

# Safeguarding Adults Thresholds: Guidance for Professionals

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*With thanks to Cumbria, East Sussex, and West Sussex Safeguarding Adults Boards on whose work this guidance is based*

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## 1. Introduction

Threshold decision making can be a complex area of adult safeguarding practice. It can involve incidents consisting of several types of abuse which must be factored into decision making.

This guidance is designed to support professionals, partners, and providers, working with adults who have care and support needs to develop consistency in identifying and reporting safeguarding concerns when it is appropriate to do so. It provides a framework for multi-agency partners to manage risk and to assist in differentiating between quality issues and safeguarding. Its aim is to assist in identifying whether abuse and or neglect is taking place and a safeguarding concern needs to be referred to the local authority – or if not, what alternative actions should be considered.

This guidance is **not** a substitute for professional judgement but should be used to assist decision making and to support professional judgement. It should be used in conjunction with the [Sussex Safeguarding Adults Policy and Procedures](#) as well as each agency's own safeguarding policies and procedures. This guidance is also not a substitute for each agency following their own internal incident policies and processes and responding to practice and performance issues with staff or following agency disciplinary procedures.

This guidance has been agreed by the three Sussex Safeguarding Adults Boards (SABs). It is for adoption by all agencies in the public, private, community and voluntary sectors that provide adult care and support services.

## 2. Care Act 2014

[Section 42 \(1\) and \(2\) of the Care Act 2014](#) sets out the criteria that must be considered in relation to raising a safeguarding concern, and the subsequent decision as to whether a safeguarding enquiry is triggered.

Section 42 (1):

Whether there is 'reasonable cause to suspect' that an adult

- i. Has needs for care and support (whether the local authority is meeting any of those needs)
- ii. Is experiencing or is at risk of abuse or neglect, and
- iii. As a result of their needs is unable to protect themselves.

Section 42 (2):

- i. Making (or causing to be made) whatever enquiries are necessary.
- ii. Deciding whether action is necessary – and if so what and by whom.

The Section 42 duty on the local authority exists from the point at which a concern is received. This does not mean that all activity from that point will be reported under the duty to make enquiries (Section 42 (2) of the Care Act). It may turn out that the Section 42 (2) duty is not triggered because the concern does not meet all the Section 42 (1) criteria – points i. – iii. above.

The local authority is responsible for decision making as to whether to proceed with the duty to undertake enquiries under Section 42 (2) and retains the responsibility for overseeing a safeguarding enquiry. The framework that is used locally can be found in section 2.3 of the [Sussex Safeguarding Adults Policy and Procedures](#).

This guidance is informed by the frameworks produced by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). These were developed to support consistent multi-agency practice in relation to understanding, reporting, and recording of safeguarding concerns, and guidance around whether a reported concern requires an enquiry under the Section 42 duty of the Care Act 2014. This document should be read in conjunction with the LGA / ADASS guidance:

[LGA ADASS Understanding what constitutes a safeguarding concern.](#)

[LGA ADASS Making decisions on the duty to carry out safeguarding enquiries.](#)

The Care Act 2014 has introduced the requirement to record additional categories of abuse such as Female Genital Mutilation, Modern Slavery, Self-Neglect, Honour Based Violence and Domestic Abuse. It should be noted that these categories may be seen within other categories of abuse.

### **3. Making Safeguarding Personal**

The [Care and Support Statutory Guidance](#) that accompanies the Care Act 2014 requires adult safeguarding practice to be person-led and outcome-focused. It is vital to attempt to seek to discuss the views and desired outcomes of the adult or the adult's advocate and for these to be recorded. When considering the impact, good practice is to identify the adult's account of their feelings and what effect the incident has had upon them.

It is important to remember that consent is not essential when deciding whether safeguarding concerns should be raised, and for information to be shared regarding safeguarding risks. Please refer to [section 2.2.5 of the Sussex Safeguarding Adults Policy and Procedures](#) and the Sussex SABs [Information Sharing Guide and Protocol](#) for more information regarding the consent and empowerment of an adult when raising a safeguarding concern.

## 4. Quality and Safeguarding

The aim of commissioners and service providers should be the delivery of effective, high-quality care and support for every person. If the quality of a service is reduced people using the service may be placed at risk. However, these concerns could indicate poor practice and poor-quality care rather than abuse or neglect. This guidance contains examples of service provision issues frequently raised as safeguarding concerns that are quality issues and where alternative actions need to be considered in the first instance. Understanding the roles and responsibilities of commissioning, support services and regulators enables information to be shared appropriately and effectively.

Section 14.9 of the Care and Support Statutory Guidance is clear that safeguarding is not a substitute for:

- The responsibility of providers to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
- The core duties of the police to prevent and detect crime and protect life and property.

The Care Quality Commission (CQC) monitors, inspects, and regulates care and health services to make sure they meet fundamental standards so information relating to the quality of care and support services should be shared with them. The Sussex Clinical Commissioning Group (CCG) have a Quality Team who should be informed of quality issues in relation to commissioned health services.

The three local authorities have provider support teams, but the function of these services differ.

Brighton & Hove City Council have a Quality Monitoring Team, who should be informed of any quality issues that are raised with the CQC or CCG Quality Team. They can be contacted at [QualityMonitoringTeam@brighton-hove.gov.uk](mailto:QualityMonitoringTeam@brighton-hove.gov.uk).

In East Sussex County Council the Market Support Team / Supplier Management and Quality Assurance Team work to assist providers in relation to meeting CQC regulation standards. However, they do not undertake quality or service contract monitoring, nor do they have a responsibility for decision making regarding safeguarding or quality concerns. Should consultation be required in relation to these issues contact should be made with Health and Social Care Connect in East Sussex.

Please refer to [section 2.6 Safeguarding and Quality of Care of the Sussex Safeguarding Adults Policy and Procedures](#) for more information regarding safeguarding and quality of care.

## 5. Key considerations

**Please note:** This guidance is for support when assessing and managing risks, and only contains some examples. You should always consider the individual circumstances of each situation and use your professional judgement when deciding on the best course of action.

