.

Once submitted you will receive an automatic e-mail to confirm receipt into the Safeguarding Inbox. If you don't receive an e-mail, please telephone Let's Talk Team to confirm receipt.



Type of Abuse	Non-Reportable	Requires Consideration	Reportable
<b>PHYSICAL</b> <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.	<b>Low Risk</b> <b>No Impact</b>  Lower-level concern where the threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Medium Risk</b> <b>Some harm or risk of harm</b>  Incidents at this level should be recorded, and internal policies and procedures followed.  Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	<b>High Risk</b> <b>Significant harm or risk of harm</b>  Incidents at this level should be formally reported to adult social care service and directed to the safeguarding team.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: <ul style="list-style-type: none"> <li>• Error by staff causing no or minor injury (e.g., an ill-fitting hoist is used)</li> <li>• Light marking or bruising found which can be explained and where the person is not distressed</li> <li>• Appropriate moving and handling procedures not followed on a single occasion and with minimal or no impact caused</li> </ul>	Examples: <ul style="list-style-type: none"> <li>• 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</li> <li>• Repeated incidents/patterns of similar concerns</li> <li>• Carer unable to continue in caring role and at risk of breakdown</li> <li>• Inappropriate restraint that causes marks, but no external medical treatment/consultation required</li> <li>• Risk cannot be managed appropriately with current professional oversight</li> <li>• Accumulation of minor incidents</li> <li>• Incident not caused by Person in a Position of Trust</li> </ul>	Examples: <ul style="list-style-type: none"> <li>• Incident caused by a Person in a Position of Trust</li> <li>• Physical assaults or actions that result in significant harm or where there is ongoing distress to the adult.</li> <li>• Unexplained, serious injuries/unexplained fractures</li> <li>• Assault by another person requiring medical treatment</li> <li>• Intended harm towards a service user</li> <li>• Deliberately withholding food, drinks or aids to independence</li> <li>• Deliberate force-feeding food or drinks</li> <li>• Predictable and preventable incident between adults where injuries have been sustained or emotional distressed caused</li> <li>• Inappropriate restraint or rough handling that causes marks to be left</li> </ul>

			and the person that requires medical treatment
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>Advice, information, review of care plans, risk management planning, staff training</li> <li>Review of needs/ services</li> <li>Onward referrals. Complaints, disciplinary process</li> </ul>	<ul style="list-style-type: none"> <li>Care Act Assessment</li> <li>Carer's assessment</li> <li>Review of existing arrangements</li> <li>GP appointment re unexplained bruising</li> <li>Review staffing arrangements</li> </ul>	<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	Requires Consideration	Reportable
<b>SEXUAL</b>	<b>Low Risk</b>	<b>Medium Risk</b>	<b>High Risk</b>
<b>When an incident of a sexual nature has taken place</b> This does not have to be physical contact and can happen online.	<b>No Impact</b>  Lower-level concern where threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Some harm or risk of harm</b>  Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingapp.co.uk">www.southtynesidesafeguardingapp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	<b>Significant harm or risk of harm</b>  Incidents at this level should be reported to adult social care and directed to the safeguarding team.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: <ul style="list-style-type: none"> <li>Not committed by a Person in a Position of Trust, <b>AND</b>:</li> <li>Isolated incident or unwanted attention, either verbal or physical (excluding genitalia) where the impact is low</li> <li>Isolated incident when an inappropriate sexualised remark is made to an adult</li> </ul>	Examples: <ul style="list-style-type: none"> <li>Non-contact sexualised behaviour which causes distress to the person at risk</li> <li>Verbal sexualised teasing or harassment</li> <li>Being subject to indecent exposure where the service user does not appear to be distressed</li> </ul>	Examples: <ul style="list-style-type: none"> <li>Any concerns about a Person in a Position of Trust</li> <li>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</li> </ul>

	with capacity and no distress or injury is caused	<b>Where there is harm or risk of harm move directly to 'Red'</b>	<ul style="list-style-type: none"> <li>• Rape, sexual assault</li> <li>• Voyeurism</li> <li>• Sexual harassment</li> <li>• Contact or non-contact sexualised behaviour which causes distress</li> <li>• Indecent exposure that causes distress</li> <li>• Any sexual act without valid consent or pressure to consent</li> <li>• Sex activity within a relationship characterised by coercion and control, inequality or exploitation e.g. receiving something in return for carrying out sexual act</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Education around safe sexual relationships and conduct</li> <li>• Case management, review of care plan and risk assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Complaints</li> <li>• Disciplinary processes</li> <li>• Information for service users around expected standards of conduct</li> <li>• Increased monitoring for specified period</li> <li>• Outward Referrals: health, police</li> </ul>	<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	Requires Consideration	Reportable
<b>PSYCHOLOGICAL</b> There has been a psychological/emotional incident(s)	<b>Low Risk</b> <b>No Impact</b> Lower-level concern where the threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Medium Risk</b> <b>Some harm or risk of harm</b> Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingappp.co.uk">www.southtynesidesafeguardingappp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.	<b>High Risk</b> <b>Significant harm or risk of harm</b> Incidents at this level should be reported to adult social care service and directed to the safeguarding team.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>

