







Multi-Agency tools to support decision makers in raising a safeguarding concern to the Local Authority

To be read in conjunction with the framework for safeguarding concerns.

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Introduction

The purpose of these tools is to help decision makers in all settings, it is acknowledged that at times there may be concerns where decision making is not that straightforward and professional judgement is always required. These tools are not intended to replace professional judgement, they only provide a limited illustration of abuse and neglect that can occur along with an indication of the possible range of responses.

You should consider making a safeguarding referral to the local authority if you have reasonable cause to suspect that an adult (under section 42 (1) of the Care Act):

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

You should ensure that you:

- always record the concerns, the rationale for your decision making and subsequent actions taken
- monitor regularly for patterns to ensure that concerns remain isolated incidents
- consider if any possible alternative action is applicable.
- involve the adult and/or their advocate in the decision-making process.
- follow your own agency's Policies and Procedures in conjunction with other relevant 4LSAB guidance

When an adult is at risk of harm due to multiple types of abuse, each risk must be assessed and addressed with equal importance. Practitioners should adopt a holistic approach, ensuring that no single concern overshadows others that may be equally significant. In complex cases, where the interplay of risks may impact decision-making, practitioners are encouraged to seek guidance and support from their safeguarding leads.

Defensible decision making

A defensible decision has been defined as a decision that will withstand 'hindsight scrutiny'. A decision is defensible if, in spite of a negative outcome, it can be demonstrated that all reasonable steps had been taken in its assessment and management. This is particularly important for those agencies that carry out risk assessment in the public eye, and where risk assessment and management failures can be very costly for its victims, and to organisational credibility. Nurturing professional curiosity and challenge are a fundamental aspect of working together to keep children, young people, and adults safe.

Key Tips to support defensible decision making include:

- identify context and assess risk
- develop strategy
- provide an audit trail
- start with a clearly articulated question i.e. what am I concerned about and why?
- identify the realistic options

- can the decision be delayed? If not make the decision
- record the decision with date and time
- record all relevant facts/evidence to support the decision
- record all options considered
- record rationale/reason for the decision.

Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms, and the circumstances of the individual case should always be considered (14.17 Care and Support Statutory Guidance). This guide seeks to support practitioners, partners and providers, working with adults, to raise 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.

Even after raising your concerns to the local authority, your responsibility to the individual does not end: it remains essential to continue monitoring their situation, offering support and taking further action if necessary to ensure their safety. Raising a concern to the local authority is just one step in the safeguarding process, and you must stay vigilant, follow up where appropriate and work with other professionals to protect the individual from harm.

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 referring a safeguarding concern

1. Judgements about risk and seriousness This tool has been developed to assist decision making primarily for practitioners and managers in the local authority, however others may find it helpful to refer to when responding to concerns of abuse or neglect.

Factors - If the adult lacks capacity to understand the risk of harm and make a decision about how this should be managed, then their advocate/representative(s) should be consulted in order to make a best interest decision.

1. Vulnerability of the adult at risk	Judgement I	Decision	
Does the adult have needs for care and support? Does the adult have supportive family and social networks? Does the adult have control over their environment? Does the adult have capacity to protect themselves? Does the adult have the communication skills to report a concern of abuse or neglect?	Does the adult lack mental capacity to make decisions in respect of their wellbeing, safety and protection needs? Is the adult dependent on the person alleged to have caused them harm? Does the adult have little or no control over their environment? Can the service provider meet their responsibilities to the adult? Has the person alleged to have caused them harm been threatening them or coercing/controlling them into making decisions?	Less vulnerable to abuse or neglect	More vulnerable to abuse or neglect

Questions 2-9 relate to the abusive act and/or the alleged person responsible for abuse and/or neglect.				
2. Seriousness of the risk of or actual abuse Refer to the tools. Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of the concern.	Less serious		More serious	
3. Patterns of abuse Repeated concerns, patterns, history involving 1 or more adults should be assessed and considered as safeguarding concerns and escalated under the safeguarding adults' procedures.	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	
4. Impact of abuse on the adult at risk Impact of abuse does not necessarily correspond to the extent of the abuse. Different people will be affected in different ways. The views of the adult at risk will be important in determining the impact of the abuse.	No impact	Some impact but not long- lasting	Serious long- lasting impact	
5. Impact on others Other people may be affected by the abuse of another adult. Are children involved/at risk? Are relatives or other residents/service users are distressed or affected by the abuse? Are other people intimidated and/or their environment affected? Are there risk to the public?	No one else affected	Others indirectly affected	Others directly affected	
6. Intent of person causing the harm Is the act/omission a violent/serious unprofessional response to difficulties in caring? Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct? *The act/omission does not have to be intentional to meet safeguarding criteria.	Unintended or ill- informed	Opportunistic	Deliberate/ Targeted	
7. Illegality of actions Always 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 a crime?	Poor practice- not illegal	Criminal act	Serious criminal act	
8. Risk of repeated abuse to the adult at risk Is the abuse less likely to recur with significant changes e.g. training, supervision, respite, counselling, support or very likely even if changes are made and/or more support provided?	Unlikely to recur	Possible to recur	Likely to recur	
9. Risk of repeated abuse on others Are others (adults and/or children) at risk of being abused: Very unlikely? Less likely if significant changes are made? The person alleged to have abused or neglected/setting represents a threat to other adults at risk or children.	Others not at risk	Possibly at risk	Others at serious risk	