Questions to be considered for all potential safeguarding concerns:

- Does the person have care and support needs?
- How long has the alleged abuse or neglect been occurring?
- What is the seriousness or impact of the harm on the individual?
- Are the incidents increasing in frequency and / or severity, or are there patterns of abuse?
- What is the person's view in relation to the identified risks and actions they would like to be taken to address these risks?
- Has the person's mental capacity been considered, and their ability to understand what has happened and how they wish to respond to the concern(s)?
- Does the person have any conditions or circumstances that may cause them to be unable to protect themselves from suspected abuse or neglect? This might include physical or mental health needs, the impact of trauma, or cognitive impairments such as brain injury.
- Have there been any previous concerns about the person thought to be the cause of risk or are they are in a position of trust?
- Does the concern relate to family or friends in caring roles? If so, consider whether the risk of abuse or neglect may be connected to their caring role.
- Does the concern relate to the actions of other individuals? For example, issues such as anti-social behaviour or self-neglect may be caused by the impact of coercion, control, undue duress or other forms of exploitation.
- Are there any other adults at risk?
- Are there children also at risk? If so, contact the relevant local authority Children's Services department.

## 6. Responding to concerns

All incidents must be recorded and reported using the appropriate procedures but not all incidents will be safeguarding issues.

**It is important to consider in the first instance whether someone is in immediate danger – or has been the subject of a crime. Criminal acts must be reported to the police and / or emergency treatment should be sought where necessary.**

If it is not an emergency, please call Sussex police on 101 or report online at [Report a crime | Sussex Police](#)

You should always seek advice from your line manager and / or safeguarding lead if you have a concern – and if in doubt contact the local authority Adult Social Care department:

- [Brighton & Hove Adult Social Care](#)
- [East Sussex Adult Social Care](#)
- [West Sussex Adult Social Care](#)

If a child is identified to be at risk of harm, contact your local authority Children's Services department:

- [Brighton & Hove Children's Services](#)
- [East Sussex Children's Services](#)
- [West Sussex Children's Services](#)

## 7. People in positions of trust (PIPOT)

The Care Act 2014 requires the local authority, its relevant partners and those providing care and support services to have clear policies in place for dealing with allegations against anyone working or volunteering in a position of trust. These policies should clearly distinguish between an allegation, a practice concern, a complaint, and a care quality issue.

Where there are safeguarding concerns that involve someone working or volunteering in a position of trust this should be clearly identified. Every employer should ensure their organisation has a policy in place for how these concerns will be responded to, and that all staff are familiar with these policies and aware of their responsibilities.

Partner agencies should refer to section 2.5 of the Sussex Safeguarding Adults Policy and Procedures ([Safeguarding and Managing Allegations Against People in Positions of Trust](#)) which sets out employer responsibilities in this area.

**Within this threshold guidance several of the categories of abuse and neglect stipulate that safeguarding concerns involving a person in a position of trust (PIPOT) should be immediately reported to the local authority. Statutory organisations with a responsibility for adult safeguarding may have a designated officer to support in responding to and managing allegations relating to people in positions of trust (who may be known as a PIPOT or Local Authority Designated Officer / LADO). The relevant PIPOT or LADO should be contacted in relation to any concerns involving people working in positions of trust.**

## 8. Radicalisation

**Radicalisation** – is defined as: where someone adopts extreme positions on political or social issues, either having been exploited or groomed by another person, or having self-radicalised – perhaps through accessing extremist material online for example.

Prevent is one of the four strands of CONTEST, the Government's Counter-Terrorism Strategy. The purpose of Prevent is to engage with people who are considered to be vulnerable to radicalisation, supporting and safeguarding them from becoming terrorists or supporting terrorism. Responsible authorities are local authorities, schools, further and higher education, the health sector, prison, probation, and the police.

There is an obligation to refer to Prevent any individual you believe to be at risk of radicalisation, or who has already been radicalised. There is a national referral form used to make referrals to Prevent which can be accessed at [Prevent National Referral Form](#)

Once you have completed this form, please email it to the relevant address from the list below:

For Brighton & Hove referrals

[PreventReferralsbrightonandhove@sussex.pnn.police.uk](mailto:PreventReferralsbrightonandhove@sussex.pnn.police.uk)

For East Sussex referrals

[PreventReferralseastsussex@sussex.pnn.police.uk](mailto:PreventReferralseastsussex@sussex.pnn.police.uk)

For West Sussex referrals

[PreventReferralswestsussex@sussex.pnn.police.uk](mailto:PreventReferralswestsussex@sussex.pnn.police.uk)

For initial advice and support please consult with your local area Prevent Lead. Remember the partnership message that acting early counters terrorism <https://actearly.uk/>

## 9. Threshold decision making guidance

**'Green'** – a lower-level incident or concern where the threshold for a safeguarding enquiry to be undertaken is unlikely to be met – and as such should not be reported as a safeguarding concern. The incident should be recorded in line with internal organisational procedures and action taken to resolve. Multiple non-reportable concerns involving the same person / staff member/team should be considered for consultation.

**'Amber'** – the incident or concern should be recorded in line with internal organisational procedures. Consultation should take place with the organisational safeguarding lead, taking into account relevant internal policies and procedures and the Sussex Safeguarding Adults Policy and Procedures. Take actions to reduce risk and consider whether consultation with the local authority's Adult Social Care department is necessary. NHS Trust staff should



consult with their Adult Safeguarding Lead in the first instance but go to the local authority Adult Social Care department if their lead is unavailable.

**'Red'** – This means that it is likely that the concern will meet the criteria for a safeguarding enquiry under Section 42 of the Care Act. It should be reported to the local authority Adult Social Care department. NB: You may also need to contact the police / emergency services.

Examples have been provided of possible alternative actions that should be considered at the green and amber stage. These are offered as examples only and should not be considered exhaustive. It is important to record and review all incidents in the context of those previously recorded, as a series of similar incidents may meet the criteria for referral into safeguarding.

The CQC, as part of the inspection process, will require evidence of your decision making to confirm internal reviews, including subsequent actions, have taken place.

## **10. Categories of abuse and neglect**

Below are frameworks for the ten categories of abuse and neglect identified in the Care Act. These are followed by additional guidance in specific areas in which safeguarding concerns are frequently raised. These include pressure ulcers, falls, medication errors, incidents between adults in a service, radicalisation and terrorism and homelessness.

Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>NEGLECT (AND ACTS OF OMISSION)</b></p> <p><b>An ongoing failure to meet someone's basic physical or psychological needs.</b> Incidents relating to falls, pressure damage and medication concerns are addressed separately within this guidance document.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Appropriate care plan in place but care needs not fully met, such as incontinence needs not met on one occasion, but no significant harm or distress occurs.</li> <li>• Isolated missed home visit where no significant harm occurs, and no other individual visits are missed.</li> <li>• Isolated incident of a person not supported with food / drink and reasonable explanation provided.</li> <li>• A fall where no significant harm occurs, there are no other indicators of neglect, and action is taken to minimise further risk (see the falls section for further guidance).</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk, and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Recurrent missed home care visits where risk of harm escalates, or one missed visit where significant harm occurs.</li> <li>• Discharge from hospital where harm or potential harm occurs but re-admission is not required.</li> <li>• Carer unable to continue in caring role and at risk of breakdown.</li> <li>• Risk cannot be managed appropriately with current professional oversight or universal services.</li> <li>• Repeated health appointments missed due to unmet needs.</li> <li>• Any fall where there is suspected neglect or a failure to follow relevant care plans, policies, or procedures.</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Continued failure to adhere with care plan.</li> <li>• Lack of action resulting in serious injury or death.</li> <li>• Failure to arrange access to life-saving services or medical treatment.</li> <li>• Ongoing lack of care to the extent that health and wellbeing deteriorate significantly (e.g., dehydration, malnutrition, loss of independence).</li> <li>• Missed, late or failed visit/s where the provider has failed to take appropriate action and harm has occurred.</li> <li>• Discharge from hospital without adequate planning and where significant harm occurs.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Advice and information provided. Review of existing care plans or creation of new care plans / risk assessments. Consideration for external additional services such as domestic support (eg Age UK). Referral to East or West Sussex Fire Service for a home safety visit. Internal organisational training or other risk management processes. Complaints or disciplinary processes.</p>	<p>Share information with the CCG Quality Team and / or the CQC. Share information with district nurse, GP, OT, or Falls Prevention Service. Referral to local authority Adult Social Care department for assessment, carers assessment, or review of existing arrangements. Review staffing arrangements.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

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<p><b>SELF-NEGLECT</b></p> <p><b>A person living in a way that puts their health, safety, or wellbeing at risk.</b></p> <p>Ordinarily self-neglect may not prompt a Section 42 safeguarding enquiry. It is expected that all standard interventions will have been used in the first instance and agencies will have considered the <a href="#">self-neglect procedures</a> within the Sussex Safeguarding Adults Policy and Procedures.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Poor self-care causing some concern, but no signs of significant harm or distress.</li> <li>• Property neglected but all essential services / appliances work.</li> <li>• Risks can be managed by current professional oversight or universal services.</li> <li>• The person is not at risk of losing their home, tenancy, or placement within the community.</li> <li>• Evidence of low-level hoarding – low level impact on health / safety.</li> <li>• No access to social care support.</li> <li>• Occasional non-attendance at meetings, such as health appointments.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk, and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Failing to engage with health and social care professionals.</li> <li>• Indication of lack of insight into self-neglect.</li> <li>• Lack of essential amenities / food provision.</li> <li>• Refusing medical treatment, care or equipment that will impact health and wellbeing.</li> <li>• Property or environment shows signs of neglect with evidence of unsanitary conditions, clutter, hoarding that are potentially damaging to health and wellbeing.</li> <li>• Where animals in property are impacting on the environment with a risk to health.</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• The person is living in squalid or unsanitary conditions that mean life is in danger without intervention.</li> <li>• Extensive structural deterioration / damage in the property causing risk to life including fire or gas leaks.</li> <li>• Lack of self-care and / or refusal of health / medical treatment resulting in a significant impact on health and wellbeing (ie malnutrition).</li> <li>• High level of clutter / hoarding leading to access being obstructed within a property and fire hazards.</li> <li>• Behaviours such as substance use that pose risk to self and / or others.</li> <li>• The individual is not able to accept any support or future arrangements to improve the situation.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Engagement with the person to consider options (eg domestic support / deep-clean) and / or any support network to consider alternative approaches.</p> <p>Referral to East or West Sussex Fire Service for a home safety visit.</p> <p>Referral to the local authority Adult Social Care department for an assessment or review.</p>	<p>Consideration for advocacy services.</p> <p>Consideration for whether a Mental Capacity Act assessment is required.</p> <p>Referral for multi-agency processes to support complex and multiple needs (e.g., Multi Agency Risk Management meetings).</p> <p>Referral to Environmental Health services.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted.</p> <p>Immediate safety plans must be implemented.</p>

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<p><b>PHYSICAL ABUSE</b></p> <p><b>The act of causing physical harm to someone else.</b></p> <p>Incidents relating to falls, pressure damage and medication concerns and incidents between adults in a service are addressed separately within this guidance document.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Error by staff causing no or little harm (eg an ill-fitting hoist is used).</li> <li>• Light marking or bruising found on an isolated occasion which can be explained and where the person is not distressed.</li> <li>• Unexplained very light marking or bruising found on a single occasion.</li> <li>• Appropriate moving and handling procedures not followed on a single occasion and with minimal or no harm caused.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Unexplained marking, bruising, lesions, minor cuts, or grip marks on several occasions or on several people cared for by the same team or carer.</li> <li>• Repeated incidents / patterns of similar physical injuries.</li> <li>• Carer unable to continue in caring role and at risk of breakdown.</li> <li>• Rough or inappropriate handling or restraint that causes marks to be left but no external medical treatment / consultation required</li> <li>• Risk cannot be managed appropriately with current professional oversight.</li> <li>• Intentional or non-intentional harm or deprivation of liberty by formal or informal carers.</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Physical assaults or actions that result in significant harm or ongoing emotional distress caused to the person.</li> <li>• Intended harm towards a person.</li> <li>• Deliberate withholding of food, drinks, or aids to independence.</li> <li>• Deliberate force-feeding food or drinks</li> <li>• Unexplained fractures / serious injuries.</li> <li>• Assault by another person requiring medical treatment, including hate or mate crime.</li> <li>• Rough or inappropriate handling or restraint that causes marks to be left and the person appears fearful or distressed.</li> <li>• Unexplained significant injuries. such as fractures.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Advice and information provided. Review of existing care plans or creation of new care plans/risk assessments. Training and / or professional support and development. Share information with district nurse, GP, OT, or Falls Prevention Service Complaints or disciplinary processes.</p>	<p>Share information with the CCG Quality Team and / or the CQC. Referral to local authority Adult Social Care department for a social care assessment, carers assessment, or review of existing arrangements. Review staffing arrangements.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

