



Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board

Adult Safeguarding Decision Making Guidance

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Introduction

The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) would like to thank the Derbyshire Safeguarding Adult Board for their permission to use and adapt their Decision Making Guidance.

This document is designed to provide guidance to inform decision-making in relation to completing adult safeguarding referrals and should be used in conjunction with the [SSASPB Safeguarding enquiry procedures document](#). The guidance is not a substitute for professional judgement, nor does it set rigid guidance for practitioners: it is to be used as a framework to inform decision-making. If there is any doubt, the safeguarding process should be followed.

“Safeguarding duties apply to an adult who:

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

(The Care Act 2014)

A concern meeting this statutory criteria should prompt a safeguarding referral.

A concern which **does not** meet the criteria for a safeguarding enquiry will still require a response and distinguish between what may be an incident of poor practice, concerns about the quality of care (in any setting) and abuse or neglect, which may often require a professional judgement to be made and consultation with colleagues from other agencies. In these circumstances safeguarding procedures may not be the most appropriate process to follow.

All decisions should be recorded accurately, stating facts and demonstrate defensible decision-making, with any opinions being recorded as such.

Remember:

Safeguarding is not a substitute for:

- A provider's responsibility to provide high quality care and support;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with standards of care and take enforcement action as appropriate;
- Contract and commissioning teams assuring themselves of the safety and effectiveness of commissioned services;
- Police using core duties to protect life and property and prevent, investigate and detect crime.
 - Where a crime is suspected, a referral should be made to the appropriate Police authority.

Incidents of poor practice and concerns about quality of care could be addressed via contract monitoring and quality assurance and compliance processes, reviews (of services and needs), HR processes, complaints processes and sign-posting to other services – this list not exhaustive. If internal enquiries are found to meet the safeguarding adults criteria, a safeguarding adults referral should be completed and sent to the local authority.

PLEASE REMEMBER: to share information as appropriate with Staffordshire or Stoke-on-Trent CC/NHS Contracts and Commissioning Team, so they can collate all relevant information and take any further appropriate action.

All decisions must be recorded accurately: stating facts, demonstrating defensible decision-making and identifying clearly where professional opinion is provided.

The most appropriate and proportionate response and process should be followed to ensure the concern is responded to correctly and in a timely manner. The presenting situation/concern may also require other processes to take place alongside a safeguarding enquiry.

The circumstances reported in the safeguarding referral and initial enquiries will determine the nature/urgency of response.

The best practice approach to choice and risk should be that adults have the right to live their lives to the full and make what others may consider to be unwise decisions/lifestyle choices. A balance between empowering the adult to make choices and take informed risks against potentially harmful decisions, which may put themselves or others at risk, should be sought.

Any risk assessment should be reviewed at all stages of the safeguarding process/enquiries.

Anxiety around supporting people to take reasonable risks can prevent them from doing daily living tasks that most people take for granted. Practice should be about striking a balance between facilitating and supporting the wishes of the adult, professional responsibility and the potential risk to others.

Making Safeguarding Personal places the adult with care and support needs at the centre of all safeguarding interventions – it is essential to ascertain what the adult’s desired outcomes are as a result of safeguarding enquiries.

Has the adult given consent to a safeguarding referral and to enquiries being undertaken?

- Consent is not required if there is a risk to public protection, other adults with care and support needs, or children are at risk.
- Is the adult able to protect themselves at a time when a decision needs to be made, or an action to protect needs to be made?
Does the adult lack [mental capacity](#)?
- Is there evidence of, or concern about, coercion, threats, or intimidation?
- What is the impact on the adult’s health, independence, and wellbeing?
- Is there indication that the abuse could be repeated, or even escalate?
- Consider the seriousness of the harm caused, or the potential for serious harm.
- Is the adult able to make a decision about raising the safeguarding concern? (consider coercion and control)

The safeguarding referral should provide all relevant information to inform and support initial enquiries, **which should consider:**

- **Any immediate risks to the adult and others, and take action to address as appropriate – *if there are concerns a crime has been committed, the Police should be contacted;***
- Any further information received from the referrer;
- How the outcomes of the adult will be achieved, reflecting the adult's wishes, wherever possible;
- How the adult will be involved from the beginning of the enquiry, unless there are exceptional circumstances that are believed would increase the risk of abuse;
- The need to arrange for an independent advocate if the adult has substantial difficulty being involved and where there is no-one to support them;
- If it is determined that the referral does not meet the criteria for a S42 enquiry, consider if other options/interventions are more appropriate, e.g., an assessment for care services, VARM, sign-posting to other services.

