TASPB

Tameside Adult Safeguarding Partnership Board

Tameside Adults Safeguarding Partnership Board (TASPB)

Decision Making Guidance

Contents

1. Introduction

This document provides guidance to support decision-making when completing adult safeguarding referrals. It should be read alongside the TASPB Safeguarding Adults Inter-Agency Policy and Procedure Guidelines.

The guidance is not intended to replace professional judgement or curiosity, nor does it impose rigid rules. Instead, it offers a framework to inform and strengthen decision-making.

Decisions should always be:

- **Evidence-based**
- **Grounded in relationship-based practice**
- **Strengths-based**

Practitioners must remain alert to the risks of exclusion and discrimination that can arise from bias or value judgements, as these may hinder effective safeguarding and positive outcomes for adults. Where uncertainty exists, the safeguarding process should always be followed.

"Safeguarding duties apply to an adult who:

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

(The Care Act 2014)

A concern meeting this statutory criteria should prompt a safeguarding referral.

Concerns that **do not** meet the threshold for a safeguarding enquiry still require a considered response. It is important to distinguish between:

- **Inappropriate safeguarding concerns** e.g. a Care Act Assessment is required or support re. the persons Mental Health eg suicidal thoughts
- **Incidents of poor practice**
- **Concerns about the quality of care (in any setting)**
- **Abuse or neglect**

Addressing these issues often calls for professional judgement and, where appropriate, consultation with colleagues from other agencies. In such cases, formal safeguarding procedures may not be the most suitable course of action.

All decisions should be recorded accurately, stating facts and demonstrate defensible decision-making, with any opinions being recorded as such.

Remember:

Safeguarding is not a substitute for:

- A provider's responsibility to provide high quality care and support.
- The Care Quality Commission (CQC) ensuring that regulated providers comply with standards of care and take enforcement action as appropriate.
- Contract and commissioning teams assuring themselves of the safety and effectiveness of commissioned services.
- Police using core duties to protect life and property and prevent, investigate and detect crime.
    - Where a crime is suspected, a referral should be made to the appropriate Police authority.

Incidents of poor practice and concerns about quality of care could be addressed via contract monitoring and quality assurance and compliance processes, reviews (of services and needs), HR processes, complaints processes and signposting to other services – this list not exhaustive. If internal enquiries are found to meet the safeguarding adults criteria, a safeguarding adults referral should be completed and sent to the local authority.

PLEASE REMEMBER:
Share information as appropriate with local authority/NHS Contracts and Commissioning Teams, so they can collate all relevant information and take any further appropriate action.

All decisions must be recorded accurately: stating facts, demonstrating defensible decision-making and identifying clearly where professional opinion is provided.

Refer to your organisations whistleblowing policy if required this will

- Provide avenues for you to raise genuine concerns,
- Allow you to take the matter forward if you are dissatisfied with your organisations response,
- Reassure you that you will be protected from reprisals or victimisation for speaking up in good faith.

For more information Whistleblowing for employees:
What is a whistleblower - GOV.UK

The most appropriate and proportionate response and process should be followed to ensure the concern is responded to correctly and in a timely manner. The presenting situation/ concern may also require other processes to take place alongside a safeguarding enquiry.

The circumstances outlined in a safeguarding referral and the findings from initial enquiries will determine both the nature and urgency of the response.

Best practice in relation to choice and risk recognises that adults have the right to live fully and to make decisions or lifestyle choices that others may view as unwise. Practitioners should seek to balance the empowerment of adults to make informed choices and take reasonable risks with the need to mitigate potentially harmful decisions that may place themselves or others at risk.

Risk assessments should be reviewed continuously throughout all stages of the safeguarding process and enquiries.

Excessive anxiety about supporting adults to take reasonable risks can inadvertently restrict them from carrying out everyday tasks that many people take for granted. Effective practice requires striking a balance between:

- **Facilitating and supporting the adult's wishes**
- **Upholding professional responsibility**
- **Managing potential risks to others**

