Teeswide Safeguarding Adults Board

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Decision Support Guidance

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Template Revision Number	Date Approved by the Board	Change Record	Links to Other Policies	Review Date:
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With thanks to North Tyneside and Gateshead Safeguarding Adults Boards for kindly permitting the use of content from their documents to support the development of this resource.

Introduction

This guidance is to support professionals, partners, and providers in Teesside to decide whether to raise a safeguarding concern with the Local Authority for an adult with needs for care and support. Safeguarding adults is not solely defined by raising a statutory safeguarding concern; it includes a range of preventative, proportionate and person-centred responses that promote wellbeing, safety, choice, control and human rights. Please also refer to the Decision Support Guidance – Appendix to support you with identifying the appropriate pathway.

This document should be used in conjunction with the Teeswide Inter Agency Safeguarding Adults Policy and **Stage 1** of the Inter-Agency Safeguarding Adults Procedure as well as each agency's own safeguarding policies and procedures. It is not a substitute for agencies following their own internal incident policies and processes, responding to practice and performance issues with staff, or following agency disciplinary procedures.

Responding to concerns

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. If it is not an emergency, please call Cleveland Police on 101 or report online.

All incidents must be recorded and reported using the appropriate procedures but not all incidents will require a statutory safeguarding response. You should always seek advice from your line manager and/or safeguarding lead if you have a concern. If in doubt or further consultation is required, contact your local authority Adult Social Care department.

When considering if to progress with an adult safeguarding concern, consider if you have a reasonable cause for concern that the adult

- has needs for care & support (whether or not the authority is meeting any of those needs)
- and is experiencing, or is at risk of abuse and neglect.

If a decision is made not to raise a safeguarding concern with the Local Authority, the agency must clearly record the concern, the rationale for the decision, and any actions taken to reduce risk and promote the adult's wellbeing. Concerns should be recorded in such a way that repeated, low-level harm incidents are easily identified and subsequently referred. Not referring under safeguarding adults' procedures does not negate the need to follow own safeguarding policies, incident reporting, governance, quality assurance, complaints, disciplinary, and escalation procedures, and report concerns to regulators, commissioners, or other relevant bodies where appropriate.

Consider a Multi-Disciplinary Team (MDT) meeting approach as a preventative approach to lower-level concerns for individuals with complex care needs. An effective MDT meeting will provide a consistent, co-ordinated and person-centred approach to an individual's care, with a focus on integrated working and improving outcomes for individuals. See TSAB MDT Guidance.

Practitioners should consider cumulative harm, ensuring that patterns of repeated low-level concerns or multiple forms of abuse are not viewed in isolation but assessed collectively to inform risk and decision-making, recognising that regular, low-level concerns can amount to a far higher level of concern which then requires more in-depth investigation or assessment under safeguarding adult procedures.

Consider risks to others – 'Think Family' - This may include children or other adults with care and support needs. If a child is identified as being at risk of harm (even if not progressing with an adult safeguarding concern), contact your local authority Children's Services department.

Decision Support Guidance

Please note: This guidance is for support when assessing and managing risks and only contains some examples. It does not replace professional curiosity and professional judgement. You should always consider the individual circumstances of each situation when deciding on the best course of action.

'Recordable Incidents' – an isolated lower-level incident or concern.

These examples would not ordinarily require a safeguarding concern to be raised in isolation, however practitioners should consider the individual circumstances, cumulative impact, risk of recurrence and exercise professional judgement. The incident should be recorded in line with internal organisational procedures, and action taken to resolve the issue. They can normally be addressed through existing support arrangements, care planning, risk management, early intervention or multi-agency support.

Examples have been provided of possible alternative actions that should be considered at the recordable incidents stage. These are offered as examples only and should not be considered exhaustive. It is important to record and review all incidents in the context of those previously recorded, as a series of similar incidents may meet the criteria for referral into safeguarding.

Where abuse/harm is caused by a Person in a Position of Trust, this must be referred as a Safeguarding Concern. See PIPOT guidance for your area.

If a pattern of lower-level, recordable incidents is emerging a safeguarding concern should be submitted to the Local Authority. Consider cumulative risk and professional judgement.

'Safeguarding Referral' - Incidents at this level should be formally raised as a safeguarding concern with the local authority.

This means that it is likely that the concern will progress to a safeguarding enquiry under Section 42 of the Care Act. Please note you may also need to contact the police / emergency services.

If you are unsure if a concern is 'recordable incident' or a 'safeguarding referral', please contact your local authority Adult Social Care department for advice.

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

Where abuse/harm is caused by a Person in a Position of Trust (PIPOT), this must be referred as a Safeguarding Concern. See PIPOT guidance for your area.

