Coventry Safeguarding Adults Board

Practice Tool to Aid Decision Making

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Introduction

The Care Act 2014 clearly advocates that adults have the right to live in a safe environment free from abuse or neglect. The Care Act 2014 statutory guidance states the Local Authority must make enquiries, or cause others to do so if they reasonably suspect an adult:

- 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 and neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or experience of abuse or neglect.

They may be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment;
- has a learning disability;
- has a physical disability and/or a sensory impairment;
- has mental health needs, including dementia;
- has a long-term illness or condition;
- misuses substances or alcohol;
- is a carer (family member/friend) and is subject to abuse;
- does not have capacity to make a decision and is in need of care and support.

If a decision is made not to refer to the Local Authority, the individual agency must make a record of the concern and any action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring under Safeguarding Adults' procedures does not negate the need to report to the single agency's regulators/ commissioners where appropriate.

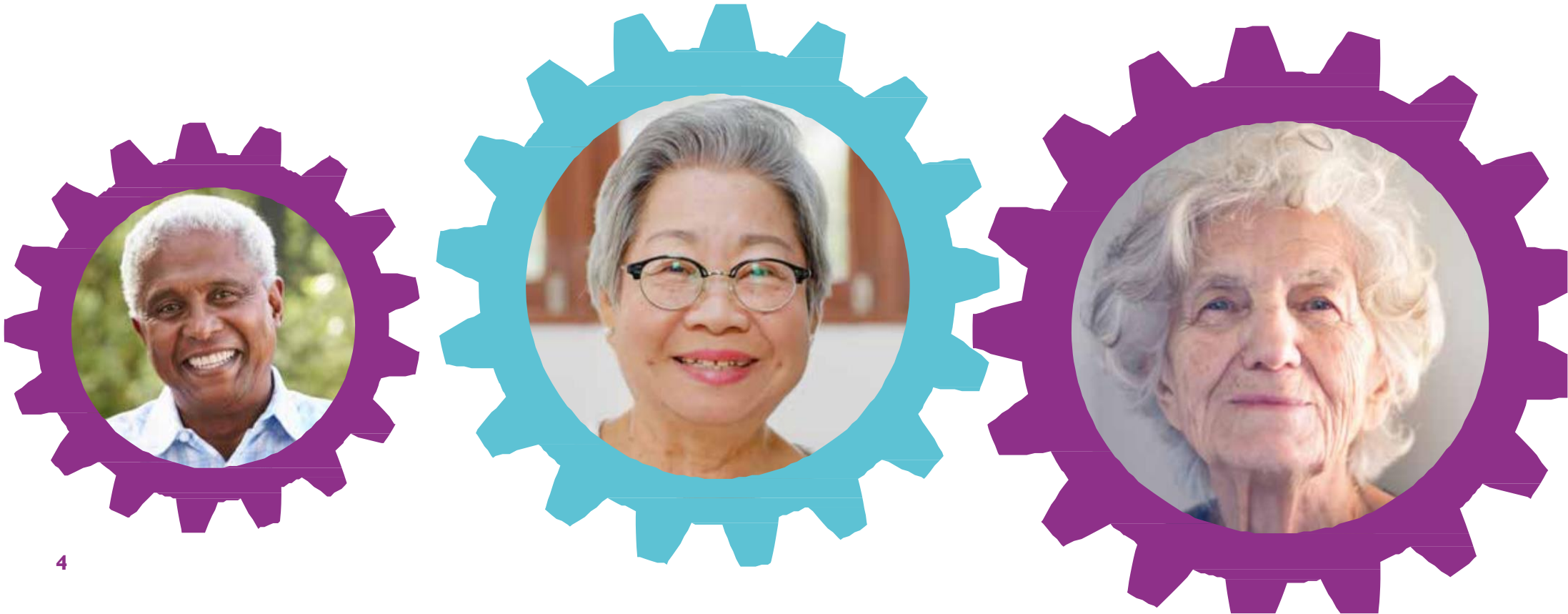
Professionals should also aim to ensure that when working with adults at risk of abuse or neglect that outcomes are focused on what people want and enabling adults to remain in control of their lives wherever possible.

Aim of the Guidance

This guidance is for practitioners in all agencies working with adults with care and support needs in Coventry. The purpose of the tool is to assist practitioners in assessing the seriousness and the level of risk associated with a safeguarding adult concern. The tool will never provide all the answers, nor will it ever take the place of talking to each other, or the exercise of sound professional judgement and good communication. This is not a score or tick document but one to aid decision making but not to make the actual decision.

