North Somerset Safeguarding Adults Board

Threshold Support Tool

Reference Number:
Target Audience: Multi-agency
Sources of advice in relation to this document: **ADASS**: *https://www.local.gov.uk/deciding-if-you-need-raise-safeguarding-concern-local-authority-multi-agency-safeguarding-hub-mash* **LGA/ADASS 2020: Understanding what constitutes a safeguarding concern and how to support effective outcomes:** Understanding what constitutes a safeguarding concern and how to support effective outcomes | Local Government Association **What are the six principles of safeguarding?** https://www.scie.org.uk/safeguarding/adults/introduction/six-principles (Accessed 08/02/2023) **SCIE Aug 2021**: Resident-to-resident harm in care homes and residential settings | SCIE **Lancashire SAB July 2018:** When to consider raising a safeguarding concern following a Service User to Service User Incident: Information & Guidance for Providers (lancashiresafeguarding.org.uk) **Lancashire SAB July 2018:** When to consider raising a safeguarding concern following a Service User to Service User Incident: Information & Guidance for Providers (lancashiresafeguarding.org.uk) **Marsland, Oakes & White, Hull University Centre for Applied Research and Evaluation 2012:** Early Indicators of Concern Residential and Nursing Homes for Older People LSAB 7 Minute Briefing - Eileen Dean (safeguardinglewisham.org.uk) *With thanks to Somerset Safeguarding Adults Board and Somerset County Council upon whose work much of this document is based.*
Replaces if appropriate: NSSAB Threshold Support Tool (Nov 2023)
Type of Document: Guidance
Approved by: NSSAB
Date: September 2024
Date displayed on NSSAB web site:
Date due to be reviewed by responsible person or body:

Contents

Raising a Safeguarding Adults Concern

All safeguarding adults concerns must be reported to Care Connect

Email: care.connect@n-somerset.gov.uk

Tel: 01934 888801

The use of the NSSAB Referral form is preferred

Introduction

All adult safeguarding work is underpinned by six principles:

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 safeguarding practice.

This document is intended to be read as practice guidance. It does not replace professional curiosity, or professional judgement. It aims to support partners in making decisions on when to raise safeguarding adults concerns. It does this by separating out the ‘vulnerability’ of an adult at risk and the ‘seriousness of the act’.

It is more likely that a safeguarding concern should be raised as both the vulnerability of the individual and seriousness of the act increase.

This guidance is supplemented by a variety of 'issue specific' documents which can be found on the NSSAB policies and procedures webpage, offering more detailed information in relation to specific areas of practice:

- Medication errors
- Hoarding
- Self-Neglect
- Financial abuse
- Pressure injuries
- Organisational Abuse (Service Level Safeguarding Protocol)

A decision matrix and outcome record is provided at Appendix 1.

This document also provides a decision-making tool at Appendix 2 to assist care providers in making decisions about when to raise concerns in connection with incidents between people using their service. This is intended to support providers to make proportionate decisions based on their service type while ensuring a person remains central to decision making and their rights to protection and justice are always upheld.

Appendices 1 and 2 offer templates upon which the decision-making and rationale around whether or not to raise a safeguarding concern can be recorded and saved on a person's record.

As part of healthy partnership working, there will be occasions where there are disagreements between agencies. In such cases, please refer to the NSSAB joint escalation protocol which can be found on the NSSAB policies and procedures webpage.

National policy and legal context

When a local authority is made aware of an adult in its area who:

a. Has care and support needs and

b. Is at risk of or experiencing abuse or neglect and

c. Is unable to protect themselves

then that local authority has a duty to undertake enquiries.

The point at which a local authority should be informed of such a concern is less clearly defined.

Decision-making principles

The primary principle in decision-making is that of ensuring the adult at risk remains at the centre of the decision being made. It is therefore essential that their views or those of their representatives are considered from the outset.

ADASS advise that before a safeguarding concern is raised, the following factors are considered:

a. Does the adult have care and support needs (irrespective of whether or not the local authority are meeting these needs)?

b. Is the adult experiencing or are they at risk of abuse or neglect?

c. Have you discussed with the adult about raising a safeguarding concern? Does the adult wish to raise their own concerns? Do they need support to do this?

