

Safeguarding Adults Policy & Procedure

Introduction

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and ensuring that people and organisations work together.

Distinction between Safeguarding and Adult Protection.

The term **Safeguarding** applies to a continuum from low to high risk types of abuse. This framework draws a distinction between safeguarding issues which require minimal intervention and those which require more formal inter-agency statutory intervention which is known as Adult Protection.

All safeguarding concerns will be responded to in the most appropriate and proportionate way.

The Care Act has defined safeguarding in broad terms covering prevention and protection. There is a new legal duty for a Local Authority, to ensure that safeguarding enquiries take place to establish the level and circumstances of the risk. Eligibility for social care needs is not a barrier to these enquiries. Safeguarding enquiries must be made for any adult who:

- Has needs for care and support (whether or not the LA 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.

Policy and Statement of Commitment

This policy document constitutes a statement of commitment by the Safeguarding in respect of the following aims to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce 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 concentrate on improving life for the adults concerned.
- Raise public awareness so that communities as a whole alongside professionals play their part in preventing and 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 caused the abused.
- Support strategic development of adult safeguarding particularly when faced with a particularly challenging safeguarding issue.

Principles

The policy is based on six key principles:

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

What is Abuse?

The Care Act defines abuse as:

- Physical abuse includes assault, hitting, slapping, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence includes psychological, physical, sexual, financial, emotional, “honour violence”.
- Sexual abuse includes indecent exposure, sexual harassment, inappropriate touching, exposure to pornography or witnessing sexual acts, indecent exposure, and sexual assault or sexual acts to which the adults has not consented or was pressured into consenting.
- Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustifiable withdrawal services or supportive networks.
- Financial or material abuse includes fraud, theft, internet scamming, coercion in relation to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery includes human trafficking, forced labour, domestic servitude, Gang-masters.
- Discriminatory Abuse includes forms of harassment, slurs or similar treatment because of race, gender and gender identify, age, disability, sexual orientation or religion.
- Organisational abuse includes neglect and poor practice with an institution or specific care setting such as a hospital or care home for example care provided in one’s own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices with an organisation.
- Neglect and acts of omission includes ignoring medical, emotional, or physical needs, failure to provide access to appropriate health, care and support or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating.

The [threshold tools](#): **Appendix 1 - County Durham (pages 8 - 9), Appendix 2 – Sunderland (page 10 - 13), Appendix 3 – Teeswide (page 14 - 17)** has been designed as a guide to identify potential abuse and differentiate types of abuse which can be dealt with in and outside the formal safeguarding framework. This decision depends on the type, level, seriousness and impact of abuse and professional judgement based on the circumstances. Serious safeguarding concerns will be reported to the relevant Local Authority Safeguarding Team and result in formal procedures. Less serious concerns will also be reported to but logged as an Alert to be resolved in other ways if necessary. Other concerns will not need to be reported at all and will be dealt with by staff themselves.

Pioneering Care Partnership (PCP) is responsible for verifying the Safeguarding Adults policy with the appropriate Local Safeguarding Adults Partnership/Board when delivering in a new local authority area.

Recognition of abuse and making a referral

You may become suspicious or concerned that an adult at risk is being abused or alerted to the possibility of risk in the following ways:

- a) By your own observations or signs of abuse.
- b) Because of allegations or reports made by another person.
- c) By an allegation (or a 'cry for help') by an adult at risk, saying that they have or are being mistreated.
- d) By an admission (or a 'cry for help') from somebody who says they are harming an adult at risk.

Common characteristics of abuse situations are covered within PCP's Adults at Risk Policy Induction training undertaken by all staff and volunteers.

Referring concerns

If any member of staff, volunteer or others working on our behalf has knowledge of an adult about whose safety they have concerns, or who they believe to be at risk of abuse or neglect it is their responsibility to pass on his or her concerns, in the first instance, to their **Line Manager or a Project Lead, Senior Manager or Chief Executive**.

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Where possible the [Injury/Accident/Safeguarding Incident Report Form](#), **Appendix 5 (page 19 - 20)** should be used to record concerns.

In addition, PCP's 'Speaking Out' Policy states that staff have a clear duty to act if they are made aware of, or have any suspicions or concerns relating to the possible mistreatment of an adult.

PCP has a duty to pass on any reported concerns to the relevant Local Authority Safeguarding Team, as the responsible body having a 'duty of care' to people who are or may be eligible for community care services, and/or the Police as appropriate.

Sharing of Information with other agencies and limits of confidentiality

Everyone is entitled to confidentiality of personal information. Consent must normally be obtained from the person to share information about them with relevant partner agencies. However, the right to confidentiality and the person's lack of consent can be overridden if there is a reasonable belief that an adult or other adults or children are, or could be a victim of abuse or neglect.

Adults with impaired capacity and understanding do not lose the right to control disclosure of information about them and are able to authorise or prohibit disclosure if they generally understand the implications of disclosure. However, confidentiality can be overridden where there is a likelihood that foreseeable harm may result from withholding information.

