

Gloucestershire Safeguarding Adults – When to Raise a Safeguarding Concern

Decision-making Support Tool

Adult Safeguarding is for people who, because of issues such as dementia, learning disability, mental ill-health or substance abuse, have care and support needs that may make them unable to protect themselves from abuse or neglect.

Under the Care Act 2014 the local authority (Gloucestershire County Council) has a duty make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed to safeguard the person.

The adult safeguarding duties under the Care Act 2014 apply to any adult, aged 18 or over, who:

- has needs for care and support¹ (whether or not the local authority is meeting any of those needs) and
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Care & support needs are defined in the Care and Support (Eligibility Criteria) Regulations 2015 in terms of specified outcomes. The person may be regarded as having care and support needs if they are unable to achieve the outcome without assistance; doing so causes the adult significant pain, distress or anxiety; doing so would place them at significant risk; or, achieving the outcome without assistance would take significantly longer than would normally be expected. The person does not need to be in receipt of a service, it is sufficient that there is a reasonable belief that person is unable to achieve one or more of the specified outcomes and that as a result they are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The specified outcomes are—

- managing and maintaining nutrition;
- maintaining personal hygiene;
- managing toilet needs;
- being appropriately clothed;
- being able to make use of the adult's home safely;
- maintaining a habitable home environment;
- developing and maintaining family or other personal relationships;
- accessing and engaging in work, training, education or volunteering;
- making use of necessary facilities or services in the local community including public transport, and recreational facilities or services.

¹ In some instances, the local authority may decide to initiate a safeguarding enquiry, called a non-statutory enquiry, where the person does not have care and support needs but may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014 e.g. carers and care leavers. The wellbeing principle begins with assumption that the person is best placed to judge their own Wellbeing and consent is therefore usually required.

- carrying out any caring responsibilities the adult has for a child.

Your responsibilities as referrer

Before making an adult safeguarding referral:

- Where possible discuss your concerns with the person, their advocate or representative, and try to find out what their views and wishes are. While the person's consent, where they are able to give it, is preferable it is not essential.
- Take any actions you can within the boundaries of your role, to prevent harm/further harm occurring. **It is not sufficient just to make a safeguarding referral.**
- Consider whether a safeguarding referral is a proportionate response to the concern. What other options may be available? What is the nature and level of harm, e.g. would an assessment of their needs be more proportionate at this stage?
- Ensure that the organisations/agencies with immediate responsibility for ensuring the safety of the person have been notified.
- Ensure you have clearly documented what you have observed/heard as it may be required at a later date.

When making an adult safeguarding referral please use plain English to describe:

- What has happened, when and to whom.
- The nature of harm, or risk of harm, that the person has experienced or is at risk of experiencing.
- How this has affected the person.
- Why you believe the person has care & support needs (see above).
- Why you believe that the person is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- What the person has said and what they want to happen; their views and wishes.

To make a professional referral to Adult Safeguarding to report abuse or neglect please use link below:-

<https://www.gloucestershire.gov.uk/gsab/contact-us/>

If you are a provider and wish to report an incident please use the provider portal via the link below

https://ppgcc.gloucestershire.gov.uk/ProviderPortal_AS_Live/

NB: Where there are Children (under 18s) in household or present the case must be reported as a child protection concern (see

<https://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/report-a-child-at-risk/>) as well as following the