		After the conversation, they may request you formally report the concern as a safeguarding.	
	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Incident not caused by a Person in a Position of Trust</li> <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>• Infrequent taunt or outbursts that cause no distress</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Incident not caused by Person in a Position of Trust</li> <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>• 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> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Incident caused by Person in a Position of Trust</li> <li>• Prolonged intimidation</li> <li>• Denial of Human Rights/civil liberties, forced marriage, Deprivation of Liberty Safeguard (DoLS)/Liberty Protection Safeguard (LPS)</li> <li>• Prolonged intimidation or humiliation</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 PREVENT guidance</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Information and education and expected standards of conduct, respect and dignity</li> <li>• Input from mediation services</li> <li>• Information for service users detailing expected standards of conduct</li> <li>• Staff training re de-escalation and/or other risk management processes</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to Adult Social Care</li> <li>• Where appropriate onward referrals for support from Neighbourhood policing, Housing Association</li> <li>• Review staffing arrangements</li> </ul>	<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	Requires Consideration	Reportable
<b>FINANCIAL OR MATERIAL</b> <b>Concerns raised in regard to the unauthorised and improper use of funds, property or any resources. This includes the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property. This type of abuse applied to Lasting Power of Attorneys (LPAs).</b>	<b>Low Risk</b> <b>No Impact</b>  Lower-level concern where the threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Medium Risk</b> <b>Some harm or risk of harm</b>  Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingapp.co.uk">www.southtynesidesafeguardingapp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	<b>High Risk</b> <b>Significant harm or risk of harm</b>  Incidents at this level should be formally raised as a safeguarding concern to adult social care service and directed to the safeguarding team..  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: <ul style="list-style-type: none"> <li>Not caused by a Person in a Position of Trust</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>Incident of missing belongings, a small amount of money where there is no indication of theft or abuse</li> <li>Money is not recorded safely or properly but immediate actions have been taken to rectify this</li> <li>Risks can be managed by current professional oversight or Universal Services</li> </ul>	Examples: <ul style="list-style-type: none"> <li>Incident not caused by Person in a Position of Trust</li> <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> </ul>	Examples: <ul style="list-style-type: none"> <li>Concerns around a Person in a Position of Trust including POA (Power of Attorney)</li> <li>Significant impact on person's wellbeing and lifestyle</li> <li>Restricted access to personal finances, property and/or possessions</li> <li>Personal finances removed from adult's control without legal authority</li> <li>Suspected 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> </ul>

	<ul style="list-style-type: none"> <li>Incident where a person is not involved in a decision about how their money is spent or kept safe and the concern is addressed</li> <li>Isolated and unwanted cold calling/doorstep visits and Trading Standards notified</li> </ul>	<ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <li>Adult coerced or misled into giving over money or property</li> <li>Property daubed in gloss paint – a key indicator used by Loan Sharks to indicate the escalation of none repayment of loan hence increased risk to the individual</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>Advice/information</li> <li>Review of care plans/risk management planning/staff training</li> <li>Review of needs/ services</li> <li>Onward referrals</li> <li>Complaints/disciplinary process</li> </ul>	<ul style="list-style-type: none"> <li>Care Act Assessment</li> <li>Carer's assessment</li> <li>Review of existing arrangements</li> <li>Share information with police</li> </ul>	<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	Requires Consideration	Reportable
<b>NEGLECT &amp; ACTS OF OMISSION</b> An ongoing failure to meet someone's basic physical or psychological needs	<b>Low Risk</b> <b>No Impact</b> Lower-level concern where threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Medium Risk</b> <b>Some harm or risk of harm</b> Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingapp.co.uk">www.southtynesidesafeguardingapp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	<b>High Risk</b> <b>Significant harm or risk of harm</b> Incidents at this level should be reported to adult social care service and directed to the safeguarding team.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: <ul style="list-style-type: none"> <li>Not caused by a Person in a Position of Trust</li> </ul>	Examples: <ul style="list-style-type: none"> <li>Repeated incidents/patterns of similar concerns</li> </ul>	Examples: <ul style="list-style-type: none"> <li>Gross Neglect</li> <li>Continued failure to adhere with care plan</li> </ul>