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<p><b>SEXUAL ABUSE</b></p> <p><b>When an adult is forced or persuaded to take part in sexual activities when they do not or cannot consent to this.</b></p> <p>This does not have to be physical contact and it can happen online.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b> Not committed by a Person in a Position of Trust (eg a professional), <b>AND:</b></p> <ul style="list-style-type: none"> <li>Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is minimal and no distress is caused.</li> <li>Isolated incident of teasing or low level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether capacity exists - no harm or distress caused.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Non-contact sexualised behaviour which causes distress to the person at risk.</li> <li>Verbal sexualised teasing or harassment.</li> <li>Being subject to indecent exposure where the person does not appear to be distressed.</li> <li>Two adults who lack capacity to consent to a sexual relationship engaging in sexual activity where there is no distress to either person.</li> </ul> <p><b>Where there is harm or risk of harm move directly to 'Red'.</b></p>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Any concerns about a Person in a Position of Trust.</li> <li>Concerns around grooming or sexual exploitation either in-person or online (eg made to look at sexually explicit material against their will or where consent cannot be given).</li> <li>Any sexual act or behaviour without valid consent or where there is pressure to consent.</li> <li>Contact or non-contact sexualised behaviour which causes distress.</li> <li>Any sexual violence or activity within a relationship characterised by authority, inequality, or exploitation, eg receiving something in return for carrying out sexual act.</li> <li>Female Genital Mutilation (FGM) - for females under 18 contact Children's Services.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Information and education around safe sexual relationships and conduct. Share information with district nurse or GP for sexual advice or information. Referral to local authority Adult Social Care department for assessment. Review of existing care plans or creation of new care plans / risk assessments.</p>	<p>Complaints or disciplinary processes. Increased monitoring and oversight for specified period. Share information with the CCG Quality Team and / or the CQC. Share information with Sussex Police.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>



Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>PSYCHOLOGICAL ABUSE</b></p> <p>Ongoing psychological or emotional maltreatment.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b> Not committed by a Person in a Position of Trust (eg a professional), <b>AND:</b></p> <ul style="list-style-type: none"> <li>Isolated incident where a person is spoken to in a rude or inappropriate way – respect is undermined but no significant distress is caused.</li> <li>Occasional taunts or outbursts between two people using a service that do not cause distress or harm.</li> <li>Isolated withholding of information from a person where this is not intended to disempower them and has no impact.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Treatment that undermines dignity and damages esteem.</li> <li>Repeated incidents of denying or failing to recognise an adult’s opinions, views, and choices – particularly in relation to their care and support needs.</li> <li>Taunts, mocking or outbursts which cause distress.</li> <li>Withholding of information from a person that disempowers them but there is a minor impact.</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Any concerns about a Person in a Position of Trust.</li> <li>Denial of basic human rights / civil liberties, the over-riding of an advance directive, forced marriage, ‘honour based’ violence and FGM.</li> <li>Prolonged intimidation or humiliation.</li> <li>Vicious / personalised verbal attacks</li> <li>Emotional blackmail, eg threats of abandonment / harm.</li> <li>Withholding of information to dis-empower that has a significant impact.</li> <li>Concerns relating to ‘cuckooing’ – information on cuckooing can be found in the Sussex Safeguarding Adults Policy and Procedures chapter <a href="#">Recognising and Reporting Abuse and Neglect</a>.</li> </ul>
<p><b>Alternative Actions to consider at every stage</b></p>	<p>Information and education around expected standards of conduct, respect, and dignity. Use of behavioural charts. Input from mediation services. Training around de-escalation and / or other risk management processes.</p>	<p>Share information with the local Community Safety Team / Police Community Safety Team. Referral to the local Adult Social Care department for a social care assessment, carers assessment, or review of existing arrangements. Review staffing arrangements.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>FINANCIAL OR MATERIAL ABUSE</b></p> <p>The unauthorised and improper use of funds, property, or any resources. This included the use of theft, coercion, or fraud to obtain or try to obtain a person's money, possessions, or property.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Failure by relatives to pay care charges where no harm occurs, and the person receives personal allowance or has access to other personal monies.</li> <li>• Isolated incident of missing belongings, small amount of money where there is no indication of theft / abuse.</li> <li>• Money is not recorded safely or properly but immediate actions have been taken to rectify this.</li> <li>• Isolated incident where a person is not involved in a decision about how their money is spent or kept safe, and concern is addressed.</li> <li>• Unwanted cold calling / doorstep visits and Trading Standards notified.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• A person's monies kept in joint bank account with unclear arrangements for equitable sharing of interest.</li> <li>• High level of visitors, telephone calls or online contact the person appears unable to say "No".</li> <li>• Falling behind on rent or mortgage payments, property maintenance costs, utility charges or care charges where there should be sufficient funds in place.</li> <li>• Adult not routinely involved in decisions about how their money is spent or kept safe – and without sufficient consideration of capacity.</li> <li>• Adult has no access to own funds and no evidence of items being purchased for them.</li> <li>• Non-payment of client contribution or care fees putting the adult's care at risk.</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Any concerns about a Person in a Position of Trust.</li> <li>• Misuse or misappropriation of the person's finances, property and / or possessions.</li> <li>• Personal finances or possessions removed from the person's control without legal authority.</li> <li>• Suspected fraud / exploitation relating to benefits, income, property, or legal documents.</li> <li>• A person being coerced or misled into giving over money or property including cuckooing, hate or mate crime.</li> </ul>
<p><b>Alternative Actions to consider at every stage</b></p>	<p>Advice and information provided. Seek advice from Money Advice, Citizens Advice Bureau Department of Work and Pensions and / or Office of the Public Guardian. Share information with the local authority for financial advice and information.</p>	<p>Share information with the local Community Safety Team / Police Community Safety Team. Referral to the local authority Adult Social Care department for a social care assessment, carers assessment, or review of existing arrangements. Share information with Trading Standards. Disciplinary processes.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>ORGANISATIONAL ABUSE</b></p> <p><b>Neglect or poor professional practice or incidents due to the structure, policies, processes, or practices within an organisation, resulting in ongoing neglect or poor care.</b></p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Isolated incident of insufficient staffing but where no harm is caused.</li> <li>• Short-term lack of stimulation or opportunities to engage in meaningful social and leisure activities and where no harm occurs.</li> <li>• Care planning documentation is not person-centred or does not involve the person or capture their views.</li> <li>• Poor quality of care or professional practice that does not result in harm, albeit the person may be dissatisfied with service.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Longstanding rigid and inflexible routines that are not always in the person's best interests but can be addressed by support.</li> <li>• Recurrent poor care or practice which is not person-centred, lacks management oversight and is not being reported to commissioners</li> <li>• Unsafe and unhygienic living environments that could cause harm to the person or have caused minor injury but requiring no external medical intervention or consultation.</li> <li>• Denying adult at risk access to professional support and services such as advocacy.</li> <li>• Complaints raised with the provider in relation to services, but no action taken (eg whistleblowing).</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Staff misusing their position of power within a service.</li> <li>• Failure to refer disclosure of abuse or improve poor care practices.</li> <li>• Single or repeated incident of low staffing resulting in harm, injury, or death to one or more adults.</li> <li>• Widespread, consistent ill treatment, eg unsafe manual handling.</li> <li>• Punitive responses to managing challenging behaviours, eg misuse of medication, inappropriate restraint.</li> <li>• Longstanding rigid and / or inflexible routines that undermine dignity and privacy.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Advice and information provided.            Consultation with service user or next-of-kin.            Review of existing care plans or creation of new care plans / risk assessments.            Training around de-escalation and/or other risk management processes.            Quality Improvement Plan for the service.</p>	<p>Increased monitoring or support for a specified period.            Complaints or disciplinary processes.            Share information with the CCG Quality Team and / or the CQC.            Share information with local Commissioning Services (the local authority or CCG).</p>	<p><b>RAISE SAFEGUARDING CONCERN</b>            If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>



Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>DISCRIMINATORY ABUSE OR HATE CRIME</b></p> <p>III-treatment experienced by people based on age, disability, gender, gender reassignment, marriage / civil partnership, pregnancy, maternity, race, religion and belief, sex, or sexual orientation.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b> Not committed by a Person in a Position of Trust (e.g., a professional), <b>AND:</b></p> <ul style="list-style-type: none"> <li>Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused.</li> <li>Care planning that fails to address an adult's culture and diversity needs for a short period but where the issue(s) are being addressed.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Recurring discriminatory remarks / taunts motivated by prejudicial attitudes with no significant harm.</li> <li>Recurring failure to meet specific care / support needs associated with equality and diversity that causes minimal or no distress.</li> <li>Neighbourhood disputes targeting an adult with care and support needs.</li> <li>Service provision does not respect equality and diversity principles.</li> <li>Denial of civil liberties (eg making a complaint or being able to vote).</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Any concerns about a Person in a Position of Trust.</li> <li>Hate crime resulting in injury / medical treatment / fear for life.</li> <li>Honour based violence.</li> <li>Inequitable access to service provision due to prejudice and / or a lack of equality and diversity.</li> <li>Recurring failure to meet specific care and support needs associated with prejudice and / or a lack of equality and diversity that causes distress.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Information and education around expected standards of conduct, respect, equality, diversity, and inclusion. Training around conduct, respect, equality, diversity, and inclusion. Use of risk management processes. Review of existing care plans or creation of new care plans / risk assessments. Refer to <a href="#">Equality Act government guidance</a>.</p>	<p>Share information with the local Community Safety Team / Police Community Safety Team. Quality Improvement Plan for the service. Share information with the CCG Quality Team and / or the CQC. Complaints or disciplinary processes.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>MODERN SLAVERY</b></p> <p><b>Holding a person(s) in position of slavery, forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them.</b></p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b>  <b>Modern slavery is deemed to be a serious crime and all concerns need to be reported as a safeguarding concern as well as notifying Sussex Police.</b></p> <p>It is common that potential victims of modern slavery may be unaware of or unable to understand the concept of exploitation and control measures. They may also be coached or scripted to prevent disclosure to authorities.</p> <p>When a potential victim of modern slavery is identified – or a suspect or location related to modern slavery that may require law enforcement intervention – it is crucial that any evidential material is preserved.</p> <p>Where safeguarding professionals engage with potential victims, best practice dictates that to overcome control measures and maximise meaningful disclosure appropriately trained staff are involved.</p> <p><b>Where a potential victim of modern slavery is identified as a first responder organisation, local authorities are legally obligated under Section 52 of the Modern Slavery Act 2015 to refer them to the Secretary of State.</b></p>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Information that a person is being exploited or controlled by others.</li> <li>• Information that a person is involved in the exploitation of others.</li> <li>• Information that a location or vehicle is involved in the accommodation or transport of exploited persons</li> <li>• Exploitation may relate to the compulsion or coercion of another to undertake sexual services, physical labour (whether paid or unpaid), domestic work, enter forced marriage, undergo organ removal, or even commit criminal acts</li> <li>• Coercion may take the form of threats of violence to self or others, debt management, threat of deportation, psychological trauma or even deception. This may include a false promise of hierarchal progress in a gang.</li> </ul>
<p><b>Alternative Actions to consider at every stage</b></p>	<p>Refer to <a href="#">National Crime Agency guidance on Modern Slavery</a>.</p>	<p>Contact the local Exploitation / Violence Reduction Co-ordinator or Safeguarding Leads for further guidance.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b>  If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>DOMESTIC ABUSE</b></p> <p><b>Any incident of domestic abuse by people aged 16 or over who are personally connected. This can include: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic, psychological, or emotional abuse.</b></p> <p>For all situations involving allegations of domestic abuse completion of a Domestic Abuse Stalking and Harassment Risk Identification Checklist (DASH RIC) should be considered.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Adult has capacity and no vulnerabilities / current fears identified.</li> <li>• Adequate protective factors in place</li> <li>• DASH RIC assessment has identified standard or lower risk.</li> <li>• Referrals that have already been made to specialist services.</li> <li>• Contact with perpetrator has ceased, with no concerns this will be re-established (it should be noted that the end of a relationship or ceased contact can increase the risk of domestic abuse.)</li> <li>• One-off incident with no injury or harm experienced.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b></p> <p>Where there is harm or risk of harm relating to domestic violence and abuse and coercion and control <b>always</b> consider raising a safeguarding concern.</p>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Recurrent patterns of violent and coercive / controlling behaviour, including verbal and physical assault.</li> <li>• Unexplained marks or injuries on several occasions, such as bruising, cuts, fractures.</li> <li>• Sexual activity without valid consent.</li> <li>• Continues to reside with or have contact with the perpetrator.</li> <li>• Escalation of concern for safety.</li> <li>• Isolation from seeing friends and family or support services.</li> <li>• Disengagement from domestic abuse and / or other support services</li> <li>• In constant fear of being harmed.</li> <li>• Denial of access to medical treatment or care.</li> <li>• Stalking or harassment.</li> <li>• Forced marriage / FGM.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Complete <b>DASH</b> risk assessment. Refer to specialist domestic abuse services for early intervention and support. Onward referrals to specialist support agencies.</p>	<p><b>When children are present ALWAYS make a children's social care referral.</b> Referral to the local authority Adult Social Care department for a social care assessment.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

