

WORKING IN PARTNERSHIP

**BUCKINGHAMSHIRE AND OXFORDSHIRE
SAFEGUARDING ADULTS**

**MULTI - AGENCY POLICY
AND PROCEDURES**



Document Control

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Contents

1. Introduction	Pg. 4
2. Principles and Values	Pg. 5
3. Legal Framework	Pg. 6
4. What is Safeguarding?	Pg. 8
5. Who do Adult Safeguarding duties apply to?	Pg. 11
6. Types and indicators of abuse and neglect	Pg. 13
7. Adult Safeguarding Process	Pg. 22
8. Roles and responsibilities	Pg. 23
9. Safeguarding Workforce	Pg. 26
10. Summary	Pg. 30
Appendix	
Buckinghamshire Threshold Tool	
Oxfordshire Threshold Tool	

1. Introduction

- 1.1 The abuse of adults in need of care and support is an issue of great national concern. As a society we need to commit to challenging any acceptance that being abused is part of the experience of being an adult in need of care and support.
- 1.2 To achieve this the Care Act 2014, and the statutory guidance that goes with it, has given a clear national framework for adult safeguarding new legal duties, to ensure we all have the tools and the authority to make reducing adult abuse a reality.
- 1.3 Developing a multi-agency policy and procedure to safeguard adults is a requirement of all Safeguarding Adults Boards who have the strategic responsibility to ensure that a robust, proportionate, timely and professional approach is taken when adults are at risk or experiencing abuse.
- 1.4 There is currently a trend to produce Safeguarding Policies and Procedures that go across regions/areas and we have agreed as the two Safeguarding Boards of Buckinghamshire and Oxfordshire that we would produce a policy and procedures that go across the two areas. This will enable agencies and staff who work across the two areas to have one consistent policy as well as sharing resources between the two Boards.
- 1.5 National and local experience of professionals and individuals who use services tells us that both increased awareness of adult abuse and improved essential to improving the prevention and response to abuse and neglect. All organisations working with adults in Buckinghamshire/Oxfordshire have a responsibility to:
 - Ensure they are aware of safeguarding adult's issues.
 - Ensure they are familiar with this policy and accompanying procedures.
 - Ensure they are equipped to act in accordance with their responsibilities as outlined in this policy and procedures document.

This supports the Board's statement that: Safeguarding is Everyone's business.

- 1.6 This Policy and Procedures document replaces Buckinghamshire's 2016 'Multi-Agency Policy and Procedures for Safeguarding Adults and Oxfordshire Safeguarding Adults Board Policy and Procedures.
- 1.7 The policy and procedures described in this resource should also be used in conjunction with individual organisations' adult safeguarding procedures on and related issues; such as domestic violence and abuse, fraud, disciplinary procedures, and health and safety.

2. Principles and Values

2.1 This policy is based on the following key principles:-

That adult safeguarding work should be based on the following principles:-

- No abuse is acceptable.
- Every person has a right to live a life free from abuse, neglect and fear.
- Safeguarding adults is everyone's business and responsibility.
- Support is in place for adults to prevent abuse from occurring and following incidents of abuse.
- To empower adults.
- To support choice and attempt to meet the desired outcomes of the person.
- All reports of abuse will be treated seriously.
- Every person should be able, where possible, to access information about how to protect themselves from abuse and neglect.
- Adult safeguarding work is aimed at the prevention and / or the swift and proportionate response to abuse and neglect.
- All partner agencies and organisations across Buckinghamshire/Oxfordshire should work collaboratively to ensure accountability, transparency and appropriate professional challenge.
- People working or involved with supporting adults have the appropriate knowledge, skills and training to effectively safeguard adults.

2.2 The Care Act and the Care Act Guidance sets out the statutory requirement for local authority social services, health, police and other agencies to both develop and assess the effectiveness of their local safeguarding arrangements. This is founded on the six key principles:-



Wellbeing Principle

2.3 The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support.

2.4 The wellbeing principle applies in all cases where carrying out any care and support function, or making a decision, or safeguarding. It applies equally to adults with care and support needs and their carers.

2.5 “Wellbeing” is a broad concept, and it is described as relating to the following areas in particular: -

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- individual’s contribution to society.

(West Midlands Adult Safeguarding Policy & Procedures Version 1.4.15 12)

2.6. Promoting “wellbeing” means actively seeking improvements, at every stage in relation to the adult with care and support needs (regardless of whether they have eligible needs or not) and carers. It is a shift from providing services to the concept of “meeting needs”.

2.7 Promoting “Wellbeing” should inform: planning of individual care packages, delivery of universal services and strategic planning. To promote “wellbeing” it should be assumed that individuals are best placed to judge their own wellbeing, their individual views, beliefs, feelings, wishes are paramount and individuals should be empowered to participate as fully as possible. Promoting an individual’s “wellbeing” should be balanced with those of their carers.

3. Legal Framework

The Care Act 2014

3.1 [The Care Act 2014](#) sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority’s duty to make enquiries or cause them to be made, to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and

the police. Safeguarding Adults Board must arrange Safeguarding Adult Reviews (SARs) as per defined criteria, publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

Mental Capacity Act (Including DoLS) 2005

3.2 [The Mental Capacity Act 2005](#), covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live, what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this

3.3 In addition - in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards, to protect their rights and ensure that the care or treatment they receive is in their best interests.

Human Rights Act 1998

3.4 [The Act](#) applies to all public authorities (such as central government departments, local authorities and NHS Trusts) and other bodies performing public functions (such as private companies operating prisons). These organisations must comply with the Act – and individual's human rights – when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act (2014) extends the scope of the Human Rights Act (1998). This incorporates registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the local authority (including Direct Payment situations (LGA, 2014)). It does not incorporate entirely private arrangements concerning care and support.

3.5 Although the Act does not apply to private individuals or companies (except where they are performing public functions), sometimes a public authority has a duty to stop people or companies abusing an individual's human rights. For example, a public authority that knows a child is being abused by its parents has a duty to protect the child from inhuman or degrading treatment.

3.6 The Human Rights act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions in the Human Rights Act.

4. What is Adult Safeguarding?

4.1 Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*' ([Care and Support statutory guidance, chapter 14ii](#)). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are: -

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

4.2 **The aims of Adult Safeguarding are to:** Stop abuse or neglect wherever possible; -

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

Prevention

4.3 Section 2 of the Care Act xxiii requires Local Authorities to ensure the provision of preventative services (i.e. services which help prevent or delay the development of care and support needs, or reduce care and support needs). Organisations should take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies.