	<ul style="list-style-type: none"> <li>• Appropriate care plan in place but care needs not fully met , such as incontinence needs not met on one occasion, but no impact or distress occurs</li> <li>• Missed home visit where there is no impact and no other individual visits are missed</li> <li>• Issues or complaints around an adult's admission and/or discharge from Hospital where no harm has occurred</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> <li>• A fall where no significant injury occurs, there are no other indicators of neglect, and action is taken to minimise further risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent missed home care visits where risk of abuse or neglect escalates</li> <li>• Carer unable to continue in caring role and at risk of 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> <li>• Any fall where there is suspected neglect or a failure to follow relevant care plans, policies or procedures.</li> </ul>	<ul style="list-style-type: none"> <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> <li>• Discharge from hospital or other care facility without adequate planning and where abuse or neglect occurs</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Advice and information provided</li> <li>• Review of existing care plan / risk assessments</li> <li>• Complaint procedure</li> <li>• Consider CQC referral/incident report</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to Adult social care for assessment, carers assessment and / or review of existing arrangements</li> <li>• Consider Provider Concerns process as outlined in the Safeguarding Adults Policies and Procedures</li> <li>• Review of staffing arrangements</li> </ul>	<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	Requires Consideration	Reportable
<b>ORGANISATIONAL</b> <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>	<b>Low Risk</b> <b>No Impact</b>	<b>Medium Risk</b> <b>Some harm or risk of harm</b>	<b>High Risk</b> <b>Significant harm or risk of harm</b>
	Lower-level concern where threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingapp.co.uk">www.southtynesidesafeguardingapp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	Incidents at this level should be reported to adult social care and directed to the safeguarding team.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: <ul style="list-style-type: none"> <li>Care planning documentation is not person -centred or does not involve the person or consider their views</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 the service</li> </ul>	Examples: <ul style="list-style-type: none"> <li>Rigid inflexible routines that are not always in the person's best interests</li> <li>The wellbeing and dignity of the person is undermined</li> <li>Recurrent poor care practice, which is not person centred , lacks management oversight and is not being reported to commissioners risk can/cannot be managed appropriately with current professional oversight or universal services</li> <li>Unsafe and unhygienic living environments that could have had an impact on the person r have caused minor injury but requiring no external medical intervention or consultation.</li> <li>Health and wellbeing of multiple people compromised</li> <li>Recurrent bad practice lacks management oversight and is not being reported to commissioners/ASC</li> </ul>	Examples: <ul style="list-style-type: none"> <li>Involves a Person / People in Position of Trust</li> <li>Staff misusing their position of power within a service</li> <li>Widespread, consistent ill treatment.</li> <li>Intentionally or knowingly failing to adhere to Mental Capacity Act</li> <li>Rigid or inflexible routines leading to a person's dignity being undermined</li> <li>Punitive responses to challenging behaviours e.g. misuse of medication, inappropriate restraint</li> <li>Failure to refer disclosure of abuse or poor care practices.</li> <li>Staff misusing their position of power over people</li> <li>Overmedication and/or inappropriate restraint managing behaviour</li> </ul>



		<ul style="list-style-type: none"> <li>• Denying adult at risk access to professional support and services such as advocacy</li> <li>• Poor practice not being reported and going unchecked</li> <li>• Whistle Blowing / complaints raised with the provider in relation to services , but no action taken</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent incidents of ill treatment by care provider to more than one person over a period of time</li> <li>• Service design where group of adults living together are incompatible and harm occurs</li> <li>• Single or repeated incident of low staffing resulting in injury or death of one or more adults.</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Advice and information provided</li> <li>• Consultation with the person and their next of kin where appropriate</li> <li>• Immediate review of existing care plans or development of new ones</li> <li>• Appropriate training for staff</li> <li>• Development of a quality improvement plan</li> </ul>	<ul style="list-style-type: none"> <li>• Review of placement</li> <li>• Consultation with family or service user</li> <li>• Outward referrals</li> <li>• CCG quality referral</li> <li>• Consider the Provider Concerns process outlined in the Safeguarding Adults Policies and Procedures</li> </ul>	<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	Requires Consideration	Reportable
<b>DISCRIMINATORY ABUSE INCLUDING HATE CRIME</b> <b>Ill-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>	<b>Low Risk</b> <b>No Impact</b> Lower-level concern where threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Medium Risk</b> <b>Some harm or risk of harm</b> Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingappp.co.uk">www.southtynesidesafeguardingappp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	<b>High Risk</b> <b>Significant harm or risk of harm</b> Incidents at this level should be reported to adult social care and directed to the safeguarding team.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>