Where S42 criteria are met and further enquiry is required

- Decide what further information is required, proportionate to the concern, and if the Local Authority or others are best placed to undertake further enquiries;
- These enquiries should again be proportionate to the concerns and should focus on how to best work with the adult to achieve their outcomes;
- Determine what other actions are required to protect the adult and/or others from further risk of abuse;
- Complete the S42 Enquiry Request Form and email it to all agencies/colleagues who are being asked to complete enquiries – the referral form should be completed as comprehensively as possible;
- Next steps meeting/safety planning meeting or telephone discussion to be completed as appropriate and necessary;
- The rationale and defensible decision for closure of safeguarding should be recorded and shared with all involved;
- Further information about [Section 42 enquiries](#) is available on the SSASPB website.

First responders

First responders are agencies and organisations with a responsibility to identify and interview a potential adult or child victim of modern slavery. The first responders are: In England and Wales, a 'first responder organisation' is an authority that is authorised to refer a potential victim of modern slavery into the [National Referral Mechanism \(NRM\)](#).

In England and Wales, a 'first responder organisation' is an authority that is authorised to refer a potential victim of modern slavery into the NRM. The current statutory and non-statutory first responder organisations are;

- Police forces
- Local Authorities
- Health and social care trusts (Northern Ireland)
- Parts of the Home Office:
 - UK Visas and Immigration
 - Border Force
 - Immigration Enforcement
- National Crime Agency
- Gangmasters and Labour Abuse Authority
- Salvation Army
- Migrant Help
- Medaille Trust
- Kalayaan
- Barnardo's
- Unseen
- Trafficking Awareness Raising Alliance (TARA) Project (Scotland)
- National Society for the Prevention of Cruelty to Children (NSPCC) – Child Trafficking Advice Centre (CTAC)
- Black Association of Women Step Out (BAWSO) (UK only)
- New Pathways
- Refugee Council.

There are different cohorts of first responder organisations in Scotland and Northern Ireland. First responder organisations have the following responsibilities. These responsibilities are entrusted to the organisation and are for the organisation to decide how to discharge.

- Identify potential victims of modern slavery and recognise the indicators of modern slavery.
- Gather information in order to understand what has happened to victims.
- Refer victims into the NRM via the online process. The archived paper referral form remains for use in exceptional cases. In England and Wales, this includes notifying the Home Office if an adult victim doesn't consent to being referred.
- Provide a point of contact to assist the Single Competent Authority (SCA) with the reasonable and conclusive grounds decisions, and to request a reconsideration where a first responder believes it is appropriate to do so.

A first responder is an individual working at a first responder organisation that is involved in discharging one of the duties of the organisations listed above.

The Crown Prosecution Service (CPS) is not a first responder organisation and cannot make referrals to the SCA. Where a prosecutor comes to the conclusion that a suspect should be referred to the SCA for an NRM decision, this must be done through the police. There is guidance available on how to report [modern slavery as a first responder](#) and on the [National Referral Mechanism](#).

Types of abuse table

The table below identifies the level of concern (lower/medium-higher/serious-urgent) in the context of each type of abuse. Examples of concerns at each level are provided for guidance – they are not exhaustive and professional judgement inform decision-making.

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
	<ul style="list-style-type: none"> • May not meet S42 criteria. • Outcomes may include providing advice and information. 	<ul style="list-style-type: none"> • S42 criteria met. • Further information about Section 42 enquiries is available on the SSASPB website. 	<ul style="list-style-type: none"> • Immediate response may be required. • S42 criteria met. • Further information about Section 42 enquiries is available on the SSASPB website.

Domestic abuse

Type of abuse	Examples of Lower level concerns – May not meet S42 criteria. – Outcomes may include providing advice and information.	Examples of Medium – Higher level concerns – S42 criteria met.	Examples of Serious – Urgent level concerns (urgent Police response may be required) – S42 criteria met.
<p>Domestic abuse</p> <p>Refer to the Police, as appropriate.</p>	<ul style="list-style-type: none"> • One off incident with no injury or harm experienced; • Victim reports no current concerns or fears; • Occasional taunts or verbal outbursts; • Able to make own decisions concerning aspects of daily living; • Protective factors in place. • Consider if this is related to carer stress/breakdown and to offer appropriate support including a carers assessment. 	<ul style="list-style-type: none"> • Protective factors in place; • Children in house – refer to Children’s Services; • Unexplained marks, bruises, hand marks; • Subject to controlling behaviour; • Occasional outbursts of verbal/physical abuse; • No access to medical care; • Unable to access professionals for support, i.e., health care; • Accumulation of incidents and harassment; • No access to, or control over, finances; • Experiences constant fear; • Stalking/harassment. 	<ul style="list-style-type: none"> • Threats to kill; • Assault causing serious harm; • Use of objects as a weapon during an assault; • Subjected to frequent, or escalating, violent behaviour; • Sexual assault or rape • Subject to severe controlling behaviour; • Subject to stalking behaviour; • Experiences constant fear of harm; • Forced marriage; • Honour-based violence; • Use of a weapon; • Further information is available from Staffordshire Police.