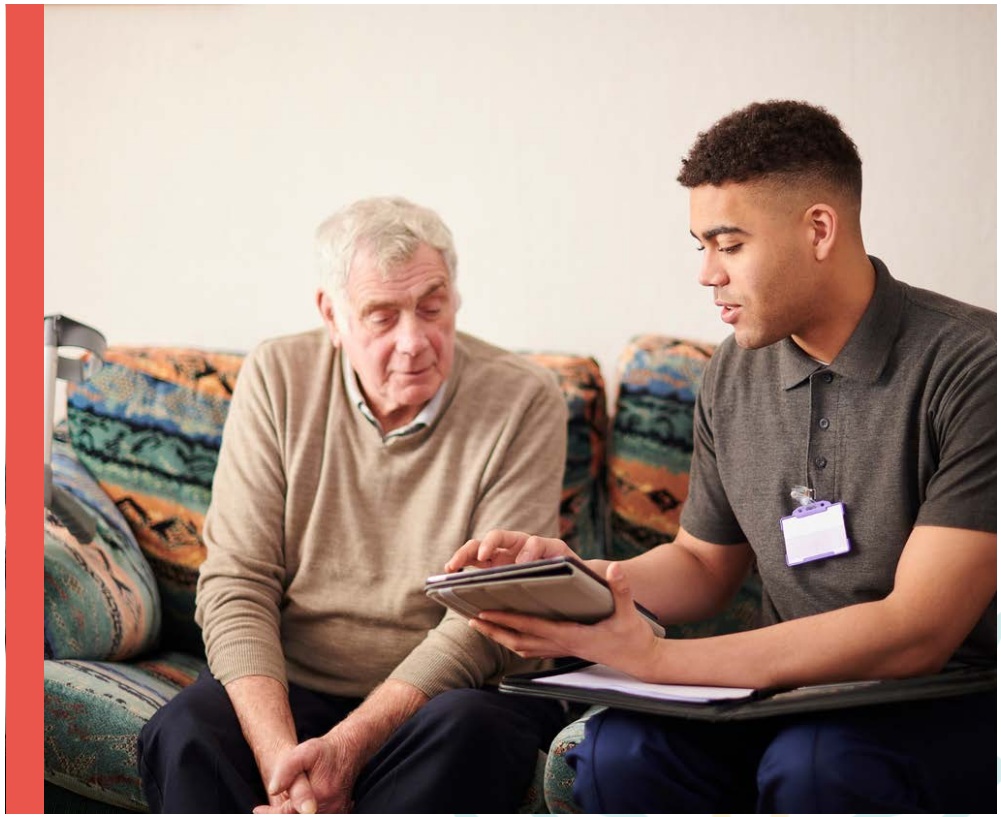
Making Safeguarding Personal places the adult with care and support needs at the centre of all safeguarding interventions – it is essential to ascertain what the adult's desired outcomes are as a result of safeguarding enquiries.

Has the adult given consent to a safeguarding referral and to enquiries being undertaken?

- Consent is not required if there is a risk of significant harm to the person, to public protection, other adults with care and support needs, or children are at risk.
- Is the adult able to make a decision about raising the safeguarding concern? (consider coercion and control)
- Is the adult able to protect themselves at a time when a decision needs to be made, or an action to protect needs to be made?
- Does the adult lack mental capacity to engage in and make decisions about the safeguarding issues?
- Is there evidence of, or concern about, coercion, threats, or intimidation?
- Making safeguarding personal does not mean walking away. Practitioners need to use professional curiosity and relationship-based practice to ensure that someone is not pushing them away because they are influenced, coerced or controlled by someone else, or simply not able to recognise their situation.
- Assumptions should not be made regarding what the adult may consider to be a proportionate decision. Adults may be unrealistic or ambivalent to their circumstances at any time. It is important for practitioners to consider the impact of mental capacity in all areas of this document.
- There is no time limit on achieving engagement. Nor is lack of engagement a reason to close a case if concerns remain around neglect or potential harm.
- What is the impact on the adult's health, independence and wellbeing?
- Is there indication that the abuse could be repeated, or even escalate?
- Consider the seriousness of the harm caused, or the potential for serious harm.