4.4 A core responsibility of a Safeguarding Adults Board is to have an overview of prevention strategies and ensure that they are linked to the Health and Wellbeing Board's, Quality Surveillance Group's (QSG), and Community Safety Partnerships prevention strategies (See appendix 4). Prevention strategies might include: Identifying adults at risk of abuse;-

- Public awareness;
- Information, advice and advocacy;
- Inter-agency cooperation;
- Training and education;
- Integrated policies and procedures;
- Integrated quality and safeguarding strategies;

- Community links and community support;
- Regulation and legislation;
- Proactive approach to Prevent.

4.5 Partners should embrace strategies that support action before harm can occur. Where abuse or neglect has occurred, steps should be taken to prevent it from reoccurring wherever possible, doing so within relevant parameters but sharing intelligence to support a holistic partnership approach to prevention. For example, visiting staff might identify an adult with a combination of characteristics that may render them more vulnerable to a fire risk and take action to refer to [Buckinghamshire Fire and Rescue – Home Safety Check](#) or [Oxfordshire Fire & Rescue – Home Safety Check](#).

4.6 Organisations should implement robust risk management processes that identify adults at risk of abuse or neglect and take timely appropriate action. Safeguarding functions should be integrated into quality management and assurance structures.

4.7 Prevention should be discussed at every stage of safeguarding, and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery. Discussions between staff and adults, their personal network and the wider community (if appropriate) help build up resilience as part of the recovery process. Where support is needed to prevent abuse, this needs to be identified and put into safeguarding planning.

Raising Awareness

4.8 Public awareness campaigns can make a significant contribution to the prevention of abuse. They are more effective if backed up by information and advice about where to get help, and there is effective training for staff and services to respond. Joint initiatives to raise awareness can be very effective.

Information

4.9 The term ‘information’ means the communication of knowledge and facts regarding care. ‘Advice’ means helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support. Local Authorities are required to establish and maintain an information and advice service relating to all local residents within its area, not just adults with care and support needs.

4.10 Information and advice is critical to preventing or delaying the need for services and, in relation to safeguarding, can be the first step to responding to a concern. Section 4, the Care Act states that Local Authorities must: ‘*establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.*’ This includes information and advice about safeguarding and should include:

- How to raise concerns about the safety or wellbeing of an adult who has needs for care and support needs;
- Awareness of different types of abuse and neglect;
- How people can keep safe, and how to support people to keep safe;
- The safeguarding adults process;
- How Safeguarding Adults Boards work.

All organisations should ensure that they are able to provide this service and can signpost adults to receive the right kind of help by the right organisation.

Advice

4.11 Whereas information may be generic to a lesser or greater extent, advice needs to be tailored to the person seeking it, recognising people may need different mediums through which to communicate. Advice and information should, where possible, be provided in the manner preferred by the person and in a way to help them understand the information being conveyed. This should be cognisant of the Equality Act 2010^{xxvi}. 'Reasonable adjustments' should be made to ensure that disabled people have equal access to information and advice services. Reasonable adjustments could include the provision of information in accessible formats or with communication support.

4.12 Organisations have a number of direct opportunities to provide, or signpost people to information and advice, in particular for safeguarding:

- At first point of contact;
- During or following an adult safeguarding enquiry;
- Safeguarding planning;
- Risk management;
- Through complaints and feedback about a service which identifies a safeguarding concern.

Timescales

4.13 These combined adult safeguarding procedures do not set definitive timescales for each element of the Safeguarding process; however, target timescales are indicated. In addition, individual local authorities or Safeguarding Adults Boards may make decisions on timescales for their own performance monitoring. Local guidance on timescales should reflect the ethos of the Making Safeguarding Personal agenda.

4.14 The approach within the combined procedures is as follows: -

- *Managing immediate risks*- Some adult safeguarding concerns will require an immediate assessment and response to safeguard the adult. This policy and procedure set out some target timescales for responding to and managing immediate risks.

- *Making decisions about safeguarding concerns and undertaking enquiries-* There are some target timescales, however, as with all adult safeguarding work, responses must be timely.
- REMEMBER- It is important to respond at the pace that is right for the adult, and puts them in greatest control of what happens in their life

5. Who do Adult Safeguarding duties apply to?

5.1 In the context of the legislation, specific adult safeguarding duties apply to *any* adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse or neglect, and
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
- Adults who manage their own care and support through personal or health budgets;
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;
- Children and young people in specific circumstances as detailed below.

Transitions

5.2 Transition is a vulnerable time for young people. Not all young people who have been abused as a child will need support from Adult Services however, work needs to be done with them prior to them leaving Children Services to make sure that they are supported going into adult hood.

For those young people who require support from Adult Services, planning needs to be started when they are 17 to prepare for the transition between the two services, any open safeguarding enquiries at time of transition should be dealt with sensitively, to ensure the young person is appropriately supported.

Outside of scope of this policy and procedures

5.3 **Adults in custodial settings** i.e. prisons and approved premises. Prison governors and National Offender Management Services have responsibility for these arrangements. xxvii The Safeguarding Adults Board does however have a duty to assist prison governors on adult safeguarding matters. Local Authorities are required to assess for care and support needs of prisoner which take account of their wellbeing. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contributes towards safeguarding offenders.

- 5.4 **Children and Young People.** If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children's services should take place.
- 5.5 Physical and sexual abuse towards parents and other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death. The UK prevalence study of elder abuse identified younger adults (rather than the person's partner) as the main perpetrators of financial abuse.
- 5.6 **Young Carers.** In respect of young carers, Section 1 of the Care Act 2014^{xix}, alongside Section 96^{xxxv} and Section 97^{xxxvi} of the Children and Families Act 2014, offers a joined up legal framework to identify young carers and parent carers and their support needs. Both Acts have a strong emphasis on outcomes and wellbeing.
- 5.7 **Carers and safeguarding.** Circumstances in which a carer could be involved in a situation that may require a safeguarding response includes when:
- A carer may witness or speak up about abuse or neglect;
 - A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
 - A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Where there is intentional abuse, adult safeguarding under Section 42, the Care Act, should always be considered.

- 5.8 **Adults who were abused as children.** Non-recent abuse (also known as historical abuse) is an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.

The role of Adult Safeguarding, with people who were abused as child is limited, however the Safeguarding team can direct people to support and help the adult at risk including the police. However, should the alleged perpetrator be still be working with either children or adults at risk then a referral can be made to the MASH for consideration under the "Persons in Position of Trust" policy (Buckinghamshire) or "Allegations against Employees, Volunteers and Carers" policy (Oxfordshire).