Categories of Abuse and Neglect

From page 6 onwards you will find decision support guidance for the ten categories of abuse and neglect identified in the Care Act 2014. These are followed by additional guidance on types of harm which may lead to safeguarding concerns; pressure ulcers, falls, medication, and incidents between residents.

Self-harm and Suicidal thoughts and behaviours

Self-harm and suicidal thoughts and behaviours are often ways of dealing with difficult feelings and memories or overwhelming situations and experiences. Whilst the Care Act doesn't reference self-harm and suicidal thoughts and behaviours as a category for safeguarding, we know that these can, and do, co-occur with concerns around abuse and neglect that are covered under the Care Act. This means that, whilst self-harm and suicidal thoughts and behaviours **do not indicate a safeguarding concern on their own**, they may be a factor in safeguarding cases. In many circumstances, the most appropriate

response will be through mental health services, healthcare provision, early intervention, care planning, risk management, welfare support, or other single-agency or multi-agency arrangements

Responses should be person-centred, trauma-informed, engaging with individual circumstances, and including the reasons for the self-harm or suicidal thoughts and behaviours and the presenting risks. It may be concluded that support through the route of a safeguarding concern is indicated because there is:

- reasonable cause to suspect that the individual has **needs for care and support** and
- because conversations have uncovered **reasonable cause to suspect abuse and/or neglect** as a factor in the self-harm or suicidal thoughts and behaviours.

Professionals should be able to identify the signs and risk factors of self-harm and suicidal thoughts and behaviours, apply professional curiosity by exploring concerns and underlying factors, and know how to access appropriate support.

Support should be offered to anyone who self-harms or experiences suicidal thoughts and behaviours, regardless if they meet the criteria for a safeguarding concern. Safety of the person is paramount and in a mental health crisis or emergency, call NHS 111 and select the mental health option (2) or 999, if there is a risk to life. Further information on what to do in a mental health crisis can be found online.

Physical Abuse

Pressure ulcers, falls, medication, and incidents between residents are addressed separately within this guidance.

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Light marking or bruising found, which can be explained and no harm or adverse impact on the adult's wellbeing was identified. • Inexplicable marking found on one occasion. • Staff error causing no/little harm e.g., friction mark on skin due to ill-fitting hoist sling. • Error by staff causing little/no harm e.g., skin mark. • Isolated incident involving adult-on-adult in care setting causing little/no harm. • Minor events that still meet criteria for 'incident reporting' accidents. • Minor incident causing no harm where immediate actions have been taken to reduce risk and there is no indication of abuse, neglect or ongoing pattern of concern.	**Examples:** • Assault, grievous bodily harm, assault with a weapon. • Intended harm towards a person. • 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. • Accumulation of minor incidents. • Physical assaults or actions that result in significant injury or ongoing emotional distress to the person. • Unexplained significant injuries. • Repeated incidents/patterns of similar physical injuries. • Rough or inappropriate handling or restraint that causes marks to be left, or the person to appear fearful or distressed. • Unauthorised restraint or deprivation of liberty by formal or informal carers. • Deliberate withholding of food, drinks, or aids to independence. • Deliberate force-feeding food or drinks. • Unexplained fractures/serious injuries. • Medication given as an unlawful restraint • Limb contractures caused by prolonged periods of immobilisation due to lack of care/repositioning.
Actions to consider:	
• Assessment or review of care needs. • Onward referrals for support. • Review of existing care plans or creation of new care plans/risk assessments. • Referral to District nurse, GP, OT, Physiotherapy. • Referral to LD/Mental Health services for the person causing the harm, where abuse is contributed to by their own needs. • Referral for a Carers Assessment. • Consideration of additional external services. • Training and/or professional support and development re escalation/ positive behaviour support. • Signpost/ refer to care and support services – see Find Support in Your Area.	All actions under recordable incidents **and**: • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC. • Review staffing arrangements. • Completion of body maps. • Consult health professionals regarding injuries. **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. If there is an indication that a criminal act has occurred, the police must be informed. Consider raising a provider service concern or complaint where appropriate.

Sexual Abuse (inc. Sexual Exploitation):

