Leicester, Leicestershire & Rutland

Safeguarding Adults Thresholds Guidance

Version 6 Updated July 2018

Introduction

This guidance seeks to provide practitioners with support in making a decision about whether a referral regarding an adult who may be experiencing abuse or neglect, may require further safeguarding adults enquiry. It must be read in conjunction with the LLR SAB Multi-Agency Policy and Procedures. The guidance is publicly available and will therefore assist provider services and other agencies in making appropriate referrals into the Local Authorities.

The Care Act, which stipulates statutory responsibilities for safeguarding adults, provides the following criteria for an adult who may be in need of safeguarding:

The 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 or neglect**

Consistent threshold decisions play a crucial role in ensuring that safeguarding enquiries are undertaken for adults at risk who may be unable to protect themselves, and for identifying that alternative means of addressing risk can be considered where this is not the case.

It is important to note that this guidance is **not** a substitute for professional judgement. Rather, the guidance should be used as a framework for decision making and to support professional judgement. If, at the point of referral there is insufficient information to apply safeguarding thresholds then further enquiries should be made to gather this information.

This guidance should be used to:

- **Help to determine a consistent approach to identifying what kind of incidents may require a safeguarding response in line with the MAPP**
- **Aid decision making about the kind of incidents that may be addressed through alternative processes (e.g. lower level concerns)**

This support tool provides an overview of potential indicators of types of abuse as defined in the Care Act which can be found in the link below:

https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

It will not cover every indicator of abuse, and therefore discussion must be had with a manager if there are concerns which may indicate abuse that are not included within the decision support tool.

It is important to note that this guidance is to support initial decision-making process, guidance on the on-going enquiry and risk assessment throughout this is contained in the MAPP.

If the incident referred is also potentially a criminal offence, then discussions with the Police must be untaken as soon as possible.

Decision to Cause Enquiries to be made – Thresholds Support Tool		
Types of Abuse / Responses	**Lower Level Concern Alert where thresholds for further safeguarding enquiries are unlikely to be met.** *Consider alternatives to safeguarding enquiry: e.g. complaints, disciplinary, review of needs/services, onward referral e.g. Contracts, Health and Safety, Trading Standards etc.* ***Where there are a number of low level incidents, consideration should be given to whether the threshold is met for a safeguarding enquiry due to increased risk.***	**Incident indicating harm/impact where further Safeguarding enquiry should be considered.**
Physical	• Isolated incident involving physical contact without consent but not with sufficient force to cause a mark or bruise and the adult is not subsequently distressed. ***Care plans amended to address risk of reoccurrence*** • Isolated staff error causing minor accidental injury or harm e.g. friction mark on skin due to ill-fitting hoist sling. ***Actions taken to prevent reoccurrence*** • Appropriate moving and handling procedures not followed on one occasion not resulting in harm. ***Actions taken to prevent reoccurrence***	• Assault-whether or not injury is caused and particularly where there is on-going distress to the adult • inexplicable fractures • Inexplicable marking, bruising or lesions, cuts or grip marks • Inappropriate/unauthorised restraint, including misuse of medication • Deliberately withholding of food, drinks or aids to independence • Injury is caused by or there is consistent disregard of moving and handling procedures which make injury very likely to happen • Predictable and preventable incident between adult's where injuries have been sustained or emotional distress caused • Covert administration of medication without medical authorisation where there has been detrimental impact • Deliberate misadministration of medication (consider fabricated or induced illness)

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Psychological	• Isolated incident where an adult is spoken to in a rude or inappropriate way – respect is undermined but little or no distress caused. ***Actions taken to prevent reoccurrence*** • Isolated incidents involving taunts or verbal outbursts which do not cause distress. ***Actions taken to prevent reoccurrence*** • Withholding of information from an adult, where this is not intended to disempower them. ***Actions taken to prevent reoccurrence***	• Incident(s) perpetrated by staff member resulting in harm e.g. distress, demoralisation, loss of confidence • Practice is non-compliant with the Mental Capacity Act resulting in emotional distress • Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Humiliation • Emotional blackmail • Threats of abandonment/harm • Frequent and frightening verbal outbursts • Prolonged intimidation/ victimisation • Cyber bullying • Breach of basic human or civil rights, including where deprivation of liberty is unauthorised and need for a DOLS referral has not been recognised. • Anti-social behaviour where this impacts on the adult's emotional well-being (this could also be considered under other categories of abuse such as physical if harm occurs or discriminatory) • Any concerns about Radicalisation please see PREVENT guidance http://lrsb.org.uk/prevent