6. Types and indicators of abuse and neglect

6.1 Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

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

These types of abuse or neglect are explored in more detail in the following sections.

Physical abuse

6.2 Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators

- Unexplained or inappropriately explained injuries;
- Adult exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication;
- Adult flinches at physical contact;
- Adult appears frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;

- Adult may repeat what the person causing harm has said (e.g. ‘Shut up or I’ll hit you’);
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;
- An adult without capacity not being allowed to go out of a care home when they ask to;
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

Domestic abuse

6.3 Domestic abuse includes psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. In 2013, the Home Office announced changes to the definition of domestic abuse: -

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

6.4 Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Family members are defined as: mother, father, son, daughter, brother, sister and Grandparents, whether directly related, in-laws or step-family.

Forced Marriage

6.5 Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

6.6 In a situation where there is concern that an adult with care and support needs is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

6.7 The Anti-social Behaviour, Crime and Policing Act 2014 means it is now a criminal offence to force someone to marry. In addition, the Forced Marriage (Civil Protection) Act 2007 may be used to obtain a Forced Marriage Protection Order as a civil remedy.

Honour-based violence

6.8 Honour-based violence is a crime, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Many of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

6.9 Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

Female genital mutilation (FGM)

6.10 FGM involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. It also makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.

Sexual abuse

6.11 Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

6.12 It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

6.13 Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse (see section on position of trust).

Possible indicators

- Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;

- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;
- Sexual exploitation.

6.14 The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them.

6.15 Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

Psychological abuse

6.16 Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks. Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Possible indicators

- Untypical ambivalence, deference, passivity, resignation;
- Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Adult exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Adult is not allowed visitors/phone calls;
- Adult is locked in a room/in their home;
- Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Adult's access to personal hygiene and toilet is restricted;
- Adult's movement is restricted by use of furniture or other equipment;

- Bullying via social networking internet sites and persistent texting.

Financial or material abuse

6.17 This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on an adult's accounts or cards
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the adult lacks the capacity to make this decision;
- Recent changes of deeds/title of house or will;
- Recent acquaintances expressing sudden or disproportionate interest in the adult and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

Modern slavery

6.18 Modern Slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- forced to work - through mental or physical threat;
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- dehumanised, treated as a commodity or bought and sold as 'property';
- physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races.

Human Trafficking

6.19 Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. If an identified victim of human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process. The police are the lead agency in managing responses to adults who are the victims of human trafficking. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

Possible Indicators:

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:-

- Adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else;
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn
- They have few personal possessions and often wear the same clothes
- What clothes they do wear may not be suitable for their work.
- The adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live
- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English
- Fear of authorities
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.

(West Midlands Adult Safeguarding Policy & Procedures 1.4.15 20)

Environmental indicators

- Outside the property- there are bars covering the windows of the property or they are permanently covered on the inside. Curtains are always drawn. Windows have reflective film or coatings applied to them. The entrance to the property has CCTV cameras installed. The letterbox is sealed to prevent use. There are signs the electricity may have been tacked on from neighbouring properties or directly from power lines?

- Inside the property- access to the back rooms of the property is restricted or doors are locked. The property is overcrowded and in poor repair.

Discriminatory abuse

6.20 This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible Indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.:-

- An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- An adult making complaints about the service not meeting their needs.

Organisational abuse

6.21 Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their 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 within an organisation.

6.22 Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs.

6.23 Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff: -

- receive little support from management;
- are inadequately trained;
- are poorly supervised and poorly supported in their work;
- receive inadequate guidance;

- or where these is:
- Unnecessary or inappropriate rules and regulations;
- Lack of stimulation or the development of individual interests;
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- Restriction of external contacts or opportunities to socialise.

Neglect and acts of omission

6.24 These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

6.25 Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk.

Self-neglect

6.26 Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and include behaviour such as hoarding. Self-neglect it is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.

6.27 Although an area of abuse that has only recently come under Adult Safeguarding this is an area which can be one of the most difficult for practitioners to work with balancing the rights of individuals to live their own

lives but also to protect our most vulnerable. Further guidance for both workers and victims of self-neglect can be found on both Board websites.

Indicators of self-neglect may be:

- living in very unclean, sometimes verminous, circumstances;
- poor self-care leading to a decline in personal hygiene;
- poor nutrition;
- poor healing/sores;
- poorly maintained clothing;
- long toenails;
- isolation;
- failure to take medication;
- hoarding large numbers of pets;
- neglecting household maintenance;
- portraying eccentric behaviour/lifestyles;

NOTE: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

Location of abuse

6.28 Abuse can take place anywhere. For example: -

- the person's own home, whether living alone, with relatives or others;
- day or residential centres;
- supported housing;
- work settings;
- educational establishments;
- care homes;
- clinics hospitals;
- prisons;
- other places in the community.

Who might abuse?

6.29 Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult with care and support needs. A wide range of people may harm adults. These include:

- a spouse/partner;
- an adult with care and support needs;
- other family members;
- neighbours;
- friends;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals: and
- volunteers and strangers.

6.30 A lot of attention can be paid to targeted fraud or internet scams perpetrated by complete strangers, however it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

7. Adult Safeguarding Process

Safeguarding Under the Care Act

7.1 Sections 42-46 of the Care Act 2014 set out the statutory framework for working with adult safeguarding. This replaces 'No secrets' guidance, which was the previous point of reference for this area of practice.

- Section 42 – Enquiry
- Section 43 – Safeguarding Adults Boards
- Section 44 – Safeguarding Adults Reviews
- Section 45 – supplying information
- Section 46 – abolition of Local Authority Power to remove person's in need of care
- Section 47 – protecting property of adults being cared for away from home

7.2 The Safeguarding Adults Board has the statutory responsibility to ensure a robust, proportionate, timely and professional approach is taken when Adults with care or support needs are at risk of, or experiencing abuse or neglect.

7.3 As such, developing a multi-agency policy and procedure to safeguard adults with care and support needs is a requirement of all Safeguarding Adults Boards. Both increased awareness and improved collaboration between agencies are essential to improving both prevention and responsiveness to abuse and neglect. All organisations working with adults in Buckinghamshire must ensure they are:-

- aware of safeguarding issues
- familiar with these policies and procedures
- equipped to act in accordance with their responsibilities under this
- framework

Section 42 of the Care Act 2014 requires that each Local Authority must:-

- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.
- Where Mental Capacity is an issue or the adult concerned has 'substantial difficulty' in being involved in the process of a safeguarding enquiry, the Local Authority must arrange for them to be supported by an advocate. Where there is no other suitable person to represent them, an independent advocate must be provided.