## Pressure ulcers

Many people who are frail and have restricted mobility are at risk of developing ulcers on the points of their body which receive the most pressure. These are known as pressure ulcers, pressure sores, bed ulcers or ulcers. Pressure ulcers start with skin discolouration but if left untreated they can become very deep and infected, and in the worst cases they can be life threatening. With management and care, pressure ulcers can be avoided in most cases.

Pressure ulcers are primarily a clinical issue and should be referred to an appropriate health professional in the first instance. However, they can occur through neglect and / or omission of care (whether deliberate or unintentional). Each individual case should be considered, taking into account the person's medical condition, prognosis, any skin conditions, and other signs of neglect. These can include poor personal hygiene and living environment, poor nutrition and hydration and their own views on their care and treatment.

Staff should refer to their own organisation's policies and procedures on pressure ulcers; as well as other relevant local and national guidelines, protocols, and policies, eg [National Institute for Health and Care Excellence \(NICE\) guidance](#) and incident reporting policies.

The [Department of Health and Social Care \(DHSC\) Safeguarding Adults Protocol for Pressure Ulcers](#) provides a Safeguarding Decision Guide Assessment with six key questions. This will help the provider to determine if a safeguarding referral should be made to the local authority.

In situations where the person has mental capacity and has refused treatment and prevention strategies, all standard interventions must be used first to manage risk (eg Care Management / Care Plan Approach / Multi-Disciplinary Team) before consideration is given to raising a safeguarding concern. These interventions should involve:

- Clear and evidenced consideration of mental capacity.
- Evidence available to show concerns raised and support sought from a relevant professional.
- Full discussions with the person and/or their next-of-kin or representative.

In situations where there are obvious signs of neglect these should be reported as a safeguarding concern.

Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>PRESSURE ULCERS</b></p> <p>Pressure ulcers are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b> Single or isolated incident of Category 1 or 2 pressure ulcer. Category 3 &amp; 4, unstageable and suspected deep tissue injury, or multiple Category 2 pressure ulcers where:</p> <ul style="list-style-type: none"> <li>• A care plan is in place.</li> <li>• Action is being taken.</li> <li>• Other relevant professionals are involved such as Tissue Viability Nurses.</li> <li>• There has been full discussion with the person, their family or representative.</li> <li>• There are no other indicators of abuse or neglect or unexplained deterioration.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b> Category 3 or 4 pressure ulcers, unstageable and suspected deep tissue injury pressure ulcers, or multiple Category 1 and 2 pressure ulcers, where:</p> <ul style="list-style-type: none"> <li>• The care plan has not been fully implemented.</li> <li>• Deterioration has taken place without explanation – eg Category 2 has been re-categorised as a Category 3-4 ulcer.</li> <li>• It is not clear that professional advice or support has been sought at the appropriate time such as from Tissue Viability Nurses.</li> <li>• There are other similar incidents of concerns.</li> <li>• There are possible other indicators of neglect.</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b> Category 3 or 4, unstageable and suspected deep tissue injury, where:</p> <ul style="list-style-type: none"> <li>• The person has not been assessed as lacking capacity and treatment and prevention has not been provided.</li> <li>• No risk assessment and / or care plan completed or of very poor quality.</li> <li>• There are other incidents of abuse or neglect.</li> <li>• Evidence demonstrates that this is part of a pattern / trend.</li> <li>• A root cause analysis or investigation has been commenced or is in progress that has identified abuse or neglect.</li> </ul>
<p><b>Alternative Actions to consider at every stage</b></p>	<p>Follow relevant internal policies and procedures. Refer to the <a href="#">NICE guidance on pressure ulcers</a>. Refer to the <a href="#">DHSC's Safeguarding Adults Protocol for Pressure Ulcers</a>. Share information with district nurse or GP. Consideration of specialist support (eg Tissue Viability Nurses).</p>	<p>Referral to the local authority Adult Social Care department for a social care assessment or a review of existing arrangements. Share information with the CCG Quality Team and / or the CQC. Complaints or disciplinary processes.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>



Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>FALLS</b></p> <p><b>Some people who are frail or have mobility problems may have a greater risk of falling. Following a fall, the individual may require more intensive services for longer, and in some cases may never return to previous levels of mobility. A fall does not automatically indicate neglect and each individual case should be examined to understand the context of the fall.</b></p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p> <p><b>Examples:</b> An isolated fall, or more than one fall, where no harm has occurred and:</p> <ul style="list-style-type: none"> <li>• There is a reasonable explanation as to why this occurred.</li> <li>• A care plan and / or risk assessment is in place and being adhered to.</li> <li>• Actions are being taken to minimise further risk.</li> <li>• Other relevant professionals have been notified.</li> <li>• Full discussions with the person or people, next-of-kin or any other representative.</li> <li>• There are no other indicators of abuse or neglect.</li> </ul>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p> <p><b>Examples:</b> Multiple falls have occurred where:</p> <ul style="list-style-type: none"> <li>• A care plan and / or risk assessment is not in place or has not been fully implemented.</li> <li>• It is not clear that professional advice or support has been sought at the appropriate time (eg Falls Prevention Service, provider services monitoring team)</li> <li>• There have been other similar issues or areas of concern.</li> <li>• There may be other indicators of abuse or neglect.</li> </ul>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or Person in a Position of Trust.</li> <li>• Where a person sustains an injury (other than a very minor injury) which is unexplained or in which appropriate medical attention was not sought.</li> <li>• Repeated falls in which significant injuries have been sustained despite preventative advice having been given.</li> </ul>
<p><b>Alternative Actions to consider at every stage</b></p>	<p>Follow relevant internal policies and procedures. Review and revise current care plans / risk assessments For falls in older people refer to the <a href="#">NICE guidance</a>. Share information with the Falls Prevention Service or Occupational Therapy service. Share information with GP for any medical issues.</p>	<p>Share information with the CCG Quality Team and / or the CQC. Referral to the local authority Adult Social Care department for a social care assessment, carers assessment, or review of existing arrangements. Complaints or disciplinary processes. Consideration of whether mental capacity is an issue.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