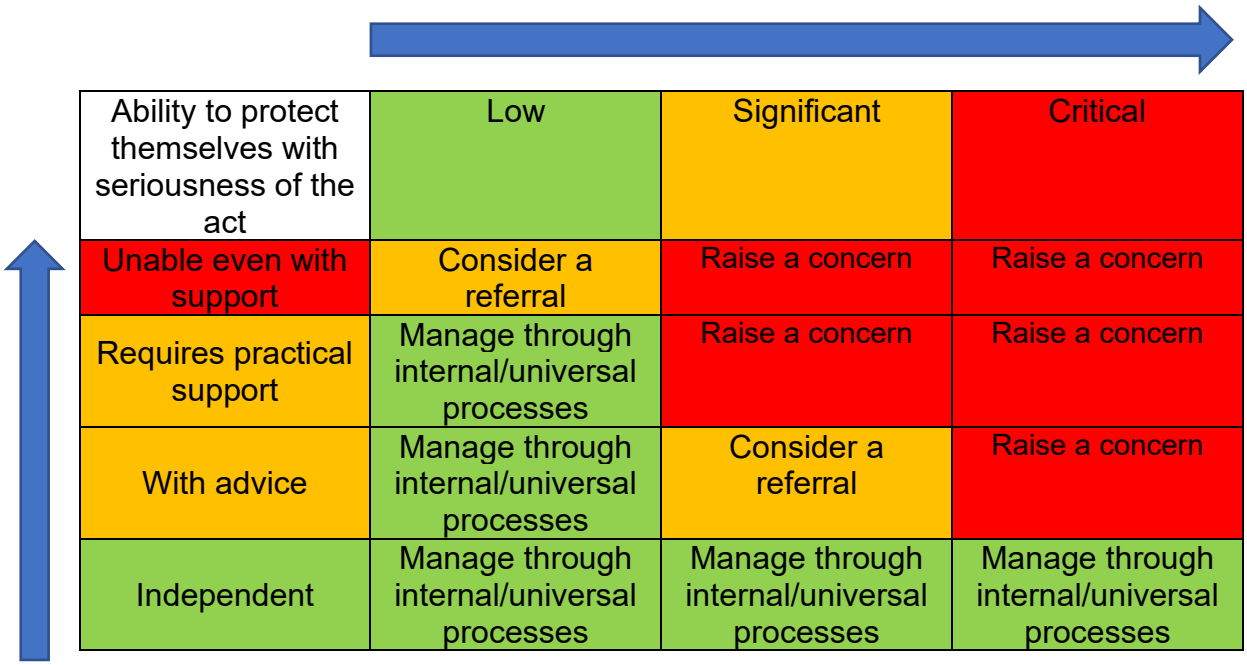
d. Does a concern need to be raised in the adult's best interests (where the adult lacks mental capacity)?

e. If the adult at risk does not want a concern to be raised, there may still be grounds to do so. Is there a public interest consideration or issue (for example where there is an over-riding duty to protect other adults at risk)?

How to use this document

The decision matrix vertical axis relates to the vulnerability of the adult at risk: as you progress along this scale the adult becomes increasingly unable to act to protect themselves. Think about being able to describe someone's vulnerabilities and how they may impact on their experience of risk and ability to protect themselves.

The horizontal axis relates to the 'seriousness' of the alleged abusive act. Assessments must be made on a case-by-case basis, supported by the tables above which provide examples of how the levels of seriousness are assessed against the various types of abuse.



Ability to protect themselves with seriousness of the act	Low	Significant	Critical
Unable even with support	Consider a referral	Raise a concern	Raise a concern
Requires practical support	Manage through internal/universal processes	Raise a concern	Raise a concern
With advice	Manage through internal/universal processes	Consider a referral	Raise a concern
Independent	Manage through internal/universal processes	Manage through internal/universal processes	Manage through internal/universal processes

Red: Raise a concern

Amber: Consider a referral

Green: Manage through internal/universal processes (HR/Police/Universal public services)

Decision making records are available for use on the NSSAB policies and procedures webpage. These can be completed and stored as part of a person's care records.

