SOLIHULL LOCAL PRACTICE GUIDANCE No 15 Thresholds	Working Together to safeguard adults in Solihull

15.1 Introduction

This guidance is for practitioners and partners and explains the processes involved in making a decision about whether an "alert", regarding an adult who appears to be at risk of harm or is being harmed, is progressed through the safeguarding adults' procedures. Such "threshold decisions" are crucial in ensuring that members of the population who meet the definition of "vulnerable adult / Adult at Risk" (No Secrets 2000) are able to receive the assistance they need. Once an alert has been accepted and further information is gathered there may be situations where the threshold needs to be reconsidered.

15.2 Identifying the following will assist the decision making process:

- The **harm** – always take account of the individual's perception. What impact has it had on the person?
- The individual's **capacity** to understand what has happened and to make decisions in relation to the Safeguarding Adults concerns.
- Whether **duress** or **coercion** is an influence.
- Whether the incident is one of a **pattern** or **trend** in respect of the adult at risk, the person causing the harm, the location of the abuse or the nature of the abuse. Consider whether it is indicating a systemic abuse issue.
- The **relationship** between the adult at risk and the person causing the harm. Does it involve a person in a position of trust?
- What the **risk factors** are and the principles of positive risk taking.
- Whether any measures or actions have been put in place to minimise risk and protect the individual or other adults at risk.
- How likely is it that the abuse may **reoccur**?
- Is there a likelihood **others** were exposed or could be exposed to the harm or abuse?
- What evidence and information you have to inform you decisions.
- Ensure everything is **fully recorded**.
- Has a **crime** been committed against the adult at risk?

Threshold decision making can be complex. Often the presenting abuse type on further investigation is one of a number of abuses which should be factored into decision making. Or the incident may constitute several abuse types for example medication errors could be an indicator of institutional abuse but could also fall within the physical, psychological abuse or neglect. Also forced marriages are likely to encompass more than type of abuse.

You should always use your professional judgement, bearing in mind the circumstances presented, and seek advice from your line manager or the Safeguarding Adult Team.

DOING NOTHING IS NOT AN OPTION

IF IN DOUBT

➔ Initiate Safeguarding Adults Procedures with a Safeguarding Adults Alert ➔ Discuss with senior manager ➔Record decision and reasons for the decision

You should always use your professional judgement, bearing in mind the circumstances presented, and seek advice from your line manager or the Safeguarding Adult Team.

If the decision is not to make a Safeguarding Adults alert then other processes must be used to address the concern. An example of may be poor practice which is not safeguarding but does require action e.g. a single medication error requiring training on medication procedure. Other processes and options could be:

- Employers actions including:
  - Staff disciplinary procedures
  - Training
  - Reviewing practices or procedures
- Care Management
- Referral to the regulator – Care Quality Commission
- Care Contracts monitoring
- Incident or Serious Incident procedures
- Complaints procedures
- Referral to another agency such as DWP, Trading Standards, Health and Safety etc.
- Referral for Advocacy support.

15.3 Safeguarding Adults Threshold

	Questions	Possible NOT safeguarding at this stage	Possibly Safeguarding	Definitely Safeguarding
1.	How serious was the harm or abuse/risk of harm or abuse or what was the potential consequence?	No harm or potential harm	Some harm or potential harm	Serious harm or potential harm and or a criminal act
2.	How often has the actual/risk of abuse or harm occurred?	Occurred once or very few times in relation to the activity OR risk or occurrence is considered minimal	Occurred once or more with harm OR risk of occurrence with harm is possible	Occurred regularly OR many times indicating a pattern/trend OR risk is considered probable
3.	How many were exposed or could have been exposed to the harm or abuse?	One or very small numbers	The number of people exposed causes concern	Significant number of people at risk
4.	Likelihood of the abuse or harm from recurring?	Unlikely	Possible	Probable
		ALL GREEN NOT SAFEGUARDING **BUT RAISE AN ALERT**	**MORE THAN TWO AMBER SAFEGUARDING** **MAKE AN ALERT/ REFERRAL**	**ONE OR MORE RED SAFEGUARDING** **MAKE A REFERRAL**

The following examples should be used to help to make decisions. Please note these are examples and they are not a definitive list.