Upon receipt of a complaint or allegation, PCP will use the [threshold tools](#): **Appendix 1 - County Durham (page 8 - 9)**, **Appendix 2 – Sunderland (page 10 - 13)**, **Appendix 3 – Teeswide (page 14 - 17)** to establish whether a referral should be made to the relevant Local Authority Safeguarding Team. All relevant service user records should then be collated and the [Injury/Accident/Safeguarding Incident Report Form](#), **Appendix 5 (page 19 - 20)** should be completed and a case file opened. All subsequent safeguarding actions will be recorded on this file. This file will be made available to the relevant Local Authority Safeguarding Team and other relevant protection agencies i.e. the Police. Where information is shared with other agencies, the purpose for sharing will be explained to the adult. Where information is shared the reasons behind this decision and details of any information shared must be recorded in full, see [Injury/Accident/Safeguarding Incident Report Form](#), **Appendix 5 (page 19 - 20)** The adult at risk will have access to his or her case file/s in line with 'Freedom of Information' legislation.

Information will be shared on a 'need to know' basis and when it is in the adult's best interests. 'Best interests' will be determined by a proper evaluation of risks.

All exchanges of information will be carried out in accordance with the:

- Data Protection Act 1998
- Human Rights Act 1998
- Freedom of Information Act 2000

All storage of information will be in line with the Data Protection Act 1998.

Identification and Reporting of a Safeguarding Concern

Referral Procedure (See Flow Chart on page 7)

Any concern that an adult at risk is or may be suffering significant harm should be discussed with your Line Manager or, if they are not available, a Project Lead or Senior Manager or Chief Executive, as soon as the concerns arise. They will make a decision regarding breaching confidentiality.

If someone discloses abuse to you:

- Stay calm, listen carefully rather than question and be sympathetic.
- Be aware that medical and criminal evidence may need to be preserved so do not attempt to remove torn or soiled clothing etc.
- Report the disclosure to your Line Manager or Project Lead, Senior Manager, or Chief Executive as soon as possible.
- Write down what was said as soon as possible and who you reported it to, using the [Injury/Accident/Safeguarding Incident Report Form](#), **Appendix 5 (page 19 - 20)**
- Tell the person that you will take their disclosure seriously. What happened wasn't their fault and that you have to tell an appropriate manager. You cannot keep the information to yourself.

Do not:

- Put yourself at risk.
- Contact the alleged perpetrator.
- Tell anyone who does not need to know, in line with PCP's Confidentiality Policy.

NB Medical Attention

If medical treatment is urgently required consent should be obtained, either from the adult or from whoever has parental/carer responsibility, unless this is not practical. Medical staff must be informed if consent has not been obtained.

The Programme/Senior Manager or Chief Executive should use the [threshold tools](#): **Appendix 1 - County Durham (page 8 - 9)**, **Appendix 2 – Sunderland (page 10 - 13)**, **Appendix 3 – Teeswide (page 14 - 17)** to aid any decision to refer the matter on to the relevant Local Authority Safeguarding Team or the Police. They should also inform the Chief Executive or Senior Manager before a referral is made. The Chief Executive or relevant Senior Manager must be informed within 24 hours if they are not available at the time of referral.

Where possible concerns should be discussed with the adult at risk and their parent/carer and their agreement to make a referral to the Local Authority or the Police sought unless such discussion / agreement would place an adult at increased risk of significant harm or abuse.

Any discussions that take place with an adult at risk or their parent/carer should be with the intent of clarifying the situation rather than an investigation. Some adults at risk may wish for a referral to be confidential and their parents/carers not to be informed. Even if there is only a suspicion of significant harm, a referral should be made to the relevant Local Authority Safeguarding Team. If unsure about whether the information held is worthy of a referral, contact the relevant LA Safeguarding Team (**see flow chart on page 7**) on the same day as the concerns are raised to discuss the information and they will help and advise.

To make a referral the Chief Executive or Senior Manager, or where they are unavailable a Project Lead should contact either the relevant Local Authority Safeguarding Team or the Police (if there is immediate danger) by phone. This may require contacting the Local Authority out of hour's team if it is out of normal hours. **Appendix 4 (page 18)**

Reporting a concern or disclosure

The following is a guide to what is useful to pass on when reporting a concern or disclosure. Use the [Injury/Accident/Safeguarding Incident Report Form](#) **Appendix 5 (page 19 - 20)** to provide this information, leaving sections blank where information is missing or not applicable.