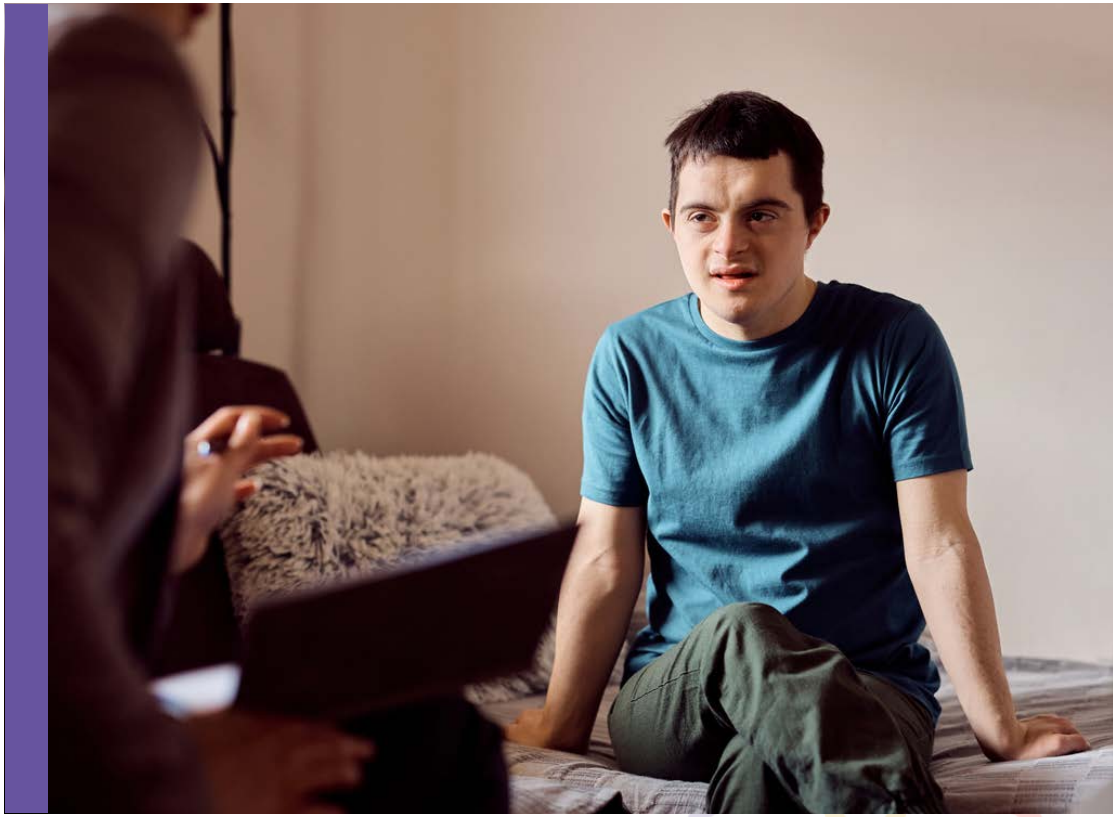
The safeguarding referral should provide all relevant information to inform and support initial enquiries, which should consider:

- Any immediate risks to the adult and others, and take action to address as appropriate – if there are concerns a crime has been committed, the Police should be contacted.
- There is a need to understand and use the previous information on the records about the circumstances in which a concern has been raised.
- Safeguarding is not just about sharing information and expecting other professionals to respond
- Any further information received from the referrer.
- How the outcomes of the adult will be achieved, reflecting the adult's wishes, wherever possible.
- How the adult will be involved from the beginning of the enquiry, unless there are exceptional circumstances that are believed would increase the risk of abuse.
- The need to arrange for an independent advocate if the adult has substantial difficulty being involved and where there is no-one to support them.
- If it is determined that the referral does not meet the criteria for a S42 enquiry, consider if other options/ interventions are more appropriate, e.g., an assessment for care services, TRAM (Tiered Risk Assessment Model), sign-posting to other services.



Where S42 criteria are met and further enquiry is required

- Decide what further information is required, proportionate to the concern, and if the Local Authority or others are best placed to undertake further enquiries.
- These enquiries should again be proportionate to the concerns and should focus on how to best work with the adult to achieve their outcomes.
- Determine what other actions are required to protect the adult and/or others from further risk of abuse.
- Complete the S42
- Next steps meeting/safety planning meeting or telephone discussion to be completed as appropriate and necessary.
- The rationale and defensible decision for closure of safeguarding should be recorded and shared with all involved.
- Further information about Section 42 enquiries is available on the Safeguarding Adults Boards website.



2. Types of abuse

The following identifies the level of concern (lower/medium-higher/serious-urgent) in the context of each type of abuse. Examples of concerns at each level are provided for guidance – they are not exhaustive and professional judgement inform decision-making.