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Neglect and Acts of Omission (incl. falls)	**Providing Care**	
	• Isolated incident of an adult not receiving necessary help to have a drink/meal and a reasonable explanation is given. Actions taken to address concerns and prevent reoccurrence • Isolated incident where an adult does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance with changing incontinence pads and a reasonable explanation is given. Actions taken to address concerns and prevent reoccurrence	• Reoccurring events resulting in harm e.g. hunger, thirst, distress, implications for health, such as soreness, constipation or loss of dignity and self-confidence malnutrition, tissue viability, choking or any other deterioration in health, or distress • Failure to specify in a plan of care how a known significant need must be met. Inappropriate action or inaction related to this result in harm such as injury or choking • There is a clear breach of “duty of care” and professional practice resulting in harm • The adult does not receive scheduled domiciliary care visits which results in deterioration in health or wellbeing • Repeated or serious incidents of harm occurring as a result of failure to assess, seek advice or follow relevant care plans or there are systematic failures in preventing harm from occurring • Any evidence of Wilful Neglect http://www.legislation.gov.uk/ukpga/2015/2/part/1/crossheading/offences-involving-illtreatment-or-wilful-neglect/enacted e.g. deliberate withholding of food, drinks or aids to independence.

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Neglect and Acts of Omission (incl. falls)	**Maintaining Health**	
	• The adult is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs. Lessons being learned to improve practice • The adult who is not known to be susceptible to pressure ulcers (or where there is a care plan in place and there is no indication this has not been followed) has experienced minor tissue damage (grade 2 pressure ulcer or below) but this has not significantly impacted on health ***Actions being taken to prevent future incident occurring*** • The adult has not received their medication as prescribed, no harm is caused and this has not been a regular occurrence. ***Actions being taken to prevent future incident occurring*** • Adult on one occasion not receiving timely health professional checks or necessary non-emergency medical care (such as dental,	• The adult has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed resulting in harm e.g. avoidable tissue damage • Alert has been made as a result of assessment under Safeguarding Adults Protocol for Pressure Ulcers https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol • Carer/staff failure to seek appropriate medical support/follow medical recommendations in a timely manner resulting in harm • The adult experiences harm as a result of inadequate discharge planning e.g. serious deterioration of health, injury or emotional impact, avoidable readmission to hospital • Failure to arrange /access to life saving services • Failure to support the adult to access appropriate medical appointments or care which causes adverse impact to the person's health, or there is high risk that this will be the case due to prolonged lack of access

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Neglect and Acts of Omission (incl. falls)	optical, audiology assessment, foot care) not resulting in harm. ***Actions taken to prevent reoccurrence***	
	Managing Risk	
	• Appropriate moving and handling procedures are not followed or staff are not trained or competent to use the required equipment but the adult does not experience harm. ***Action plans are in place to address the risk of harm and prevent reoccurrence*** • The adult does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs. ***Actions taken to address concerns and prevent reoccurrence***	• Any incidents where no harm occurs but staff do not take action to reduce significant risk when aware and able to do so • An unauthorised deprivation of liberty results in harm to the person or authorisation has not been sought for DoLS despite this being drawn to the attention of the managing authorities e.g. possible harm: loss of liberty and freedom of movement, emotional distress • The adult is known to mental health services and assessed as high risk of harm to themselves or others, timely response not made to appropriate agencies and harm occurs • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk

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Neglect and Acts of Omission (incl. falls)	**Falls**	
	• Fall occurs which may or may not result in injury, but where there has been no previous indication of falls risk, and appropriate steps are taken to reduce risk going forward • Fall which results in injury where there is known falls risk but existing care plans and risk assessments have been followed appropriately. **N.B. NHS settings are required by NHS England to report all falls to the CCG – both avoidable and unavoidable although not all will require a section 42 enquiry**	• A number of falls have occurred, resulting in minor injury, and there is no evidence of any steps taken by the service provider to reduce the risk, such as undertaking or updating risk assessments/care plans • A fall has resulted in a serious injury (such as fracture), where the adult is at known risk of falls, and there is no evidence that the service provider has taken adequate steps to reduce risk • Fall occurs resulting in injury and there is evidence that existing falls care plan or risk assessments are not being followed appropriately