## Medication errors

### Responsibilities and statutory requirements of care providers

- Care providers who are commissioned to provide any medication administration service are responsible for ensuring that people who require this service have their medicines at the times they need them and in a safe way.
- Care providers must have clear procedures in place which include arrangements for reporting adverse events, adverse drug reactions, incidents, errors and near misses relating to medicines.
- These arrangements should encourage local and where appropriate national reporting and learning and promote an open honest culture of safety.
- The registered person must protect adults in their service against the risks of unsafe use and management of medicines. This should be by means of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.
- All medication errors should be reported in line with the care provider's management of incidents policy as soon as possible after the incident.

### Good practice in the management of medication errors

- The organisation must have clear procedures for staff detailing how a medication error should be recorded, including specific processes for controlled drugs and reporting mechanisms to the Controlled Drug Accountable Officer (CDAO).
- All medication errors, including near misses, must be recorded. This record must detail the impact of the error, any immediate action taken, and also record the date, time, and names of staff and adults using the service who are involved.
- The error should be reviewed, and an action plan put in place to ensure lessons are learnt and the risk of the error being repeated is reduced. It is also important to review the error in the context of previously recorded errors, since a series of similar incidents may meet the criteria for a safeguarding concern to be raised.
- Where there are systemic failings in a provider's medication management process which lead to repeated medication errors, consideration should be given as to whether a safeguarding enquiry into organisational abuse is warranted.
- If there are isolated cases of medication being mismanaged recklessly or intentionally – such as the misappropriation and misuse of drugs by staff – these should always be reported.

Mistakes are made by people across the process, from the GP to the pharmacist and care staff. Incidents occur where a person is accidentally given someone else's medication, given too much or too little of their own medication, given a medication that has been stopped, or given it at the wrong time. Most errors do not result in significant harm, but mistakes can lead to serious and, in some cases, fatal consequences.

Incidents meeting the lower-level criteria should, wherever possible, be addressed at a local level with the individuals and professionals concerned. This should be with the aim of promoting positive relationships and an open culture that addresses the underlying issues. Repeated error making is also a warning that due care is not being taken, even if none lead to significant harm.

**Please note:** Internal online incident reporting processes (such as completing a DATIX for those working within acute health services) should still be completed for monitoring purposes. Where a one-off incident or error made is by an agency worker, the agency should be informed as the agency may hold other information regarding errors made elsewhere by the same person.



Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>MEDICATION ERRORS</b></p> <p><b>Mismanagement / misadministration / misuse of drugs.</b></p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p>
<p><b>Alternative Actions to consider at every stage</b></p>	<p>Review of relevant policies and procedures. Internal relevant training provided. Review of existing care plans or creation of new care plans / risk assessments. Complaints or disciplinary processes.</p>	<p>Share information with the CCG Quality Team and/or the CQC. DATIX, serious Incident or alternative review or investigative process. Discussion with the GP / Pharmacy.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>
	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Isolated incidents where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs.</li> <li>Isolated incident where no harm is caused but that has not been reported by staff members.</li> <li>Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm.</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Recurring prescribing, dispensing or administration errors that affect more than one person and result in significant harm, or the risk of significant harm, occurring.</li> <li>Over-reliance on sedative medication to manage behaviour.</li> <li>Covert medication administration without due consideration of consent and capacity, correct recorded decision-making and authorisation.</li> <li>Misuse of / over-reliance on sedatives and / or anti-psychotropic medication to control behaviour.</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Any medication error causing significant harm, where medical attention is required, or where death occurs.</li> <li>Deliberate maladministration of medicines (eg sedation) or failure to follow proper procedures, including reporting of medication errors.</li> <li>Pattern of recurring errors or an incident of deliberate maladministration.</li> <li>Deliberate falsification of records or coercive / intimidating behaviour to prevent reporting.</li> <li>Insufficient or incorrect medication policies and procedures in place.</li> </ul>

## Incidents between adults in a service

Incidents between adults in a service can include any interaction involving two or more adults in any setting, involving physical, psychological / emotional, sexual, financial, or discriminatory abuse or behaviour, which results in the risk of harm, or actual harm.

***Not all incidents between adults in a service will require a safeguarding concern to be raised. Agencies must use their own internal incident policy and processes and ensure that all incidents are reported using the appropriate procedures. What is important is for each incident to be considered according to the individual circumstances of the situation, and a professional judgement reached.***

A degree of conflict on occasions is to be expected in all relationships. This applies equally to environments where people with care and support needs live together or spend long periods of time together. There may be times when the actions of one adult in a service towards another goes beyond usual conflict and their behaviour is abusive, causing harm.

### **Responsibilities of care providers**

Preventing incidents between adults in a service from occurring wherever possible is always the preferred approach. Those in receipt of services should expect to be supported or cared for in a safe environment. Abuse by other adults in the service who also have care and support needs themselves is just as harmful as any other form of abuse. Provider services should ensure that interventions and support arrangements are in place to minimise the risk of abuse between adults using their service.

Where there are systemic failings in a provider's management processes which lead to repeated incidents between adults in that service, consideration should be given as to whether a safeguarding enquiry into organisational abuse is warranted. There is an obligation on all services involved to identify such failings and ensure that safeguarding concerns are raised where necessary, and that issues are addressed.