Examples of Lower level concerns

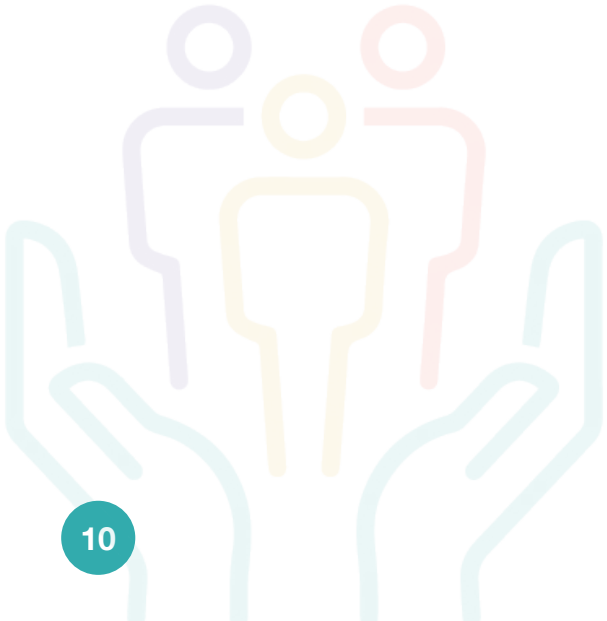
- May not meet S42 criteria.
- Outcomes may include providing advice and information.

Examples of Medium – Higher level concerns

- S42 criteria met.
- Further information about Section 42 enquiries is available on the Tameside Adult Safeguarding Partnership Board website.

Examples of Serious – Urgent level concerns

- **Immediate response may be required.**
- S42 criteria met.
- Further information about Section 42 concern decision making is available on the Tameside Adult Safeguarding Partnership Board website.



Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Discriminatory abuse	• Isolated incident or teasing, rude behaviour motivated by prejudicial attitudes – little or no harm, or distress caused. • Care planning where specific diversity needs are not addressed or provided for in an isolated incident. • **Actions could include further training, disciplinary, complaints procedures being used.**	• Consider cumulative lower-level concerns. • On-going failure to access services due to diversity issues. • Experience of on-going ASB (anti-social behaviour) due to diversity issues. • Hate crime – infrequent, but recurrent incidents motivated by prejudice based on disability, race, religion, sexuality, gender identity, age, which results in intimidation, emotional distress, loss of confidence and dignity. • On-going failure to support the adult to access places of worship, which causes distress or harm.	• Hate crime – serious or recurrent incidents motivated by prejudice based on disability, race, religion, sexuality, gender identity, age resulting in harm or impacting on wellbeing. • The above could include humiliation on a regular basis, discriminatory threats of harm and withholding services. • Discriminatory threats of harm, civil liberties, withholding services. • Honour-based violence. • Potential risk to self and public safety due to a risk of radicalisation. • Female Genital Mutilation (FGM). • Imminent Forced Marriage.

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Domestic abuse Refer to the Police, as appropriate. The statutory definition of Domestic Abuse is documented in Section 1 of the Domestic Abuse Act 2021: • An incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence, or abuse… by someone who is or has been an intimate partner or family member regardless of gender or sexuality. • Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour based violence; Female Genital Mutilation; forced marriage • Age range extended down to 16 • For the purpose of the safeguarding adult arrangements, safeguarding children arrangements would be applied to a person under 18 Domestic Abuse: statutory guidance (accessible version) - GOV.UK	• One off incident with no injury or harm experienced. • Victim reports no current concerns or fears. • Occasional taunts or verbal outbursts. • Able to make own decisions concerning aspects of daily living. • Protective factors in place.	• Protective factors not in place. • Children in house – refer to Children's Services. • Unexplained marks, bruises, hand marks. • Subject to coercive controlling behaviour. • Occasional outbursts of verbal/physical abuse. • No access to medical care. • Unable to access professionals for support, i.e., health care. • Accumulation of incidents and harassment. • No access to, or control over, finances. • Experiences constant fear. • Stalking/harassment.	• Threats to kill. • Assault causing serious harm. • Use of objects as a weapon during an assault. • Subjected to frequent, or escalating, violent behaviour. • Sexual assault or rape • Subject to severe coercive or controlling behaviour. • Subject to stalking behaviour. • Experiences constant fear of harm. • Forced marriage. • Honour-based violence. • Use of a weapon. • Further information is available from Bridges - domestic abuse. • New non-fatal strangulation offence comes into force - GOV.UK