	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Incident not caused by a Person in a Position of Trust</li> <li>• Relevant and appropriate risk assessments/action plan in place</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>Examples:</p> <ul style="list-style-type: none"> <li>• Repeated incidents/patterns of similar concerns</li> <li>• Recurring discriminatory remarks/taunts motivated by prejudicial attitudes with no significant impact</li> <li>• Risk can/cannot be managed appropriately with current professional oversight or universal services</li> <li>• Recurring failure to meet specific care/support needs associated with equality and diversity that causes minimal or no distress</li> <li>• Incident not caused by Person in a Position of Trust</li> <li>• Service provision does not respect equality and diversity principles</li> <li>• Recurring failure to meet specific care/support needs associated with diversity that causes little distress</li> <li>• Denial of civil liberties</li> <li>• Neighbourhood disputes targeting a person with care and support needs</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Incident caused by Person in a Position of Trust</li> <li>• Humiliation or threats motivated by prejudices</li> <li>• Harm motivated by prejudice</li> <li>• Compelling a person to participate in activities inappropriate to their faith or beliefs</li> <li>• Movement or threat to move into a place of exploitation or take part in activities against their will</li> <li>• Being refused access to essential services as a result of prejudices</li> <li>• Honour based violence</li> <li>• Hate crime resulting in injury / medical treatment / fear for life</li> <li>• Recurring failure to meet specific care and support needs associated with prejudice and / or lack of equality and diversity that causes distress</li> </ul>
<p><b>Actions/Outcomes to consider at every stage</b></p>	<ul style="list-style-type: none"> <li>• Information and education around expected standard of conduct, respect, equality, diversity and inclusion</li> <li>• Use of risk management processes. Review of existing care plans / risk assessments training</li> <li>• Review policies (Equality Act 2010, national guidance)</li> </ul>	<ul style="list-style-type: none"> <li>• Share concerns with Anti-social Behaviour teams / Police / Commissioning</li> <li>• Consider complaints and PREVENT referral</li> <li>• Consider the Provider Concerns process as outlined in the safeguarding adults policies and procedures</li> </ul>	<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	Requires Consideration	Reportable
<b>MODERN SLAVERY – this also includes activity such as county lines, criminal exploitation, cuckooing, forced marriage. Holding a person (s) in position of slavery, forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them</b>	<b>Low Risk No Impact</b> Lower-level concern where the threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Medium Risk Some harm or risk of harm</b> Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingapp.co.uk">www.southtynesidesafeguardingapp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	<b>High Risk Significant harm or risk of harm</b> Incidents at this level should be reported to your adult social care and directed to the safeguarding team..  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	<b>Modern Slavery is a serious crime and all concerns need to be reported as a safeguarding concern to Adult Social Care as well as Northumbria Police.</b>  It is common that potential victim of modern slavery may be unaware of, or unable to understand the concept of exploitation, coercion and control measures They may have been intimidated and threatened to prevent making a disclosure to authorities.  When a potential victim of modern slavery is identified or a suspect or location related to modern slavery that may require law enforcement intervention, it is crucial that any evidential material is preserved.  When safeguarding professionals engage with potential victim , best practice dictates that to maximise a meaningful disclosure appropriately trained staff are involved.  <b>REFERING INTO THE NRM</b> - The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. There are a number of ‘first responder organisations’ . These include local authorities and Police. They are authorised to refer a potential victim of modern slavery into the National Referral Mechanism.		

<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Raise a safeguarding Concern</li> <li>• Report to the Police</li> </ul>	<ul style="list-style-type: none"> <li>• Raise a safeguarding Concern</li> <li>• Report to the Police</li> </ul>	<b>Raise a safeguarding Concern Report to the Police</b>
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Type of Abuse	Non-Reportable	Requires Consideration	Reportable
<b>DOMESTIC ABUSE</b> Any incident of domestic abuse by people aged 16 or over who are personally connected. This can include physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic, psychological, or emotional abuse. For all situations involving allegations of domestic abuse completion of a Domestic Abuse Stalking and Harassment Risk Identification Checklist (DASH RIC) should be considered	<b>Low Risk No Impact</b>	<b>Medium Risk Some harm or risk of harm</b>	<b>High Risk Significant harm or risk of harm</b>
	Lower-level concern where the threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingappp.co.uk">www.southtynesidesafeguardingappp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: <ul style="list-style-type: none"> <li>• Adult has capacity and no vulnerabilities identified</li> <li>• DASH RIC assessment has identified standard or lower risk</li> <li>• Robust assessment has been undertaken and links to domestic violence support services made</li> <li>• Contact with perpetrator has ceased, with no concerns this will be re-established (it should be noted that the end of a relationship or ceased contact can increase the risk of domestic abuse)</li> </ul>	Examples: <ul style="list-style-type: none"> <li>• Where there is abuse or risk of abuse relating to domestic violence and abuse and coercion and control, <b>always</b> consider raising a safeguarding concern</li> </ul>	Examples: <ul style="list-style-type: none"> <li>• Recurrent patterns of violent and coercive/controlling behaviour, including verbal/physical assault</li> <li>• Unexplained marks or injuries on several occasions, such as bruising, cuts, fractures</li> <li>• Sexual activity without valid consent.</li> <li>• Continues to reside with or have contact with the perpetrator</li> <li>• Escalation of concern for safety</li> <li>• Isolation from seeing friends and family or support services</li> </ul>

	<ul style="list-style-type: none"> <li>• One-off incident with no injury or harm experienced</li> <li>• Adequate protective factors in place</li> </ul>		<ul style="list-style-type: none"> <li>• Disengagement from domestic abuse and /or other support services</li> <li>• In constant fear of being abused</li> <li>• Denial of access to medical treatment or care</li> <li>• Stalking or harassment</li> <li>• Forced marriage/Female Genital Mutilation</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Refer to Domestic Abuse Services for early intervention and support</li> <li>• Onward Referrals to support agencies</li> </ul>	<ul style="list-style-type: none"> <li>• When children present, ALWAYS make a Children's Social Care referral</li> <li>• Refer to Adult Social Care for assessment of need</li> <li>• Complete DASH risk assessment</li> </ul>	<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	Requires Consideration	Reportable
<b>SELF-NEGLECT</b>	<b>Low Risk No Impact</b>	<b>Medium Risk Some harm or risk of harm</b>	<b>High Risk Significant harm or risk of harm</b>
<b>A person living in a way that puts their health, safety, or wellbeing at risk.</b> Ordinarily self-neglect may not prompt a Section 42 safeguarding enquiry. It is expected that all standard interventions will have been used in the first instance and agencies will have considered the South Tyneside Safeguarding Partnership self neglect guidance *	Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met .. However, an internal record of what happened and what action was taken should be kept.  <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>	Incidents at this level should be recorded, and internal policies and procedures followed. Consultation should be undertaken internally as well as through the South Tyneside Safeguarding Adults Policy and Procedures. <a href="http://www.southtynesidesafeguardingapp.co.uk">www.southtynesidesafeguardingapp.co.uk</a> Action should be taken to reduce risk and a discussed with the local adult social care service.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: <ul style="list-style-type: none"> <li>• Poor self-care causing some concern, but no signs of impact or distress</li> <li>• Property neglected but all essential services/appliances work</li> </ul>	Examples: <ul style="list-style-type: none"> <li>• Failing to engage with health and social care professionals</li> <li>• Indication of lack of insight into self-neglect</li> <li>• Lack of essential amenities/food provision</li> </ul>	Examples: <ul style="list-style-type: none"> <li>• Living in squalid or unsanitary conditions</li> </ul>