Ensure that the information you give is:

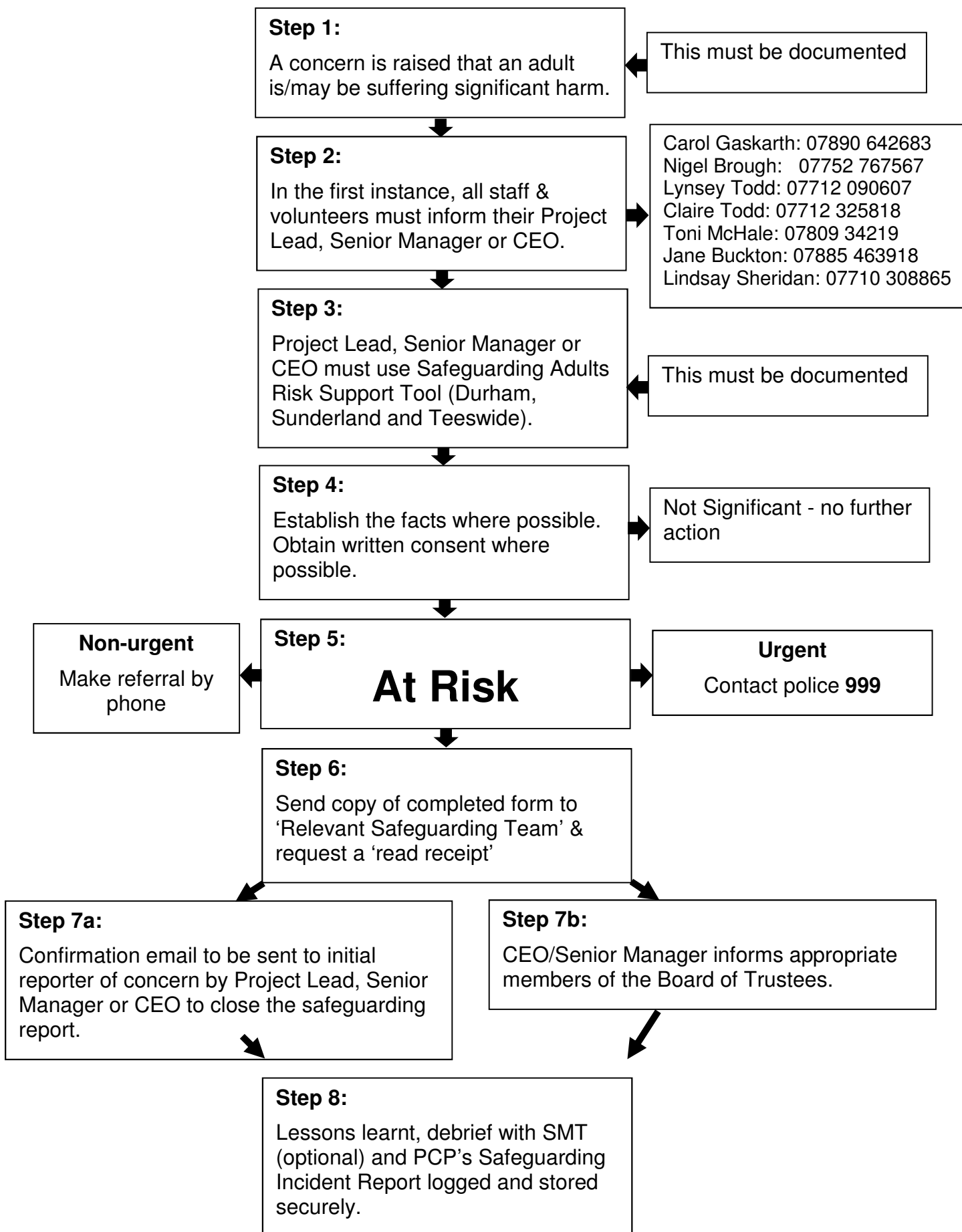
- **Clear** – particularly about your concerns for the adult at risk.
- **Factual** – this does not rule out opinion but this should be separated from fact.
- **Complete** – all known, relevant information should be included.
- **Unambiguous** – ensure that there is minimal scope for your information to be misinterpreted.
- Use a body map to illustrate physical injuries.
- Note who you reported your concerns to.

Complete the form in full as soon as possible and ensure that all actions are recorded in detail, including dates and times of incidents and whom the referral has been passed to.

Send a copy of the form to the relevant Local Authority Safeguarding Team within 24 hours of a verbal referral via a trackable means i.e. email with a send and read receipt and forward a copy to the PA/Admin Lead (Kath Ferry) who will record the detail of the safeguarding referral on a secure file within Pioneering Care Partnership.

Referral Procedure Flow Chart

In all cases, if the adult is in immediate danger, take preventative steps and call 999





First Contact Service
03000 26 79 79



Guidance for Professionals

Getting children and their families to the right service, at the right time

Are you concerned about a child or need support for a family?

Our aim at First Contact is to help you get families the support they need, when they need it, from the right service. The guidance will help you provide us with the details we need.

If your concern needs immediate action, call us on 03000 26 79 79 or dial 999 if a child is in immediate danger.