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Financial abuse Greater Manchester Guide to Exploitation in the Care Sector **For all safeguarding referrals regarding a person in a position of trust, consideration should be given to consultation with the Police.** **See PIPOT guidance.**	• Isolated incident of a small amount of money, food, belongings going missing – quality of life of the adult is not affected and no distress caused. • Isolated incident of staff borrowing items from service users, with their consent – items returned to service user. • Isolated incident of staff taking the 'one free' from 'buy one get one free' offers, and accruing reward points on their own cards when shopping for service users. • Transactions with money are not recorded routinely, safely or properly. • **Actions could include further training, disciplinary, complaints procedures.**	• Adult not routinely involved in decisions about their finances – how it is spent or kept safe. • Mental capacity should be routinely considered. • Money kept in a joint bank account with no clarity of management or equity of access. • Failure to meet agreed contributions to care costs by families, or personal allowance not given to adult in care home. • Failure to assess mental capacity where it is suspected, or clear that it is in question, and harm is caused, e.g.,, financial abuse, debt. • An incident of fraud or scam. • Concerns about a deputy, attorney or guardian acting inappropriately in relation to finance or assets where the OPG will need to be involved.	• Theft by a person in a position of trust. • Fraud, exploitation, of benefits, income, property, will. • Misuse of Lasting Power of Attorney. • Doorstep crime and loan sharks. • Actions not taken in the adult's best interests where they lack mental capacity to make financial decisions. • Adult denied any access to their finances. • Modern slavery. • Further information is available from Tameside Community Safety Partnership – fraud and scams. • Serious or repeated incidents of fraud or scam.

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Institutional and organisational abuse **These lists are not exhaustive, and reference should be made to other categories within this document.** This section should be considered alongside quality and compliance standards. it is expected you will liaise with commissioning bodies.	• Care planning documents are not person-centred and of sufficient detail to ensure appropriate care is provided. • Support levels as identified in the care plan, e.g., 1:1/2:1, are not adhered to, and no harm is reported to have occurred. • Lack of opportunity for social and leisure activities and/or a general lack of age-appropriate stimulation. • No 'voice' for the adult with care and support needs within their living environment/ advocacy not sought where appropriate. • Absence of, or inadequate policies, procedures, supervision, training – no harm occurs. • Minor environmental concerns.	• On-going concerns about living environment/poor hygiene. • Accumulation of concerns/minor incidents. • Unsafe staffing levels. • Support levels as identified in the care plan, e.g., 1:1/2:1 not adhered to, and harm occurs. • Medication errors which affect one or more adult, which may, or may not, result in harm. • Hospital discharge without adequate care planning/ consideration by the care provider of a change in need and harm occurs. • Lack of dignity in respect of choice of clothing; how and when personal care support is received.	• Unsafe and unhygienic living environment. • Inappropriate restraint and possible deprivation of liberty is occurring, and no application for deprivation of liberty considered or made, and best interest is assumed or has been ignored; • Lack of candour, concerns about information being hidden or misreported or concerns/ complaints not dealt with • Excessive or inappropriate responses to challenging behaviour. • Over-medicating to manage behaviour; inappropriate sedation. • Essential medication not administered, withholding of medication.

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Institutional and organisational abuse *(cont.)*	• **Actions could include a review of care plans, engagement with TMBC and ICB contract, commissioning and quality teams. Engagement with agencies such as Environmental Health, DCHS/ICB safeguarding leads, Fire Service.**	• Set routines and times for getting up/going to bed; lack of choice about all daily living activities. • Concerns about individuals in care provision raised in the Multi Agency Concern process	• Covert administration of medication without consideration of ethical or best interest issues, or medical authorisation. • Misuse of power by a person in a position of trust. • A person in a position of trust entering into an intimate relationship with an adult with care and support needs. • Inflexible routines which impact on health and wellbeing, practice, policies and procedures of an organisation which result in harm or denial of choice. • Failure to provide ongoing access to health care/appointments. • An accumulation of evidence of a failure to keep people safe/ consistent ill treatment/pattern of recurring errors. • Unsafe staffing levels resulting in harm or ability to provide identified levels of care and support.

