

Threshold Guidance Document

When should a safeguarding concern and inquiry be made?

Introduction

This guidance has been developed to help all health and social care agencies decide when they should move from their single agency procedures (staff disciplinary, complaints, Serious Incidents Requiring Investigation (SIRI), care management etc) to the Safeguarding Adults Multi-Agency procedures.

This guidance covers the whole range of abuse and neglect, as defined in the Care Act 2014

It provides a framework for managers in individual agencies and organisations to use so they can exercise their professional and managerial judgment. This guidance should be implemented in conjunction with an organisation's own internal procedures, the law and guidance.

NHS Organisations should also refer to the Department of Health's "Clinical Governance and Adult Safeguarding – An Integrated Process" guidance issued in February 2010 and "Safeguarding Adults – the role of the Health services" March 2011.

Adults and Communities staff should also have regard to the Local Authority's duty to undertake an assessment of need under S9 of the Care Act 2014 where it is believed an adult is in need of care and support, and the duty set out in S10 of the Care Act 2014 whereby local authorities must undertake a 'carer's assessment', on the basis of the appearance of a need for support.

This guidance recognises that service providers, including the Acute Health Trusts and the independent and voluntary sectors, have a responsibility to identify and respond to poor practice. The monitoring and management of poor practice from paid carers and organisations is the responsibility of the organisation, service provider and the line manager of the staff member.

Organisations and service providers **MUST** have procedures for identifying and managing poor practice.

Poor practice can be from unpaid carers and is often the result of ignorance, stress or tiredness. Carers can also experience significant strain from a lack of knowledge about the nature of the problem, stigma, relationship problems and financial hardship. The challenges and burden associated with the caring role can often lead to poor practice.

All poor practice must be challenged and addressed.

Principles

Responses to possible and actual incidents of adult abuse should be proportionate, timely and effective and underpinned by the six key principles of the Care Act 2014.

The Adult Social Care Directorates of the three Unitary Authorities of Reading, West Berkshire and Wokingham, have the lead responsibility to coordinate the implementation of the online Berkshire Multi-Agency Safeguarding Adults Policy and Procedures in relation to possible and actual incidents of adult abuse. [Berkshire online multi agency safeguarding policy and procedures](#)

The West of Berkshire Safeguarding Adults Board, through the Partnership and Best Practice Group, will coordinate and monitor the implementation of partner agencies safeguarding procedures but will not participate directly in them.

The views, wishes and choices of the adult at risk of abuse must be actively sought and all safeguarding work must be victim-focused. The primary focus of all safeguarding work should be protecting adults at risks from abuse and harm and this will require partnership trust, respect and working.

This guidance must be implemented in a way that is compatible with the Mental Capacity Act 2005, whilst recognising that agencies have a duty of care to all their service users which may, in exceptional circumstances, require them to over-rule the wishes of individual service users who have capacity and do not wish a safeguarding alert to be raised.

Triggers

To determine **when to move from single agency procedures** (staff disciplinary, complaints, SIRI, care management etc.) to the Safeguarding Adults procedures, the following triggers should be considered:

*These are only for guidance.
If you are concerned that abuse may have taken place, raise a safeguarding concern or have a conversation with the Safeguarding Team in the Local Authority.*

1. How serious was the harm or abuse/risk of harm or abuse or what was the potential consequence?

Did or could the adult at risk suffer substantial and/or long-term harm as a result of the abuse? What is the impact of the abuse on the adult at risk? Is the risk of harm sufficient to indicate a Safeguarding Adults inquiry is required?

Has a criminal act (e.g. theft or assault) occurred?

If the service user wants police action, make a referral to the police, or support the service user to do this if able and willing.

If the service user does not want police action, or you are not sure whether a criminal act has occurred, seek advice from the Local Authority's Safeguarding Team.

2. How often has the actual/risk of abuse or harm occurred?

Is this the first incident or has it happened before, indicating a pattern or trend?

Remember you must raise a safeguarding concern for a first or isolated incident if the adult has been harmed or if others are at risk of harm.

3. How many were exposed or could have been exposed to the harm or abuse?

Was there just one adult at risk placed at risk of abuse/harm or were other adults put at risk at the same time? Consider how the number of people exposed to the harm/abuse relates to the size of the unit, ward, and services. Again, do not hesitate to raise a safeguarding concern if someone has been harmed or is at risk of further/future harm.

4. Likelihood of the abuse or harm from recurring?

Was the situation apparently a one-off in terms of its occurrence, or is it likely, possible or probable that it will happen again?

5. Are there Children under 18 years of age at risk?

Does consideration need to be given to discussion with the relevant Children's team?

6. Are there other family members / carers involved?

Do they need support to become or remain safe? If so, does a carer's assessment need to be considered or other assessments to be undertaken?

Using the guidance above please look at the following table which has been developed to visually help staff/volunteers decide when they should move from single agency procedures (staff disciplinary, complaints, SIRI, care management etc) to the West of Berkshire Safeguarding Adults procedures.

Answer each question in turn. There are some case examples below to show how the tool can be used.

Remember: if in doubt, raise a safeguarding concern and discuss your concerns.