If your concern doesn't require immediate action, you must speak to the family about your concerns, unless doing so places the child at risk of harm. You should arrange to visit the family if you cannot discuss your concerns over the telephone. If you are not sure what to do, please call us for advice on 03000 26 79 79.

Does the family already have a Team Around the Family (TAF)?

Yes, there is a TAF

If you do not think immediate action is needed, and there is a TAF, you should discuss your concerns with the Lead Professional to see if the TAF can help. To find out who the Lead Professional is, please call us on 03000 26 79 79 and we can assist you.

If you agree as a TAF that a referral to First Contact is appropriate, you need to send us your 'multi-agency chronology' or timeline of actions already taken, along with TAF minutes, an updated Early Help Assessment with clear and current concerns identifying why this case should be escalated, and where this has been used, a copy of the Engaging Families Toolkit.

If you are a Lead Professional who has contacted us following a TAF decision, you must let the parents know about your concern and where appropriate, complete the 'Engaging Families Toolkit' at www.durham-lscb.org.uk. The family has a right to know what you intend to do, unless doing so would put the child at risk of harm.

It is important that you tell us how the TAF has supported the family and what has and has not worked, so that we do not repeat actions which have not worked.

No, there is no existing TAF

If there is no immediate risk to the child, please complete sections one to seven of the Early Help Assessment form at www.durham.lscb.org.uk/categories/professionals under the Single Assessment Tool/Referral Form. Please email your completed form to firstcontact-gcsx@durham.gcsx.gov.uk. You can also call us on 03000 26 79 79 if required.

If you submit an Early Help Assessment Form without sufficient information for us to make a decision about how best to help the family, it will be returned to you for extra information to be added. As a professional, we cannot agree to keep your details anonymous. If you call us to report your concern, please ensure that you use the Early Help Assessment Proforma as a guide as this will help you to prepare for your call to us.

When you call us we will ask you:

Your details

We will ask you for details such as your name, which agency you work for, and how we can contact you (address, email, telephone and work mobile).

What has prompted you to contact us today?

It is important for you to tell us what your concerns are, how this affects the child, and what support or services you think the family need or require.

Tell us about the child and any other children we need to consider

- Name(s)
- Date of birth/estimated date of delivery
- Gender
- Ethnicity/nationality/religion/language /special educational needs and disabilities
- Address/telephone
- GP surgery/health visitor/midwife/school nurse
- School/nursery
- Other agencies involved

Tell us everything you know about the child and their family

It is important you tell us about the family's strengths, as well as your concerns and any barriers to helping them access support services in the community.

What we need to know:

- Name, date of birth, address and telephone of parents
- Development of baby, child or young person
 - Education
 - Health
 - Behaviour
 - Relationships
- Parental capacity
 - Substance misuse
 - Mental wellbeing
 - Domestic abuse
 - Criminality/anti-social behaviour
- Any concerns about other family members

Tell us about other types of support available to the child and their family

- Is support offered by extended family or friends?
- What community services do the family access?
- Have you considered inviting a targeted service to the TAF, such as Harbour (domestic abuse outreach service) or the Family Intervention Project (if the family are facing eviction)?
- Have you considered the Stronger Families programme?

By following this guidance, you are helping First Contact to get families the right support, from the right service, when they need it.

Appendix 2 – Sunderland Council ([Document in Full](#))

Type of Abuse	TIER 1 Lower Level Harm Could be addressed via agency internal process/procedures e.g. disciplinary, care management. They may be addressed via a governance route if the issues are related to a service (e.g. staffing/environmental/facilities) rather than an individual. However ; it is not a 'given' that any concerns falling into this section would be dealt with internally. Consult guidance and where appropriate complete Safeguarding Enquiry Referral Form. Repeated low level instances may result in a formal S.42 Enquiry		TIER 2 – TIER 3 Significant ↔ Very significant Harm Consideration to be given as to whether a Criminal Offence has occurred – If so you must contact the Police as your first step. Implement Safeguarding Adults Procedures by completing a Safeguarding Enquiry Referral Form		TIER 4 Critical To be addressed as a potential criminal matter - contact Police/Emergency Services Implement Safeguarding Adults Procedures by completing a Safeguarding Enquiry Referral Form
Physical	<ul style="list-style-type: none"> • Staff error causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting' • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs. 	<ul style="list-style-type: none"> • Isolated incident involving service user on service user • Inexplicable very light marking found on one occasion • Recurring missed medication or administration errors that cause no harm. 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks on a number of occasions • Accumulations of minor incidents. • Recurring missed medication or errors that affect more than one adult and/or result in harm. • Deliberate maladministration of medications. 	<ul style="list-style-type: none"> • Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault • Covert administration without proper medical authorisation. 	<ul style="list-style-type: none"> • Grievous bodily harm/assault with weapon leading to irreversible damage or death • Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death. • Over-medication and/or inappropriate restraint used to manage behaviour