Physical abuse

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
Physical abuse	<ul style="list-style-type: none"> • An isolated incident between service users with no marks or bruising, and neither intimidated nor harmed; • Action could be care plans amended and risk assessments completed; • One-off staff error causing minor accidental injury, e.g., mark on skin after removing a dressing/pad; • Moving and handling procedures not followed on one occasion – no harm caused; • Adult missing one health check, or appointment (e.g., dental, optician), with no harm caused. • Actions could include further training for staff, increase supervision to prevent reoccurrence, information contracts and commissioning team and CQC, as appropriate. 	<ul style="list-style-type: none"> • Any cumulative lower level concerns/incidents including where a service user has been a source of risk before even if the adult come to harm is different; • Inappropriate restraint; • Inexplicable marks, cuts, bruising, etc.; • A predictable and preventable incident between service users where injuries have been sustained and emotional distress caused; • Deliberate withholding of food, drink, care, aids to assist independence; • Moving and handling procedures disregarded, making injury likely to happen. 	<ul style="list-style-type: none"> • Assault; • Inexplicable injuries/fractures; • Assault leading to permanent or substantial injury, or death; • Physical abuse perpetrated by someone in a position of trust; • Incidents of harm are reoccurring, despite being predictable by staff, or the injuries are more serious; • Female Genital Mutilation (FGM); • One-off delay in accessing medical treatment with potential for serious harm. • Systematic failures in the provision of services; • Recurrent incidents of harm; • Allegations of historical abuse; • Physical abuse perpetrated by someone in a position of trust; • Adult missing one, or a number, of health checks or appointments (e.g.,

Physical abuse (continued)			dental, optician) with potential for, or actual, harm being caused.
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Physical abuse arising from medication errors

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
Physical abuse arising from medication errors	<ul style="list-style-type: none"> • Adult does not receive prescribed medication on one occasion, or receives it at the wrong time or receives the wrong dose – no harm occurs; • One-off prescribing or dispensing error by a GP, Pharmacist, or other medical professional with no harm caused; • Actions could include contacting the Pharmacist, GP or 111 to discuss and confirm any further action required; • Further training for staff; • Informing contracts and commissioning teams and CQC as appropriate. 	<ul style="list-style-type: none"> • One-off delay in receiving medication, or medication error, resulting in experience of minor reversible symptoms (e.g., pain not affecting participation in activities); • Any cumulative lower level concerns that affect one or more individual, which could result in potential or actual harm; • Misuse of controlled drugs, or not following proper procedures; • Misuse, or over reliance on, sedatives to control all forms of challenging behaviour; • Recurring prescribing or dispensing errors by a GP, Pharmacist, or other medical professional, that affects more than one adult. 	<ul style="list-style-type: none"> • Covert administration of medication without medical/MDT authorisation/ best interest decision recorded; • Any deliberate misadministration of medication, regardless of the level of harm caused; • Pattern of recurring errors; • Deliberate falsification of records.

Sexual

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns (urgent Police response may be required)
<p>Sexual</p> <p><u>ALL REFERRALS SHOULD BE DISCUSSED WITH THE POLICE, AS APPROPRIATE.</u></p>	<ul style="list-style-type: none"> Isolated incident, comment, teasing or non-sexualised touching, (excluding genitalia) with no distress caused*. Consider mental capacity and insight – no perceived sense of harm and the effect on the adult is low; Actions could include, review and amendment of care plans and risk assessments, and ensuring staff are suitably trained and competent. <p>*Unless committed by a person in a position of trust (PIPOT).</p>	<ul style="list-style-type: none"> Repeated incidents of comments, teasing, unwanted sexualised attention (verbal), whether or not mental capacity, exists which causes distress; Being exposed to naked genitalia without valid consent; Being made to view pornographic material without valid consent. 	<ul style="list-style-type: none"> Sex, or attempted sex, without valid consent (rape); Sexualised touching, or masturbation, without valid consent; Attempted penetration by any means without valid consent; Sexual exploitation, including grooming, or coercion; Any sexual activity (sex, touching, masturbation, sexual assault and exploitation) by a person in a position of trust (PIPOT), or paid carer, with their client.