2. Is it a safeguarding concern?

Types of Abuse or Neglect listed in the Care and Support Statutory Guidance

Types of Abuse or Neglect listed in			
Type of abuse	Non-reportable	Requires consultation	Reportable
NEGLECT (AND ACTS OF OMISSION) An ongoing failure to meet someone's basic physical or psychological needs. Incidents relating to falls, pressure damage and medication concerns are addressed separately within this guidance document. Neglect and acts of omission occur whenever an individual with responsibility for meeting the needs of an adult does any of the following: Ignores their medical, emotional or physical care needs Fails to provide access to appropriate health, care and support or educational	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
services • Withholds any of the necessities of life, such as medication, adequate nutrition and heating. • Neglect and acts of omission can be isolated incidents or ongoing ill treatment. Neglect and acts of omission can happen anywhere and can be unintentional or intentional. If this is happening in an organisational setting, see also organisational abuse Links to Policy and Guidance:	 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. Missed home visit where there is no impact, and no other individual visits are missed. Incident of a person not supported with food/drink and reasonable explanation provided. Low-level concern that is known, documented and action has been taken to minimise the risk of this occurring again and the adult / representatives have been engaged in addressing these concern 	 Examples: Carer unable to continue in caring role and at risk of breakdown and there could be a risk of neglect Risk cannot be managed appropriately with current professional oversight or universal services. Repeated health appointments missed. 	 Examples: Continued failure to adhere to care plan. Lack of action resulting in serious injury or death. Failure to arrange access to lifesaving services or medical treatment. Ongoing lack of care to the extent that health and wellbeing deteriorate significantly (e.g., dehydration, malnutrition, loss of independence). Missed, late or failed visit/s where the provider has failed to take appropriate action, and there is a risk or experience of abuse or neglect. Discharge from hospital without adequate planning and where there is a risk or experience of abuse or neglect. Carers or paid staff wilfully ignoring or preventing access to care.

4LSAB Adult Safeguarding Policy Process and Guidance July 2023 (hampshiresab.org.uk) 4LSAB Multi-Agency Framework for Managing Allegations Against People in a Position of Trust (hampshiresab.org.uk)			Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.
Alternative actions to consider at every stage	 Advice and information provided. Review of existing care plans or creation of new care plans/risk assessments. Consideration for external additional services. Referral to Fire Service for a Safe and Well visit. Internal complaints or disciplinary processes. 	 Share information with district nurse, GP, Occupational Therapist, or Falls Prevention Service. Referral to local authority Adult Social Care department for assessment, carers assessment, or review of existing arrangements. 	RAISE SAFEGUARDING CONCERN to the local authority If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Type of abuse	Non-reportable	Requires consultation	Reportable
PHYSICAL ABUSE The act of causing physical injury to someone else. Incidents relating to falls, pressure damage and medication concerns, and incidents between adults in a service are addressed separately within this guidance document Links to Policy and Guidance:	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
	 Examples: Error by staff causing no or minor injury (e.g., an ill-fitting hoist is used). Light marking or bruising found which can be explained and where the person is not distressed. Appropriate moving and handling procedures not followed on a single occasion and with minimal or no impact caused 	 Repeated incidents/patterns of similar physical injuries that are explainable. Carer relationship at risk of breakdown due to increased risk of physical abuse towards carer or cared for person. Risk cannot be managed appropriately with current professional oversight. Minor bruising caused due to poor lifting and handling technique or providing a treatment that they are not qualified to do. No harm intended. Immediately resolved when given correct advice/equipment. 	 Examples: Physical assaults or actions that result in significant injury or ongoing emotional distress caused to the person. Intended injury towards a person. Deliberate withholding of food, drinks, medication or aids to independence. Deliberate force-feeding food or drinks Unexplained fractures/serious injuries. Assault by another person Rough or inappropriate handling or restraint that causes marks to be left and the person appears fearful or distressed, regardless of whether medical treatment is needed. Unexplained marking, bruising, lesions, minor cuts, or grip marks on several occasions or on several people cared for by the same team or carer.

			 Intentional or non-intentional injury or deprivation of liberty by formal or informal carers Restrictive practices that are outside of someone's agreed care plan
Alternative actions to consider at every stage	 Advice and information provided. Review of existing care plans or creation of new care plans/risk assessments. Training and/or professional support and development. Share information with district nurse, GP, OT, or Falls Prevention Service. Internal complaints or disciplinary processes. 	 Share information with the ICB Quality Team and/or the CQC. Referral to local authority Adult Social Care department for a social care assessment, carers assessment, or review of existing arrangements. Review staffing arrangements. 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Time of above	Non your safety	Poguiros caracilestica	Penertable
Type of abuse	Non-reportable	Requires consultation	Reportable
A person living in a way that puts their health, safety, or wellbeing at risk. Self-neglect is defined as: • a lack of self-care to an extent that it threatens personal health and safety. • Neglecting to care for one's personal hygiene, health or surroundings; Inability to avoid harm as a result of self-neglect. • Failure to seek help or access services to meet health and social care needs; Inability or unwillingness to manage one's personal affairs" (SCIE 2018)	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
Links to Policy and Guidance: 4LSAB-Guidance-on-Responding-to-Self-Neglect-June-2024.pdf 4LSAB-self-neglect-learning-briefing-June-2024.pdf Self-neglect one-minute guide 2024 PowerPoint Presentation 4LSAB Multi-Agency Hoarding Guidance 2022	 Examples: Poor self-care causing some concern, but no signs of impact or distress. Property neglected but all essential services/appliances work. Risks can be managed by current professional oversight or universal services. The person is not at risk of losing their home, tenancy, or placement within the community. Evidence of low-level hoarding – low level impact on health/safety. No access to social care support. Occasional non-attendance at meetings, such as health appointments 	 Examples: A person who is not engaged with health and social care professionals. Indication of lack of insight into self-neglect. Very poor personal hygiene and or lack of appropriate clothing Lack of essential amenities/food provision. Property or environment shows signs of neglect with evidence of unsanitary conditions, clutter, hoarding that are potentially damaging to health and wellbeing. Where animals in property are impacting on the environment with a risk to health. Consider additional risk factors such as drug/alcohol dependency and/or poor smoking practices. 	 Examples: The person is living in unsanitary conditions that mean life is in danger without intervention. Extensive structural deterioration/damage in the property causing risk to life including fire or gas leaks. Lack of self-care and/or refusal of health/medical treatment resulting in an impact on health and wellbeing (e.g. malnutrition). High level of hoarding leading to access being obstructed within a property and creating a fire hazard. Impaired functional and cognitive abilities of the adult and or underlying medical, mental health or substance use issues. The individual is not able to accept any support or future arrangements to improve the situation.