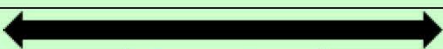
Sexual (including sexual exploitation)	<ul style="list-style-type: none"> Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists 	<ul style="list-style-type: none"> Verbal sexualised teasing, banter or harassment 	<ul style="list-style-type: none"> Sexualised touch or masturbation without consent Being subject to indecent exposure Contact or non-contact sexualised behaviour which causes distress to the person at risk 	<ul style="list-style-type: none"> Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent Being made to look at pornographic material against will/where consent cannot be given 	<ul style="list-style-type: none"> Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user, receiving something in return for carrying out a sexual act Sex without consent (rape) Voyeurism without consent
Psychological	<ul style="list-style-type: none"> Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused 	<ul style="list-style-type: none"> Occasional taunts or verbal outbursts which cause distress The withholding of information to dis-empower 	<ul style="list-style-type: none"> Treatment that undermines dignity and damages esteem Denying or failing to recognise an adult's choice or opinion Frequent verbal outbursts which cause distress 	<ul style="list-style-type: none"> Humiliation Emotional blackmail e.g. threats of abandonment/harm Frequent and frightening verbal outburst 	<ul style="list-style-type: none"> Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage Prolonged intimidation Vicious/personalised verbal attacks
Financial	<ul style="list-style-type: none"> Staff personally benefit from users funds e.g. accrue 'reward' points on their own store loyalty cards when shopping. Money is not recorded safely or recorded properly 	<ul style="list-style-type: none"> Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered Non-payment of care fees not impacting on care 	<ul style="list-style-type: none"> Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest Adult denied access to his/her own funds or possessions 	<ul style="list-style-type: none"> Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards Personal finances removed from adult's control Ongoing non-payment of care fees putting a person's care at risk. 	<ul style="list-style-type: none"> Fraud/exploitation relating to benefits, income, property or will Theft
Neglect	<ul style="list-style-type: none"> Isolated missed home care visit - no harm occurs Adult is not assisted with a meal/drink on one occasion and no harm 	<ul style="list-style-type: none"> Inadequacies in care provision leading to discomfort or inconvenience - no significant harm e.g. occasionally left 	<ul style="list-style-type: none"> Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge, no adequate 	<ul style="list-style-type: none"> Ongoing lack of care and support to extent that health and well-being deteriorate significantly e.g. Poorly managed health conditions such as epilepsy /diabetes resulting in neglect/self- 	<ul style="list-style-type: none"> Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess

	occurs <ul style="list-style-type: none"> Adult not bathed as often as would like 	wet. <ul style="list-style-type: none"> No access to aids for independence 	planning and harm occurs	neglect, pressure wounds, dehydration, malnutrition, loss of independence/confidence <ul style="list-style-type: none"> Deliberate maladministration of medications 	risk
Self-Neglect	<ul style="list-style-type: none"> Incontinence leading to health concerns 	<ul style="list-style-type: none"> Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the person. 	<ul style="list-style-type: none"> Multiple reports of concerns from multiple agencies Behaviour which poses a fire risk to self and others Poor management of finances leading to risks to health, wellbeing or property 	<ul style="list-style-type: none"> Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition 	<ul style="list-style-type: none"> Failure to seek lifesaving services or medical care where required. Life in danger if intervention is not made in order to protect the individual.
Discriminatory (including Hate/Mate Crime)	<ul style="list-style-type: none"> Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences 	<ul style="list-style-type: none"> Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period Recurring taunts 	<ul style="list-style-type: none"> Inequitable access to service provision as a result of diversity issue Recurring failure to meet specific care/support needs associated with diversity Persistent and frequent targeting by others in the community who take advantage. 	<ul style="list-style-type: none"> Being refused access to essential services Denial of civil liberties e.g. voting, making a complaint Humiliation or threats on a regular basis 	<ul style="list-style-type: none"> Hate crime resulting in injury/emergency medical treatment/fear for life Hate crime resulting in serious injury/attempted murder/honour-based violence
Organisational (any one or combination of the other forms of abuse)	<ul style="list-style-type: none"> Lack of stimulation/ opportunities to engage in social and leisure activities SU not enabled to be involved in the running of service 	<ul style="list-style-type: none"> Denial of individuality and opportunities to make informed choices and take responsible risk Care-planning documentation not person-centred 	<ul style="list-style-type: none"> Rigid/inflexible routines Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing 	<ul style="list-style-type: none"> Bad practice not being reported and going unchecked Unsafe and unhygienic living environments Appropriate professionals not consulted to manage support needs including in respect of health, 	<ul style="list-style-type: none"> Staff misusing position of power over service users Over-medication and/or inappropriate restraint managing behaviour Widespread, consistent ill treatment