Adult Safeguarding process

Neglect & Acts of Omission

Ongoing failure to meet a person's basic physical or psychological needs

Generally not reportable	Requires Further Discussion	Reportable
<p>Incidents at this level do not generally require reporting. 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 training.</p>	<p>Incidents at this level should be discussed with your organisation's safeguarding lead or manager with reference to the accompanying guidance to support decision making for making safeguarding referrals.</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, this must be reported to the Police via 999 (only in an emergency) or 101.</p>
<ul style="list-style-type: none"> Isolated missed home care visit - no harm occurs, and no other visits are missed that day Adult is not assisted with a meal/drink on one occasion and no harm occurs Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet for a period of time An unwitnessed fall that requires no external medical treatment/consultation IE no call to 111 or admission to hospital Unwitnessed fall where 111 are called but do not recommend getting external medical treatment 	<ul style="list-style-type: none"> Failure to promote the person's safety & wellbeing, including personal dignity, physical and mental health, choice and control, choice and contact with family and friends Poor physical condition and/or personal hygiene Malnutrition or unexplained weight loss Untreated injuries and medical problems Deliberately withholding of food, drinks or aids to independence 	<ul style="list-style-type: none"> Ongoing failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care Recurrent lack of care to extent that health and well-being deteriorate e.g. pressure ulcers, dehydration, malnutrition 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

Self-Neglect including hoarding

A person living in a way that puts his or her health, safety, or well-being at risk.

Self-neglect may not prompt a section 42 enquiry (Care Act Guidance 2021), unless it is associated with other forms of abuse or neglect by a third person/s. An assessment should be made on a case by case basis with reference to the GSAB Adult Self-Neglect Best Practice Guidance² and other options e.g. Care Act assessment of needs should be considered first.

Concerns at this level do not generally need reporting. All standard interventions must be used first to manage risk e.g. Care Management/Care Plan, GSAB Adult Self-Neglect Best Practice Guidance ¹ .	Concerns at this level should be discussed with your organisation's safeguarding lead or manager with reference to the GSAB Adult Self-Neglect Best Practice Guidance	Concerns at this level should be discussed your organisations safeguarding lead or manager with reference to the GSAB Adult Self-Neglect Best Practice Guidance ¹ and may trigger the Local Authorities duty under section 42 of the care Act 2014 to undertake a safeguarding enquiry
<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 shows some signs of neglect • Evidence of low-level hoarding • No access to support 	<ul style="list-style-type: none"> • Refusing medical treatment/care/equipment required to maintain independence • High level of clutter /hoarding • Insanitary conditions in property • Won't engage with professionals • Problematic substance misuse • Potential fire risk/gas leaks • Lack of essential amenities • Property/environment shows signs of neglect that are potentially damaging to health • Chaotic substance misuse 	<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 life threatening • Tenancy at risk because of hoarding/property condition IE notice served • Lack of self-care results in significant deterioration in health/wellbeing

² <https://www.gloucestershire.gov.uk/media/1gwiesy2/gloucestershire-self-neglect-best-practice-guidance-august-2022-final.pdf>

Physical Abuse		
The act of causing physical harm to someone else		
Generally not reportable	Requires Further Discussion	Reportable
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<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 	<ul style="list-style-type: none"> • Unexplained minor marking or lesions, minor cuts or grip marks on a number of occasions or on a number of adults cared for by a specific team/carer • Inappropriate restraint that causes marks to be left but no external medical treatment/consultation required • Unexplained scalds or burns but no external medical treatment/consultation required 	<ul style="list-style-type: none"> • Serious bodily harm requiring treatment in hospital • Intended harm towards an adult e.g. assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing • Unexplained fractures/serious injuries • Inappropriate or unlawful use of restraint • Frequent unexplained injuries or falls

Sexual Abuse

When an adult is forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online.

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<p>Not committed by a person in a position of trust, AND:</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 	<ul style="list-style-type: none"> Non-contact sexualised behaviour which causes distress to the person at risk Verbal sexualised teasing or harassment Being subject to indecent exposure where the adult isn't distressed 	<ul style="list-style-type: none"> Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care Any allegation of non-consensual sexual activity Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck Torn, stained or bloody underclothing

Psychological Abuse

This is the ongoing psychological/emotional maltreatment of an adult

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<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 do not cause distress between the adults involved. 	<ul style="list-style-type: none"> Treatment that undermines dignity and damages self-esteem Repeated incidents of denying or failing to recognise an adult's choices or of failing to value their opinion, particularly in relation to a service or care they're receiving Taunts or verbal outbursts causing distress to the person Cyber bullying 	<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 Humiliation of the adult Emotional blackmail e.g. threats of abandonment/ harm The withholding of information to dis-empower Allegations or concerns relating to 'cuckooing'