Psychological and emotional

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
Psychological and emotional	<ul style="list-style-type: none"> • Isolated incident where an adult is spoken to in a rude or inappropriate way – little or no distress caused; • Isolated incident of ASB (anti-social behaviour) against an adult; • Actions could include sharing information with Safer Neighbourhood teams; • Ensure the adult with care and support needs and staff understand relationship boundaries and what is appropriate behaviour; • Risk management assessments/processes are reviewed; • Consider further training needs. 	<ul style="list-style-type: none"> • Occasional or on-going bullying (face-to-face or online), which causes distress or intimidation; • Abuse designed to cause humiliation; • Emotional blackmail, including threats of abandonment; • Concerns that an adult is vulnerable to radicalisation; • Denying an adult’s choice and opinion; • Treatment or care which undermines dignity and self-esteem; • Damage to property, environment, abuse of pets. 	<ul style="list-style-type: none"> • On-going reports of ASB (anti-social behaviour); • A denial of basic human rights and civil liberties, such as denying an adult’s choice, or over-riding advanced directives; • Prolonged intimidation, coercion, and victimisation, which impacts on the person’s ability to make choices • Threats to cause physical harm; • Verbal abuse perceived as hate crime (face-to-face or online); • Suicidal thoughts/ideation as a result of psychological/emotional abuse; • Allegations of historical abuse; • Threats relating to sexual identity or lifestyle choice;

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none">– May not meet S42 criteria.– Outcomes may include providing advice and information.	Examples of Medium – Higher level concerns <ul style="list-style-type: none">– S42 criteria met.	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none">– S42 criteria met.
Psychological and emotional (continued)			<ul style="list-style-type: none">• Threats or intimidation by a person in a position of trust (PIPOT).

Neglect and acts of omission

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
Neglect and acts of omission (including falls)	<ul style="list-style-type: none"> • Adult not assisted with a drink or a meal on one occasion – no harm occurs; • An isolated domiciliary care call is delayed or missed, but no harm occurs; • A fall occurs where there has been no previous indication of a falls risk – action taken to reduce further risk; • Fall results in an injury, but risk assessments and care plans are in place and have been followed. 	<ul style="list-style-type: none"> • Failure to respond or intervene where an adult lacks capacity to assess risk; • Any cumulative lower-level concerns/incidents; • Removal of or withholding access to aids to assist independence; • Care plan does not identify how a need will be met, e.g., pain management, pressure care, behaviour that challenges, resulting in potential harm; • Adult has a number of falls and there is no evidence of a review of care plans, risk assessments or seeking other appropriate advice. 	<ul style="list-style-type: none"> • There is a clear breach of ‘duty of care’ and professional practice/responsibility; • Hospital discharge without adequate planning resulting in significant harm; • Failure or delay in scheduled domiciliary care visits, which results in a deterioration of health, pain, significant discomfort, or serious injury; • Repeated or serious incidents of harm resulting from a failure to follow procedures or to ensure care plans adequately addressing needs; • Delay in seeking appropriate medical advice, or failure to follow medical guidance resulting in harm

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
Neglect and acts of omission (including falls) (continued)			(including physical and mental ill-health); <ul style="list-style-type: none"> • Adult known to mental health (or other services) reporting suicidal ideation or assessed as a risk of suicide – timely response not made or information shared resulting in harm; • Repeated or serious incidents of harm or abuse as a result of systematic failures to prevent harm from occurring. Also a failure to seek appropriate advice and support, follow care plans, or complete risk assessments; • Failing to call for or access lifesaving medical care; • An unauthorised deprivation of liberty results in harm; • Deliberate neglect or omission of care by a paid carer or person in a position of trust (PIPOT).