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Isolated incident of unwanted sexualised comments or touching directed at one adult by another* with no fear, harm or adverse impact on the adult's wellbeing.	**Examples:** • Sexualised comments or harassment which cause fear, harm or adverse impact on adults' wellbeing. • Being subject to indecent exposure which causes distress. • Any sexualised behaviour committed by a Person in a Position of Trust, regardless of consent or whether this causes fear or distress. • Sexualised physical contact which causes distress. • Any sexual act without valid consent, or where there is pressure to consent, regardless of whether this has caused distress. • Rape. • Concerns around grooming or sexual exploitation either in-person or online (e.g., sent or made to look at sexually explicit material without valid consent, pressure to send sexually explicit photographs or videos). • Any sexual violence or activity within a relationship characterised by authority, inequality, or exploitation, e.g., receiving something in return for carrying out a sexual act. • At risk of or have undergone Female Genital Mutilation (FGM). • Persistent, recurring sexualised touching, exposure or sexualised comments, regardless of whether this causes fear or distress. • Voyeurism without consent. • Sexual exploitation - forced into sex work (online/face-to-face).
Actions to consider:	
• Assessment/review of needs. • Onward referrals for support - Find Support in Your Area . • Education around safe sexual relationships and consent for the person causing the harm and adult at risk. • Information for service users around expected standards of conduct. • Increased monitoring for specified period. • Share information with district nurse or GP. • Review/create new care plans/risk assessments. • Consideration of additional services. • Contact with specialist services e.g. health, SARC, Arch, A Way Out. • Awareness training in this complex area – see TSAB E-Learning.	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC • Share information with Cleveland Police **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. If there is an indication a criminal act has occurred, the police must be informed. Consider raising a provider service concern or complaint where appropriate.

Psychological / Emotional Abuse:

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused. • Infrequent taunts, insults or outbursts that cause no or only fleeting distress but no harm or adverse impact on the adult's wellbeing was identified. • Withholding information from an adult that they have a right to know, where this is not intended to disempower them.	**Examples:** • Treatment that undermines dignity and damages esteem. • Repeated incidents of denying or failing to recognise an adult's opinions, views, and choices, particularly in relation to their care and support needs. • Taunts, mocking or outbursts which cause distress. • Frequent and frightening verbal outbursts or harassment. • Highly offensive and personal verbal attacks. • Withholding of information from a person that disempowers them. • Prolonged intimidation or humiliation. • Emotional blackmail, e.g., threats of abandonment/harm. • Concerns relating to 'cuckooing or home invasion' • Denying or failing to respect adult's choice or opinion, where they have mental capacity to make a choice. • Denial of Human Rights/civil liberties: e.g. over-riding advance directive and unauthorised deprivation of liberty. • Online bullying/ 'trolling' • Radicalisation – see Cleveland Police PREVENT • A pattern of behaviour used to control, limit independence, and create fear or dependence
Actions to consider:	
• Onward referrals for support – Find Support in Your Area. • Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Information and education around expected standards of conduct, respect, and dignity. • Input from mediation services. • Staff training regarding de-escalation. • Review staffing arrangements. • Information for service users detailing expected standards of conduct • Referral to Adult Social Care for assessment/carer assessment.	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC • Share information with Cleveland Police – consider Hate Crime if the incident(s) are motivated by a protected characteristic, e.g. disability, religion, race, sexual orientation. **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. If there is an indication a criminal act has occurred, the police must be informed. Consider raising a provider service concern or complaint where appropriate.

Financial / Material Abuse:

See PIPOT guidance for your area.

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Failure by relatives to pay care charges where no impact occurs, and the person receives personal allowance or has access to other personal monies. • Isolated incident of small amounts of money or belongings going missing, with no indication of theft/abuse. • Money is not stored and accounted for safely or properly, but immediate actions have been taken to rectify this. • Incident where a person is not involved in a decision about how their money is spent or kept safe, and concern is addressed. • A person lacking capacity to make financial decisions' monies being managed by relatives without legal authority, but no evidence of misuse of funds.	**Examples:** • Theft • Falling behind on rent/mortgage payments and utilities where there should be sufficient funds in place. • Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest. • Adult not routinely involved in decisions about how their money is spent or kept safe, and without sufficient consideration of capacity. • Adult has no access to own funds and no evidence of items being purchased for them. • Personal finances or possessions removed from the person's control without legal authority. • Adult coerced or misled into handing over money or property • Non-payment of client contribution or care fees, risking the adult not having their care needs met. • Misuse or misappropriation of the person's finances, property and/or possessions. • Suspected fraud/exploitation/hate or mate crime relating to benefits, income, property, or legal documents. Concerns re. cuckooing/home invasion. • Goods and services sold to the adult for significantly more than market value. • Doorstep, online and telephone scams. • Siphoning of interest/dividends from savings and investment accounts. • Staff accepting loans, gifts of significant value from service users. • Staff significantly benefitting from reward card points which belong to service users • Abuse/harm caused by a Person in a Position of Trust, including Power of Attorney
Actions to consider:	
• Assessment/review of needs/review of existing care plans/risk assessments. • Provide advice and information. • Assess capacity to manage finances. This should be assessed in a way that is decision-specific and time-specific, and takes full account of the individual's wishes, feelings, and desired outcomes. • Complaints or disciplinary processes.	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC • Share information with Cleveland Police • Consult legal services **Raise a Safeguarding Concern** - Immediate safety plans must be implemented.