### **Good practice in the management of incidents involving adults in a service**

- Having robust and comprehensive pre-admission assessment arrangements to establish an individual's previous and current needs. This should include consideration to building and maintaining relationships with others, vulnerability, and any behaviour which may challenge, including bullying.
- Considering the potential impact, where appropriate, on existing adults in the service prior to the placement or person starting to use the service and keeping the compatibility of all adults in that service under review.

- The inclusion of anti-bullying, issues of inappropriate interactions between adults in the service and between staff and adults, being included in relevant policies and procedures.
- Promoting a positive culture of mutual respect where individual rights and responsibilities are discussed with adults in the service, and the Mental Capacity Act principles of least restrictive practice are followed and confirmed in the service's documentation.
- Understanding how to support adults who are involved in incidents through the assessment of needs and risk, and mitigating the risks to both, and linking them in with appropriate support services.
- Care and support plans directing staff on how to promote the safety of adults in their service.
- Having measures in place to positively support those with known behavioural difficulties.
- Ensuring that staff have appropriate training and know who to identify, record and review incidents involving adults in the service.
- Ensuring that staff numbers are sufficient to meet the needs of the adults in the service.
- Following the agency's notification procedures including, where appropriate, informing the adults' families or nominated representatives.
- Ensuring that measures are in place to secure the safety of people within or visiting the service.

### **Post incident reviews**

- When an incident occurs between adults in a service, the details should be recorded to identify any potential patterns. The information as a minimum should record the incident date and time, the adults involved, members of staff on duty, and the circumstances immediately prior to the incident and any other relevant information.
- Reviews of risk assessments and care plans should always be undertaken following each incident.
- Senior managers should review post incident information on a regular basis to determine whether certain adults are regularly involved – either as the victim or the person who is the cause of risk – and the staff on duty at the time. Reviews should consider lessons learnt, whether the incident could have been prevented, and the need for changes to avoid similar incidents recurring. The post incident findings may also trigger the need for further review and updating of risk assessments and / or a safeguarding concern being raised.

Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>INCIDENTS BETWEEN ADULTS IN A SERVICE</b></p> <p>Please refer to additional guidance for service user to service user incidents.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p>
	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Isolated incident between people using a service where no significant harm has occurred, and actions are undertaken to minimise the risk of reoccurrence.</li> <li>More than one incident where no significant harm occurs, and:</li> <li>A care plan and / or risk assessment is in place and is being adhered to</li> <li>Action is taken to minimise further risk.</li> <li>Other relevant professionals have been notified</li> <li>There has been full discussion with the person, their next-of-kin, or their representative.</li> <li>No other indicators of abuse or neglect.</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Any incident between people using a service in which medical attention or attendance at hospital is required.</li> <li>Multiple incidents where the person lacks capacity and is unable to take action to protect themselves</li> <li>There have been other similar incidents involving the same perpetrator.</li> <li>Concerns over escalation of behaviours between identified individuals.</li> <li>The care plan has not been implemented.</li> <li>It is not clear that professional advice or support has been sought at the appropriate time.</li> <li>There have been other similar incidents involving the perpetrator or areas of concern.</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Any incident resulting in intentional or intended harm or risk of harm to the person, including hate crimes.</li> <li>Any incident where a weapon or other object is used with the intention to cause harm.</li> <li>Repeated incidents where the person lacks capacity and is unable to protect themselves.</li> <li>The victim is, or appears, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Review of relevant policies and procedures. Internal relevant training provided. Review of existing care plans or creation of new care plans / risk assessments. Complaints or disciplinary processes.</p>	<p>Share information with the CCG Quality Team and / or the CQC. Discussion with Health / Social Care Commissioners. DATIX, Serious Incident or alternative review or investigative process.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b></p> <p>If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Non-reportable	Requires consultation	Reportable
<p><b>HOMELESSNESS</b></p> <p>People who experience homelessness are at increased risk of experiencing exploitation and abuse. Professionals working with people should be mindful of this when considering if a safeguarding adults concern needs to be raised.</p>	<p>Lower-level concern where the threshold for a safeguarding enquiry is unlikely to be met. However, an internal written record of what happened and what action was taken should be kept.</p> <p><b>Where there are several low-level concerns consideration should be given as to whether the threshold may be met for a safeguarding enquiry due to increased risk.</b></p>	<p>Incidents at this level should be recorded, internal policies and procedures followed. Consultation should be undertaken internally as well as through the Sussex Safeguarding Adults Policy and Procedures. Action should be taken to reduce risk and consultation with the local authority Adult Social Care department considered.</p> <p><b>Following this you may be requested to formally raise a safeguarding concern.</b></p>	<p>Incidents at this level should be formally raised as a safeguarding concern with the local authority Adult Social Care department.</p> <p><b>Consideration should also be given as to whether the police or other emergency services need to be contacted.</b></p>
	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• The person is expressing / experiencing mental health distress or using illicit substances.</li> <li>• Consultation with mental health and substance misuse services may be appropriate.</li> <li>• Housing discharging their duty to house an adult.</li> <li>• The person is engaged with and / or is a cause of risk in a criminal act. Following internal agency policy, a police report should be made.</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• The person has deteriorating physical / mental health, and this is placing their health at significant risk of harm.</li> <li>• Application of the self-neglect procedures may be considered.</li> <li>• If the person is offered housing which is not considered to be reasonable or suitable.</li> <li>• Multiple people may be being targeted by an unknown individual / agency.</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Lack of inter-agency cooperation when self-neglect procedures have been initiated.</li> <li>• Support agencies are not working together to provide support for the person which they are eligible for.</li> <li>• Appears to be being targeted by individual(s) for abuse or exploitation.</li> </ul>
<p><b>Alternative actions to consider at every stage</b></p>	<p>Referral to local authority Housing Services.  Referral to community and voluntary sector Housing organisations (such as Brighton Housing Trust Sussex).  Referral to Mental Health services  Refer to the <a href="#">LGA Briefing on adult safeguarding and homelessness</a></p>	<p>Share information with district nurse, GP, or OT.  Refer to the local authority Adult Social Care department for assessment or review of existing services.</p> <p><b>If self-neglect is identified consult the <a href="#">self-neglect procedures</a> in the Sussex Safeguarding Adults Policy and Procedures as well as consult the local authority.</b></p>	<p><b>RAISE SAFEGUARDING CONCERN</b>  If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>