Practitioners are encouraged to seek advice from their manager and / or their Safeguarding Lead / team if they are unsure how to determine the level of need associated with a safeguarding concern regarding an adult. It is also advisable to make contact with other agencies who are or may have been involved with an adult.

This guidance should always be read in conjunction with the West Midlands Adult Safeguarding Policies and Procedures here:
https://www.coventry.gov.uk/downloads/file/31335/west_midlands_adult_safeguarding_policy_and_procedures



Making Safeguarding Personal

Making Safeguarding Personal is enshrined in the Care Act 2014 and the 6 key principles should underpin all adult safeguarding work:

Empowerment

I'm asked what I want from the safeguarding process and this informs what happens.

Accountability

I understand the roles of the people involved in my case.

Prevention

I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to help.

Proportionality

I am sure professionals will work in my interests as I see them and get involved as much as I need them to. I feel I'm supported to manage the risks I want to take.

Protection

I get help and support to report abuse and neglect. I get help so that I'm able to take part in the safeguarding process in a way that I want to.

Partnership

I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together with me to get the best results for me.

Practitioners need to consider the 6 key principles when arriving at a decision. For more information regarding Making Safeguarding Personal please see Coventry Safeguarding Adults Board One Minute Guide here:- https://www.coventry.gov.uk/downloads/file/31409/one_minute_guide_-_making_safeguarding_personal

Thresholds of Need

Level of risk	Lower level of harm	Significant/ Very Significant Harm	Critical Harm
Category of abuse/ incidents	Concerns may be notified to the Local Authority, but they are likely to be managed at Initial Enquiry stage only . Low level concerns should be recorded however, and professional judgement applied so that cases of repeat low level harm will progress to further stages in the safeguarding adult process.	Concerns of a significant or critical nature s ould be referred to the Local Authority (with the consent of the alleged victim wher e this is relevant and appropriate to do so). They will receive additional scrutiny and progress further under safeguarding adult procedures. Where a criminal offenc is alleged to have been committed, the Police will be contacted. Other emergency se rvices should be contacted as required.	
Physical	▶ Error by staff causing no/little harm, e.g. skin friction mark due to ill-fitting hoist / sling. ▶ Isolated incident by other resident causing no/little harm, e.g. one resident strikes another but it leaves no mark and does not cause emotional distress lasting hours. ▶ Unexplained very light marking/bruising found on one occasion.	▶ Unexplained marking or lesions, minor cuts or grip marks on a number of occasions or a number of service users cared for by a specific team/carer. ▶ Inappropriate restraint that causes marks to be left but no external medical treatment/ consultation required.	▶ Serious bodily harm/assault with weapon leading to irreversible damage or death. ▶ Intended harm towards a service user. ▶ Deliberate withholding of food, drinks or aids to independence. ▶ Unexplained fractures/serious injuries / significant bruising. ▶ Assault by another resident requiring medical treatment.
Psychological Abuse	▶ Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused. ▶ Occasional taunts or verbal outbursts which cause distress.	▶ Treatment that undermines dignity and damages esteem. ▶ Repeated incidents of denying or failing to recognize an adult's choices or of failing to value their opinion, particularly in relation to a service or care they are receiving. ▶ Occasional taunts or verbal outbursts which do cause distress between service users.	▶ Denial of basic human rights/ civil liberties, over-riding advance directive, forced marriage. ▶ Prolonged intimidation. ▶ Vicious/personalised verbal attacks. ▶ Humiliation of service user. ▶ Emotional blackmail e.g. threats of abandonment/harm. ▶ The withholding of information to dis-empower. ▶ Allegations or concerns relating to 'cuckooing'.