- Co-operate with each of its relevant partners in order to appropriately protect the adult. In turn, partners must cooperate with the Local Authority.

7.4 The combined effect of section 42 and 79 of the Care Act is that the Local Authorities safeguarding responsibility cannot be delegated. The Duty on the Local Authority under s.42 is to “make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken...” The statutory service does not have to undertake the actual enquiry itself, it has to coordinate and quality assure the response, including the quality and outcomes of any delegated enquiry.

7.5 There are three stages to the process of an enquiry:-

- a) Commissioning the enquiry
- b) Undertaking the enquiry
- c) Deciding what action to take in light of the enquiry

Only the undertaking of an enquiry can be delegated by the Local Authority, (e.g. to Health, a Provider organisation etc.). Stages (a) and (c) must be undertaken by the Local Authority itself.

7.6 There are separate procedures which outline how and when to make a referral along with a threshold tool to assist staff to know what to refer to safeguarding.

8. Roles and responsibilities

8.1 **Safeguarding Adults Team.** The Safeguarding Adults Team acts as the first point of contact for ALL safeguarding concerns in Buckinghamshire and Oxfordshire except for in an emergency situation, wherein 999 should be called. In Buckinghamshire, the Multiagency Safeguarding Hub (MASH) co-locates key partners in order to improve the initial response to safety concerns. MASH is staffed by safeguarding professionals from; Bucks County Council, Thames Valley Police and Bucks Healthcare Trust, who work from Aylesbury Police Station. Mash can be contacted on 0800 137 915 during normal working hours, or via 0800 999 7677 outside of these. In Oxfordshire, the Safeguarding Adults Team can be contacted on 0345 050 7666 during normal working hours or via 0800 833 408 outside of these.

8.2 Upon receipt of a concern into the MASH, information will be collated to build up a picture of the circumstances of the person(s) subject to the concerns and in order to assess whether intervention under the safeguarding. MASH has replaced a range of existing referral points and allows agencies to work together more closely than previously and ensures a timely and consistent response for all safeguarding concerns. Staff within MASH also provide information, advice and guidance for professionals and the general public, helping improve the quality of information provided and the number of inappropriate referrals.

- 8.3 **Thames Valley Police** TVP are statutory members of the Safeguarding Adults Board. Many forms of abuse or neglect may amount to criminal offences. Whilst Safeguarding is everyone's business; prevention, identification, investigation, risk management and detection of criminal offences is a fundamental role of the Police.
- 8.4 Criminal Investigations will take precedence over other forms of enquiry, but safeguarding planning will need to be undertaken in parallel. The Police coordinate criminal investigations with wider safeguarding responses – this requires partnership, effective communication and co-operation, making best use of each organisations skills and expertise in order to achieve safe, affective and timely outcomes for those at risk
- 8.5 **Clinical Commissioning Group** the 'NHS Accountability and Assurance Framework 2015' sets out the framework for Adult Safeguarding within the Health Service. It clearly sets out roles, duties and responsibilities of agencies commissioning NHS health care. It does not generate new policy or priorities, but articulates how the performance of the wider NHS, with respect to duties and priorities defined elsewhere, will be delivered and assured.
- 8.6 The CCG is the statutory partner of the Safeguarding Adults Board. The CCG is the commissioner of local health services and needs to assure itself that the organisation's, from which they commission, have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals, on behalf of the local health system. Designated Professionals and Adult Safeguarding Leads undertake a whole health economy role – it is crucial they play an integral role in all parts of the commissioning cycle, from procurement to quality assurance if appropriate services are to be commissioned that support those at risk of abuse and neglect, as well as effectively safeguarding their well-being. Safeguarding forms part of the NHS standard contract and commissioners will need to agree with providers what contract monitoring processes are used to demonstrate compliance with safeguarding duties.
- 8.7 CCGs must gain assurance from all commissioned services, throughout the year to ensure continuous improvement. Assessment may consist of assurance visits, section 11 audits and attendance at provider safeguarding committees. CCGs are also required to demonstrate they have appropriate systems in place for discharging their statutory duties in terms of safeguarding
- 8.8 **Coroner** It is their role to establish cause of death if it's not known, and to enquire about the cause if due to violence, or otherwise appears unnatural. Any situation where it is thought abuse or neglect may have contributed to or resulted in death must be referred to the coroner at the earliest opportunity. Likewise, where it is anticipated someone is likely to die as a result of abuse or neglect, this should also be reported to the coroner at the earliest opportunity. This will enable the coroner to make investigation, post mortem and inquest decisions in a timely fashion. In addition, referral to the coroner must be made in the following circumstances (by the person undertaking the Sec 42 Enquiry):

- A death that occurs during a Sec 42 enquiry
- A death that occurs within 30 days of a Sec 42 enquiry being completed
- When a large scale enquiry is started – this will alert the coroner to services about which there are significant concerns and the chair of LSE.
- Any service wherein it is identified there appears to be an unexpected high death rate.

8.9 The coroner will also inform the Safeguarding Adults Team of any deaths they consider may be due to safeguarding concerns or any unusually high death rate (this will be a decision made by the coroner), to inform decisions about whether a Sec 42 enquiry, large scale enquiry, or safeguarding adults review is required.

8.10 **Safeguarding Adults Boards** - The main objective of the Safeguarding Adults Board is to assure itself that local safeguarding arrangement and partners act to help and protect adults in its area who meet the criteria set out at paragraph. The Safeguarding Adults Board has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, and awareness and responsiveness of further education services. It is important that Safeguarding Adults Board partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services.

8.11 A Safeguarding Adults Board has three core duties:

1. It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the Safeguarding Adults Board must consult the local Health watch organisation.
2. It must publish an annual report detailing what the Safeguarding Adults Board has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
3. It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act. Safeguarding requires collaboration between partners in order to create a framework of inter-agency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the co-operation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working those adults who have been involved in a safeguarding enquiry.

8.12 **All Partner Agencies-** Each partner agency will have its own internal safeguarding procedure, which should comply with the multiagency framework, and should clearly set out the responsibilities of all persons who operate within them. Policies & Procedures must include:

- Statement of purpose relating to promoting wellbeing, preventing harm and responding effectively if concerns are raised
- Statement of roles and responsibilities, authority and accountability, specific enough to ensure all personnel understand their role and limitations
- Statement of process for dealing with safeguarding concerns, including for emergency situations and reporting to Police when appropriate
- Full information on how to make a referral, whether inside normal working hours or not, including comprehensive list of contact details both locally and nationally
- Information on how to record allegations, enquiries and all associated work.
- Full description of channels for multiagency communication and procedures for information sharing and decision making
- Details of how Professional disagreements are to be resolved, especially with regard to disagreements about whether a referral should be made or not.