If the decision is made to raise a safeguarding adults concern, please visit the North Somerset Safeguarding Adults Board website and raise a concern by completing a referral form found on the NSSAB how you can get help webpage

Assessment of vulnerability

	Less vulnerable	More vulnerable
		
1. Vulnerability of the adult at risk:	Is there reasonable cause to suspect that the adult has: **1) needs for care and support?** *Remember that this includes people whose needs may not be being met by the Local Authority.* **2) Can the adult protect themselves?** Does the adult have the communication skills to raise an alert? Is the person dependent on the alleged perpetrator? Is the adult able to understand the concern? Is what you are worried about simply an unwise decision, or is it a symptom of a more significant concern? Is the adult able to act on their decisions? Has the alleged victim been threatened or coerced into making decisions? • Does the person lack mental capacity to make the required decision at the time it needs to be made? When raising a concern; think about being able to describe someone's vulnerabilities and how they may impact on their experience of risk and ability to protect themselves. Remember: Complex life events and trauma as an adult or child can impact a person's ability to make decisions, keep themselves safe or maintain safe relationships	

Assessment of seriousness

Seriousness	**Less serious**		**More serious**	
2. Seriousness of abuse	**Low**	**Significant**	**Critical**	
2.1. Patterns of abuse	Isolated incident	Repetition of concerns that have previously been considered 'isolated' and ongoing contact with the person allegedly causing harm	Evidence of repeated and ongoing abuse	Always seek advice from your own organisation's Safeguarding Lead where there are concerns about repeated low-level harm to agree how these concerns will progress to further stages in the safeguarding adults process. Consider the history of Victim/Service/Perpetrator Consider whether sufficient measures are now in place to reduce the risk of early concerns escalating further.
2.2. Impact on victims	No impact	Short term impact	Impact is considered acute (Severe but short term) or chronic (lower level but longer lasting)	Remember that the same incident may affect different people in different ways: impact of abuse does not necessarily correspond to the extent of the abuse. The views of the adult at risk will be important in determining the impact in each case.
2.3. Impact on others	No one else affected	Indirect effect on others	Others directly affected	Other people may be affected by the abuse of another adult: • Always remember to Think Family • Are children, relatives or other residents/service users affected or distressed by the abuse? • Are other people intimidated and/or their environment affected? • Is the alleged perpetrator a person in a position of trust?
2.4. Intent	Unintended / ill-informed	Opportunistic	Deliberate/Targeted	An act or an omission doesn't have to be intentional in order to be considered abuse however, it may be pertinent to consider the following: • Is the act/omission a response to difficulties in caring? • Is the act/omission planned and deliberately malicious? • Is the act a breach of a professional code of conduct?
2.5. Illegality of the act	No evidence of criminality	Advice sought from police	Police involvement clearly required from the outset	Is the act/omission poor practice (but not illegal) or is it clearly a crime? Seek advice from the Police if you are unsure if a crime has been committed.

The following tables are to be used as a guide to assessing the level of seriousness against the ten types of abuse as defined by The Care Act. This tool uses three levels of risk as follows:

Low

These concerns are unlikely to indicate a risk of abuse or neglect and are unlikely to require a concern being raised. While professional judgement or advice from your agency's safeguarding lead may result in a concern being raised, they are more likely to remain at the information gathering (S.42(1)) stage. You should always seek advice from your own organisation's Safeguarding Lead.

Repeated concerns around 'low' incidents would be considered at a higher level of seriousness.

The views and wishes of the adult at risk or their representative may be a determining factor in deciding whether to raise a safeguarding concern despite a 'low' level of seriousness.

Significant

Concerns of a significant nature are likely to warrant a safeguarding concern being raised. Such a concern will undergo further information gathering (S.42(1)) and may progress further under safeguarding adults procedures. Incidents of a 'significant' level of seriousness could include criminal offences which will need to be referred to the Police.

The ability of a service to manage risk within the context of its internal procedures and the nature of the service will be considered when deciding whether or not to raise a safeguarding concern at this stage. Repeated incidents must increase the assessed level of seriousness.

The views and wishes of the adult at risk should be considered when making the decision as to whether to raise a safeguarding concern. Accountability and transparency with the adult at risk and/or their representative is crucial.

Critical

Concerns of a critical nature must be raised immediately are likely to progress further under safeguarding adults procedures. The majority of concerns at the critical level will indicate potential criminality. If so, they must be referred to police.

The views and wishes of the adult at risk should still be considered, however this may require planning with police. There is an over-riding duty to raise a concern if an incident is considered to have reached a 'critical' level of seriousness.