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Sexual	• Isolated incident of unwanted sexualised attention where no harm or distress has occurred ***Care plans being amended to address concerns***	• Rape or attempted rape • Sexual assault https://www.cps.gov.uk/sexual-offences • Sexual harassment https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/sexual-harassment/ • Contact or non-contact sexualised behaviour which causes distress to the adult at risk • Being subject to indecent exposure • Being made to look at pornographic material or sexual acts against their will or where valid consent cannot be given • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Any sexual act without valid consent or where there has been pressure to consent.

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Discriminatory	• Isolated incident of care planning that fails to address an adult's specific diversity associated needs. ***Action being taken to address concerns*** • Isolated incident of teasing, motivated by prejudicial attitudes towards an adult's individual differences that does not result in harm to the person e.g. emotional distress. ***Actions being taken to address concerns***	• Hate Crime or any action motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender identity or marital status • Denial of civil liberties e.g. voting, making a complaint • Being the focus of anti-social behaviour as a result of disability, age, race, religion or belief, sexual orientation, transgender identity or marital status • Inequitable access to service provision as a result of a diversity issue or recurrent failure to meet specific care/support needs associated with diversity, resulting in harm e.g. emotional distress, loss of dignity • Recurrent taunts, associated with diversity, causing harm e.g. emotional distress, loss of confidence, intimidation, loss of dignity • Adult at risk is repetitively not supported to attend place of worship or receive pastoral visits which causes distress • Arrangements are not made to appropriately meet cultural needs which results in harm or distress • Denied access to facilitate communication to assess or meet needs (language; sign language etc.) which results in harm or distress

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Financial	• Staff member has borrowed items from adult with their consent, professional boundaries breached, but items are returned to them. ***Actions being taken to prevent reoccurrence*** • Nominal amounts of money are not recorded safely or properly but there is no evidence of misuse of money ***Actions being taken to prevent reoccurrence*** • Failure to meet agreed contribution to care by family/attorney but resident still has personal allowance and the placement is not at risk. ***Actions being taken to prevent reoccurrence*** • Isolated incidents of staff taking the "one free" item from "buy one get one free" offers or similar. ***Actions being taken to prevent reoccurrence***	• Fraud/exploitation/theft relating to benefits, income, property or will • Allegation of theft by a person in position of trust • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. • Action not taken in an adult's best interests where they lack capacity for financial decisions e.g. by Lasting Power of Attorney • Failure to assess mental capacity in circumstances where it is apparent that mental capacity is in question and harm is caused (i.e. financial abuse, exploitation, build-up of debt) • Scams/fraud • Adult denied access to his/her own funds or possessions to meet agreed contribution to care by family/attorney resulting in a failure to provide personal allowance and/or jeopardising the placement • Staff borrowing or using the adult's possessions such as phone, electricity etc. without consent, or where consent is not valid.

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Organisational	• Service design where groups of adults living together are incompatible and no harm occurs. ***Actions being taken to address concerns*** • Absence of policies or procedures or training/supervision in relation to key aspects of practice but which do not result in harm. ***Actions being taken to address concerns*** • Poor quality care or professional practice that does not result in harm, albeit an adult may be dissatisfied with the service. ***Actions being taken to address concerns*** • Care planning documentation is not person centred, limited opportunities to engage in social and leisure activities, not resulting in harm. ***Actions being taken to address concerns***	• Punitive responses to challenging behaviours • Rigid/inflexible routines impacting on health and wellbeing • Denial of individuality and opportunities to make informed choice e.g. denial of rights; impairment of or a deterioration in adults health or wellbeing • Denying the adult at risk access to professional support and services such as advocacy • Failure to whistle blow on serious issues when it has not been possible to resolve issues internally • Failure to refer disclosure of abuse • Poor, ill-informed or outmoded care practice and harm occurs to adults. • Organisational practice is based on staff convenience impacting adversely on adult's choice and control • Service design where groups of adults living together are incompatible and harm occurs