			<ul style="list-style-type: none"> Care planning documentation persistently not person centred and/or adequate to reflect support needs. 	social care, behaviours which are challenging.	
Modern Slavery	<ul style="list-style-type: none"> All concerns about modern slavery are deemed to be of a significant/critical level. 		<ul style="list-style-type: none"> Limited freedom of movement. Being forced to work for little or no payment. Limited or no access to medical and dental care. No access to appropriate benefits. 	<ul style="list-style-type: none"> Limited access to food or shelter. Be regularly moved (trafficked) to avoid detection. Removal of passport or ID documents. 	<ul style="list-style-type: none"> Sexual exploitation. Starvation. Organ harvesting. No control over movement / imprisonment. Forced marriage.
Domestic Abuse	<ul style="list-style-type: none"> Isolated incident of abusive nature 	<ul style="list-style-type: none"> Occasional taunts or verbal outbursts 	<ul style="list-style-type: none"> Inexplicable marking or lesions, cuts or grip marks on a number of occasions Alleged perpetrator exhibits controlling behaviour Limited access to medical and dental care 	<ul style="list-style-type: none"> Accumulations of minor incidents Frequent verbal/physical outbursts No access/control over finances Stalking Relationship characterised by imbalance of power 	<ul style="list-style-type: none"> Threats to kill, attempts to strangle choke or suffocate Sex without consent (rape). Forced marriage. Female Genital Mutilation (FGM). Honour based violence.
	<p>The SafeLives DASH Risk Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate. Any action taken by individual agencies should be in accordance with their own Domestic Violence pathways.</p>				

Appendix 3 – Teeswide [\(Document in Full\)](#)

Safeguarding Adults Decision Support Guidance

Factors				Guidance and considerations	
1. Vulnerability of the adult at risk	Less vulnerable		More vulnerable		<ul style="list-style-type: none">• Does the adult have needs for care and support?• Can the adult protect themselves?• Does the adult have the communication skills to raise an alert?• Does the adult lack mental capacity in relation to keeping themselves safe?• Is the adult dependent on the alleged perpetrator?• Has the alleged victim been threatened or coerced into making decisions?
					
The abusive act	Less serious		More serious		Questions 2-9 relate to the abusive act/ act of omission, and/or the alleged perpetrator. Less serious concerns are likely to be dealt with at initial enquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults' process.
					
2. Seriousness of Abuse	Less serious		More serious		Refer to the table overleaf. Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.
					
3. Patterns of abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	<ul style="list-style-type: none">• Most local areas have an escalation policy in place e.g. where safeguarding adults procedures will continue if there have been a repeated number of concerns in a specific time period. Please refer to local guidance.	
4. Impact of abuse on victims	No impact	Some impact but not long-lasting	Serious long-lasting impact	<ul style="list-style-type: none">• Impact of abuse does not necessarily correspond to the extent of the abuse – different people will be affected in different ways. Views of the adult at risk will be important in determining the impact of the abuse.	
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	<p>Other people may be affected by the abuse of another adult.</p> <ul style="list-style-type: none">• Are relatives or other adults distressed or affected by the abuse?• Are other people intimidated and/or their environment affected?	
6. Intent of alleged perpetrator	Unintended/ill-informed	Opportunistic	Deliberate/Targeted	<ul style="list-style-type: none">• Is the act/omission a violent/serious unprofessional response to difficulties in providing care?• Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct? <p>*The act/omission doesn't have to be intentional to meet safeguarding criteria</p>	
7. Illegality of actions	Bad practice - not illegal	Criminal act	Serious criminal act	<p>Seek advice from the Police if you are unsure if a crime has been committed.</p> <ul style="list-style-type: none">• Is the act/omission poor or bad practice (but not illegal) or is it clearly a crime?	
8. Risk of repeated abuse on victim	Unlikely to recur	Possible to recur	Likely to recur	<ul style="list-style-type: none">• Is the abuse less likely to recur with significant changes e.g. training, supervision, respite, support or very likely even if changes are made and/or more support provided?	
9. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at serious risk	<p>Are others (adults and/or children) at risk of being abused:</p> <ul style="list-style-type: none">• Very unlikely?• Less likely if significant changes are made?• This perpetrator/setting represents a threat to other vulnerable adults or children.	