	LOW	SIGNIFICANT	CRITICAL
	Isolated incident involving service user on service user managed within the context of the relevant care plans Service has the ability to manage isolated incidents following a review of the relevant care plans ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated – low>significant; Significant>critical***	There are concerns about the service's capacity to manage the risk OR The adult at risk has been subject to repeated incidents OR There has been significant harm to the adult's physical, psychological or emotional wellbeing OR There is a focus on one or more specific adults at risk and there is an intention to cause harm ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated - low>significant; Significant>critical***	Grievous bodily harm / assault with a weapon leading to irreversible damage or death Sexual assault/rape (including sexual without the ability to consent) Prolonged focussed abuse with intent and harm caused to specific individuals on several occasions

	LOW		SIGNIFICANT		CRITICAL	
Physical abuse (Including medication errors)	Staff error causing no / little harm e.g. friction mark on skin due to ill-fitting hoist sling Minor events that still meet the criteria for 'incident reporting' accidents Isolated incident involving service user on service user Inexplicable marking found on one occasion Minor event where users lack capacity ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated - low>significant; Significant>critical***	**Medication:** Adult does not receive prescribed medication (missed / wrong dose) on one occasion – no harm occurs Recurring missed medication or administration errors that cause no harm	Inexplicable marking or lesions, cuts or grip marks on a number of occasions. Accumulations of minor incidents Inappropriate restraint Withholding of food, drinks or aids to independence Inexplicable fracture/ repeated injuries ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated - low>significant; Significant>critical***	**Medication:** Increased risk is identified through a change in the volume and nature of medication errors within a service. Errors that affect more than one adult and/or result in harm Potential serious consequences or harm occurs Covert administration without proper authorisation or appropriate care plan and review	Grievous bodily harm / assault with a weapon leading to irreversible damage or death	**Medication:** Pattern of recurring errors or an incident of deliberate maladministration that results in ill health or death Use of contaminated equipment for the administration of medication Deliberate maladministration of medications

	LOW	SIGNIFICANT	CRITICAL
Sexual (including sexual exploitation)	Isolated incident of low-level unwanted sexualised attention (verbal) directed at one adult by another whether or not capacity exists Isolated incident of minimal unwanted verbal sexualised attention (Repeated incidents would increase the 'seriousness') (NB: Consider the impact of the behaviour on the adult at risk as this may escalate the level of seriousness) ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated - low>significant; Significant>critical***	Isolated or recurring incidents of unwanted sexualised attention (e.g. touching or masturbation) without consent directed at one adult by another *whether or not capacity exists* Voyeurism without consent Being subject to indecent exposure Grooming; including via the internet and social media Being made to look at pornographic material against will/where consent cannot be given Repeated incidents of minimal unwanted verbal sexualised attention ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated - low>significant; Significant>critical***	Isolated or repeated incidents of a sexual nature where power and authority are used to exploit an individual. Characterised by: • Incidents of sexual exploitation • The person allegedly causing harm occupying a position of trust Sex without consent (rape) Attempted penetration by any means (whether or not it occurs within a relationship) without consent

	LOW	SIGNIFICANT	CRITICAL
Psychological and Emotional abuse	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: Such as an isolated incident of coercive or controlling behaviour * Isolated unintentional incident demonstrating a one-off lack of kindness/ Interactions which are objectifying or demeaning ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated - low>significant; Significant>critical*** *Coercive or controlling behaviour may have elements of one or more other types of abuse	Treatment that undermines dignity and esteem Denying or failing to recognise adult's choice or opinion. Repeatedly or as a one-off event which causes harm or distress. Repeated incidents of or sustained coercive or controlling behaviour (Insert * to explain that coercive control can have elements of other abuse types) Cuckooing Humiliation Emotional blackmail such as: • e.g. threats or abandonment / harm • Frequent or frightening verbal outbursts or harassment Withholding of information to disempower – recurring incidents/ pattern Repeated incidents demonstrating lack of kindness/ Intentional **or** repeated interactions which are objectifying or demeaning ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated - low>significant; Significant>critical***	Denial of basic human rights / civil liberties, overriding advance directive Prolonged intimidation Vicious / personalised verbal attacks

	LOW	SIGNIFICANT	CRITICAL
Financial abuse	Staff personally benefit from user funds e.g. accrue 'reward' points on their own store loyalty cards when shopping Transactions involving service user's funds not recorded safely and properly by staff. 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	Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest Adult denied access to own funds or possessions Ongoing non-payment of care fees putting a person's care at risk Misuse/Misappropriation of property or possessions of benefits by a person in a position of trust or control Personal finance removed from adult's control Fraud / exploitation relating to benefits, income, property or will. Scams NB: The level of seriousness for all the above is increased with the presence of threats, intimidation, or other forms of coercion ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated - Significant>critical***	Fraud / exploitation relating to benefits, income, property or will of an adult at risk by a person in a position of trust Theft by a person in a position of trust Scams involving life-changing sums of money or with a significant impact on an adult's well-being.