Level of risk	Lower level of harm	Significant/ Very Significant Harm	Critical Harm
Sexual Abuse	Not committed by a person in a position of trust, and: ► Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the adult is low. ► Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists -little or no harm or distress caused.	► Non-contact sexualised behaviour causes distress to the person at risk. ► Verbalised sexualized teasing or harassment. ► Being subject to indecent exposure where the service user is not distressed.	► Any allegation of sexualised behaviour, to include sexual acts in front of an adult or relating to a person in a position of trust against a person in their care. ► Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user. ► Sex without valid consent (rape). ► Voyeurism. ► Sexualised touch or masturbation without valid consent. ► Being made to look at pornographic material against will/where valid consent cannot be given. ► Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent.
Domestic Abuse	Service user has no current fears and there are adequate protective factors, and it is: ► One off incident with little or no injury or harm experienced. ► Occasional taunts or verbal outbursts where the service user has capacity to decide whether to have the case is referred on.	► Unexplained marking, lesions or grip marks on a number of occasions. ► Controlling or coercive behaviour. ► Frequent verbal outbursts that cause some distress or some level of harm. ► Sexual assault or humiliation where the service user has capacity and does not want to be referred. ► Experiences occasional episodes of fear of the alleged perpetrator.	► Subject to regular violent behaviour. ► Threats to kill/choke/suffocate, etc. ► In constant fear of being harmed. ► Sex without valid consent (rape). ► Female Genital Mutilation (FGM). ► Honour based violence &/or forced marriage. ► Service user denied access to medical treatment/care/ vital equipment to maintain independence by alleged abuser. ► Frequent physical outburst that cause distress or some level of harm ► Subject to severe controlling behavior e.g. economic/medical.

Level of risk	Lower level of harm	Significant/ Very Significant Harm	Critical Harm
Neglect & Acts of Omission	► Isolated missed home care visit - no harm occurs, and no other service users/ clients is missed that day. ► Adult is not assisted with a meal/drink on one occasion and little or no harm occurs. ► Inadequacies in care provision leading to discomfort, but no significant harm e.g. the adult is left wet or soiled for a period of time. ► An unwitnessed fall that requires no external medical treatment/consultation, i.e. no call to 111 or admissions to hospital. ► Unwitnessed fall where 111 are called but do not recommend getting external assistance.	► Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs. ► Discharge from hospital where harm occurs that does not require re-admission. ► Recurrent lack of care to extent that health and well-being deteriorate e.g. pressure wounds, dehydration, malnutrition (assessed to the capability of the person reporting). ► Unwitnessed fall where 111 are called and recommend getting external medical treatment e.g. an ambulance.	► Failure to arrange access to life saving services or medical care. ► Willful neglect or failure to intervene in dangerous situations where the adult lacks the capacity to assess risk. ► Discharge from hospital where harm occurs that does require re- admission.
	For pressure ulcer guidance please see the 'Consideration of Safeguarding' and ' Safeguarding concern assessment guidance' of this document :- https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-a-safeguarding-concern		

Medication Errors	► Isolated incident where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time. Health professional, e.g. GP 111 (out of hours) is consulted and little or no harm occurs or is identified. ► Isolated incident causing little or no harm that is not reported by staff member. ► Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in little or no harm.	► Recurring missed medication or errors that affect more than one adult and result in actual or potential harm to one or more adults. ► Recurring prescribing or dispensing errors by GP, pharmacist or other medical professional that affect more than one adult and/or result in harm to one or more adults. ► Covert administration without the person's consent or having a best interest decision recorded in the care plan. ► Misuse of/over-reliance on sedatives to control challenging behaviour.	► Deliberate maladministration of medications or failure to follow proper procedures, e.g. controlled medication. ► Pattern of recurring errors or an incident of deliberate maladministration that results in ill- health or death. ► Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting.