Alternative actions to consider at every stage	 Engagement with the person to consider options (e.g., domestic support/deep-clean) and/or any support network to consider alternative approaches. Referral to HIWFRS for a safe and well visit. Referral to the local authority Adult Social Care department for an assessment or review. 	 Referral to local authority Adult Social Care department for assessment, carers assessment, or review of existing arrangements. Consideration for whether a Mental Capacity Act assessment is required. Consideration of Multi Agency Risk Management meetings. RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed implemented. Immediate safety plans must be implemented.
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Type of abuse	Non-reportable	Requires consultation	Reportable
SEXUAL ABUSE When an adult is forced or persuaded to take part in sexual activities when they do not or cannot consent to this. This does not have to be physical contact, and it can happen online. Links to Policy and Guidance: 4LSAB-4LSCP-Practice-Guidance-Adults-who-Disclose-Non-recent-Sexual-Abuse-June-2024.pdf 4LSAB-Adult-Sexual-Exploitation-Guidance-June-2024.pdf	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
	Not committed by a Person in a Position of Trust (e.g., a professional), AND: Incident of teasing or unwanted verbal attention, where the effect on the person is minimal and no distress is caused. Incident of teasing or low level unwanted sexualised attention (verbal or by gestures) directed at one adult by another where capacity exists - no injury or distress caused	 Verbal sexualised teasing where there is no distress. Frequent incidences of indecent exposure where neither person exposing themselves or the people observing it appear to be distressed and this is being managed as part of an ongoing care plan. Where there is harm, risk of harm and/or harassment move directly to red 	 Any concerns about a Person in a Position of Trust. Concerns around grooming or sexual exploitation either in-person or online (e.g., made to look at sexually explicit material against their will or where consent cannot be given). Any sexual act or behaviour without valid consent or where there is pressure to consent. Contact or non-contact sexualised behaviour or harassment which causes distress. Any sexual violence or activity within a relationship characterised by authority, inequality, or exploitation, e.g., receiving something in return for carrying out sexual act. Producing and distributing sexual photos

Alternative actions to consider at every stage .	Information and education around safe sexual relationships and conduct. Share information with district nurse or GP for sexual advice or information. Referral to local authority Adult Social Care department for assessment. Review of existing care plans or creation of new care plans/risk assessments. If there is an indication a criminal act has occurred, the police MUST be consulted.	 Complaints or disciplinary processes. Increased monitoring and oversight for specified period. Share information with the ICB Quality Team and/or the CQC. If there is an indication a criminal act has occurred, the police MUST be consulted 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.
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Type of abuse	Non-reportable	Requires consultation	Reportable
PSYCHOLOGICAL ABUSE Ongoing psychological or emotional maltreatment including:	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
withdrawal of services or supportive networks (as per statutory guidance 14.17) Links to Policy and Guidance: 4LSAB Adult Safeguarding Policy Process and Guidance July 2023 Home Office Statutory Prevent Guidance 4LSAB Multi-Agency Domestic Abuse Guidance National Referral Mechanism Guidance	 Examples: Not committed by a Person in a Position of Trust (e.g., a professional), AND: Incident where a person is spoken to in a rude or inappropriate way – respect is undermined but no significant distress is caused. Occasional taunts or outbursts between two people using a service that do not cause impact or distress, that is managed within a care plan. 	 Examples: Treatment that undermines dignity and damages esteem. Repeated incidents of documented denying or failing to recognise an adult's opinions, views, and choices, particularly in relation to their care and support needs as part of their care plan. Withholding of information from a person that disempowers them but there is a minor impact, and reasons documented. 	 liberties. Intentional intimidation or humiliation. Emotional blackmail, e.g., threats of abandonment/harm. Withholding of information to disempower that has a significant impact. Producing and distributing inappropriate photos via any social media. Concerns that the adult is being radicalised. Intentional befriending in order to benefit from adult, including cuckooing.
Alternative actions to consider at every stage	Information and education around expected standards of conduct, respect, and dignity.	Share information with local Police teams via a <u>Community Partnership</u> <u>Information Form</u>	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

 Use of behavioural charts. Input from mediation services. Training around de-escalation and other risk management processes

Type of abuse	Non-reportable	Requires consultation	Reportable
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 applies also to Lasting Power of Attorneys (LPAs). Financial abuse can also amount to theft or fraud which are crimes - consider whether it needs to be reported to the Police. Links to Policy and Guidance:	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
4LSAB Adult Safeguarding Policy Process and Guidance July 2023 4LSAB-Quick-guide-to-financial- abuse.pdf Reporting a concern about an attorney, deputy or guardian	 Examples: Incident of missing belongings, small amount of money where there is no indication of theft/abuse, consider wider context. Money is not recorded 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 but is documented within a care plan or appropriate LPA is in place. Unwanted cold calling/doorstep visits and Trading Standards notified. 	 Examples: High level of scam telephone calls or online contact the person appears unable to say "No". Falling behind on rent or mortgage payments, property maintenance costs, utility charges or care charges where there should be sufficient funds in place. Isolated non-payment of client contribution or care fees putting the adult's care at risk, consistent non-payment would need further investigation. Changes in financial circumstances that may increase the risk of financial abuse. Multiple incidents of missing belongings/money where there is no indication of theft/abuse, consider wider context. Staff personally benefit from the support they offer service users, e.g. 	 Examples: Any concerns about a Person in a Position of Trust. Financial misuse, abuse and fraud within the personal budget/direct payment system A person's monies kept in joint bank account where there are concerns about misuse of funds. Misuse or misappropriation of the person's finances, property and/or possessions. Personal finances or possessions removed from the person's control without legal authority. Suspected fraud/exploitation/scams relating to benefits, income, property or legal documents. A person being coerced or misled in giving over money or property including cuckooing, hate or mate crime Adult not involved in decisions about how their money is spent or kept