• Seek advice from Money Advice, Citizens Advice Bureau, DWP, Office of the Public Guardian and Trading Standards. • Review agency financial policies and procedures. • Referral to Adult Social Care for assessment/ Carers Assessment	If there is an indication a criminal act has occurred, the police must be informed. Consider raising a provider service concern or complaint where appropriate

Self-Neglect

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Poor self-care causing some concern, but no harm or adverse impact on the adult's wellbeing was identified. • Property neglected but all essential services/appliances work. • Occasional non-attendance at appointments not impacting health/safety/wellbeing. • There is no/low risk or impact to self or others. • Some evidence of hoarding – no impact on health/safety. • Support declined but no impact on health/safety/wellbeing. • Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the person. • Substance misuse present but no care and support needs and abuse/neglect identified.	**Examples:** • Lack of engagement with health and social care professionals which leads to risk of significant harm. • Life in danger if intervention is not made in order to protect the adult. • Repeated attempts at engagement, support and risk management have not reduced the risk, and the adult continues to experience significant harm or risk of harm or others may be at risk of harm. • Property or environment shows signs of neglect with evidence of unsanitary conditions, clutter, hoarding that are potentially damaging to health and wellbeing of the individual and/ or others. • Extensive structural deterioration/damage in the property causing risk to life including, but not limited to, fire or gas leaks. • Substance use significantly impacting on health/safety/wellbeing • Lack of essential amenities/food provision. • Non-compliance with medication with risk to health and wellbeing. • Animals in the property are impacting on the environment with risk to health. • Refusal of health/medical treatment that will have a significant impact on health/wellbeing. • Behaviour poses risk to self and others, and care in place does not effectively mitigate this risk. • Appearance of malnourishment. • Reports of welfare concerns from multiple agencies. • Behaviour which poses a fire risk to self and others. • Poor management of finances leading to risks to health, wellbeing or property. • Ongoing lack of self-care to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration,

	malnutrition, incontinence, poor management of health conditions (self-neglect can occur within a health/ care setting) • Failure to seek lifesaving services or medical care where required.
Actions to consider:	

• Onward referrals for support - Find Support in Your Area
• Provide advice and information.
• Review of existing care plans or creation of new care plans/risk assessments.
• Referral to District nurse, GP, OT, Crisis Team.
• Refer to:
  ○ Self-Neglect – 7 Minute Guides (Short Guidance for Practitioners)
  ○ TSAB Self-Neglect Policy
  ○ TSAB Self Neglect Guidance
• Engagement should be relationship-based, strengths-based, trauma-informed and focused on understanding barriers to accessing support. See TSAB's Making Services Easier for People to Engage in Guidance
	All actions under recordable incidents **and:**
	• Share information with multi-disciplinary team, ICB Quality Team and/or the CQC.
	
	Raise a Safeguarding Concern - Immediate safety plans must be implemented.
	
	If there is an indication a criminal act has occurred, the police must be informed.
	
	Consider raising a provider service concern or complaint where appropriate.

Organisational Abuse (any one or combination of the other forms of abuse):

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Isolated incidents of care planning documentation not being person-centred e.g. not involving the person or capturing their views. • Denial of individuality and opportunities for adults to make informed choices and take responsible risks. • Poor quality of care or professional practice that does not result in harm, albeit the person may be dissatisfied with service. • Service users not given sufficient voice or involved in the running of the service. • Lack of flexibility in approach to care delivery, e.g. daily routines, which do not cause harm or adverse impacts on the adult's wellbeing. • Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities where no harm occurs. • Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm.	**Examples:** • Restrictive, controlling or institutional practices that limit choice, independence, dignity or human rights may constitute organisational abuse. • Complaints raised with the provider in relation to services, but no action taken (e.g., whistleblowing). • Single or repeated incident of low staffing resulting in injury, or death to one or more adults. • Inadequate risk assessment resulting in multiple adult-on-adult incidents within a care setting • Punitive responses to managing challenging behaviours, e.g., overuse of medication, inappropriate restraint, seclusion. • Longstanding rigid and/or inflexible routines that undermine dignity and privacy. • Service user's dignity is undermined e.g., lack of privacy during support with intimate care needs, sharing under-clothing. • Closed cultures - Bad/poor practice not being reported and going unchecked.