Types of abuse and seriousness	Concerns may be notified to the Local Authority but these are likely to be managed at Initial Enquiry stage only. Professional judgement or concerns of repeated low level harm will progress to further stages in the safeguarding adults' process.	Concerns of a more serious nature should be referred to the local authority (with consent of the alleged victim where this is relevant and appropriate to do so). These concerns will receive additional scrutiny, and progress further, under safeguarding adults' procedures. Where a criminal offence is alleged to have been committed, the Police will be contacted. Other emergency services should be contacted as required.
	Less serious	More serious
Physical	<ul style="list-style-type: none"> • Staff error causing no/little harm e.g. friction mark on skin due to ill-fitting hoist sling. • Minor events that still meet criteria for 'incident reporting' accidents. • Isolated incident involving adult on adult. • Inexplicable marking found on one occasion. • Minor event where the adult lacks capacity in keeping themselves safe. 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks on a number of occasions. • Accumulations of minor incidents. • Recurring missed medication or errors that affect more than one adult and/or result in harm. • Deliberate maladministration of medications. • Covert administration without proper medical authorisation. • Inappropriate restraint. • Withholding of food, drinks or aids to independence. • Inexplicable fractures/injuries. • Assault. • Grievous bodily harm/assault with a weapon leading to irreversible damage or death. • Pattern of recurring medication errors or an incident of deliberate maladministration that results in ill-health or death.
Sexual (including sexual exploitation)	<ul style="list-style-type: none"> • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists. • Minimal verbal sexualised teasing or banter. 	<ul style="list-style-type: none"> • Recurring sexualised touching or isolated or recurring masturbation without consent. • Voyeurism without consent • Being subject to indecent exposure. • Grooming including via the internet and social media. • Attempted penetration by any means (whether or not it occurs within a relationship) without consent. • Being made to look at pornographic material against will/where consent cannot be given. • Female Genital mutilation • Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in return for carrying out a sexual act. • Sex without consent (rape).
Psychological/Emotional	<ul style="list-style-type: none"> • Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused. • Occasional taunts or verbal outburst. • Withholding of information to disempower. 	<ul style="list-style-type: none"> • Treatment that undermines dignity and esteem. • Denying or failing to recognise adult's choice or opinion. • Humiliation. • Emotional blackmail e.g. threats or abandonment/harm. • Frequent and frightening verbal outbursts or harassment. • Denial of basic human rights/civil liberties, overriding advance directive. • Prolonged intimidation. • Vicious/personalised verbal attacks.

	Less serious		More serious		
Financial	<ul style="list-style-type: none"> • Staff personally benefit from the adult's funds e.g. accrue 'reward' points on their own store loyalty cards when shopping. • Money not recorded safely and properly. 	<ul style="list-style-type: none"> • Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered. • Non-payment of care fees not impacting on care. 	<ul style="list-style-type: none"> • Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest. • Adult denied access to his/her own funds or possessions. 	<ul style="list-style-type: none"> • Misuse/misappropriation of property or possessions of benefits by a person in a position of trust or control. • Personal finance removed from the adult's control. • Ongoing non-payment of care fees putting an adult's care at risk. 	<ul style="list-style-type: none"> • Fraud/exploitation relating to benefits, income, property or will. • Theft.
Neglect and Acts of Omission	<ul style="list-style-type: none"> • Isolated missed home care visit where no harm occurs. • Adult is not assisted with a meal/drink on one occasion and no harm occurs. • Adult not bathed as often as would like – possible complaint. • Not having access to aids to independence. 	<ul style="list-style-type: none"> • Inadequacies in care provision that lead to discomfort or inconvenience- no harm occurs e.g. being left wet occasionally. • Recurring missed medication or administration errors that cause no harm. • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs. 	<ul style="list-style-type: none"> • Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. • Hospital discharge without adequate planning and harm occurs. 	<ul style="list-style-type: none"> • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence. 	<ul style="list-style-type: none"> • Failure to arrange access to lifesaving services or medical care. • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.
Self-Neglect	<ul style="list-style-type: none"> • Incontinence leading to health concerns • Hoarding behaviour which doesn't impact on the health and well-being of the adult or others 	<ul style="list-style-type: none"> • Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the adult. 	<ul style="list-style-type: none"> • Multiple reports of concerns from multiple agencies • Behaviour which poses a fire risk to the adult and others • Poor management of finances leading to risks to health, wellbeing or property 	<ul style="list-style-type: none"> • Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition • Hoarding behaviour impacting on the health and well-being of the individual and/or others 	<ul style="list-style-type: none"> • Failure to seek lifesaving services or medical care where required. • Life in danger if intervention is not made in order to protect the adult.