	LOW	SIGNIFICANT	CRITICAL
Neglect (incudes neglect by family members and/or unpaid carers)	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 they would like – possible complaint Isolated or infrequent inadequacies in care provision that lead to discomfort or inconvenience – no harm occurs e.g. being left wet Not having access to aids to independence	Recent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge without adequate planning and harm occurs Acts of neglect where there are also allegations of domestic abuse Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence / confidence Repeated failures to meet basic care needs ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated; Significant>critical***	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

	LOW	SIGNIFICANT	CRITICAL
Self-Neglect (See self-neglect guidance)	Isolated / occasional reports about unkempt personal appearance or property which is out of character or unusual for the person. Refusal to engage with health or social care, with minimal impact on well-being Indications of not managing a tenancy or own property independently e.g. unpaid utility bills, utilities at risk of being or already cut off, hoarding (see Hoarding Protocol)	Reports of concerns from multiple agencies Behaviour which poses a fire risk to self and others Poor management of finances leading to health, wellbeing or property risks Ongoing lack of care or behaviour to extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition Evidence of not managing a tenancy or own property (see examples in Low column) despite support from multiple agencies	Failure to seek lifesaving or sustaining services or medical care where required Incidents of fire posing a risk to self and others Life in danger if intervention is not made to protect the individual

	LOW	SIGNIFICANT	CRITICAL
Discriminatory abuse	Isolated incident of unwanted verbal attention motivated by prejudicial attitudes towards an adult's individual differences Occasional taunts that do not result in harm/ humiliation Isolated incident of care planning that fails to address adult's specific diversity associated needs for a short period *The impact of these incidents particularly when repeated should be considered when assessing seriousness.* ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated – low>significant; Significant>critical***	Inequitable access to service provision as a result of a diversity issue Recurring failure to meet specific care/support needs linked to diversity Refused access to essential services Denial of civil liberties such as voting or making a complaint Humiliation or threats on a regular basis ***When the concerns relate to the behaviour of a person in a position of trust or power, the level of risk should be escalated – low>significant; Significant>critical***	Hate crime resulting in injury / emergency medical treatment /fear for life Hate crime resulting in serious injury or attempted murder / honour-based violence

	LOW	SIGNIFICANT	CRITICAL
Organisational abuse May include any one or a combination of the other forms of abuse See NSSAB Service Level Safeguarding Protocol	Concerns in one of the following areas: 1. Lack of or lack of evidence application of safeguarding policy, procedure, or governance 2. Not meeting contractual or regulatory requirements but with an action plan in place to mitigate risks and improve service 3. Mismanagement of safeguarding concerns or poor record-keeping 4. Staffing: - Levels - Recruitment - Training 5. Quality of care e.g: - Food - Personal care - Routines - Medication practice - Activities 6. Lack of referrals to or involvement of external agencies including seeking medical care 7. Financial mismanagement or lack of investment	Concerns exist across a range of the following example domains: 1. Lack of or lack of evidence application of safeguarding policy, procedure or governance 2. Not meeting contractual or regulatory requirements but with an action plan in place to mitigate risks and improve service 3. Mismanagement of safeguarding concerns or poor record-keeping 4. Staffing: - Levels - Recruitment - Training 5. Quality of care e.g: - Food - Personal care - Routines - Medication practice - Activities 6. Lack of referrals to or involvement of external agencies including seeking medical care 7. Financial mismanagement or lack of investment	May result from one very serious incident which indicates risk to all other people using the service Concerns across several domains may exist alongside evidence of deception

	LOW	SIGNIFICANT	CRITICAL
Modern Slavery (also consider sexual abuse)	All concerns about modern slavery are deemed to be of a significant / critical level	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 Exploitation of an individual's circumstances Limited access to food or shelter Be regularly moved (trafficked) to avoid detection Removal of passport or ID documents	Sexual exploitation Starvation Organ harvesting No control over movement / imprisonment Forced marriage