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality

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<p>The adult has no current fears and there are adequate protective factors, AND it is:</p> <ul style="list-style-type: none"> • One off incident with no injury or harm experienced • Occasional taunts or verbal outbursts where the adult has capacity to decide whether to have the case referred on 	<ul style="list-style-type: none"> • Unexplained marking or lesions or grip marks on a number of occasions • An incident of controlling or coercive behaviour is witnessed • Frequent verbal outbursts that cause some distress or some level of harm • Sexual assault or humiliation where the adult has capacity and does not want to be referred • The person experiences occasional episodes of fear of the alleged perpetrator 	<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 • The person is subject to severe controlling behaviour e.g. finances/medical • The person experiences frequent physical or verbal outbursts that cause fear or some level of harm • Subject to stalking/harassment

Financial or Material Abuse

This is 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.

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<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 adult's life has not been affected, little or no distress is caused and no other adult cared for by that worker/team has been affected • Adult not involved in a decision 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 • The person's basic amenities e.g. food, heating, electricity not provided for (signs of financial hardship) • Missing personal possessions • Unexplained lack of money or inability to maintain lifestyle • Unexplained withdrawal of funds from accounts • Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity • The person allocated to manage financial affairs is evasive or uncooperative • The family or others show unusual interest in the assets of the person 	<ul style="list-style-type: none"> • Suspected fraud/exploitation relating to benefits, income, property or will, including 'cuckooing' • Lasting Power of Attorney claimed to exist but unregistered • 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

Modern Slavery/Exploitation

This is holding a person in a position of slavery, forced servitude, or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

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<p>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"> • Appears under control of another • Long hours at work • Poor living conditions/low wages • Lives in work place • No health and safety in work place • Risk of physical/psychological harm • The adult being encouraged to participate in unsafe or criminal activity 	<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 • Unable to access medical treatment/care/equipment required to maintain independence • Under control of others e.g. gang master, dealers, pimp for prostitution • Subject to violence/threats/ fearful • Actual physical/psychological harm

Discriminatory Abuse/Hate Crime

Unequal or abusive treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation

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<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"> Recurring failure to meet specific care/support needs associated with diversity that cause little distress Denial of civil liberties e.g. voting, making a complaint 	<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 Inequitable access to service provision as a result of diversity issue Being refused access to essential services Humiliation, threats or taunts on a regular basis Recurring failure to meet specific care/support needs associated with diversity that cause distress

Organisational Abuse

This is neglect, ill-treatment or poor professional practice as a result of the structure, policies, processes and practices within an organisation, resulting in ongoing neglect or poor care.

Reference should be made to the GSAB Gloucestershire Organisational Abuse Procedures

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<ul style="list-style-type: none"> • Lack of stimulation/ opportunities to engage in social and leisure activities • Adults 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 adult 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 may not be in the adult's best interests • Adult's dignity is occasionally 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 could cause harm to the adults or have caused minor injury requiring no external medical intervention/consultation 	<ul style="list-style-type: none"> • Staff misusing position of power over adults they care for • Over-medication and/or inappropriate restraint managing behaviour • Recurrent or consistent ill-treatment by care provider to more than one adult over a period of time • Recurrent or consistent incidents of insufficient staffing resulting in harm requiring external medical intervention or hospitalisation of adults • Recurrent incidents of insufficient staffing resulting in some harm

Medication errors

Please refer to the GSAB Medication Errors and Safeguarding Guidance for Providers

<https://www.gloucestershire.gov.uk/media/phwdy0hk/medication-error-and-safeguarding-guidance-final.pdf>