	• Unsafe and unhygienic living environments. • Staff misusing their position of power over service users. • Health and wellbeing of multiple service users compromised. • Denying an adult access to professional support and services such as advocacy. • Intentionally or knowingly failing to adhere to Mental Capacity Act. • Persistent failure to produce personalised care plans and facilitate choices. • Recurrent incidents of ill-treatment by care provider to more than one service over a period of time. • The care provider operates unsafe recruitment practices/has high use of agency staff who are not given appropriate inductions and multiple errors occur in providing care to adults. • Consecutive, multiple medication incidents (more than 2) involving the same adult • Single medication incident involving multiple adults. • Multiple repeat medication incidents within the same service area/ person causing the harm: See Neglect & Acts of Omission: Medications.
Actions to consider:	
• Onward referrals for support - Find Support in Your Area. • Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Referral to District nurse, GP, OT, Medication optimisation team involvement via ICB. • Review staff training needs. • Complaints or disciplinary processes. • Staff training re person-centred practice. • Consider any quality issues within your organisation. • Consider if there are concerns with clinical competencies of registered nurses. • Consultation with service users and families. • Review and refresh the approach to activities. • Access dignity in care resources from SCIE. • Review internal policies and procedures including, whistleblowing/ speaking up and complaints procedures. • Consider advocacy services.	All actions under recordable incidents **and:** • Share information with multi-disciplinary teams, Commissioning, ICB Quality Team and/or the CQC. • Review of placements. **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. If there is an indication a criminal act has occurred, the police must be informed. Consider raising a provider service concern or complaint where appropriate

Discriminatory Abuse

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Isolated incident of inappropriate prejudicial remark made to an adult but no harm or adverse impact on the adult's wellbeing was identified. • Care planning that fails to address an adult's culture and diversity needs for a short period, but where the issue(s) are being addressed. • Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences.	**Examples:** • Neighbourhood disputes where an adult with care and support needs is being targeted because of disability, race, religion, sexual orientation, gender identity or other protected characteristic. Hate crime resulting in serious injury or attempted murder/honour-based violence. • Inequitable access to service provision due to prejudice and /or a lack of equality and diversity. • Recurring failure to meet specific care and support needs associated with prejudice and/or a lack of equality and diversity. • Being refused access to essential services. • Denial of civil liberties e.g. voting, making a complaint. • Repeated incidents/patterns of similar concerns. • Recurring taunts motivated by prejudicial attitudes with significant harm. • Service provision does not respect equality and diversity principles on an ongoing basis. • Humiliation, threats or harm motivated by prejudices e.g. hate crime. • Compelling a person to participate in activities inappropriate to their faith or beliefs. • Indirect discrimination, e.g. ways of working which negatively affect people with a certain protected characteristic.
Actions to consider:	
• Assessment/review of needs. • Onward referrals for support - Find Support in Your Area. • Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Review staff training needs. • Complaints or disciplinary processes. • Education around use of language and conduct. • Information available to service users detailing standards of behaviour. • Review Equality and Diversity policies.	All actions under recordable incidents **and:** • Share information with multi-disciplinary teams, Commissioning, ICB Quality Team and/or the CQC. • Share information with the local Community Safety Team and Cleveland Police – consider Hate Crime. **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. If there is an indication a criminal act has occurred (including hate crime), the police must be informed. Consider raising a provider service concern or complaint where appropriate.

Modern Slavery

Safeguarding Referral - Incidents at this level should be formally raised as a safeguarding concern with the local authority.

All concerns relating to modern slavery are deemed to be of serious concern and should be reported to the Police.

Consideration should also be given as to whether a safeguarding concern needs to be raised if the person affected has care and support needs or the appearance of.

Examples:

- It is common that potential victims of modern slavery may be unaware of, or unable to understand, the concept of exploitation and control measures. They may also be coached or scripted to prevent disclosure to authorities.
- Exploitation may relate to the compulsion or coercion of another to undertake sexual services, physical labour (whether paid or unpaid), domestic work, enter forced marriage, undergo organ removal, or commit criminal acts.
- Coercion may take the form of threats of violence to self or others, debt bondage, threat of deportation, psychological trauma or deception. This may include a false promise of hierarchical progress in a gang.
- Limited or no access to medical and dental care.
- No access to appropriate benefits.
- Limited access to food or shelter.
- Be regularly moved (trafficked) to avoid detection.
- Removal of passport or ID documents.
- Sexual exploitation.
- Starvation.
- Organ harvesting.
- Limited control over movement and/ or rarely allowed to travel alone
- Imprisonment.
- Forced marriage.
- Long hours at work, poor living conditions, low wage or working without payment, lives in workplace.
- Fear of law enforcement.
- County lines

Actions to consider:

- Further information can be found by reading the governments Modern Slavery Statutory Guidance: How to Identify & Support Victims under the National Referral Mechanism report modern slavery.
- Notify Cleveland Police.
- Follow Cleveland-wide Victim Care Pathway
- Undertake a review or assessment of care needs.
- **Raise a Safeguarding Concern**, if the person has care and support needs and implement immediate safety plans.
- For Sexual Exploitation, see Adult Sexual Exploitation Practitioners Toolkit
- See: Modern Slavery Self Identification Tool