Discrimination

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns (urgent Police response may be required)
Discrimination	<ul style="list-style-type: none"> • Isolated incident or teasing, rude behaviour motivated by prejudicial attitudes – little or no harm, or distress caused; • Care planning where specific diversity needs are not addressed or provided for in an isolated incident; • Actions could include further training, disciplinary, complaints procedures being used. 	<ul style="list-style-type: none"> • Consider cumulative lower-level concerns; • On-going failure to access services due to diversity issues; • Experience of on-going ASB (anti-social behaviour) due to diversity issues; • Hate crime – infrequent, but recurrent incidents motivated by prejudice based on disability, race, religion, sexuality, gender identity, age, which results in intimidation, emotional distress, loss of confidence and dignity; • On-going failure to support the adult to access places of worship, which causes distress or harm. 	<ul style="list-style-type: none"> • Hate crime – serious or recurrent incidents motivated by prejudice based on disability, race, religion, sexuality, gender identity, age resulting in harm or impacting on wellbeing; • The above could include: humiliation on a regular basis, discriminatory threats of harm and withholding services; • Discriminatory threats of harm, civil liberties, withholding services; • Honour-based violence; • Potential risk to self and public safety due to a risk of radicalisation. • Female Genital Mutilation (FGM)

Financial

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
<p>Financial</p> <p>For all safeguarding referrals regarding a person in a position of trust, consideration should be given to consultation with the Police.</p> <p>See PIPOT guidance.</p>	<ul style="list-style-type: none"> • Isolated incident of a small amount of money, food, belongings going missing – quality of life of the adult is not affected and no distress caused; • Isolated incident of staff borrowing items from service users, with their consent – items returned to service user; • Isolated incident of staff taking the ‘one free’ from ‘buy one get one free’ offers, and accruing reward points on their own cards when shopping for service users; • Transactions with money are not recorded routinely, safely or properly. • Actions could include further training, disciplinary, complaints procedures. 	<ul style="list-style-type: none"> • Adult not routinely involved in decisions about their finances – how it is spent or kept safe; • Mental capacity should be routinely considered; • Money kept in a joint bank account with no clarity of management or equity of access; • Failure to meet agreed contributions to care costs by families, or personal allowance not given to adult in care home; • Failure to assess mental capacity where it is suspected, or clear that it is in question, and harm is caused, e.g., exploitation, financial abuse, debt. 	<ul style="list-style-type: none"> • Theft by a person in a position of trust; • Fraud, exploitation, of benefits, income, property, will; • Misuse of Lasting Power of Attorney; • Doorstep crime and loan sharks; • Actions not taken in the adult’s best interests where they lack mental capacity to make financial decisions; • Adult denied any access to their finances; • Modern slavery; • Further information is available from Friends against Scams

Institutional and organisational

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
<p>Institutional and organisational</p> <p>These lists are not exhaustive, and reference should be made to other categories within this document.</p> <p>Institutional and organisational (continued)</p>	<ul style="list-style-type: none"> • Care planning documents are not person-centred and of sufficient detail to ensure appropriate care is provided; • Support levels as identified in the care plan, e.g., 1:1/2:1, are not adhered to, and no harm is reported to have occurred; • Lack of opportunity for social and leisure activities and/or a general lack of age-appropriate stimulation; • No ‘voice’ for the adult with care and support needs within their living environment/advocacy not sought where appropriate; • Absence of, or inadequate policies, procedures, supervision, training – no harm occurs; • Minor environmental concerns; 	<ul style="list-style-type: none"> • On-going concerns about living environment/poor hygiene; • Accumulation of concerns/minor incidents; • Unsafe staffing levels; • Support levels as identified in the care plan, e.g., 1:1/2:1 not adhered to, and harm occurs; • Medication errors which affect one or more adult, which may, or may not, result in harm; • Hospital discharge without adequate care planning/consideration by the care provider of a change in need and harm occurs; • Lack of dignity in respect of choice of clothing; how and when personal care support is received; set times for getting up/going to 	<ul style="list-style-type: none"> • Unsafe and unhygienic living environment; • Inappropriate restraint and possible deprivation of liberty is occurring, and no application for deprivation of liberty considered or made, and best interest is assumed or has been ignored; • Excessive or inappropriate responses to challenging behaviour; • Over-medicating to manage behaviour; inappropriate sedation. • Essential medication not administered; withholding of medication • Covert administration of medication without consideration of ethical or best interest issues, or medical authorisation;

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
Institutional and organisational (continued)	<ul style="list-style-type: none"> • Actions could include a review of care plans, engagement with DCC and CCG contract, commissioning and quality teams. Engagement with agencies such as Environmental Health, DCHS/CCG safeguarding leads, Fire Service. 	bed; lack of choice about dietary preferences.	<ul style="list-style-type: none"> • Misuse of power by a person in a position of trust; • A person in a position of trust entering into an intimate relationship with an adult with care and support needs; • Inflexible routines which impact on health and wellbeing, practice, policies and procedures of an organisation which result in harm or denial of choice; • Failure to provide ongoing access to health care/appointments; • An accumulation of evidence of a failure to keep people safe/consistent ill treatment/pattern of recurring errors; • Unsafe staffing levels resulting in harm or ability to provide identified levels of care and support.