Generally not reportable	Requires Further Discussion	Reportable
<p>Incidents at this level do not generally require reporting to the Safeguarding Team. However, they should be reported to GCC via the Provider Portal. 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 training.</p>	<p>Incidents at this level should be discussed with your organisation's safeguarding lead or manager with reference to the accompanying guidance to support decision making for making safeguarding referrals. Some incidents may need to be reported to the Police via 101, please consider with your safeguarding lead</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, this must be reported to the Police via 999 (only in an emergency) or 101.</p>
<ul style="list-style-type: none"> Isolated incident 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 Isolated incident causing no harm that is not reported by staff member Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm 	<ul style="list-style-type: none"> Recurring missed medication or errors that affect more than one adult and result in actual or potential harm to one or more adults Recurring prescribing or dispensing errors by GP, pharmacist or other medical professional that affect more than one adult and/or result in harm to one or more adults Covert administration without the person's consent or having a best interest decision recorded in the care plan Misuse of/over-reliance on sedatives to control challenging behaviour. 	<ul style="list-style-type: none"> Deliberate maladministration of medications or failure to follow proper procedures, e.g. controlled medication Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting

Pressure Ulcers

Please refer to the Pressure Ulcers and Raising a Safeguarding Concern guidance:

Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern - GOV.UK (www.gov.uk)

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<ul style="list-style-type: none"> • Single or isolated incident of Grade 1 or 2 pressure ulcer • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury or multiple grade 2 pressure ulcers where: <ul style="list-style-type: none"> – A care plan is in place – Action is being taken – Other relevant professionals have been notified – There has been full discussion with the patient, their family or representative – There are no other indicators of abuse or neglect 	<ul style="list-style-type: none"> • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury pressure ulcers or multiple grade 1 and 2 pressure ulcers where: <ul style="list-style-type: none"> – The care plan has NOT been fully implemented – It is NOT CLEAR that professional advice or support has been sought at the appropriate time. e.g. Tissue Viability Team – There have been other similar incidents or areas of concern – There are other indicators of abuse or neglect 	<ul style="list-style-type: none"> • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury where: <ul style="list-style-type: none"> – The person has been assessed as NOT having mental capacity and treatment and prevention NOT provided – No assessment and care planning has not been completed or is of very poor quality – No professional advice or support has been sought at the appropriate time, e.g. Tissue Viability Team – There are other indicators of abuse or neglect – Evidence demonstrates this is part of a pattern or trend

Trips & Falls

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<ul style="list-style-type: none"> Isolated incident where no significant harm occurs Multiple incidents where no significant harm occurs and: <ul style="list-style-type: none"> A care plan is in place Action is being taken to minimise further risk Other relevant professionals have been notified There has been full discussion with the patient, their family or representative There are no other indicators of abuse or neglect Isolated incident requiring attendance at hospital and no other form of abuse or neglect is suspected. 	<ul style="list-style-type: none"> More than one incident during a 6-month period requiring attendance at hospital Multiple incidents where: <ul style="list-style-type: none"> The care plan has NOT been fully implemented. It is NOT CLEAR that professional advice or support has been sought at the appropriate time. e.g. Care Home Support Service/Falls Service There have been other similar incidents or areas of concern. Any fall where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures. 	<ul style="list-style-type: none"> Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures.

Incidents involving another person with care & support needs

Services often have to manage disagreements or altercations between people they support. This could be the result of tensions between people living in close proximity and may also be caused or exacerbated by misunderstandings due to dementia, learning disability, or mental health problems. However, some instances of abuse between people may be due to poor relationships with, and poor management of challenging behaviours by staff or the service..

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<ul style="list-style-type: none"> Isolated incident where no significant harm occurs More than one incident where no significant harm occurs and: <ul style="list-style-type: none"> A care plan is in place Action is being taken to minimise further risk Other relevant professionals have been notified There has been full discussion with the patient, their family or representative There are no other indicators of abuse or neglect 	<ul style="list-style-type: none"> Any incident requiring medical attention or attendance at hospital Multiple incidents where: <ul style="list-style-type: none"> The care plan has not or cannot be fully implemented. It is NOT CLEAR that professional advice or support has been sought at the appropriate time. There have been other similar incidents involving this perpetrator or areas of concern. There are other indicators of abuse or neglect 	<ul style="list-style-type: none"> Any incident resulting in intentional or intended harm or risk of harm to the victim. Any incident where a weapon or other object is used with the deliberate intention of harm Repeated incidents where the victim lacks capacity and is unable to take action to defend themselves 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