Domestic Abuse

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Isolated incident with no harm experienced.	**Examples:** • Incidents of physical abuse, sexual abuse, or violent or threatening behaviour. • Incidents of controlling or coercive behaviour. • Incidents of psychological, emotional abuse or other abuse. • Incidents of economic abuse e.g. behaviour which negatively impacts finances, property, or access to goods and services. • Coercive or controlling behaviour. For example, limiting the adult's freedom, independence, decision-making, access to services, finances, communication, family, friends, or support networks. • Unexplained marks or injuries on several occasions, such as bruising, cuts, fractures. • Repeated incidents, escalating concerns, or evidence of cumulative harm. • Withholding, denying or controlling access to care, medication, food, mobility aids, communication aids, or access to healthcare. • Obstructing or controlling professionals' access to the adult, including preventing the adult from being seen or spoken to alone, or consistently speaking on their behalf in a way that limits their ability to express their wishes and feelings • Relationship characterised by imbalance of power. • Threats to kill, strangulation, suffocation, stalking, honour-based abuse, forced marriage, Female Genital Mutilation (FGM), or other high-risk indicators. • Threats, intimidation, stalking, harassment, humiliation, or behaviour that causes fear.
Actions to consider:	
• Assessment/review of needs including carers assessment. • Provide advice and information – signposting or referring to specialist Domestic Abuse Services. • Review of existing care plans or creation of new care plans/ risk assessments, including safety planning. • Completion of an appropriate domestic abuse risk assessment e.g. Domestic Abuse, Stalking and 'Honour'- based abuse (DASH) risk assessment. Where a high risk of harm is identified, follow actions to consider under "Safeguarding Referral".	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, ICB Quality Team and/or the CQC. • Referral to MARAC (if threshold is met). • Referral to MATAC (if threshold is met.) **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. Where children may be affected by domestic abuse, practitioners should make a referral to children's social care. If there is an indication a criminal act has occurred, the police must be informed. Consider raising a provider service concern or complaint where appropriate.

Neglect (and Acts of Omission)

(Falls, Medications and Pressure Ulcers are listed separately)

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples - Isolated incidents of: • Isolated missed home visit where there is no impact, and no other visits are missed. • Adult is not assisted with a meal/drink on one occasion and no harm occurs. • Inadequacies in care provision that lead to discomfort or inconvenience- no harm occurs e.g. being left wet occasionally. • Not having access to aids to independence • Care needs not fully met but no harm or adverse impact on the adult's wellbeing was identified. • Concerns around the safety of an adult's admission and/or discharge from hospital, where no harm has occurred. • Isolated incidents of adult not being bathed as per agreed care planning.	**Examples:** • Continued failure to adhere with care plan. • Lack of action resulting in serious injury or death. • Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. • Hospital discharge without adequate planning and harm occurs. • Failure to arrange access to lifesaving services or medical care. • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk. • Intentional neglect. • Care plans not reflective of individuals' current needs leading to risk of significant harm. • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/ confidence. • Repeated incidents/patterns of similar concerns. • Repeated health appointments missed where the adult was "not brought". • Repeated missed appointments resulting in deterioration, significant risk, or evidence of abuse, neglect or self-neglect. • Bad/poor practice not being reported and going unchecked (single incident). • Obstructing or controlling professional access to the adult, including preventing the adult from being seen or spoken to alone, or consistently speaking on their behalf in a way that limits their ability to express their wishes and feelings. • Adult presenting with suicidal thoughts or behaviour or assessed as a risk of suicide – timely response not made, or information not shared/ received timely resulting in harm. **Please note: The act/omission does not have to be intentional**
Actions to consider:	
• Provide advice and information. • Review of existing care plans or creation of new care plans/risk assessments. • Referral to District nurse, GP, OT • Internal organisational training or other risk management processes. • Complaints or disciplinary processes.	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC. **Raise a Safeguarding Concern** - Immediate safety plans must be implemented.

• CQC notification/incident report. • Input from Commissioners. • Review staffing arrangements. • Referral to services for Carers. • Carers Assessment.	If there is an indication a criminal act has occurred, the police must be informed.