8.13 Procedures should be updated to incorporate learning from published research, peer reviews, case law and Safeguarding Adults Reviews. Where appropriate, partner agencies should agree to integrate assessment tools, which identify risk of abuse and neglect, into their assessment practice and risk management protocols, and adopt a process for carrying out annual audit of cases concerning safeguarding. Each partner agency should ensure its staff and volunteers at all levels have access to relevant information and training and have the necessary knowledge and skills to enable them to fulfil their individual roles in relation to safeguarding work. All personnel within partner agencies should know who they can contact to report concerns of abuse or neglect, including how to access and follow whistleblowing protocols. Regular supervision of staff and volunteers should address safeguarding concerns and identify related training needs.

9. Safeguarding Workforce

9.1 This section covers the responsibility of organisations, with leadership from Safeguarding Adults Boards, to support staff and to ensure that there is a well trained workforce equipped to safeguard people at risk of abuse and neglect. These responsibilities are highlighted in the Adult Safeguarding Improvement Toolkit which was developed in partnership by:

- Association of Chief Police Officers (ACPO)
- Association of Directors of Adult Social Services (ADASS)
- Local Government Association (LGA)
- NHS Confederation

- NHS Clinical Commissioners

9.2 Workforce development is a key enabler of change to meet the standards set out. The tool enables effective scrutiny of safeguarding work at all levels and across all agencies with safeguarding responsibilities in the context of making safeguarding personal and ensuring greater independence and choice for users of services. The shift in culture and practice, in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded, is the greatest challenge for organisations.

For agencies involved in making Section 42 enquires, there may be particular cultural and learning and development needs including improving skills in:

- Communication with a wider range of people
- Risk assessment – making complex interpretations of information about the safety and well-being of people in order to balance professional assessment of risk with the rights of adults at risk to determine their own safeguarding outcomes.

Learning from the work of Munro, there is a danger that, ‘When the organisation does not pay sufficient attention to these skills, then procedures may be followed in a way that is technically correct but is so inexpert that the desired result is not achieved.’ The Munro Review of Child Protection: Final Report A child-centred system (2011)

A positive workplace Culture (key in preventing abuse in the provision of care) should be developed through strong leadership and management. Changes in the way that the workforce responds to concerns about abuse or neglect may mean that some organisations may have to assess their capacity to meet their safeguarding responsibilities. Skills for Care have produced a capacity planning model: Workforce capacity planning that organisations working in adult social care might find helpful.

Prevention

9.3 Knowing how to stop abuse and neglect and prevent it happening in the first place should be at the forefront of safeguarding developments. Staff need to be mindful of potential risks and discuss these with people who might be at risk of abuse or neglect at every opportunity, giving them information and support that enables them to make informed choices. Awareness campaigns for the general public and multi-agency training for all staff might contribute to achieving these objectives

Dealing with the variety of need is better achieved by professionals understanding the underlying principles of good practice in assessment, risk management and safeguarding work, and developing the expertise to apply them throughout.

Recruitment

9.4 All organisations that employ adults or volunteers to work with children or vulnerable adults should adopt a consistent thorough process of safer recruitment to ensure those recruited are the best candidates for the role and are suitable to work with vulnerable groups. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safe recruitment decisions. In addition, recruitment processes should evidence:

1. Right to work in the UK
2. Application process (forms, supporting statements, Curriculum Vitae, interview and selection)
3. Qualifications
4. Verifiable references

Standards and guidance on safe recruitment can be found in the following documents, helping employers make safer recruiting decisions and Values based recruitment. Related issues:-

- Rehabilitation of Offenders Act 1974cxiii - People working with children or vulnerable adults are required to reveal all convictions, both spent and unspent.
- Registration with professional bodies – if registration with a professional body is a condition of employment, staff are responsible for maintaining their registration. Employers should carry out compliance audits as part of their safeguarding quality assurance measures.

Induction

9.5 It is important for all workers to know exactly what is expected of them in their role. Employers should ensure that there is an agreed induction period that covers cultures, standards, HR policy and procedures, terms and conditions. Additionally, staff should be supported through this period to understand their safeguarding role and responsibility.

Professional Development

9.6 For frontline workers in health and social care the Care Certificate sets out the minimum standards required and aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

It is designed for new staff, and also offers opportunities for existing staff to refresh or improve their knowledge. It was developed jointly by Skills for Care, Health Education England and Skills for Health. The Care Certificate

- Links to National Occupational Standards and units in qualifications
- Gives workers a good basis from which they can further develop their knowledge and skills

For managers in adult social care there are also Manager Induction Standards

Assessed and supported year in employment (ASYE) is designed to help newly qualified social workers (NQSWs) to develop their skills, knowledge and capability. It aims to strengthen their professional confidence. It aims to provide them with access to regular and focused support during their first year of employment. Their safeguarding skills should be developed part of this process.

Learning and Development

9.7 The Safeguarding Board will lead and each organisation will determine their own Learning and Development activities which may include seminars on specific topics, practice development forums whereby staff learn from audits and performance data, and peer challenges as well as formal training. Learning and Development activity should be informed by learning from SARs and a shared approach to learning.

Training

9.8 All organisations need to ensure that staff and volunteers have access to training and continuous professional development that is appropriate to their level of responsibility.

Capability framework

9.9 Buckinghamshire and Oxfordshire have their own Competence Frameworks sets out levels of skills, knowledge and experience expected of individual staff. The framework supports organisations:

- To raise standards and ensure consistent and proportionate response to safeguarding
- Improve partnership working and consistency to secure better outcomes for people
- To support work-based evidence of learning and competence in practice
- To provide managers with a framework to evaluate performance and identify training needs
- Clarify expectations of the role of all relevant members of the workforce in safeguarding
- Provide quality assurance tools for commissioners and contract monitoring officers

All staff should be assessed as competent against the competences that are relevant to their occupational role. Whatever their role, all staff should know when and how to report any concern about abuse or neglect of an adult. Therefore all staff need to be competent at the first level and beyond this it will depend on their occupational role and level responsibilities. Training can be linked to a particular staff group to ensure the workforce is able to meet the specified competence. All commissioned training can be evaluated against the specific competences for specific roles.

An updated framework is available here:

- **Buckinghamshire**
<http://www.buckinghamshirepartnership.co.uk/safeguarding-adults-board/buckinghamshire-safeguarding-adults-board/subgroups-and-safe-forum/training-subgroup/>
- **Oxfordshire**
<http://www.osab.co.uk/wp-content/uploads/Oxfordshire-Safeguarding-Adults-Board-competency-framework.pdf>

The required staff training levels will be determined locally, and organisations may wish to reflect similar levels of training for specific staff in line with training available in safeguarding children. There may be scope for joint training for example domestic abuse.