Adult not involved in decisions about how their money is spent or kept

			rue 'reward points' on their own re loyalty cards when shopping.	safe, and without sufficient consideration of capacity.
Alternative actions to consider at every stage	 Advice and information provided. Seek advice from Money Advice, Citizens Advice Bureau, Department of Work and Pensions and/or Office of the Public Guardian. Share information with the local authority for financial advice and information. 	tear Info Ref Soc care ass arra Sha Star	are information with local Police ms via a Community Partnership ormation Form erral to the local authority Adult cial Care department for a social erassessment, carers essment, or review of existing angements. are information with Trading andards. Disciplinary processes.	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Type of abuse	Non-reportable	Requires consultation	Reportable
ORGANISATIONAL ABUSE Neglect or poor professional practice or incidents due to the structure, policies, processes, or practices within an organisation, resulting in ongoing neglect or poor care Links to Policy and Guidance: 4LSAB Guidance on Safeguarding in Commissioned Services	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
	 Incident of insufficient staffing but where there is a clear service delivery plan in place to mitigate risk. Short-term lack of stimulation or opportunities to engage in meaningful social and leisure activities. Poor quality of care or professional practice that does not result in harm, albeit the person may be dissatisfied with service Policies and Procedures not up to date, but no evidence of risks to service users. Service design where groups of service users living together are inappropriate but where commissioners and providers are working together to address the issues and manage any risk. 	 Examples: Longstanding rigid and inflexible routines that are not always what the adult would choose but are not a concern. Complaints raised with the provider in relation to services, but following investigation no action taken (e.g. whistleblowing) Care planning documentation is not person-centred or does not involve the person or capture their views, commissioned service delivery is not affected. 	 Recurrent poor care or practice which is not person-centred, lacks management oversight and is not being reported to commissioners which may cause a concern/risk. Staff misusing their position of power within a service. Failure to refer disclosure of abuse or improve poor care practices. Single or repeated incident of low staffing resulting in injury, or death to one or more adults. Widespread, consistent ill treatment, e.g., unsafe manual handling. Punitive responses to managing challenging behaviours, e.g., misuse of medication, inappropriate restraint. Longstanding rigid and/or inflexible routines that undermine dignity and privacy. Unsafe and unhygienic living environments that could have an

			 impact on the person or cause injury or infection. Denying adult at risk access to professional support and services such as advocacy. Complaints raised with the provider in relation to services, that impact service users or present risk to them, but no investigation or action taken. Repeated complaints of the same nature seen individually but not addressed as a collective organisational issue. Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared underclothing, dentures etc. Failure to support service users' access to health and/or care treatments. Repeated concerns about system and process failures that put adults at risk. Poor financial systems that affect more than one person, that lead to financial disadvantage and lead to lack of basic resources Systematic restrictive practices that lead to harm or neglect
Alternative actions to consider at every stage	 Advice and information provided. Consultation with service user or next-of-kin. Review of existing care plans or creation of new care plans/risk assessments. Training around de-escalation and/or other risk management processes. Quality Improvement Plan for the service. 	 Increased monitoring or support for a specified period. Review care plan. Internal complaints or disciplinary processes. Share information with the ICB Quality Team and/or the CQC. Share information with local Commissioning Services (the local authority or ICB). 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Type of abuse	Non-reportable	Requires consultation	Reportable
DISCRIMINATORY ABUSE INC HATE CRIME Ill-treatment, lack of care, harassment and slurs experienced by people based on age, disability, gender, gender reassignment, marriage /civil partnership, pregnancy, maternity, race, religion and belief, sex, or sexual orientation (protected characteristics). Links to Policy and Guidance: Home Office Statutory Prevent Guidance	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
Where there are systemic failings in provider settings which leads to repeated service user incidents, this should be considered as organisational abuse	 Not committed by a Person in a Position of Trust (e.g., a professional), AND: Incident when an inappropriate prejudicial remark is made to an adult and no distress is caused. 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. 	 Recurring discriminatory remarks/taunts motivated by prejudicial attitudes with no significant impact. Recurring failure to meet specific care/support needs associated with equality and diversity that causes minimal or no distress. Neighbourhood disputes targeting an adult with care and support needs. Service provision does not respect equality and diversity principles. Denial of civil liberties (e.g., making a complaint or being able to vote). 	 Any concerns about a Person in a Position of Trust. Hate crime resulting in injury/medical treatment/fear for life. 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 and/or provide appropriate care that negatively impacts on the person. Based on their protective characteristics