	LOW	SIGNIFICANT	CRITICAL
Domestic Abuse Domestic abuse is **not** limited to partner on partner abuse, and incudes familial abuse. It can also take place anywhere, including care homes and hospitals	Isolated incident of alleged abuse Occasional taunts of an abusive nature / verbal outbursts The impact of these incidents particularly when repeated should be considered when assessing seriousness. Seriousness of such incidents will increase when they relate to the behaviour of a person in a position of trust or power (Please refer to NSSAB PIPOT Framework)	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 Accumulations of minor incidents Frequent verbal / physical outbursts No access / control over finances Stalking Relationship characterised by imbalance of power	Threats to kill, attempts to strangle, choke or suffocate. Non-Fatal strangulation Sex without consent (rape) Forced marriage Female Genital Mutilation (FGM) Honour-based violence Coercive control that results in harm e.g. - not taking prescribed medication for serious health conditions as a result of the alleged perpetrators beliefs
	A Domestic Abuse Risk Assessment (DASH) must be used to determine the level of risk in domestic abuse cases and a Multi-Agency Risk Assessment Conference (MARAC) referral made where appropriate		

Incidents between people using a care service

Any person has a fundamental right to justice and the protection of the law. However, the challenge comes in deciding whether to raise incidents between people using a care or support service as safeguarding concerns.

NSSAB understand that care services within its area work with varying degrees of risk; this often involves managing and responding to incidents between people using services that occur as a result of known care and support needs. Such services must be able to identify, respond to and reduce risk within the day-to-day function of their statement of purpose.

In deciding whether to raise a safeguarding concern or not, the primary consideration must be the views and wishes of the adult at risk. In practice this means that the same incident for one person may result in the matter being managed internally whereas the incident may be perceived or experienced differently by another person and the grounds for raising a concern may then be met.

NSSAB expect safeguarding concerns in connection with incidents between people who using the same care service to be raised in any one of the following circumstances:

- Where an incident has occurred and the adult at risk wishes a concern to be raised
- Where a criminal act has been committed and police are investigating
- Where harm has occurred for example:

  - Significant material loss
  - Cuts, bruising or marking
  - Damaging of a person's dignity
  - Emotional distress or psychological harm considered anything other than brief
- Where incidents are repeated
- Where an individual incident is purposely targeted or planned against one or more adults using the care service.
- Where isolated incidents cannot be managed within the usual care planning and risk management systems within the care service
- A predictable or preventable incident has occurred as a result of a failure to plan or deliver care the relevant care
- Intimate touching has occurred without valid consent

NSSAB expects care providers in its area to be able to manage incidents internally when all the following apply:

- Isolated incident where harm is brief or of a low level
- Provider can evidence that care planning and dynamic/responsive risk management within the care service's day to day function adequately reduce the risk of recurrence (the ability to manage risk will vary depending on the speciality and purpose of the particular service)

- The adult at risk does not wish for a concern to be raised

In all cases, action must be taken to identify the cause of risk and appropriate mitigating action taken. This includes the recording and reporting of incidents.

Case example:

Lewisham Safeguarding Adults Board published a Safeguarding Adults Review: LSAB 7 Minute Briefing - Eileen Dean (safeguardinglewisham.org.uk)

This review demonstrated the need for assessing risk, sharing information and the appropriate initiation of safeguarding procedures.

Responding to incidents between people using care services

Always consider Interventions to reduce harm:

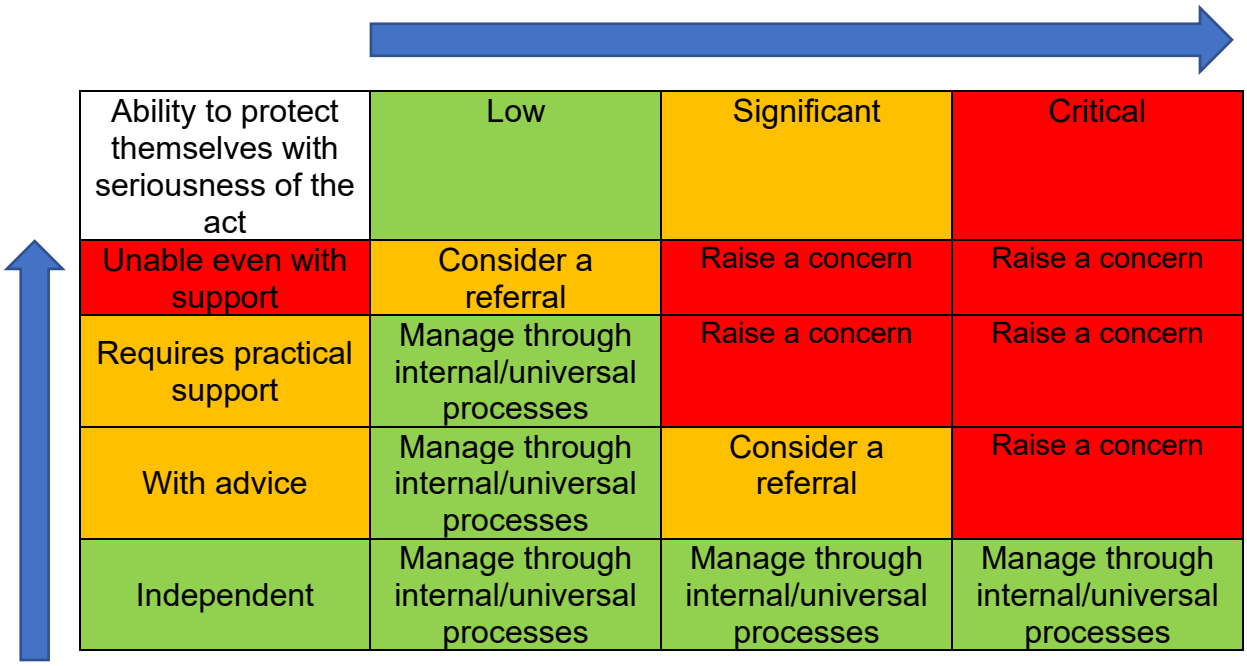
- Identification, recording and reporting of abusive behaviours
- Root cause of behaviours that cause risk (not just managing the behaviour as a symptom) for example, the impact of trauma and loss, psychosis or expression of unmet emotional needs.
- Environmental considerations (such as reducing crowding, noise and clutter, and prompting meaningful activities)
- Care practices (including care plans, staff training, identifying risk factors, consistent staffing to build relationships)

Appendix 1: Decision matrix and outcome record

The decision-making matrix is intended to assist in decision making in the majority of circumstances. However, if you are considering referring an incident between two or more people using a care service, first consider the seriousness of the incident, then move straight to Appendix Two

The decision matrix vertical axis relates to the vulnerability of the adult at risk: As you progress along this scale the adult becomes increasingly unable to act to protect themselves. Think about being able to describe someone's vulnerabilities and how they may impact on their experience of risk and ability to protect themselves.

The horizontal axis relates to the 'seriousness' of the alleged abusive act. Assessments must be made on a case-by-case basis, supported by the tables above which provide examples of how the levels of seriousness are assessed against the various types of abuse.



Ability to protect themselves with seriousness of the act	Low	Significant	Critical
Unable even with support	Consider a referral	Raise a concern	Raise a concern
Requires practical support	Manage through internal/universal processes	Raise a concern	Raise a concern
With advice	Manage through internal/universal processes	Consider a referral	Raise a concern
Independent	Manage through internal/universal processes	Manage through internal/universal processes	Manage through internal/universal processes

Red: Raise a concern

Amber: Consider a referral

Green: Manage through internal/universal processes (HR/Police/Universal public services)

Decision matrix outcome record

Adult at risk	Incident date	Details of incident	Decision maker	Decision date

Use an 'X' to identify the rating given when applying the matrix above:

Vulnerability rating		Seriousness rating		Overall matrix rating		
Independent		Low		Green		Manage through internal procedures and refer to universal services
With advice		Significant		Amber		**Consider a referral** Apply professional judgement and consider the evidence you are using. What are the views of adult at risk? Seek advice from organisational safeguarding leads
With practical support						
Unable even with support		Critical		Red		Raise a concern

Evidence to support this rating:	Evidence to support this rating:	Record whether or not a concern will be raised. Include a summary of your overall rationale:

Appendix Two: Incident between people using a care service: Decision making record