Self-neglect

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
<p>Self-neglect</p> <p>All standard interventions must be considered/used to support the adult and manage risk before a safeguarding referral is made, e.g., review of care plan, assessment of social care needs, engagement with fire, environmental health.</p> <p>Only cases where there is a significant risk of harm should be referred to safeguarding.</p>	<ul style="list-style-type: none"> • Signs of failing to engage with professionals and withdraw from family/support mechanisms; • Self-care and presentation causing some concern and which is out of character; • Self-neglect and/or signs of hoarding. 	<ul style="list-style-type: none"> • Chaotic lifestyle which is becoming increasingly concerning for professionals, family, or community; • Lack of self-care and engagement with health appointments, resulting in deterioration of health and wellbeing; • Increased substance misuse causing lifestyle to become consistently chaotic with an increased risk of harm or exploitation; • Increased reports of concerns from agencies or family; • Property significantly neglected, unsanitary conditions, lack of essential amenities, increased risks due to level of hoarding. 	<ul style="list-style-type: none"> • Behaviour poses a risk to self, or others; • Self-neglect has resulted in a significant deterioration of health and wellbeing; • Living environment is hazardous, presenting a risk to self and others, or access to property restricted due to hoarding or neglect of property; • Multiple reports of concern by other agencies, family or community; • Potential fire risks to self and others; • Consistently chaotic lifestyle due to substance abuse causing harm to self and others.

Modern slavery

Type of abuse	Examples of Lower level concerns <ul style="list-style-type: none"> – May not meet S42 criteria. – Outcomes may include providing advice and information. 	Examples of Medium – Higher level concerns <ul style="list-style-type: none"> – S42 criteria met. 	Examples of Serious – Urgent level concerns (urgent Police response may be required) <ul style="list-style-type: none"> – S42 criteria met.
<p>Modern Slavery</p> <p>All referrals concerning modern slavery should be considered at ‘Medium-Higher’, or ‘Serious-Urgent’ levels.</p>	<ul style="list-style-type: none"> • All referrals concerning modern slavery should be considered at ‘Medium-Higher’, or ‘Serious-Urgent’ levels. 	<ul style="list-style-type: none"> • Adults coerced, often under the threat of violence, to work long hours, or forced into prostitution, in order to pay off debts to them; • A large number of adults sharing a room or property resulting in lack of dignity, space and unsanitary conditions; • Domestic servitude – adults forced to work with little or no pay, limited or no time off, and lack of personal space to live or sleep; • Working in environments and receiving low or no pay as a result of coercion and threats of violence to them and their family – e.g., food packaging, cleaning, hospitality sector, food picking, nail bars, car washes; • Adults in fear of providing personal information or seeking 	<ul style="list-style-type: none"> • Adults subject by another to threats of, or actual, violence to them and their families if they do not work as directed; • Adults forced to perform non-consensual or abusive sexual acts for money. • Adults moved frequently to other locations around an area or the country; • Adults coerced into criminal activity against their will; • Adults in domestic settings forced to work with little or no pay, limited or no time off, and lack of personal space; • Adults forced to live in sheds, garages, containers, caravans without access to essential

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Modern Slavery (continued)		medical/social care support due to threats.	amenities such as heat, light, food; <ul style="list-style-type: none">• Adults unable to have the freedom, or choice, to leave because their passport or ID has been removed by non-legal means;• Subject to forced marriage;• No access to medical care;• Modern slavery concerns.

A final reminder of alternatives to a safeguarding enquiry

A concern which does not meet the criteria for a safeguarding enquiry will still need to be responded to appropriately. Below is a list of possible alternative actions (this list is not exhaustive).

- Assessment of health and social care needs (professional Social Care support);
- Review of current needs and services (single provider or MDT);
- Provider concerns meeting;
- Actions by contracts and commissioning teams;
- Referral to other services or agencies;
- Complaint processes;
- Disciplinary action;
- Complaint or report to CQC;
- Signposting to alternative preventative services, e.g., Drug and Alcohol, Domestic Abuse, voluntary services, etc.