Alternative actions to consider at every stage	 Information and education around expected standards of conduct, respect, equality, diversity, and inclusion. Training around conduct, respect, equality, diversity, and inclusion. Use of risk management processes. Review of existing care plans or creation of new care plans /risk assessments. Refer to Equality Act government guidance (2013). Consider Police intervention 	 Share information with local Police teams via a Community Partnership Information Form Quality Improvement Plan for the service. Share information with the ICB Quality Team and/or the CQC. Internal complaints or disciplinary processes. 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.
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Type of abuse	Non-reportable	Requires consultation	Reportable
MODERN SLAVERY Holding a person(s) in position of slavery, forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them. Links to Policy and Guidance: 4LSAB Multi-Agency Guidance on Modern Slavery and Human Trafficking National Crime Agency guidance on Modern Slavery	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
Where a potential victim of modern slavery is identified, first responders such as the local authority, are legally obligated under Section 52 of the Modern Slavery Act 2015 to refer them to the Secretary of State. (If an adult does not consent to enter the National Referral Mechanism, a Duty to Notify referral should be completed using the same online process) National referral mechanism guidance: adult (England and Wales) - GOV.UK	All concerns about modern slavery are deemed to be of a level requiring consultation.	Modern slavery is deemed to be a serious crime, and all concerns need to be reported as a safeguarding concern as well as notifying Hampshire Police. No direct disclosure of slavery but evidence of: Long hours at work Poor living conditions Low wages Lives in the workplace No health and safety at work Encouraged to participate in unsafe activities	 Examples: Information that: a person is being exploited or controlled by others. a person's freedom or liberty is being restricted. others are exploiting a person through control of their finances, e.g., using bank account without permission. a person is involved in the exploitation of others. Adults are regularly moved (trafficked) to avoid detection There is no access to healthcare or appropriate support Adults found living in poor conditions alone or overcrowding with others – believed to be under duress Information that a location or vehicle is involved in the accommodation or transport of exploited persons.

		 Identification documents held by another person, is controlling the individual. 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 even commit criminal acts. Coercion may take the form of threats of violence to self or others, debt management, threat of deportation, psychological trauma or even deception. This may include a false promise of hierarchal progress in a gang and being forced to partake in crime The person being trafficked for the use of their internal organs for transplant
Alternative actions to consider at every stage	 Refer to the Police and Crime Commissioner resource for further information and guidance Training and resources - Hampshire Police and Crime Commissioner 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Type of abuse	Non-reportable	Requires consultation	Reportable
Any incident of domestic abuse by people aged 16 or over who are personally connected. For those aged under 18, refer to local children's safeguarding teams. This can include physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse, psychological, emotional abuse or other abuse. Please remember concerns relating to Domestic Abuse should be reported as a safeguarding concern, if either party have care and support needs.	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
For all situations involving domestic abuse, if trained, complete a Domestic Abuse Stalking and Harassment Risk Identification Checklist (DASH RIC). If not trained contact your local domestic abuse advice line: Hampshire: 03300 165112 Southampton, Portsmouth: 0330 0533 630 IOW: 0800 234 6266 Ensure whole family approach is considered if children or other adults are impacted. If they are between the ages of 16-18 then referrals into Childrens Services and local domestic abuse services is advised. Links to Policy and Guidance: 4LSAB Adult Safeguarding Policy Process and Guidance July 2023	 Examples: Adult has capacity and no vulnerabilities/current fears identified. Adequate protective factors in place Contact with perpetrator has ceased, with no concerns this will be reestablished (it should be noted that the end of a relationship or ceased contact can increase the risk of domestic abuse.) One-off incident with no injury or impact experienced. 	Examples: Unexplained marks or lesions observed on a number of occasions Concerns over controlling behaviour of partner Imbalance of power within a relationship DASH RIC assessment has identified standard or lower risk.	 Examples: Recurrent patterns of violent and coercive/controlling behaviour, including verbal/physical assault. Unexplained marks or injuries on several occasions, such as bruising, cuts, fractures. Sexual activity without valid consent. Continues to reside with or have contact with the perpetrator. Escalation of concern for safety. Isolation from seeing friends and family or support services. Disengagement from domestic abuse and /or other support services. In constant fear of being abused. Denial of access to medical treatment or care. Stalking or harassment. Forced marriage/Female Genital Mutilation

4LSAB Multi-Agency Domestic Abuse Guidance HIPS Safeguarding Children as Victims of Domestic Abuse			
Alternative actions to consider at every stage	 Complete DASH risk assessment. Refer to specialist domestic abuse services for early intervention and support. Onward referrals to specialist support agencies. 	Referral to the local authority Adult Social Care department for a social care assessment.	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Other behaviours, situations and contexts which may commonly arise linked to the adult's care and support needs or abuse/neglect

SELF-HARM and NON-FATAL SUICIDE attempts

Self-harm "self-harm is defined as intentional self-poisoning or injury, irrespective of the apparent purpose." (NICE, 2022)

For some people, self-harm is a one-off episode, but repetition is also common, Self-harm could be an indicator of increased risk of suicide, but self-harm is often not an attempt to end one's life.

Although the <u>LGA (2020)</u> indicate that "Self-harm and self-neglect are not the same" they do highlight that "there may be some overlap. What drives people to hurt themselves may also drive them to deprive themselves of the basic care and comfort they need in order to thrive" and <u>SCIE (2020)</u> sets out that a person's "inability to avoid self-harm" could be considered as a form of self-neglect, although in its <u>quidance on self-neglect</u> it clarifies this as the persons "inability to avoid harm as a result of self-neglect".

Non-fatal suicide is defined as attempted self-directed, potentially injurious behaviour with intent to die as a result of the behaviour. A suicide attempt might not result in injury.