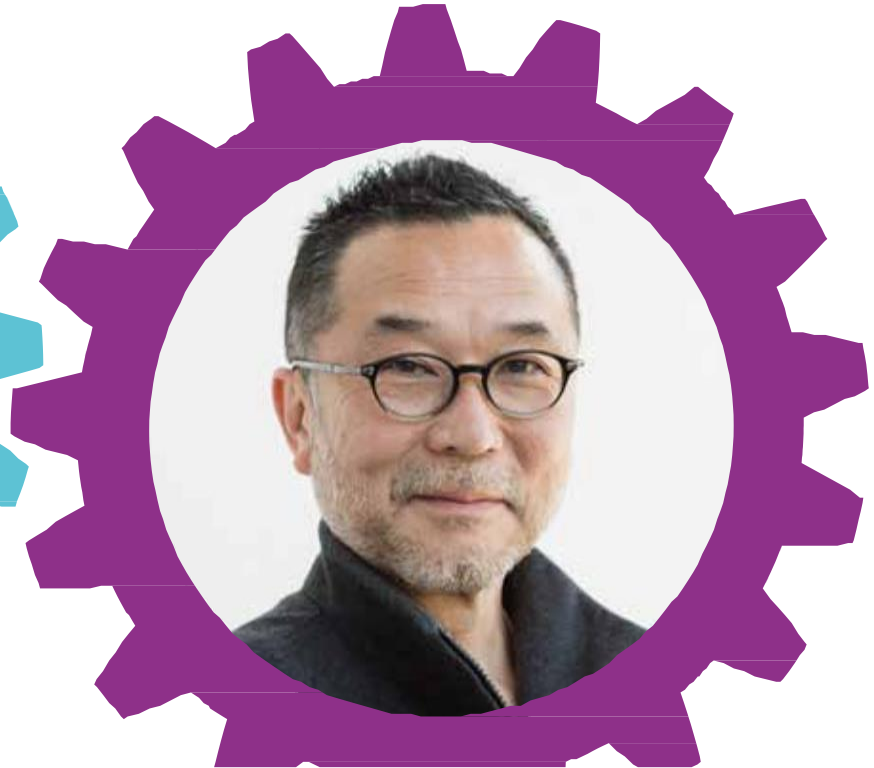
Level of risk	Lower level of harm	Significant/ Very Significant Harm	Critical Harm
Economic or Material Abuse	▶ Money is not kept safely or recorded properly. ▶ Misuse of buy one get one free product offers. ▶ Single incident of missing money and/ or belongings where the quality of the service user's life has not been affected, little or no distress is caused, and no other service user cared for by that worker/team has been affected. ▶ Adult not involved in decision about how their money is spent or kept safe - capacity in this respect is not properly considered.	▶ Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest. ▶ High levels of anti-social behavior reported. ▶ High levels of visitors to the property - tenant/ service user does not appear to be able to say 'no'. ▶ Tenant/service user is socially isolated. ▶ Service user is falling behind on rent payments. ▶ Service user deemed to be 'failing to engage' with professionals. ▶ General deterioration in service user's health and wellbeing. ▶ Property falling into disrepair.	▶ Suspected fraud/exploitation relating to benefits, income, property or will, including 'cuckooing'. ▶ Lasting Power of Attorney claimed to exist and/or unregistered. ▶ Adult denied access to his/her own funds or possessions. ▶ Misuse/misappropriation of property, possessions or benefit in kind by a person in a position of trust or control, including by Attorney. To include misusing loyalty cards. ▶ Personal finances removed from adult's control. ▶ Adult coerced or misled into giving over money, property or welfare benefits.
Organisational Abuse	▶ Lack of stimulation/ opportunities to engage in social and leisure activities. ▶ Service user not enabled to have a say in how the service is run. ▶ Denial of individuality and opportunities to make informed choices and take responsible risks. ▶ Care-planning documentation not person-centered/does not involve the service user to capture their views. ▶ Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm. ▶ Organisation unaware or non-compliant of national, regional and local current best practice guidance and training.	▶ Rigid/inflexible routines that are not always in the service users' best interests. ▶ Service users' dignity is occasionally undermined.e.g. lack of privacy during support with intimate care needs. ▶ Recurrent bad practice lacks management oversight and is not being reported to commissioners/the safeguarding service. ▶ Unsafe and unhygienic living environments that could cause harm to the service users or have caused minor injury requiring no external medical intervention/consultation.	▶ Staff misusing position of power over service users. ▶ Over-medication and/or inappropriate restraint managing behaviour. ▶ Recurrent or consistent ill treatment by care provider to more than one service user over a period of time. ▶ Recurrent or consistent incidents of insufficient staffing resulting in harm requiring external medical intervention or hospitalization of service users. ▶ Recurrent incidents of insufficient staffing resulting in some harm.