10. Summary

10.1 This policy and procedure is an overarching document intended to provide the background for all other Safeguarding documentation produced by both Buckinghamshire and Oxfordshire Safeguarding Adults Boards. The Policy is regularly reviewed and monitored by both Boards.

10.2 Changes to the policy and procedure will be considered by both Boards on completion of requests made using the policy and procedures amendment form. (See website.)

Buckinghamshire Threshold Tool.

Guidance on using the Buckinghamshire Safeguarding Adults Threshold Tool

Purpose: the Safeguarding Adults Threshold Tool has been developed to assist practitioners working within organisations in assessing the seriousness and level of risk associated with a safeguarding adults concern. The aim is to ensure that everyone understands the threshold consideration. **The tool is not intended to replace professional judgement but to empower agencies to comply with their responsibilities under the Care Act 2014.**

A clear threshold and process, together with a common understanding across local partnerships and agencies will improve consistency. A number of reasons are provided to support the need for a threshold tool. These include:

- A benchmark to assess the level of vulnerability of an individual;
- A measure of consistency;
- Proportionate and effective management of low, significant, and critical level concerns.

Consistency: there is a need for a consistent approach to safeguarding adults. Appropriate thresholds are seen as a good way to achieve this and should be included in all safeguarding adults training packages in Buckinghamshire. Practitioners are encouraged to use their professional judgement and to consider each case on an individual basis.

The Care Act: the Care Act statutory guidance states that “Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse and neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.”

There is no “significant harm” threshold for action under safeguarding adult’s procedures. However, any actions taken must be proportionate to the level of presenting risk or harm and be driven by the desired outcomes of the adult or their representative. Referring agencies need to use their professional judgement, include the views of the adult and where appropriate, seek consent for sharing information. The Care Act is clear that safeguarding adults is everybody’s business and that agencies must implement robust risk management processes to prevent concerns escalating to a crisis point and requiring safeguarding intervention.

Where a concern is **not** referred to the Local Authority Safeguarding Team, the individual agency **MUST** make a record of the concern and action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring under safeguarding adult’s procedures does not negate the need to report internally and to regulators/commissioners as appropriate. If a concern does not require a safeguarding response, the identifying agency **MUST** demonstrate what action has been taken and involve other relevant agencies to support the individual(s) affected or at risk.

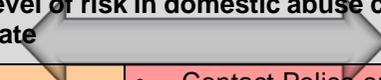
Where a concern is referred on a multi-agency basis, a Local Authority Safeguarding Adults Manager will then use the risk threshold tool to determine whether safeguarding adult’s procedures will continue beyond the Initial Enquiry stage.

This document is intended for use by those working within organisations, everyone else should call the Buckinghamshire Safeguarding Adults Team on **0800 137 915**

Types of abuse and seriousness	Low level concerns do not require a safeguarding referral, but MUST receive a proactive response that is clearly documented. All concerns MUST be reported in line with your organisation's policies and procedures. Other reporting procedures still apply e.g. CQC, commissioning organisations. If any concern occurs more than once, advice should be sought from the Local Authority Safeguarding Team.	Concerns of a significant nature MUST be referred to the Local Authority Safeguarding Team. Some examples of significant harm include criminal offences or concerns about radicalisation which MUST be referred to the Police via preventreferrals@thamesvalley.pnn.police.uk	Concerns of a critical nature MUST be referred to the Local Authority Safeguarding Team and Police.
	LOW	SIGNIFICANT	CRITICAL
Financial	<ul style="list-style-type: none"> • Money not recorded safely and properly • Adult is routinely sending money to competitions/charity • Adult not routinely involved in decisions about how their money is spent or kept safe • capacity in relation to finance is not properly considered 	<ul style="list-style-type: none"> • Adult denied access to own funds or possessions • Ongoing non-payment of care fees putting a person's care at risk • Misuse of Lasting Power of Attorney or Deputyship for Finance • Misuse/ Misappropriation of property or possessions of benefits by a person in a position of trust or control or to coerce • Personal finances removed from adult's control 	<ul style="list-style-type: none"> • Fraud / scamming and/or exploitation including cybercrimes relating to benefits, income, property or wills • Theft
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' • Isolated incident between service users resulting in 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 • Deliberate maladministration of medications • 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

<p>Sexual (including sexual exploitation)</p>	<ul style="list-style-type: none"> • All incidents of a sexual nature must be reported to the Local Authority Safeguarding Team for assessment. 	<ul style="list-style-type: none"> • Sexualised touch or masturbation without valid consent • Being subject to indecent exposure • Contact or verbal sexualized behaviour which causes distress to the person at risk • Voyeurism 	<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 valid 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 • Any sexualized behaviour by a member of staff/volunteer/person in a position of trust • Sex without valid consent (rape)
<p>Psychological</p>	<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 • Occasional taunts or verbal outbursts through an informal relationship • The withholding of information to disempower 	<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 abuse, taunting, belittling • Radicalisation 	<ul style="list-style-type: none"> • Humiliation • Emotional blackmail e.g. threats of abandonment/harm • Frequent and frightening verbal outbursts 	<ul style="list-style-type: none"> • Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage • Prolonged intimidation • Vicious/personalized verbal attacks
<p>Neglect</p>	<ul style="list-style-type: none"> • One 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 • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs 	<ul style="list-style-type: none"> • Recent missed home care visits where risk of harm escalates, or one miss 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 • More than one missed medication or errors affecting one or more individual(s) • Recurring missed medication or errors affecting one or more individual(s) 	<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