	<ul style="list-style-type: none"> <li>• Risks can be managed by current professional oversight or universal services</li> <li>• The person is not at risk of losing their home, tenancy, or placement within the community</li> <li>• Evidence of low-level hoarding – low level impact on health/safety</li> <li>• No access to social care support</li> <li>• Occasional non-attendance at meetings, such as health appointments.</li> </ul>	<ul style="list-style-type: none"> <li>• Refusing medical treatment, care or equipment that will impact health and wellbeing</li> <li>• Property or environment shows signs of neglect with evidence of unsanitary conditions, clutter, hoarding that are potentially damaging to health and wellbeing as well as creating a fire risk</li> <li>• Where animals in property are impacting on the environment with a risk to health.</li> </ul>	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>• Engagement with the person to consider options (e.g., domestic support/deep-clean) and/or any support network to consider alternative approaches</li> <li>• Referral to Tyne and Wear Fire and Rescue Service for a home safety visit</li> <li>• Referral to Adult Social Care for an assessment or review</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration for advocacy services</li> <li>• Consideration for whether a Mental Capacity Act assessment is required</li> <li>• Referral for multi-agency processes to support complex and multiple needs (e.g., Multi Agency Risk Management meetings)</li> <li>• Referral to Environmental Health services</li> </ul>	<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**

Many people who are frail and have restricted mobility are at risk of developing ulcers on the points of their body which receive the most pressure. These are known as pressure ulcers, pressure sores, bed ulcers or ulcers. Pressure ulcers start with skin discolouration but if left untreated they can become very deep and infected, and in the worst cases they can be life threatening. With management and care, pressure ulcers can be avoided in most cases.

Pressure ulcers are primarily a clinical issue and should be referred to an appropriate health professional in the first instance. However, they can occur through neglect and/or omission of care (whether deliberate or unintentional). Each individual case should be considered, taking into account the person's medical condition, prognosis, any skin conditions, and other signs of neglect. These can include poor personal hygiene and living environment, poor nutrition and hydration, and their own views on their care and treatment.

Staff should refer to their own organisation's policies and procedures on pressure ulcers; as well as other relevant local and national guidelines, protocols, and policies, e.g., National Institute for Health and Care Excellence (NICE) guidance and incident reporting policies.

The Department of Health and Social Care (DHSC) updated the Safeguarding Adults Protocol for Pressure Ulcers and raising a Safeguarding Concern in January 2024. The protocol provides an adult safeguarding decision guide, body map and concern proforma. This will help the provider to determine if a safeguarding referral should be made to the local authority.

In situations where the person has mental capacity and has refused treatment and prevention strategies, all standard interventions must be used first to manage risk (e.g., Care Management/Care Plan Approach/Multi-Disciplinary Team) before consideration is given to raising a safeguarding concern. These interventions should involve:

- Clear and evidenced consideration of mental capacity.
- Evidence available to show concerns raised and support sought from a relevant professional.
- Full discussions with the person and/or their next-of-kin or representative.

In situations where there are obvious signs of neglect these should be reported as a safeguarding concern.

<https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-an>

Type of Abuse	Non-Reportable	Requires Consideration	Reportable
<b>PRESSURE ULCER</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>Low Risk No Impact</b> Lower-level concern where the threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Medium Risk Some harm or risk of harm</b> Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>After the conversation, they may request you formally report the concern as a safeguarding.</b>	<b>High Risk Significant harm or risk of harm</b> Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
<b>Please see a helpful NHS (2021) visual document of different categories of pressure ulcers.</b>	Examples: Single incident of Category 1 or 2 pressure ulcer. Category 3 & 4, unstageable and suspected deep tissue injury, or multiple Category 2 pressure ulcers where: <ul style="list-style-type: none"> <li>• A care plan is in place</li> <li>• Action is being taken</li> <li>• Other relevant professionals are involved such as Tissue Viability Nurses</li> <li>• There has been full discussion with the person, their family or representative</li> <li>• There are no other indicators of abuse or neglect or unexplained deterioration</li> </ul>	Examples: Category 3 or 4 pressure ulcers, unstageable and suspected deep tissue injury pressure ulcers, or multiple Category 1 and 2 pressure ulcers, where: <ul style="list-style-type: none"> <li>• The care plan has not been fully implemented</li> <li>• Deterioration has taken place without explanation – e.g., Category 2 has been re-categorised as a Category 3-4 ulcer</li> <li>• It is not clear that professional advice or support has been sought at the appropriate time such as from Tissue Viability Nurses</li> <li>• There are other similar incidents of concerns</li> <li>• There are possible other indicators of neglect</li> </ul>	Examples: Category 3 or 4, unstageable and suspected deep tissue injury, where: <ul style="list-style-type: none"> <li>• The person has not been assessed as lacking capacity and treatment and prevention has not been provided</li> <li>• No risk assessment and/or care plan completed or of very poor quality</li> <li>• There are other incidents of abuse or neglect</li> <li>• Evidence demonstrates that this is part of a pattern/trend</li> <li>• A root cause analysis or investigation has been commenced or is in progress</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Follow own policy/ procedure</li> <li>• NICE guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Care Act Assessment/Review</li> <li>• Refer to local guidance</li> <li>• Onward referrals</li> </ul>	<b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted.