Neglect & Acts of Omission: Falls

Please refer to local organisational guidance

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Unwitnessed falls - A fall occurred, the individual explained what happened, there is no suggestion that the fall is linked to abuse or neglect. A Safeguarding Concern is not required. • A witnessed fall occurred, but there is no link to abuse or neglect.	**Examples:** • A fall can be a safeguarding concern if there is abuse or neglect linked to it. There could be concerns that the fall occurred because of abuse or neglect (including self-neglect) or that care and treatment following a fall was abusive or neglectful. • **Neglect** – the person(s) responsible for the care and support needs (whether paid/unpaid) did not carry out their responsibilities as expected before or after the fall. • **Organisational abuse** - the fall occurred because of wider systemic failures within an organisation e.g. failure to carry out risk assessments, poor staffing levels, lack of communication regarding care plan. • **Physical abuse** - someone pushed/tripped the adult which resulted in the fall. • **Self-neglect** - the fall occurred because of a lack of self-care, care of one's environment or a refusal of services. Mental capacity will be a key consideration in these cases. See Self-Neglect Guidance for more information. • Unexplained injuries – Suspected fall was unwitnessed, unexplained, and resulted in injury. • A death has occurred which is related to a fall, even if it is unclear whether the fall directly caused the death.
Actions to consider:	
• Refer to the Falls & Safeguarding Protocol • Review and update risk assessment • Complete environmental risk assessment • Referral to the Falls Team • Arrange medication review • Discussion with nurse practitioner • Review frequency of monitoring checks • Review falls policy and procedure • Review staff training on moving and handling • Consider any quality issues within your organisation • Refer to NICE guidance	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC. **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. If there is an indication a criminal act has occurred, the police must be informed

Neglect & Acts of Omission: Medications

Mismanagement / misadministration / misuse of drugs

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.
Examples: • Isolated incident 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, deterioration, adverse clinical outcome, or impact on the person's wellbeing is identified. • Prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm or adverse impact on the adult's wellbeing was identified.	**Examples:** • Over-reliance on sedative medication to manage behaviour. • Recurring prescribing, dispensing or administration errors that affect more than one person and result in harm, or the risk of harm occurring. • Covert medication administration without correctly recorded mental capacity assessment, best interests' decision-making, and review arrangements. • Any medication error causing harm, where medical attention is required, or where death occurs. • Deliberate maladministration of medicines (e.g., sedation). • Failure to follow proper reporting procedures for medication errors. • Deliberate falsification of records or coercive/intimidating behaviour to prevent reporting. • Insufficient or incorrect medication policies and procedures in place. • Unsafe medication management and administration which leads to harm and neglect • The medication was given as a form of unlawful restraint. • The error was a result of an intentional act • There had been consecutive, multiple (more than two) medication errors involving the same adult. • The medication incident involved multiple adults. • Multiple repeat incidents within the same service area (e.g. Ward, Unit, Staff) or involving the same person causing the harm (also see organisational abuse).
Actions to consider:	
• Seek medical advice • Refer to Medication Incidents: Guidance for Providers • Contact and discuss with the GP and/or pharmacy • Consider working with Pharmacy to carry out medication review • Review medication arrangements, policies and procedures • Re-visit medication arrangements with staff	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC • Serious Incident or alternative review or investigative process. • Medication Optimisation Team involvement via ICB **Raise a Safeguarding Concern** - Immediate safety plans must be implemented.

• Review of existing care plans or creation of new care plans/risk assessments • Review staff training needs	If there is an indication a criminal act has occurred, the police must be informed.

Neglect & Acts of Omission: Pressure Ulcers

Practitioners should refer to the DHSC Safeguarding Adults Protocol: Pressure Ulcers and Raising a Safeguarding Concern. These documents help practitioners and managers across health and care organisations to provide caring and quick responses to people at risk of developing pressure ulcers. The guidance offers a process for the clinical management of harm removal and reduction where ulcers occur, considering if an adult safeguarding response is necessary. The guidance also outlines how the appendices should be used if a concern is raised:

- Appendix 1: adult safeguarding decision guide
- Appendix 2: body map
- Appendix 3: concern proforma

Actions to consider:	
• Review of existing care plans or creation of new care plans/risk assessments • Follow relevant internal policies and procedures. • Share information with district nurse or GP. • Consideration of specialist support (e.g., Tissue Viability Nurses). • Complaints or disciplinary processes. • Review pressure care and prevention procedures.	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. If there is an indication a criminal act has occurred, the police must be informed.

Incidents Between Residents

Recordable Incidents – not to be reported as safeguarding concerns.	**Safeguarding Referral -** Incidents at this level should be formally raised as a safeguarding concern with the local authority.