<p>Self-Neglect <i>Self-neglect may not prompt a section 42 enquiry. Assessments will be made on a case-by-case basis</i></p>	<ul style="list-style-type: none"> • Refusal of care and support without significant impact on physical/emotional wellbeing (refer to Self-neglect Toolkit on BSAB website) 	<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"> • 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 	<ul style="list-style-type: none"> • Ongoing lack of care or behaviour to 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 and/or others
<p>Discriminatory</p>	<ul style="list-style-type: none"> • Isolated incident of a remark made indicating possible prejudicial attitudes towards an adult's individual differences 	<ul style="list-style-type: none"> • Isolated incident of care planning that fails to address adults specific diversity associated needs for a short period 	<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 linked to diversity 	<ul style="list-style-type: none"> • 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 welfare • Hate crime resulting in serious injury or attempted murder / honour-based violence
<p>Organisational (any one or combination of the other forms of abuse)</p>	<ul style="list-style-type: none"> • Lack of stimulation / opportunities for people to engage in social and leisure activities. • Service users not given sufficient voice or involved in running of the service 	<ul style="list-style-type: none"> • Denial of individuality and opportunities for the service user to make informed choice and take responsible risks. • Care planning in documentation not person centered. 	<ul style="list-style-type: none"> • Rigid/inflexible routines • Service user's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing possessions 	<ul style="list-style-type: none"> • Bad/poor practice not being reported and going unresolved • Unsafe and unhygienic living environments 	<ul style="list-style-type: none"> • Staff misusing their position of power over service users • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread consistent ill-treatment or neglect
<p>Modern Slavery</p>	<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 • Debt bondage 	<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 between adults without care and support needs. If there are children in the household, always refer to Children's Social Care First Response 	<ul style="list-style-type: none"> Unexplained 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 Repeated verbal / physical incidents 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 Imprisonment/confinement Sex without valid consent (rape) Forced marriage Female Genital Mutilation (FGM) Honour-based violence
	The CAADA 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 			
What should I do Next?	<p>Use the Buckinghamshire County Council information pages and clearly RECORD the actions and outcomes http://www.buckscc.gov.uk/social-care/care-for-adults/</p>	<ul style="list-style-type: none"> Make a referral to Safeguarding Adults at Buckinghamshire County Council Contact Police on 101 if crime suspected 	<ul style="list-style-type: none"> Contact Police on 999 Make a referral to Safeguarding Adults at Buckinghamshire 	
Levels of assessment	<ul style="list-style-type: none"> Assessment by management of provider Assessment by universal service Quality in Care Team consultation 	<ul style="list-style-type: none"> Mental Capacity Assessment Section 9 or 10 assessment under the Care Act 2014 Continuing health Care or Funded nursing Care assessment if appropriate DoLS Assessment if required Mental Health assessment if appropriate Commissioning/contracts audit CQC Inspection CAADA DASH 	<ul style="list-style-type: none"> Section 42 Enquiry Section 44 MCA Section 20/21 Criminal Court and Justice Act Section 127 MHA CQC Inspection 	
Examples of Services who provide support	<ul style="list-style-type: none"> Quality in care Team Primary Health Services (GPs, Pharmacy, Optician, Dentist) Trading Standards Bucks Floating Support Connexions for transition from child to adult services Funding authority PALS/Patient Advice and Liaison Service 	<ul style="list-style-type: none"> Safeguarding Care Management Quality in Care Team Specialist Nurses GPs Best Interests Assessors Contracts/Commissioners Trading standards Women's Aid Advocacy services 	<ul style="list-style-type: none"> National Referral Mechanism (Slavery) Women's Aid Mental Health Care Management Office of the Public Guardian Rape Crisis SARC Disclosure & Barring Service 	

		<ul style="list-style-type: none"> • Mental Health • National Referral Mechanism (Slavery) • Disclosure and Barring Service • Prevent/Channel 	
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Referrals and advice call the Local Authority Safeguarding Adults Team on 0800 137915

Emergency Services, Police, Ambulance and Fire are available by dialling 999. For Police non-emergency calls dial 101

Risk scoring and grading

A risk score can be calculated to assist in making a decision about how to respond appropriately to a presenting concern. The risk matrix below shows both numerical scoring and colour bandings and may be used in combination with the guidance on types and seriousness of abuse. Low level concerns do not require a safeguarding referral, but **MUST** receive a proactive response that is clearly documented. All concerns **MUST** be reported in line with your organisation's policies and procedures. Other reporting procedures still apply e.g. CQC, commissioning organisations. If any concern occurs more than once, advice should be sought from the Local Authority Safeguarding Team.

Note: This is an additional support tool, referrals are not required to have a risk score but you may include it if the risk matrix has been used.

Use the table to calculate the risk score by multiplying the consequence by the likelihood: C (consequence) × L (likelihood) = R (risk score)

Riskmatrix

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost
5	5	10	15	20	25
4 Major ²	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1–3	Low risk
4–6	Moderate risk
8–12	High risk
15–25	Extreme risk

Any comments or difficulties in using this document should be reported to the Safeguarding Adults Board – Policy and Procedure Subgroup via the BSAB@buckscc.gov.uk

¹ Catastrophic – Serious impact on a person’s life which would could lead to serious injury/death.

² Major – Serious impact on a person’s life leading to possible serious injury or serious impact on the person’s life i.e. loss of life savings etc.

Oxfordshire Threshold Tool

Introduction

This document has been developed by Oxfordshire Safeguarding Adult Board in response to findings from case reviews and audits which have shown the need for better shared understanding by agencies. It provides guidance for professionals to clarify the circumstances in which the Adult Safeguarding Team of Oxford County Council will assist in safeguarding adults.

Note: This is a guide showing limited illustrations to help you when deciding on the best course of action and you should use your professional judgement in deciding if a concern is similar to the illustrations below.

Prior to raising an adult safeguarding concern

Does the concern meet the criteria for a Section 42 (S42) safeguarding enquiry under the requirements of The Care Act 2014?

The requirements are as follows:

- The adult is reported as having or appears to have needs for care and support?
- The adult is reported or appears to be experiencing or at risk of abuse or neglect?
- And as a result of care and support needs is the adult unable to protect themselves from either the risk of, or the experience of abuse or neglect?

Has the person given their consent to the information to be shared and do they know a S42 enquiry may be the result?

Consent is not essential when deciding whether concerns should be raised. However, wherever possible you should discuss your concerns with the person and/or their representative and seek their consent. Where the person is not willing or able to freely give their consent to information about their circumstances being shared you will need to consider if there are any children and/or other adults with care and support needs involved, or is there a potential risk to others. If this is the case, consent can be overridden in the interests of protecting others.

If you remain unsure as to what action to take you should discuss this with your manager or your organisation's safeguarding lead. Ensure you record all actions clearly with reasons for your decision.