Level of risk	Lower level of harm	Significant/ Very Significant Harm	Critical Harm
Modern Slavery	All concerns about modern slavery are deemed to be of a level requiring consultation.	No direct disclosure of slavery but: ▶ Appears under control of another. ▶ Spends long hours at work. ▶ Has poor living conditions/low wages. ▶ Lives in workplace. ▶ There is no health and safety in workplace. ▶ Is at risk of physical/psychological harm. ▶ Service user is being encouraged to participate in unsafe or criminal activity.	▶ Any direct disclosure of slavery. ▶ Regularly moved to avoid detection. ▶ Lives in sheds/lockup/containers. ▶ Risk of fatality or serious injury. ▶ No freedom/unable to leave. ▶ Wages used for debt. ▶ Not in possession of ID or passport. ▶ Subject to forced marriage. ▶ Unable to access medical treatment/ care/equipment required to maintain independence. ▶ Under control of others e.g. gang master, dealers, pimp for prostitution. ▶ Subject to violence/threats/fearful. ▶ Actual physical/psychological harm.
Discriminatory Hate Crime	▶ Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences. ▶ Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period.	▶ Recurring failure to meet specific care/ support needs associated with diversity that cause little distress. ▶ Denial of civil liberties e.g. voting, making a complaint.	▶ Hate crime resulting in injury/ emergency medical treatment/fear for life. ▶ Hate crime resulting in serious injury/ attempted murder/ honour- based violence. ▶ Inequitable access to service provision as a result of diversity issue. ▶ Being refused access to essential services. ▶ Humiliation, threats or taunts on a regular basis. ▶ Recurring failure to meet specific care/ support needs associated with diversity that cause distress.

Level of risk	Lower level of harm	Significant/ Very Significant Harm	Critical Harm
Self-Neglect	▶ Self-care causing some concern – no signs of harm or distress. ▶ Property neglected but all main services work. ▶ Some evidence of hoarding – no major impact on health/safety. ▶ First signs of failing to engage with professionals. ▶ Property shows some signs of neglect. ▶ Evidence of low-level hoarding. ▶ No access to support.	▶ Refusing medical treatment/care/ equipment required to maintain independence. ▶ High level of clutter/hoarding. ▶ Insanitary conditions in property. ▶ Unwilling to engage with professionals. ▶ Problematic substance misuse. ▶ Potential fire risk/gas leaks. ▶ Lack of essential amenities. ▶ Property/environment shows signs of neglect that are potentially damaging to health. ▶ Chaotic substance misuse.	▶ Life in danger without intervention. ▶ Chaotic substance misuse. ▶ Environment injurious to health. ▶ Imminent fire risk/gas leaks. ▶ Access obstructed within property. ▶ Multiple reports from other agencies. ▶ Behaviour poses risk to self/others. ▶ Self-neglect is life threatening. ▶ Tenancy at risk because of hoarding/ property condition, i.e. notice served. ▶ Lack of self –care results in significant deterioration in health/ wellbeing.
Falls	▶ Isolated incident where no significant harm occurs. ▶ Multiple incidents where no significant harm occurs. **and:** ▶ A care plan is in place. ▶ Action is being taken to minimise further risk. ▶ Other relevant professionals have been notified. ▶ There has been full discussion with the patient, their family or representative. ▶ There are no other indicators of abuse or neglect. ▶ Isolated incident requiring attendance at hospital and no other form of abuse or neglect is suspected.	▶ More than one incident during a 6-month period requiring attendance at hospital. ▶ Multiple incidents where: - the care plan has **NOT** been fully implemented. - it is **NOT** clear that professional advice or support has been sought at the appropriate time. ▶ There have been other similar incidents or areas of concern. ▶ 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.	▶ Any fall resulting in significant injury or death 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.

Level of risk	Lower level of harm	Significant/Very Significant Harm	Critical Harm
Incidents Involving Another Person with Care & Support Needs	▶ Isolated incident where no significant harm occurs. ▶ More than one incident where no significant harm occurs **and:** - a care plan is in place. - action is being taken to minimise further risk. ▶ Other relevant professionals have been notified. ▶ There has been full discussion with the patient, their family or representative. ▶ There are no other indicators of abuse or neglect.	▶ Any incident requiring medical attention or attendance at hospital. ▶ Multiple incidents where: - the care plan has NOT or cannot be fully implemented. - it is NOT clear that professional advice or support has been sought at the appropriate time. - there have been other similar incidents involving this perpetrator or areas of concern. - there are other indicators of abuse or neglect.	▶ Any incident resulting in intentional or intended harm or risk of harm to the victim. ▶ Any incident where a weapon or other object is used with the deliberate intention of harm. ▶ Repeated incidents where the victim lacks capacity and is unable to take action to defend themselves. ▶ The victim is, or appears, fearful in the presence of the other person or is adapting their behavior to pacify or avoid the other person.





Making a Referral to Adult Social Care

If you feel the person you are working with could benefit from some care and support, complete the Adults Online Social Care Referral Form.

https://myaccount.coventry.gov.uk/en/service/adult_Social_Care_Referral_form

If you have an emergency, please contact Adult Social Care on 024 7683 3003

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