If immediate current danger to life is identified through self-harm or non-fatal suicide, contact 999

If the person is under 18 guidance should be sought from the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) safeguarding children procedures manual 3.9 Self-harm and Suicidal Behaviour | Hampshire, Isle of Wight, Portsmouth and Southampton

Type of abuse	Non-reportable	Requires consultation	Reportable
SELF-HARM and NON-FATAL SUICIDE attempts A person's self-harm or suicidal thoughts that puts their health, safety, or wellbeing at risk.	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
Links to Policy and Guidance: 4LSAB Adult Safeguarding Policy Process and Guidance July 2023 (hampshiresab.org.uk)	given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision	Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	may be impacted.
	Examples:	Examples: Self-harm or non-fatal suicide attempt resulting in attendance and	Where it is suspected that the self-harm or non-fatal suicide attempt is a

	 Low levels of self-harm that are managed appropriately and no hospital/Emergency Department attendance is required. Repetitive, self-injurious behaviour (such as head banging) where there are robust care plans in place to support the person and no lasting injury has occurred. Suicidal thoughts without a clear plan or intent to actively end life 	admissions to an acute hospital/ Emergency Department. Where it is felt that the self-harm is escalating in severity and there is a high risk of the self-harm having a significant life altering/limiting impact on the person. Where there is a lack of appropriate care plans in place for a person known to have repetitive, self-injurious behaviour. Where there is a lack of appropriate safety planning in place for a person with known suicidal ideation Where following a person's self-harm or non-fatal suicide attempt appropriate agreed aftercare has not been provided (i.e. delay in arranging required medical intervention). If self-harm behaviour changes/increases in severity, as a result of external stressors For ongoing concerns where there is no appropriate care plan assessing the risks or appropriate referrals made.	direct result of a safeguarding concern, for example, psychological abuse, domestic abuse, violence or exploitation. • Where the self-harm or non-fatal suicide attempt is a direct result of any acts of neglect or omission on behalf of professionals working with the individual e.g. person in an inpatient setting gaining access to cleaning fluids to ingest. • Presentation needs to take into account the severity and frequency as a measure where cumulative evidence demonstrates a degree of self-harm amounting to self-neglect, which may in turn require intervention
Alternative actions to consider at every stage	 Engagement with the person to consider support options available Referral to/engagement with AMH services Consider creating personal safety plans, Creating a 'safety plan' Samaritans. Consider onward referral to Samaritans 	 Consideration for advocacy services. Consideration for whether a Mental Health Act Assessment or Mental Capacity Act assessment is required. Referral for multi-agency processes (e.g., Multi-Agency Risk Management meetings). Consider the formation of a multi-agency care plan to support the person across multi-agency sectors. 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

•	Referral to/engagement with
	AMH services
•	Consider creating personal safety
	plans, <u>Creating a 'safety plan'</u>
	Samaritans.
•	Consider onward referral to
	Samaritans

Type of abuse	Non-reportable	Requires consultation	Reportable
PRESSURE ULCERS Pressure ulcers are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. Links to Policy and Guidance: Please see a helpful NHS (2021) visual document of different categories of pressure ulcers. 4LSAB Multi-Agency Protocol for Pressure Ulcers and Adult Safeguarding	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
	Examples: Singular category 1 or 2 pressure ulcers – consider impact on the individual Category 3 or 4, unstageable or suspected deep tissue injury or multiple category 2 pressure ulcers where: • A care plan is in place • Other relevant professionals are involved (community nursing or GP practice nurse) • There has been full discussion with the individual, their NOK/family or representative • There are no other indicators of abuse/neglect and no unexplained deterioration	Examples: Skin deterioration from healthy unbroken skin to category 3 or 4 or multiple sites of category 2 ulcers or singular category 3 or 4 ulcers or unstageable and suspected deep tissue injury pressure ulcers, with moderate impact on the individual, where: • The care plan has not been fully implemented and documentation is poor	Multiple category 3 or 4, unstageable or suspected deep tissue injury ulcers with considerable impact on the individual Adult Safeguarding Decision Guide score 15+ or score is under 15 but professional judgement determines safeguarding concern. Concern that pressure damage occurred as a result of informal carer wilfully ignoring or preventing access to care services.

		 Deterioration has occurred without explanation – e.g., category 2 has been recategorized as category 3 or 4 It is not clear that appropriate specialist advice or support has been sought – e.g., from the Tissue Viability Team 	 Concern that pressure damage occurred as a result of neglect/acts of omission by care staff (in care agency or residential home.) There is no evidence of risk assessment or care plans having been completed, or if present the completion and documentation is poor. Evidence demonstrates that this is part of a trend.
Alternative actions to consider at every stage	 Follow relevant internal policies and procedures. Refer to the NICE guidance on pressure ulcers (2014) Refer to the DHSC's Safeguarding Adults Protocol for Pressure Ulcershttps://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-a-safeguarding-concern Share information with district nurse or GP. Consideration of specialist support (e.g., Tissue Viability Nurses). 	 Referral to the local authority Adult Social Care department for a social care assessment or a review of existing arrangements. Share information with the ICB Quality Team and/or the CQC. Complaints or disciplinary processes. 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Type of abuse	Non-reportable	Requires consultation	Reportable
FALLS Some people who are frail or have mobility problems may have a greater risk of falling. Following a fall, the individual may require more intensive services for longer, and in some cases may never return to previous levels of mobility. A fall does not automatically indicate neglect, and each individual case should be examined to understand the context of the fall. It is important for people to move to support their wider health & wellbeing and with the support of professionals, if needed, the solution to reducing risk should not be to reduce	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
movement. Links to Policy and Guidance: 4LSAB Multi-Agency Protocol for Falls and Adult Safeguarding	 Examples: A fall or minor injury has occurred and: There is a reasonable explanation as to why this occurred. A care plan and/or risk assessment is in place and being adhered to. Actions are being taken to minimise further risk. Other relevant professionals have been notified. Full discussions with the person or people, next-of-kin, or any other representative. There are no other indicators of abuse or neglect. 	Examples: Multiple falls have occurred where: 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) There have been other similar issues or areas of concern. There may be other indicators of abuse or neglect.	 Examples: When there is a concern about possible abuse or neglect by another person, including other service users or staff, or the organisation. When a person is identified as being at risk of falls and there is concern that an appropriate risk assessment and care plan is not in place or is not being followed i.e. there is evidence of neglect When a person sustains a fall, which does or does not result in harm, and there is concern that an appropriate risk assessment and care plan is not in place or is not being followed, or that the care plan is not updated after the fall i.e. there is evidence of neglect Any fall where there is suspected abuse or neglect by a staff member or other person or a failure to follow