Adult at risk	Incident date	Details of incident	Decision maker	Decision date

If you answer 'Yes' to *any* of the following questions, a safeguarding concern must be raised	**Yes**	**No**
The adult at risk wishes a concern to be raised		
The seriousness of the incident is rated as critical		
A criminal act has been committed and police are investigating		
Harm has occurred for example: • Significant material loss • Cuts, bruising or marking • Damaging of a person's dignity • Emotional distress or psychological harm considered anything other than brief		
Incidents are repeated		
An individual incident is purposely targeted or planned against one or more adults using the care service.		
Isolated incidents cannot be managed within the usual care planning and risk management systems within the care service		
A predictable or preventable incident has occurred as a result of a failure to plan or deliver care the relevant care		
Intimate touching has occurred without valid consent		
If you answer 'No' to *any* of the following questions, a Safeguarding concern must be raised	**Yes**	**No**
Isolated incident where harm is brief or of a low level		
Provider can evidence that care planning and dynamic/responsive risk management within the care service's day to day function adequately reduce the risk of recurrence (*The ability to manage risk will vary depending on the speciality and purpose of the particular service)*		
The adult at risk does not wish for a concern to be raised		

Record the rationale or evidence used to reach this decision

Appendix Three: Equality Impact Assessment

1. Name the Strategy, Policy, Procedure or Function (SPPF) being assessed and name of author

Threshold Support Tool Author: James Wright & Kathryn Benjamin on Behalf of NSSAB Policy & Procedures Sub-Group

2. Aims of the SPPF being assessed

- *Whose need is it designed to meet?*
- *Are there any measurable objectives?*

Threshold support guidance is aimed to achieve consistency of decision making across partner agencies in deciding when to raise a safeguarding adults concern The safeguarding adults board would expect to see an increase in the proportion of safeguarding contacts that are considered a 'safeguarding concern'.

3. Who has been consulted in developing the SPPF?

- *Make reference or links to consultation/evidence documents*
- *Consider marginalised groups and people with lived experience*

Policy & Procedures sub-group members have been consulted which includes representatives of care providers across care home and domiciliary care. Acute psychiatric providers and long term psychiatric care providers have been consulted. LD Providers have not been consulted

4. Does the SPPF promote equality of opportunity?

The policy promotes equality of opportunity across the protected characteristics as follows: It ensures consistency of response for adults with care and support needs.

5. Are there potential human rights violations?

- *See the Charter of Fundamental Rights of the European Union on the Equality and Human Rights Commission website*

No

6. Screening Tool

Identify potential impact on each of the diversity "groups" by considering the following questions (the list is not exhaustive, but an indication of the sort of questions assessors should think about):

- *Might some groups be disproportionately affected?*
- *Do some groups have particular needs that are not well met by the current SPPF?*
- *What evidence do you have for your judgement (e.g. monitoring data, information from consultation/research/feedback)?*
- *Have stakeholders raised concerns/complaints?*
- *Is there local or national research to suggest there could be a problem?*

Insert X into one box per row, for impact level and type

H: High **M**: Medium **L**: Low **N:** None

+ Positive **=** Neutral **-** Negative

	Level				Type		
	H	M	L	N	+	=	-
Disabled people		x			X		
People from different ethnic groups				x		x	
Gender				x		x	
Sexual orientation				x		x	
People on a low income				x		x	
People in particular age groups				x		x	
People in particular faith groups				x		x	
People who are married or in a civil partnership				x		x	
Transgender people				x		x	
Other specific impacts, for example: carers, parents, impact on health and wellbeing, Armed Forces Community etc. Please specify: People with more complex needs and those who display behaviours that challenge others			x				x

7. If positive impact(s) have been identified in Table 4 above, what are they and how can they be improved upon or maximised, either in this SPPF or others?

Adults with disabilities should expect a more consistent response to concerns around abuse and neglect.

8. If negative impact(s) have been identified, what are they?

There is the potential that fewer concerns will be raised associated with incident between people more complex behavioural needs. The voice of people or providers of services for people with learning disabilities has not been heard.

9. If negative impact(s) have been identified, is there anything that can be done now that would reduce the impact level to Low or Neutral? (Detail below)

- <u>If no, progress to a full Equality Impact Assessment</u>

The guidance has been amended to ensure that the promotion of a person's right to protection and justice are made explicit and amendments were made to ensure that providers can evidence that their risk management plans are effective. The local authority manager for the team for people with learning disabilities was consulted.

- End of Screening Tool -