Type of abuse	Isolated incident Not SAFEGUARDING No harm – low risk	Possibly SAFEGUARDING Possible harm – some risks	SAFEGUARDING Harm caused- medium to high risk *A Safeguarding Adults Alert MUST be made*		
Physical	• Staff causing no harm – e.g. friction mark on skin due to ill-fitting hoist sling. • Minor events that still meet criteria for 'incident reporting'. • Dispute between service users with no harm, quickly resolved and risk assessment in place. • Bruising caused by family carer due to poor lifting and handling technique. No harm intended Immediately resolved when given correct advice/equipment	• Inexplicable minor marking found where there is no clear explanation as to how the injury occurred. • Isolated incident involving service user on service user. • Unwanted physical contact from 'informal' carer with no harm and quickly resolved	• Inexplicable marking or lesions, cuts or grip marks on more than one occasion or to more than one individual.	• Physical restraint undertaken outside of a specific care plan or not proportionate to the risk. • Withholding of food, drinks or aids to independence. • Inexplicable injuries	• Physical assaults – injury, death. • Grievous bodily harm/assault with or without a weapon leading to irreversible damage or death. • Any potential criminal act against an adult at risk
	• Adult does not receive prescribed medication (missed/wrong dose) – no harm occurs	• Recurring missed medication or administration errors in relation to one service user that caused no harm	• Recurrent missed medication or administration errors that affect more than one adult and/or result in harm	• Deliberate maladministration of medicines (e.g. sedation). • Covert administration without proper medical supervision or outside the Mental Capacity Act	• Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death.

Type of	Isolated incident Not SAFEGUARDING	Possibly SAFEGUARDING	SAFEGUARDING Harm caused - medium to high risk

abuse	No harm – low risk	Possible harm – some risks	*A Safeguarding Adults Alert MUST be made*		
Sexual	• Isolated incident when an inappropriate sexualised remark is made to an adult with capacity and no distress is caused.	• Isolated incident of low level unwanted sexualised attention/touching directed at one adult by another whether or not capacity exists – no harm or distress. • Two people who lack capacity engaged in a sexual activity or relationship – no distress to either.	• Verbal and gestured sexualised teasing. • Sexualised attention between two service users where one lacks capacity to consent. •	• Recurrent sexualised touching or isolated/recurring masturbation by another person without consent. • Sexual harassment - unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.	• Attempted penetration by any means (whether or not is occurs within a relationship) without consent. • Sexualised attention in a relationship between staff and a service user. • Sex in a relationship characterised by authority, inequality or exploitation e.g. staff and service user • Sex without consent / rape. • Voyeurism. • Being made to look at pornographic material against will/where valid consent cannot be given. • Being made to participate in a sexual act against will/where valid consent cannot be given. • Trafficking an adult at risk for sexual exploitation.

Type of abuse	Isolated incident Not SAFEGUARDING No harm – low risk	Possibly SAFEGUARDING Possible harm – some risks	SAFEGUARDING Harm caused - medium to high risk *A Safeguarding Adults Alert MUST be made*		
Psychological	• Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined, but no distress is caused	• The occasional withholding of information to disempower	• Occasional taunts or verbal outbursts which cause distress. • Treatment that undermines dignity and damages esteem. • Denying or failing to recognise an adults choice or opinion • Frequent verbal outbursts to an adult at risk	• Humiliation • Emotional blackmail e.g. threats of abandonment or harm • Frequent and frightening verbal outbursts to an adult at risk.	• Denial of basic human rights or civil liberties, overriding advance directive, forced marriage • Prolonged intimidation • Producing and distributing inappropriate photos via any social media means. • Vicious/personalised verbal attacks

Type of abuse	Isolated incident Not SAFEGUARDING No harm – low risk	Possibly SAFEGUARDING Possible harm – some risks	SAFEGUARDING Harm caused -medium to high risk *A Safeguarding Adults Alert MUST be made*		
Financial	• Inadequate financial records • Isolated incident of staff personally benefiting from the support they offer service users in a way that does not involve the actual abuse of money. E.g. accrue 'reward points' on their own store loyalty cards when shopping when the adult has capacity to know what has happened and has agreed.	• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered. • Staff personally benefit from the support they offer service users. E.g. accrue 'reward points' on their own store loyalty cards when shopping – adult lacks capacity. • Failure by relative to pay care fees/charges where no harm occurs - but receives personal allowance or has access to other personal monies.	• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of capital and interest. • Adult denied access to his/her own funds or possessions. • Failure by relative to pay care fees/charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction/ termination of service.	• Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. • Personal finances removed from adult's control without legal authority.	• Fraud/exploitation relating to benefits, income, property or will. • Theft. • Doorstep crimes.