	<ul style="list-style-type: none"> <li>• Onward referrals for support, e.g. Tissue Viability Nurses</li> <li>• Consider medical condition, prognosis, hydration/ nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Tissue Viability Nurse input requested</li> </ul>	Immediate safety plans must be implemented.
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Pressure Ulcers are primarily a clinical issue and should be referred to the appropriate health professional in the first instance. However, where there are obvious signs of neglect they should be reported to safeguarding. Whilst not all pressure ulcers are due to neglect (deliberate or unintentional) each individual's care should be considered, taking into account the persons medical condition, prognosis, skin condition, poor personal hygiene, living environment, nutrition/hydration and their own views on care and treatment.

Type of Abuse	Non-Reportable	Requires Consideration	Reportable
<b>FALLS</b> <b>Please refer to local organisational guidance</b>  <b>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</b>	<b>Low Risk</b> <b>No Impact</b> Lower-level concern where threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	<b>Medium Risk</b> <b>Some harm or risk of harm</b> Incidents at this level could be discussed with the local adult social care service.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>	<b>High Risk</b> <b>Significant harm or risk of harm</b> Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: A fall where no injury has occurred and: <ul style="list-style-type: none"> <li>• There is a reasonable explanation as to why this occurred.</li> <li>• A care plan and/or risk assessment is in place and being adhered to.</li> <li>• Actions are being taken to minimise further risk.</li> <li>• Other relevant professionals have been notified.</li> </ul>	Examples: Multiple falls have occurred where: <ul style="list-style-type: none"> <li>• A care plan and/or risk assessment is not in place or has not been fully implemented</li> <li>• It is not clear that professional advice or support has been sought at the appropriate time (e.g., Falls Prevention Service, provider services monitoring team)</li> </ul>	Examples: Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or Person in a Position of Trust. <ul style="list-style-type: none"> <li>• Where a person sustains an injury (other than a very minor injury) which is unexplained or in which appropriate medical attention was not sought.</li> </ul>

<b>understand the context of the fall.</b>	<ul style="list-style-type: none"> <li>• Full discussions with the person or people, next-of-kin, or any other representative</li> <li>• There are no other indicators of abuse or neglect.</li> </ul>	<ul style="list-style-type: none"> <li>• There have been other similar issues or areas of concern</li> <li>• There may be other indicators of abuse or neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Repeated falls in which significant injuries have been sustained despite preventative advice having been given.</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Follow own policy/procedure</li> <li>• Onward referrals for support, e.g. Falls team</li> <li>• Consider medical condition, prognosis, hydration/nutrition</li> <li>• Review Care Plan/Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Care Act Assessment/ Review Onward referrals</li> <li>• Capacity Assessment</li> <li>• OT referral</li> </ul>	<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.

## Medication errors

### Responsibilities and statutory requirements of care providers

- Care providers who are commissioned to provide any medication administration service are responsible for ensuring that people who require this service have their medicines at the times they need them and in a safe way
- Care providers must have clear procedures in place which include arrangements for reporting adverse events, adverse drug reactions, incidents, errors and near misses relating to medicines
- These arrangements should encourage local, and where appropriate national, reporting and learning, and promote an open honest culture of safety
- The registered person must protect adults in their service against the risks of unsafe use and management of medicines. This should be by means of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity
- All medication errors should be reported in line with the care provider's management of incidents policy as soon as possible after the incident

### Good practice in the management of medication errors

- The organisation must have clear procedures for staff detailing how a medication error should be recorded, including specific processes for controlled drugs and reporting mechanisms to the Controlled Drug Accountable Officer (CDAO)
- All medication errors, including near misses, must be recorded. This record must detail the impact of the error, any immediate action taken, and also record the date, time, and names of staff and adults using the service who are involved

- The error should be reviewed, and an action plan put in place to ensure lessons are learnt and the risk of the error being repeated is reduced. It is also important to review the error in the context of previously recorded errors since a series of similar incidents may meet the criteria for a safeguarding concern to be raised
- Where there are systemic failings in a provider's medication management process which lead to repeated medication errors, consideration should be given as to whether a safeguarding enquiry into organisational abuse is warranted
- If there are cases of medication being mismanaged recklessly or intentionally, such as the misappropriation and misuse of drugs by staff, these should always be reported

Mistakes are made by people across the process, from the GP to the pharmacist and care staff. Incidents occur where a person is accidentally given someone else's medication, given too much or too little of their own medication, given a medication that has been stopped, or given it at the wrong time. Most errors do not result in harm, but mistakes can lead to serious and, in some cases, fatal consequences.