	Less serious		More serious		
Organisational (any one or combination of the other forms of abuse)	<ul style="list-style-type: none"> • Lack of stimulation/ opportunities for adults to engage in social and leisure activities • Adults not given sufficient voice or involvement in the running of the service 	<ul style="list-style-type: none"> • Denial of individuality and opportunities for adults to make informed choice and take responsible risks • Care-planning documentation not person-centred 	<ul style="list-style-type: none"> • Rigid/inflexible routines • Adult's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing 	<ul style="list-style-type: none"> • Bad/poor practice not being reported and going unchecked • Unsafe and unhygienic living environments 	<ul style="list-style-type: none"> • Staff misusing their position of power over adults in their care • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread consistent ill-treatment
Discriminatory	<ul style="list-style-type: none"> • Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences 	<ul style="list-style-type: none"> • Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period • Occasional taunts 	<ul style="list-style-type: none"> • Inequitable access to service provision as a result of a diversity issue. • Recurring failure to meet specific care/support needs associated with diversity. 	<ul style="list-style-type: none"> • Being refused access to essential services. • Denial of civil liberties e.g. voting, making a complaint. • Humiliation or threats on a regular basis, recurring taunts. 	<ul style="list-style-type: none"> • Hate crime resulting in injury/emergency medical treatment/fear for life. • Hate crime resulting in serious injury or attempted murder/honour-based violence.
Modern Slavery	All concerns about modern slavery are deemed to be of serious concern.		<ul style="list-style-type: none"> • Limited freedom of movement. • Being forced to work for little or no payment. • Limited or no access to medical and dental care. • Forced marriage. 	<ul style="list-style-type: none"> • Limited access to food or shelter. • Be regularly moved (trafficked) to avoid detection. • Removal of passport or ID documents. 	<ul style="list-style-type: none"> • Sexual exploitation. • Starvation. • Organ harvesting. • No control over movement / imprisonment. • No access to appropriate benefits.
Domestic Abuse	<ul style="list-style-type: none"> • Isolated incident of abusive nature 	<ul style="list-style-type: none"> • Occasional taunts or verbal outbursts 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks on a number of occasions • Alleged perpetrator exhibits controlling behaviour • Limited access to medical and dental care • Use of an implement 	<ul style="list-style-type: none"> • Accumulations of minor incidents • Frequent verbal/physical outbursts • No access/control over finances • Stalking • Relationship characterised by imbalance of power 	<ul style="list-style-type: none"> • Threats to kill, attempts to strangle choke or suffocate • Sex without consent (rape). • Forced marriage. • Female Genital Mutilation (FGM). • Honour based violence.
The Co-ordinated Action Against Domestic Abuse (CAADA), Domestic Abuse, Stalking and 'Honour'-based violence (DASH) Risk Assessment Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate					

Appendix 4 - Local Authority Safeguarding Contact Details

County Durham	Social Care Direct First Contact Text E mail	03000 267979 03000 267979 07786027280 safeguardingadults@durham.gov.uk
Redcar & Cleveland	Social Services Email Teeswide Safeguarding Adults Board	01642 771500 (contact for Safeguarding Advice) contactus@redcar-cleveland.gov.uk 01642 527263
Middlesbrough	Access Team Out of Hours Email First Contact (children)	01642 726004 08702 402994 adultsafeguardingalert@middlesbrough.gov.uk firstcontact@middlesbrough.gcsx.gov.uk
Stockton-on-Tees	First Contact Team Emergency Secure e mail	01642 527764 08702 402994 FirstContactAdults@stockton.gov.uk
Sunderland	Safeguarding Adults Secure e mail	0191 520 5552 safeguarding.adults@sunderland.gcsx.gov.uk
Darlington	Adult Safeguarding Team Secure e mail	01325 406111 01642 524552 (out of hours) ssact@darlington.gcsx.gov.uk

Numbers confirmed 25 October 2017.

Appendix 5 - [Injury/Accident/Safeguarding Incident Report Form](#)

<div style="border: 1px solid black; padding: 2px;"> (Office Use Only) Ref No: </div>	
<h2 style="margin: 0;">Injury/Accident/Safeguarding Incident Report Form</h2>	
<p>To be completed by staff IMMEDIATELY after incident/accident or Safeguarding Concern raised</p>	
Date: _____	Time: _____
Who is making this report:	
Name: _____	Date of report: _____
Address: _____	Contact Number: _____
Signature: _____	
Type of Incident (please leave blank if you are unsure):	
Accident: <input type="checkbox"/>	Incident: <input type="checkbox"/>
Near Miss: <input type="checkbox"/>	Safeguarding: <input type="checkbox"/>
Details of persons involved:	
Name: _____	Date of birth: _____
Address: _____	Contact Number: _____
Name: _____	Date of birth: _____
Address: _____	Contact Number: _____
What happened (provide as much detail as possible using bullet points including any time lapse etc.):	
Outcome for individuals involved (i.e. injuries, asked to leave, first aid, follow-up calls etc)	
Were any of the following contacted:	
SCD/EDT: <input type="checkbox"/>	CQC: <input type="checkbox"/>
Care Manager/ SW: <input type="checkbox"/>	Police: <input type="checkbox"/>
Family/Carer: <input type="checkbox"/>	

If reporting an accident and someone has been hurt please ensure that you complete the accident book at the relevant venue.

Accident Form No.:

Witnesses (please ensure that a witness statement form is completed):

Name: _____ Statement Ref No.: _____

Name: _____ Statement Ref No.: _____

Local Authority Area:

Please pass to your line manager (or relevant Senior Manager in absence)
Review incident, seek advice where necessary and then pass to PA / Admin Lead

Line Managers Comments:

Signature:

Date:

Office Use Only

Date received:

Governance Route: Clinical ☐ H & S ☐ Other: _____

Reviewed by: _____ **Date:** _____

Incident Category: A – High ☐ B – Medium ☐ C – Low ☐

Action:

By:

Date:

Feedback:

By:

Date:

Admin:

Folder in SMT:

PA informed ☐