Thresholds Matrix

Neglect & Acts of Omission

Neglect & Acts of Omission		
Insert Definition		
Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<ul style="list-style-type: none"> • Isolated missed home care visit - no harm occurs and no other service users/clients is missed that day • Adult is not assisted with a meal/drink on one occasion and no harm occurs • Inadequacies in care provision leading 	<ul style="list-style-type: none"> • Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Discharge from hospital where harm occurs that does not require re-admission • Recurrent lack of care to extent that 	<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 risk • Discharge from hospital where harm occurs that does require re-

to discomfort - no significant harm e.g. left wet for a period of time	health and well-being deteriorate e.g. pressure ulcers, dehydration, and malnutrition	admission
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Physical Abuse

The act of causing physical harm to someone else

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<ul style="list-style-type: none"> • Error by staff causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling • Isolated incident by other resident causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress lasting hours • Unexplained very light marking/bruising found on one occasion • An unwitnessed fall that requires no external medical treatment/consultation IE no call to 111 or admission to hospital 	<ul style="list-style-type: none"> • Unexplained marking or lesions, cuts or grip marks on a number of occasions or on a number of service users cared for by a specific team/Carer • Inappropriate restraint that causes marks to be left but no external medical treatment/consultation required • Deliberately withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault by another resident requiring medical treatment 	<ul style="list-style-type: none"> • Grievous bodily harm/assault with weapon leading to irreversible damage or death • Intended harm towards a service user

Sexual Abuse

Insert Definition

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<p>Not committed by a person in a position of trust:</p> <ul style="list-style-type: none"> • Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the vulnerable adult is low • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists - no harm or distress caused • Verbal sexualised teasing or harassment • Being subject to indecent exposure where the service user isn't distressed 	<ul style="list-style-type: none"> • Sexualised touch or masturbation without valid consent • Being subject to indecent exposure where the service user is distressed • Contact or non-contact sexualised behaviour which causes distress to the person at risk • 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 valid consent cannot be given • Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care 	<ul style="list-style-type: none"> • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without valid consent (rape) • Voyeurism

Psychological Abuse

Insert Definition

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<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 • Occasional taunts or verbal outbursts which cause distress between service users • 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 • Humiliation of service user • Emotional blackmail e.g. threats of abandonment/ harm • Frequent and frightening verbal outbursts 	<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

Domestic Abuse

Insert Definition

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<ul style="list-style-type: none"> • One off incident with no injury or harm experienced • Occasional taunts or verbal outbursts where the service user has capacity to decide whether to have the case referred on • Service user has no current fears and there are adequate protective factors • 	<ul style="list-style-type: none"> • Unexplained marking or lesions or grip marks on a number of occasions • Controlling or coercive behaviour is witnessed • Frequent verbal/physical outbursts that cause distress or some level of harm • Subject to stalking/harassment • Serious sexual assault or humiliation where the service user has capacity • Experiences constant fear • Subject to severe controlling behaviour e.g. finances/medical • Service user denied access to medical treatment by alleged abuser 	<ul style="list-style-type: none"> • Subject to regular violent behaviour • Threats to kill/choke /suffocate etc. • In constant fear of being harmed • Sex without valid consent (rape) • FGM female genital mutilation • Honour based violence &/or forced marriage

NB: Where there are Children (under 18s) in household or present the case must be referred to Children's Safeguarding

Financial or Material Abuse

Insert Definition

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<ul style="list-style-type: none"> • Money is not recorded safely or recorded properly • Single incident of missing money and/or belongings where the quality of the service user's life has not been affected, little or no distress is caused and no other service user cared for by that worker/team has been affected • Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered 	<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 • 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 • Adult coerced or misled into giving over money or property 	<ul style="list-style-type: none"> • Fraud/exploitation relating to benefits, income, property or will • Theft • Lasting Power of Attorney unregistered by person using service user who lacks capacity's funds

Organisational Abuse

Insert Definition

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<ul style="list-style-type: none"> • Lack of stimulation/ opportunities to engage in social and leisure activities • Service user not enabled to have a say in how the service is run • Denial of individuality and opportunities to make informed choices and take responsible risks • Care-planning documentation not person-centred/does not involve the service user or capture their views • Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm 	<ul style="list-style-type: none"> • Rigid/inflexible routines that are not in the Service User's best interests • Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing • Recurrent bad practice lacks management oversight and is not being reported to commissioners/the safeguarding service • Unsafe and unhygienic living environments that cause harm to the service users • Recurrent incidents of insufficient staffing resulting in some harm 	<ul style="list-style-type: none"> • Staff misusing position of power over service users • Over-medication and/or inappropriate restraint managing behaviour • Recurrent or consistent ill-treatment by care provider to more than one service user over a period of time • Recurrent or consistent incidents of insufficient staffing resulting in harm requiring external medical intervention or hospitalisation of service users

NB: the above does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements

Modern Slavery

Insert Definition

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<p style="text-align: center;">All concerns about modern slavery are deemed to be of a level requiring consultation</p>	<p>No direct disclosure of slavery but:</p> <ul style="list-style-type: none"> • Under control of another/fearful • Long hours at work • Unable to access medical treatment • Poor living conditions/low wages • Lives in work place • No health and safety in work place • Under control of others e.g. gang master, dealers, pimp for prostitution • Subject to violence/threats/ fearful • Risk of physical/psychological harm 	<ul style="list-style-type: none"> • Any direct disclosure of slavery • Regularly moved to avoid detection • Lives in sheds/lockup/containers • Risk of fatality or serious injury • No freedom/unable to leave • Wages used for debt • Not in possession of ID or passport • Subject to forced marriage

Discriminatory/Hate Crime

Insert Definition

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<ul style="list-style-type: none"> • Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences • Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period 	<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 • Recurring taunts • 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

Self-Neglect

NB: Only exceptional cases of self-neglect will trigger adult safeguarding. All standard interventions must be used first to manage risk e.g. Care Management/Care Plan Approach/Multi-Disciplinary Team

Non-reportable	Requires Consultation	Reportable
<p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p>	<p>Incidents at this level should be discussed with the Safeguarding Team (called a Consultation). Ask to speak to the Duty Team for a Consultation. Telephone number 01865 328232.</p> <p>After the conversation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p>
<ul style="list-style-type: none"> • Self-care causing some concern - no signs of harm or distress • Property neglected but all main services work • Some evidence of hoarding - no major impact on health/safety • First signs of failing to engage with professionals • Property neglected • Evidence of hoarding • Lack of essential amenities • No access to support 	<ul style="list-style-type: none"> • Refusing medical treatment • High level of clutter /hoarding • Insanitary conditions in property • Won't engage with professionals • Problematic substance misuse • Potential fire risk/gas leaks • Self-neglect is life threatening • Lack of self-care results in significant deterioration in health/wellbeing • Chaotic substance misuse • Environment injurious to health • Behaviour poses risk to self/others 	<ul style="list-style-type: none"> • Life in danger without intervention • Chaotic substance misuse • Environment injurious to health* • Imminent fire risk/gas leaks • Access obstructed within property • Multiple reports from other agencies • Behaviour poses risk to self/others

Self-neglect is complex and any referrals should be made after consulting the self-neglect guidance on the OSAB website