Incidents meeting the lower-level criteria should, wherever possible, be addressed at a local level with the individuals and professionals concerned. This should be with the aim of promoting positive relationships and an open culture that addresses the underlying issues. Repeated error-making is also a warning that due care is not being taken, even if none lead to harm.

**Please note:** Internal online incident reporting processes (such as completing a DATIX for those working within acute health services) should still be completed for monitoring purposes. Where a one-off incident or error made is by an agency worker, the agency should be informed as the agency may hold other information regarding errors made elsewhere by the same person.

Type of Abuse	Non-Reportable	Requires Consideration	Reportable
<b>MALADMINISTRATION OF MEDICATION</b> <b>Mismanagement/ misadministration/ misuse of drugs</b> Please refer to local organisational guidance	<b>Low Risk</b> <b>No Impact</b>	<b>Medium Risk</b> <b>Some harm or risk of harm</b>	<b>High Risk</b> <b>Significant harm or risk of harm</b>
	Lower-level concern where the threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken. <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>	Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>	Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>

	<p>Examples:</p> <ul style="list-style-type: none"> <li>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</li> <li>Isolated incident causing no harm that is not reported by staff members</li> <li>Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>Recurring missed medication or administration errors in relation to one service user that caused no harm</li> <li>Recurring prescribing or dispensing errors that affect more than one individual but cause no harm</li> <li>Over reliance on sedative medication to manage behaviour</li> <li>Covert medication without correctly recorded authorisation with no harm caused</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>Recurrent missed medication or administration errors that affect one or more adult and/or result in harm</li> <li>Deliberate maladministration of medicines (e.g. sedation)</li> <li>Covert administration without proper medical supervision or outside the Mental Capacity Act, with a detrimental impact</li> <li>Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death.</li> <li>Fabricated illness/ induced illness</li> <li>Deliberate falsification of records or coercive/intimidating behaviour to prevent reporting</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>Review of relevant policies and procedures</li> <li>Internal relevant training provided</li> <li>Review of existing care plans or creation of new care plans/risk assessments</li> <li>Complaints or disciplinary processes</li> </ul>	<ul style="list-style-type: none"> <li>DATIX, serious Incident or alternative review or investigative process</li> <li>Discussion with the GP/Pharmacy</li> <li>Share information with the ICB Quality Team and/or the CQC</li> <li>Consider Provider Concerns process as lined in the Safeguarding Policies and Procedures</li> </ul>	<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>

### **Incidents between adults in a service**

Incidents between adults in a service can include any interaction involving two or more adults in any setting, involving physical, psychological/emotional, sexual, financial, or discriminatory abuse or behaviour, which results in the risk of abuse or neglect, or actual abuse or neglect.

***Not all incidents between adults in a service will require a safeguarding concern to be raised. Agencies must use their own internal incident policy and processes and ensure that all incidents are reported using the appropriate procedures. What is important is for each incident to be considered according to the individual circumstances of the situation, and a professional judgement reached.***

A degree of conflict on occasions is to be expected in all relationships. This applies equally to environments where people with care and support needs live together or spend long periods of time together. There may be times when the actions of one adult in a service towards another goes beyond usual conflict and their behaviour is abusive, causing an impact.

### **Responsibilities of care providers**

Preventing incidents between adults in a service from occurring wherever possible is always the preferred approach. Those in receipt of services should expect to be supported or cared for in a safe environment. Abuse by other adults in the service who also have care and support needs themselves is just as impactful as any other form of abuse. Provider services should ensure that interventions and support arrangements are in place to minimise the risk of abuse between adults using their service.

Where there are systemic failings in a provider's management processes which lead to repeated incidents between adults in that service, consideration should be given as to whether a safeguarding enquiry into organisational abuse is warranted. There is an obligation on all services involved to identify such failings and ensure that safeguarding concerns are raised where necessary, and that issues are addressed.

### **Good practice in the management of incidents involving adults in a service**

- Having robust and comprehensive pre-admission assessment arrangements to establish an individual's previous and current needs. This should include consideration to building and maintaining relationships with others, vulnerability, and any behaviour which may challenge, including bullying
- Considering the potential impact, where appropriate, on existing adults in the service prior to the placement or person starting to use the service and keeping the compatibility of all adults in that service under review
- The inclusion of anti-bullying, issues of inappropriate interactions between adults in the service and between staff and adults, being included in relevant policies and procedures

- Promoting a positive culture of mutual respect where individual rights and responsibilities are discussed with adults in the service, and the Mental Capacity Act principles of least restrictive practice are followed and confirmed in the service's documentation
- Understanding how to support adults who are involved in incidents through the assessment of needs and risk, and mitigating the risks to both, and linking them in with appropriate support services
- Care and support plans directing staff on how to promote the safety of adults in their service
- Having measures in place to positively support those with known behavioural difficulties
- Ensuring that staff have appropriate training and know who to identify, record and review incidents involving adults in the service
- Ensuring that staff numbers are sufficient to meet the needs of the adults in the service
- Following the agency's notification procedures including, where appropriate, informing the adults' families or nominated representatives
- Ensuring that measures are in place to secure the safety of people within or visiting the service