Examples:
• Isolated incident where no harm or adverse impact on the adult's wellbeing was identified.
• Multiple incidents where no harm or adverse impact on the adult's wellbeing was identified, and:
  ○ A care plan is in place
  ○ Action is being taken to minimise further risk
  ○ Other relevant professionals have been notified
  ○ There has been full discussion with the person, their family or representative
  ○ There are no other indicators of abuse or neglect
• Please note: Repeated incidents should be considered collectively. Low-level concerns can amount to a far higher level of concern which then requires more in-depth
	Examples:
	• Altercations resulting in injury requiring treatment where there are concerns regarding abuse, neglect, ineffective care planning, repeated incidents, failure to manage known risks, or inability of the adult to protect themselves.
	• Any altercation in which non-care planned physical restraint or seclusion has been employed by staff to prevent harm to others.
	• Incident where the person lacks capacity and is unable to take action to protect themselves
	• Concerns of repeated incidents, escalation and/or patterns of behaviours between two identified individuals, or against multiple individuals.
	• Professional advice or support has not been sought at the appropriate time to mitigate risk and maintain the safety of others.

investigation or assessment under safeguarding adults procedures. • Multiple incidents where no harm or adverse impact on the adult's wellbeing was identified the adult has capacity and does not want a safeguarding concern raised, NB consideration should be given to over-riding consent where the incidents are likely to continue, escalate or there is a risk to other individuals.	• Any altercation where a weapon or object is used with the intention to cause injury. • The adult is, or appears, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person. • Any incident suggestive of premeditated physical or emotional harm to the person, including hate crimes.
Actions to consider:	
• Provide advice and information. • Review of existing care plans for the adult and the person causing harm/creation of new care plans/risk assessments • Consider what action can be taken to minimise the risk • Follow relevant internal policies and procedures • Discuss behaviour changes with a health professional • Share information with other relevant professionals (GP, Mental Health Practitioner etc.) • Discuss with the person, their family or representative • Review of relevant policies and procedures. • Review staff training needs around managing challenging behaviour • Medication review • Consideration of specialist support (i.e. referral to behaviour support) • Complaints or disciplinary processes. • Repeated incidents may indicate wider organisational risks such as staffing, care planning, or environmental factors – see organisational abuse. • See Resources: Incidents Between Residents – Advice for Local Authority Professionals, Incidents Between Residents – PowerPoint Training Resource	All actions under recordable incidents **and:** • Share information with multi-disciplinary team, Commissioning, ICB Quality Team and/or the CQC • DATIX, Serious Incident or alternative review or investigative process. **Raise a Safeguarding Concern** - Immediate safety plans must be implemented. If there is an indication a criminal act has occurred, the police must be informed.

Factors and Considerations Table

Factors				Guidance and considerations
1. Adult's Care and Support Needs and Ability to Protect Themselves	Lower-level needs	⟷	High needs	• Does the adult have needs for care and support? • Can the adult protect themselves? • Does the adult have the communication skills to raise a concern? • Does the adult lack mental capacity in relation to keeping themselves safe? • Is the adult dependent on the alleged perpetrator? • Has the adult been threatened or coerced into making decisions?
2. The abusive/ neglectful act	Less Serious	⟷	More Serious	Points 2-9 relate to the abusive/ neglectful act, act of omission, and/or the alleged person causing the harm. Less serious concerns are likely to be dealt with at initial enquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults' process.
3. Seriousness of abuse	Less Serious	⟷	More Serious	Refer to the relevant category of abuse in this document and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.
4. Patterns of abuse	Isolated incident	Recent abuse in an ongoing/prior relationship	Repeated abuse	Most local areas have an escalation policy in place e.g. where safeguarding adult procedures will continue if there have been a repeated number of concerns in a specific time period. Please refer to local guidance.
5. Impact of abuse on the adult	No impact	Some impact but not long-lasting	Serious long-lasting impact	Impact of abuse does not necessarily correspond to the extent of the abuse – different people will be affected in different ways. Views of the adult will be important in determining the impact of the abuse.
6. Impact on others	No one else affected	Others indirectly affected	Others directly affected	Other people may be affected by the abuse of another adult. • Are relatives, children or other adults distressed or affected by the abuse? • Are there other adults with care and support needs directly or indirectly impacted by the behaviour? • Are other people intimidated and/or their environment affected?
7. Intent of the alleged person causing the harm	Unintended/ ill-informed	Opportunistic	Deliberate/ Targeted	• Is the act/omission a violent/serious unprofessional response to difficulties in providing care? • Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct? ***The act/omission doesn't have to be intentional to meet safeguarding criteria**
8. Illegality of actions	Poor practice - not illegal	Criminal act	Serious criminal act	Seek advice from the Police if you are unsure if a crime has been committed.

				• Is the act/omission poor or bad practice (but not illegal) or is it clearly a crime?
9. Risk of repeated abuse on victim	Unlikely to recur	Possible to recur	Likely to recur	• Is the abuse less likely to recur with significant changes e.g. training, supervision, respite, support or very likely even if changes are made and/or more support provided?
10. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at serious risk	Are others (adults and/or children) at risk of being abused: • Very unlikely? • Less likely if significant changes are made? • The person causing the harm /setting represents a risk/threat to other adults with care and support needs or children • Is there a current or past relationship of trust or contractual relationship between the adult at risk and the alleged person causing the harm?