Direct Payment specific	• Direct payment financial returns show payments for unauthorised expenditure. One off mistake – payment returned. • Isolated incident of direct payment recipient not sending in financial returns. • Isolated incident of direct payment recipient benefitting from interest from Direct Payment account. • Direct payment used flexibly to meet user needs but not as described on support plan. • Direct payment not set up correctly e.g. Personal Assistant not set up with Her Majesty's Revenue and Customs (HMRC), no audit trail for payments. Corrected following advice and support no harm caused. • Excess or float in direct payment account is being used for purposes other than on the support plan. • Suitable person or Personal Assistant found to be illegally working in the country. No harm caused.	• Large excess in user accounts indicating care may not being provided, some reports of inadequate care. • Direct payment not set up correctly despite advice and guidance e.g. Personal Assistant not set up with Her Majesty's Revenue and Customs (HMRC), no audit trail for payments (i.e. no authorised timesheets, no wage slip or proof of invoice payment), no liability insurance. • Cash payments made against advice with no evidence of payment and care not provided. • Information obtained that suitable person or Personal Assistant has criminal conviction which gives rise to concerns about their role suitability.	• Pattern of unsubmitted financial returns by suitable person with inadequate explanation • Payments made from direct payment account for unauthorised expenditure by suitable person, not on support plan • Suitable person not able to provide evidence to demonstrate they are managing the Direct Payment • Pattern of repeated non payment of bills/personal assistant wages meaning care is withdrawn.	• Direct payment is not being spent on some or all of care on support plan leading to neglect. • Irregularities on financial returns lead to requests for further evidence which are continually ignored by suitable person or evasive action is taken (including avoidance of attempts to review person on Direct Payment)	• Misuse/misappropriation of Direct payment by another (including: • Person in a position of trust or suitable person e.g. suitable person is using some of the Personal Allowance or agency time for their own needs and person is neglected. • Or creation of fictitious personal assistant where payment is actually going to suitable person) • Adult at risk is Misusing/misappropriatin g Direct Payment by recipient but under coercion by another

Type of abuse	Isolated incident Not SAFEGUARDING No harm – low risk	Possibly SAFEGUARDING Possible harm – some risks	SAFEGUARDING Harm caused - medium to high risk *A Safeguarding Adults Alert MUST be made*		
Neglect	• Isolated missed home care visit where no harm occurs. • Adult is not assisted with a meal/drink on one occasion and no harm occurs.	• Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally. • Occasionally not having access to aids to independence (if regular may be restraint). • Adult at risk living with family carer who is failing with caring duties. • Temporary environment restrictions but action to resolve is in place. • Occasional inadequacies in care from informal carers – no significant harm.	• Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. • Poor transfers between services for example - Hospital discharge without adequate planning and harm occurs. • Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation).	• Ongoing lack of care to extent that health and wellbeing deteriorate significantly e.g. dehydration, malnutrition, loss of independence or confidence.	• 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 risk • Gross neglect resulting in serious injury or death.
	• One person one pressure ulcer of low grade (grade 1 or 2).	• Pressure ulcers multiple grade 2s	• Pressure ulcers grade 3 or 4.	• Mismanagement of pressure ulcer grade 3 or 4 by professionals / paid carers.	• Serious injury or death as a result of consequences of unavoidable pressure ulcer development e.g. septicaemia

Type of abuse	Isolated incident Not SAFEGUARDING No harm – low risk	Possibly SAFEGUARDING Possible harm – some risks	SAFEGUARDING Harm - medium to high risk *A Safeguarding Adults Alert MUST be made*		
Institutional	• Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs. • Short term - service users not given sufficient voice or involved in the running of the service. • Service design where groups of service users living together are inappropriate.	• Denial of individuality and opportunities for service users to make informed choices and take responsible risks. • Care planning documentation not person cantered. • Denying adult at risk access to professional support and services such as advocacy. Poor, ill informed or outmoded care practice – no significant harm.	• Rigid or inflexible routines. • Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared clothing, underclothing, dentures etc. • Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted. • Failure to refer disclosure of abuse • Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation).	• Ill-treatment of one or more adults as risk such as unsafe manual handling. • Failure to report, monitor or improve bad care practices. • Unsafe and unhygienic living environments. • Failure to support an adult at risk to access health and or care treatments. • Punitive responses to challenging behaviours.	• Staff misusing their position of power over service users. • Over-medication and/or inappropriate restraint used to manage behaviour. • Widespread, consistent ill treatment. • Stark or spartan living environments causing sensory deprivation. • Deprivation of liberty not authorised by legal process
	• One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused	• More than one incident of low staffing levels, no contingencies in place. No harm caused.	• Single incident of low staffing resulted resulting in harm to more than one person	• Repeated incidents of low staffing resulting in harm to more than one person	• Low staffing levels which result in serious injury or death to more than one person (corporate manslaughter)

Type of abuse	Isolated incident Not SAFEGUARDING No harm – low risk	Possibly SAFEGUARDING Possible harm – some risks	SAFEGUARDING Harm - medium to high risk *A Safeguarding Adults Alert MUST be made*		
Discriminatory	• Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused. • Care planning fails to address an adult's diversity associated needs for a short period	• Isolated incident of teasing motivated by prejudicial attitudes – service user to service user.	• Recurring taunts. • Recurring failure to meet specific needs associated with diversity. • Teasing by person in position of trust.	• Denial of civil liberties, e.g. voting, making a complaint. • Humiliation or threats. • Denial of an individual's appropriate diet, access to take part in activities related to their faith or beliefs or not using the individual's chosen name. • Making an adult at risk partake in activities inappropriate to their faith or beliefs.	• Hate crime resulting in injury/emergency medical treatment/fear for life. • Hate crime resulting in serious injury or attempted murder/honour based violence. • Exploitation of at adult at risk for recruitment or radicalization into terrorist related activity • Female genital mutilation of an adult risk