Safeguarding Triggers			
	If ALL of the following apply, POSSIBLY NOT SAFEGUARDING at this stage, but may need monitoring and review	If ANY of the following apply, POSSIBLY SAFEGUARDING – do not ignore. Consider raising a concern.	If ANY of the following apply, DEFINITELY SAFEGUARDING. Raise a concern
1. How serious was the abuse / risk of harm or abuse or what was the potential consequence	No harm Not a criminal act	Some harm	Serious harm and or a criminal act
2. How often has the actual / risk of abuse or harm occurred?	Occurred once and risk of re-occurrence is considered minimal	Occurred once or more than once, with harm. OR risk of occurrence with harm is possible.	Occurred regularly OR many times, indicating a pattern or trend. OR risk is considered probable
3. How many adults were exposed or could have been exposed to the harm or abuse?	One adult	A number of adults involved	Significant number of adults involved in incidents
4. Likelihood of the abuse or harm recurring?	Unlikely	Possible	Probable

IF IN DOUBT

- Discuss with senior manager.
- Initiate Safeguarding Adults Procedures and raise a Safeguarding Adults Concern.
- Record decision and reasons for decision:
 1. if an incident or event is **not** going to be considered such as care management, SIRI, Staff Disciplinary procedures, complaints etc., or
 2. where the allegation involves e.g. paid staff / people in a position of trust then action of some sort MUST be taken.

If further information comes to light e.g. as a result of investigating under complaints or disciplinary processes and one or more adults are considered to be at risk of abuse, a safeguarding concern must be raised with the appropriate safeguarding team.

Agency responsibility

Each agency is responsible for ensuring this guidance is implemented consistently across their agency/organisation.

Each agency must establish a procedure for monitoring the implementation of this guidance.

Appendix 1

Case Examples

Case example 1

Mrs Smith receives the wrong medication from care staff on one occasion. There is no harm to her. This is an isolated incident (it hasn't happened before), she is the only person to receive the wrong medication. The tablets are now in a marked medi-pack so the likelihood of reoccurrence is minimised.

No safeguarding concern but staff disciplinary process used to investigate and put in safeguards. The staff member is advised about the implications of doing this again.

Case example 2

Mrs Smith has been given the wrong medication by care staff. There is no harm to her but this has happened before to her and others and there are concerns that this could happen again and/or lead to her/others being at risk of harm.

Raise a safeguarding concern in addition to any action required e.g. under the organisation's disciplinary procedure.

Case example 3

Mr Brown, a service user hits Mr Singh, another service user. Mr Singh is not injured or harmed. This is the first time that Mr Brown has acted in this way. Staff take steps to separate the 2 service users and carry out a risk assessment and take appropriate steps to manage the risk of this happening again.

No safeguarding concern

Case example 4

Mr Brown, a service user hits Mr Singh, another service user. Mr Singh is not injured or harmed but this has happened several times before to Mr Singh and others and there are concerns that someone is going to be seriously hurt or injured.

Raise a safeguarding concern in addition to any action required e.g. under the organisation's disciplinary procedure.

Case example 5

Miss Kennedy lives alone in poor housing conditions. She does not like to throw away anything and her home is full of newspapers and household rubbish which impedes her mobility and restricts her access to only one room where she cooks, sleeps and carries out personal care tasks. There is evidence of vermin infestation.

Although physically frail she has mental capacity and understands the risks to her health from her chosen lifestyle and refuses to allow any services into her home.

No safeguarding concern at this point. However, agencies should try to engage with her to risk assess and offer services/support as appropriate. Agencies should hold a multi agency meeting to consider the risks to Miss Kennedy / others and coordinate how they work with Miss Kennedy.

Case example 6

Miss Kennedy lives alone in poor housing conditions. She does not like to throw away anything and her home is full of newspapers and household rubbish which impedes her mobility and restricts her access to only one room where she cooks, sleeps and carries out personal care tasks. There is evidence of vermin infestation.

She is physically frail, has some cognitive impairment and fluctuating mental capacity. At times she appears to understand the risks to her health from her chosen lifestyle and refuses to allow any services into her home.

There are additional concerns that local children have been targeting her home for some time throwing objects at her house and shouting abuse and she has been seen outside her home in a distressed state.

Raise a safeguarding concern

The Care Act 2014

Safeguarding

This section of the Care Act 2014 replaces the 'No Secrets' guidance.

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) and
- Is experiencing, or at risk of, abuse or neglect; and
- 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.

The safeguarding duties have a legal effect in relation to organisations other than the local authority on, for example, the NHS and the Police.

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. the Police or NHS) or other persons relevant to the case.

The Care Act requires that each local authority **must**:

- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
- Set up a Safeguarding Adults Board (SAB);
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them;
- Co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;

- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect.

Types and patterns of abuse and neglect

Identified below are the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

- **Physical abuse**
- **Domestic violence**
- **Sexual abuse**
- **Psychological abuse**
- **Financial or material abuse**
- **Modern slavery**
- **Discriminatory abuse**
- **Organisational abuse**
- **Neglect and acts of omission**
- **Self-neglect.**

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse;
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around;

In 2013, the Home Office announced changes to the definition of **domestic abuse** (14.20):

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality;
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage;
- Age range extended down to 16.

Sharing Information

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements:

- All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other; and
- No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed.

Principles of working with adults

The following six principles apply to all sectors and settings. The principles should inform the ways in which staff work with adults.

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

Taken from the [Care Act Statutory Guidance](#)