### **Post incident reviews**

- When an incident occurs between adults in a service, the details should be recorded to identify any potential patterns. The information as a minimum should record the incident date and time, the adults involved, members of staff on duty, and the circumstances immediately prior to the incident and any other relevant information
- Reviews of risk assessments and care plans should always be undertaken following each incident
- Senior managers should review post incident information on a regular basis to determine whether certain adults are regularly involved, either as the victim or the person who is the cause of risk, and the staff on duty at the time. Reviews should consider lessons learnt, whether the incident could have been prevented, and the need for changes to avoid similar incidents recurring. The post incident findings may also trigger the need for further review and updating of risk assessments and/or a safeguarding concern being raised

Type of Abuse	Non-Reportable	Requires Consideration	Reportable
<b>Incidents involving another person with care and support needs</b> Please refer to local guidance for service user to service user incidents.	<b>Low Risk</b> <b>No Impact</b>	<b>Medium Risk</b> <b>Some harm or risk of harm</b>	<b>High Risk</b> <b>Significant harm or risk of harm</b>
	Lower-level concern where the threshold for further enquires under safeguarding are unlikely to be met. However, a record should be kept of what happened and what action was taken.  <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>	Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>	Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.  <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	Examples: <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 <b>AND</b>: <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>	Examples: <ul style="list-style-type: none"> <li>Any incident between people using a service in which medical attention or attendance at hospital is required</li> <li>Multiple incidents where the person lacks capacity and is unable to take action to protect themselves</li> <li>There have been other similar incidents involving the same perpetrator</li> <li>Concerns over escalation of behaviours between identified individuals</li> <li>The care plan has not been implemented</li> <li>It is not clear that professional advice or support has been sought at the appropriate time</li> </ul>	Examples: <ul style="list-style-type: none"> <li>Any incident resulting in intentional or intended harm or risk of harm to the person, including hate crimes</li> <li>Any incident where a weapon or other object is used with the intention to cause injury</li> <li>Repeated incidents where the person lacks capacity and is unable to protect themselves</li> <li>The victim is, or appears, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person.</li> </ul>



		<ul style="list-style-type: none"> <li>• There have been other similar incidents involving the perpetrator or areas of concern</li> </ul>	
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>• Review of relevant policies and procedures</li> <li>• Internal relevant training provided</li> <li>• Review of existing care plans or creation of new care plans/risk assessments</li> <li>• Complaints or disciplinary processes</li> </ul>	<ul style="list-style-type: none"> <li>• Share information with the ICB Quality Team and/or the CQC</li> <li>• Discussion with Health/Social Care Commissioners</li> <li>• Consider Provider Concerns process as outlined in the safeguarding adults policies and procedures</li> <li>• DATIX, Serious Incident or alternative review or investigative process</li> </ul>	<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	Requires Consideration	Reportable
<b>People who experience homelessness are at increased risk of experiencing exploitation and abuse. Professionals working with people should be mindful of this when considering if a safeguarding adults concern needs to be raised.</b>	<b>Low Risk No Impact</b>	<b>Medium Risk Some harm or risk of harm</b>	<b>High Risk Significant harm or risk of harm</b>
	Lower-level concern where the 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. <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>	Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department. <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>	Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department. <b>Consideration should also be given as to whether the police or other emergency services need to be contacted. Ensure whole family approach if children or other adults may be impacted.</b>
	The person is expressing/experiencing mental health distress or using illicit substances: <ul style="list-style-type: none"> <li>• Consultation with mental health and substance misuse services may be appropriate</li> <li>• Housing discharging their duty to house an adult</li> </ul>	The person has deteriorating physical/mental health, and this is placing their health at significant risk of harm: <ul style="list-style-type: none"> <li>• Application of the self-neglect procedures may be considered.</li> <li>• If the person is offered housing which is not considered to be reasonable or suitable</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of interagency co-operation when self-neglect procedures have been initiated</li> <li>• Support agencies are not working together to provide support for the person which they are eligible for.</li> </ul>



	<ul style="list-style-type: none"> <li>The person is engaged with and/or is a cause of risk in a criminal act. Following internal agency policy, a police report should be made.</li> </ul>	<ul style="list-style-type: none"> <li>Multiple people may be being targeted by an unknown individual/agency.</li> </ul>	<ul style="list-style-type: none"> <li>Appears to be being targeted by individual(s) for abuse or exploitation</li> </ul>
<b>Actions/Outcomes to consider at every stage</b>	<ul style="list-style-type: none"> <li>Referral to local authority Housing Services.</li> <li>Referral to community and voluntary sector</li> <li>Referral to Mental Health services</li> <li>Refer to the LGA Briefing on adult safeguarding and homelessness (2020)</li> </ul>	<ul style="list-style-type: none"> <li>Share information with appropriate health professionals</li> <li>Refer to Adult Social Care t for assessment or review of existing services.</li> <li><b>If self-neglect is identified consult the self-neglect procedures* in the South Tyneside Safeguarding Adults Policy and Procedures.</b></li> </ul>	<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.

<b>Document Control</b>	
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