	relevant care plans, policies or procedures When a person has an injury, other than a very minor injury, which is unwitnessed and unexplained (in circumstances where a person has sustained an injury the manager on duty should use judgement based on the evidence available to determine what may have happened. If the person has an injury which cannot be explained, then this should be referred as a Safeguarding Concern) When appropriate medical attention has not been sought following a fall (if no injury is apparent, there is no observed change in function and actions and observations have been recorded, then a GP or Hospital review may not be necessary. This decision will be made by the manager or clinician on duty based on the individual circumstances of the case to determine what may have happened). When appropriate measures have not been taken to maximise the safety of the person from an environmental perspective, including avoiding harm from other clients / service users Where there has been more than one incident during a 6-month period requiring attendance at hospital Where there is an open Section 42 enquiry regarding the person or a Large-Scale Safeguarding Enquiry (LSSE) regarding the service
	 (LSSE) regarding the service. Where there has been more than one incident during a 6-month period

			 Multiple incidents where it is not clear that professional advice or support has been sought at the appropriate time. Where there have been other similar incidents or areas of concern.
Alternative actions to consider at every stage	 Follow relevant internal policies and procedures. Review and revise current care plans /risk assessments For falls in older people refer to the NICE guidance (2013). Share information with the Falls Prevention Service or Occupational Therapy service. Consider referral for telecare services Share information with GP for any medical issues. 	 Share information with the ICB Quality Team and/or the CQC. Referral to the local authority Adult Social Care department for a social care assessment, carers assessment, or review of existing arrangements. Complaints or disciplinary processes. Consideration of whether mental capacity is an issue. 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

MEDICATION ERRORS

The relationship between medicines errors and the safeguarding adults' agenda has been challenging and there has been a lack of consensus on what constitutes a safeguarding adults concern. The level of harm has been a common pointer for making a safeguarding adult's referral previously, but this results in an inconsistent approach as harm is interpreted differently. This information in the decision tool and the supporting medication protocol should help you decide if this medication error needs reporting as a safeguarding concern.

Please see below the definition of a medication error:

The National Patient Safety Agency (NPSA) 2001 defines a medication error as 'an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicine advice, regardless of whether any harm occurred'. Errors may result in an incident or an adverse event or where averted, they can be classified as a 'near miss'.

The nature of the medication error will depend what category of abuse it falls under i.e. neglect, physical or organisational

Type of abuse	Non-reportable	Requires consultation	Reportable
MEDICATION ERRORS Mismanagement /misadministration /misuse of drugs. Links to Policy and Guidance:	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
	Isolated incident of errors in prescribing, dispensing or administering medication (noncritical medications – see medication protocol) but no harm occurs. (i.e. too much, too little, given at the wrong time)	Reoccurring prescribing, dispensing or administration errors (non-critical medications – see medication protocol) that cause no harm (possible neglect or organisational) Isolated incident of errors in prescribing, dispensing or	Recurring or administration errors (critical medications – see medication protocol) that affect more than one adult and/or result in harm to one or more adults. (organisational)

	Isolated incident causing no harm that is not reported by staff member	administering medication (critical medications – see medication protocol) (i.e. too much, too little, given at the wrong time) but appropriate action is taken (possible neglect) • Failing to report or document a medicines administration error according to agency policy and procedure (possible neglect or organisational) • Isolated incident of failing to monitor or seek appropriate medical advice and support following a medication error (possible neglect) • Failure to follow proper procedures for the administration of non-critical medication (see medication protocol) (possible neglect or organisational)	 Deliberate maladministration of medications (physical) Failure to follow proper procedures for the administration of critical medication (see medication protocol) (neglect) Over medication used as inappropriate form of restraint/ way to manage behaviour without a care plan (physical) Covert administration without the person's consent or having a best interest decision recorded in the care plan. (could be neglect or organisational) Failing to monitor or seek appropriate medical advice and support following medication errors, where harm occurred (could be neglect or organisational) Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting. (organisational)
Alternative actions to consider at every stage	 Review of relevant policies and procedures. Internal relevant training provided. Review of existing care plans or creation of new care plans/risk assessments. Internal complaints or disciplinary processes. 	 Share information with the ICB Quality Team and/or the CQC. DATIX, serious incident or alternative review or investigative process. Discussion with the GP/Pharmacy. 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Type of abuse	Non-reportable	Requires consultation	Reportable
INCIDENTS BETWEEN ADULTS IN A SERVICE Incidents between people using a service, where there is reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect. Links to Policy and Guidance: 4LSAB Multi-Agency Guidance on Safeguarding Adults in Commissioned Services	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
	 Examples: Incidents between people using a service where there is no apparent impact, and actions are undertaken to minimise the risk of reoccurrence. More than one incident where there is no apparent impact, and: A care plan and/or risk assessment is in place and is being adhered to Action is taken to minimise further risk. Other relevant professionals have been notified. There has been full discussion with the person, their next-of-kin, or their representative. No other indicators of abuse or neglect. 	 Examples: Any incident between people using a service in which medical attention or attendance at hospital is required. There have been other similar incidents involving the same perpetrator. Concerns over escalation of behaviours between identified individuals. The care plan has not been implemented, reviewed or is not reducing risk. It is not clear that professional advice or support has been sought at the appropriate time. There have been other similar incidents involving the perpetrator or areas of concern. 	 Any incident resulting in intentional or intended harm or risk of harm to the person, including hate crimes. Any incident where a weapon or other object is used with the intention to cause injury. Repeated incidents where the person lacks capacity and is unable to protect themselves. 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.
Alternative actions to	 Review of relevant policies and procedures. Internal relevant training provided. 	Share information with the ICB Quality Team and/or the CQC.	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed.

consider at every stage	•	Review of existing care plans or creation of new care plans/risk assessments. Internal complaints or disciplinary	•	Discussion with Health/Social Care Commissioners. DATIX, Serious Incident or alternative review or investigative process.	Immediate safety plans must be implemented.
		processes.		review or investigative process.	