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Domestic Abuse **(Please note this applies to abuse perpetrated by intimate partner, ex-intimidate partner or family member)**	• Isolated incident of taunts or verbal outburst, no harm or distress caused and adequate protective factors in place	• Stalking • Threats to kill • Presence of 'trilogy of risk' factors **mental health needs, domestic abuse and substance misuse.** If children are involved a referral must be made to Children's Services http://lrsb.org.uk/trilogy-of-risk • Sexual assault and rape • Strangulation/suffocation/choking or use of weapon • Any concerns about forced marriage • Any concerns about Female Genital Mutilation (FGM) • Any concerns about Honour Based Violence • No access/control over finances • Relationship characterised by imbalance of power • Inexplicable marking, cuts etc. on a number of occasions • Limited access to medical or dental care • Accumulation of minor incidents • Frequent verbal/physical outbursts • Indicators or concerns about coercion and control e.g. adult experiencing fear of family member or current or previous intimate partner due to threats of harm or previous harm. Having their contact with others controlled and being prevented from attending appointments alone

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	DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence) Risk Assessment Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into the MARAC (Multi-Agency Risk Assessment Conference) where appropriate. http://www.uava.org.uk/professionals/ **Where children are exposed to domestic abuse always refer to Children's Services**	
Modern Slavery (including human trafficking, sexual exploitation, servitude and forced or compulsory labour).	• Dispute between employer and employee where there is no evidence that employee's rights are affected	• Injuries apparently as a result of assault or controlling measures which may be untreated • May look malnourished or unkempt, anxious/agitated or appear withdrawn and neglected. • Adult rarely allowed to travel on their own, may travel in groups, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work • Relationships which don't seem right – for example a young teenager appearing to be the partner of a much older adult where there appears to be a power imbalance • Living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address • Have no identification documents or travel documents, have few personal possessions and wearing the same clothes all the time • Appearing frightened or hesitant to talk to professionals and

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Modern Slavery		fearful of law enforcers • Little access to money or where their money is kept • Appears to be working long hours for little or no pay, or unsure about what their pay arrangements are
Self-Neglect	**In March 2017, the Leicester City and Leicestershire and Rutland Safeguarding Adults Boards approved the LLR Vulnerable Adults Risk Management (VARM) Guidance. This was developed by the three Local Authorities, with assistance from Leicestershire Police, to provide more consistent approaches to working with people in situations of high risk, where they are not engaging with agencies and, in particular, for working with people at high risk in relation to self-neglect. It is felt this approach, which focuses on co-ordinating a multi-agency response to risk, is likely to be a more effective approach then using the safeguarding process for self-neglect, given there is no abuse by a third party in these cases. An LLR approach also supports partner agencies working across all three areas. The VARM sets out the following response to self-neglect:** **I. In the case where the adult has been assessed as lacking capacity in terms of the risks within the situation, and the risks are high, a decision to follow the Mental Capacity Act (MCA) Guidance to work in the individual's 'best interests', or** **II. Where the adult has capacity to understand the risks, and where the risk is high, to follow the Vulnerable Adults Risk Management Process.** **III. If the level of risk within the person's situation is assessed as lower, it may be appropriate to consider an alternative approach, such as on-going case management** **Therefore, in the columns below, the examples of lower level concerns are likely to be considered under case management, whereas the examples in the other column indicate high risk where VARM/MCA and Best**	

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Self-Neglect	**Interests should be considered.** **See full guidance http://www.llradultsafeguarding.co.uk/wp-content/uploads/2018/05/VARM-Guidance-Updated-April-2018.pdf**	
	• There is clutter within the adult's property, but this is not posing a risk to the person's health and safety • There are concerns about levels of hygiene and clutter within the adult's environment which may pose a risk to the adult's health and safety, but they are willing to engage in support to address this. • The adult's health needs have been neglected, but it is established that this is due to the adult requiring support to manage this, and this support is available (through informal networks or commissioned support)	• There are high levels of hoarding present (refer Hoarding Clutter Image Ratings https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf posing a high risk to health and safety including fire risk • The adult is consistently neglecting their health needs and this is significantly impacting on their wellbeing • The adult is not eating or drinking adequately and this is impacting on their health or there is high risk of impact