Type of abuse	Non-reportable	Requires consultation	Reportable
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 adult's concern needs to be raised. Links to Policy and Guidance LGA Briefing on adult safeguarding and homelessness 4LSAB Homelessness – 4LSAB Housing Practitioner Briefing	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered.	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
4LSAB Multi-Agency Guidance on Responding to Self-Neglect Multiple Exclusion Homelessness: Practitioner Safeguarding Toolkit	 Examples: Self-care is causing some concern - no signs of harm or distress to self. The adult has capacity and is willing and able to engage with support/services The adult is expressing/experiencing mental health distress. Consultation with mental health services may be appropriate. The adult is using substances, but this is not putting them at risk of significant harm. Consultation with substance use services may be appropriate. Local authority housing services discharging their duty to house an adult - note that a need for accommodation on its own is not a need for care and support The adult is engaged with and/or is a cause of risk in a criminal act. Following internal agency policy, a 	Complex unmet mental health needs, leading to suicidal ideation and risky behaviour (towards self and others). If the adult is offered housing which is not considered to be reasonable or suitable. Multiple homeless people at risk of being targeted for exploitation by an unknown individual/agency The adult is unable/unwilling to engage with support/services	Self-neglect leading to deteriorating physical/mental health, and this is placing their health at significant risk of harm Chronic dependent alcohol/substance use leading to significant risk of harm Appears to be being targeted by individual(s) for abuse or exploitation

	police report should be made.		
Alternative actions to consider at every stage	 Referral to local authority housing services Referral for a S9 care needs assessment Referral to community and voluntary sector housing organisations Referral to Mental Health services Referral to Substance Use services 	Consider MARM framework Refer to the local authority Adult Social Care department for S9 care needs assessment or review of existing support	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.

Type of abuse	Non-reportable	Requires consultation	Reportable
This applies to individuals with care and support needs as a result of substance and alcohol use, who maybe at increased risk of harm to themselves or others. Links to Policy and Guidance: 4LSAB Guidance on responding to Self-Neglect	Lower-level concern where it would be unlikely to meet the definition of a safeguarding concern. Internal policies and procedures should be followed and an internal written record of what happened and what action was taken should be kept. Where there are several low-level concerns, consideration should be given as to whether the criteria may be met for a safeguarding concern due to increased risk and therefore should be reported as the local authority have the statutory duty to make this decision.	All appropriate action should be taken to reduce risk and internal policies and procedures followed. Consultation should be undertaken internally, refer to your local 4LSAB Safeguarding Adults Policy and Procedures and consider if consultation is needed with the local authority. Incidents at all levels should be recorded. Following consultation, consideration should be given as to whether the criteria may be met for a safeguarding concern and therefore a referral into the local authority or whether other referral pathways need to be considered. Examples:	Incidents at this level should be raised as a safeguarding concern with the local authority. 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.
	 Non habitual use of non-classified substances with no signs of detrimental impact. Non habitual use of prescribed medication outside of prescription directions. Alcohol intake does not exceed 14 units of alcohol a week spread over three or more days Alcohol use does not impact on physical or mental health, for prolonged periods of time following consumption Risks can be managed by current professional oversight or universal services if required The person is not at risk of losing their home, tenancy, placement, employment etc within the community. Occasional non-attendance at meetings, such as health appointments 	 Habitual use of classified substances and or use of prescribed medication outside of prescription direction. Alcohol intake exceeds recommended limits and is having a detrimental impact on physical and mental health Indication of lack of insight into substance or alcohol use Very poor personal hygiene and or lack of appropriate clothing Lack of essential amenities/food provision. Property or environment shows signs of neglect with evidence of unsanitary conditions, clutter, hoarding that are potentially damaging to health and wellbeing. Engaging in behaviour that increases the risk to the adult 	 Habitual use of classified substances and/or use of prescribed medication outside of prescription direction that is causing frequent harm to physical and mental health. The person is unable to protect themselves due to their addiction Alcohol intake regularly exceeds recommended limits and is having a significant impact on physical and mental health The person is living in unsanitary conditions that mean life is in danger without intervention. Lack of self-care and/or refusal of health/medical treatment resulting in an impact on health and wellbeing (i.e., malnutrition). The person is at risk of losing their home, tenancy, placement, employment etc within the community

			 Functional and cognitive abilities of the adult are impacted over a continued period. Non-engagement with professionals Engaging in behaviour that increases the risk to the adult
Alternative actions to consider at every stage Portsmouth: Society of St James Southampton: Change Grow Live Hampshire: Inclusion IOW: Inclusion IOW	 Engagement with the person to consider options and/or any support networks. Consider contacting community drug and alcohol service for advice on suitable approach 	 Referral to local authority Adult Social Care department for assessment, carers assessment, or review of existing arrangements. Consideration for whether a Mental Capacity Act assessment is required. Consideration for advocacy services. Consideration of Multi Agency Risk Management meetings. Consider referral to HIWFRS for a safe and well visit. Consider contacting community drug and alcohol service for advice on suitable approach 	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred, the police MUST be informed. Immediate safety plans must be implemented.