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Modern Slavery	• All referrals concerning modern slavery should be considered at 'Medium-Higher', or 'Serious-Urgent' levels – for more information see Modern Slavery - Tameside MBC	• Adults coerced, often under the threat of violence, to work long hours, or forced into prostitution, in order to pay off debts to them. • A large number of adults sharing a room or property resulting in lack of dignity, space and unsanitary conditions. • Domestic servitude – adults forced to work with little or no pay, limited or no time off, and lack of personal space to live or sleep. • Working in environments and receiving low or no pay as a result of coercion and threats of violence to them and their family – e.g., food packaging, cleaning, hospitality sector, food picking, nail bars, car washes. • Adults in fear of providing personal information or seeking medical/social care support due to threats. • Adults being exploited by drug dealers or gangs in return for access to places where begging may be more successful.	• Adults subject by another to threats of, or actual, violence to them and their families if they do not work as directed. • Adults forced to perform non-consensual or abusive sexual acts for money. • Adults moved frequently to other locations around an area or the country. • Adults coerced into criminal activity against their will. Including money laundering. • Adults in domestic settings forced to work with little or no pay, limited or no time off, and lack of personal space. • Adults forced to live in sheds, garages, containers, caravans without access to essential amenities such has heat, light, food. • Adults unable to have the freedom, or choice, to leave because their passport or ID has been removed by non-legal means. • Subject to forced marriage • No access to medical care. • Modern slavery concerns. • Allegations or concerns relating to 'cuckooing'

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Neglect and acts of omission (including falls) **For more information on falls response please see NICE guidance** **Overview | Falls: assessment and prevention in older people and in people 50 and over at higher risk | Guidance | NICE** Missed Calls Guidance	• Adult not assisted with a drink or a meal on one occasion – no harm occurs. • An isolated domiciliary care call is delayed or missed, but no harm occurs. • A fall occurs where there has been no previous indication of a falls risk – action taken to reduce further risk. • Fall occurs, no injury sustained, risk assessments and care plans are in place and have been followed • Unplanned hospital discharge that did not result in harm.	• Failure to respond or intervene where an adult lacks capacity to assess risk. • Any cumulative lower-level concerns/incidents. • Removal of or withholding access to aids to assist independence. • Failure to follow professional guidance/recommendations in relation to food and/or fluid consistency, which places the adult at risk of significant harm. • Care plan does not identify how a need will be met, e.g., pain management, pressure care, constipation, behaviour that challenges, resulting in potential harm. • Failure to recognise and respond to symptoms which may indicate deterioration in health.	• There is a clear breach of 'duty of care' and professional practice/responsibility. • Hospital discharge without adequate planning resulting in significant harm. • Failure or delay in scheduled domiciliary care visits, which results in a deterioration of health, pain, significant discomfort, or serious injury. • Repeated failure to respond or serious incidents of harm resulting from a failure to follow procedures or to ensure care plans adequately addressing needs. • Delay in seeking appropriate medical advice, or failure to follow medical guidance resulting in harm (including physical and mental ill-health).

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Neglect and acts of omission (including falls) *(cont.)*		• Adult has a more than one fall and there is no evidence of a review of care plans, risk assessments or seeking other appropriate advice.	• Adult known to mental health (or other services) reporting suicidal ideation or assessed as a risk of suicide – timely response not made, or information shared resulting in harm. • Repeated or serious incidents of harm or abuse as a result of systematic failures to prevent harm from occurring. • Failure to provide or seek appropriate and/or specialist advice and support, follow care plans, or complete risk assessments. • Failing to call for or access lifesaving medical care. • An unauthorised deprivation of liberty results in harm. • Deliberate neglect or omission of care by a paid carer or person in a position of trust (PIPOT).

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Physical abuse arising from medication errors Medication Error and Guidance	• Adult does not receive prescribed medication on one occasion or receives it at the wrong time or receives the wrong dose – no harm occurs. • One-off prescribing or dispensing error by a GP, Pharmacist, or other medical professional with no harm caused. • **Actions could include contacting the Pharmacist, GP or 111 to discuss and confirm any further action required.** • **Further training for staff.** • **Informing contracts and commissioning teams and CQC as appropriate.**	• Delay in receiving medication, or medication error, resulting in experience of minor reversible symptoms (e.g., pain not affecting participation in activities). • Any cumulative lower-level concerns that affect one or more individual, which could result in potential or actual harm. • Misuse of controlled drugs, or not following proper procedures. • Misuse, or over reliance on sedative to sedate or control behaviour. • Recurring prescribing or dispensing errors by a GP, Pharmacist, or other medical professional, that affects more than one adult.	• Covert administration of medication without medical/ MDT authorisation/ best interest decision recorded. • Any deliberate withholding or misadministration of medication, regardless of the level of harm caused. • Pattern of recurring errors. • Deliberate falsification of records. • One-off delay in administering medication with potential for serious harm.

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Physical abuse Service Users Altercations	• An isolated incident between service users with no marks or bruising, and neither intimidated nor harmed; action could be care plans amended and risk assessments completed. • One-off staff error causing minor accidental injury, e.g., mark on skin after removing a dressing/pad. • Moving and handling procedures not followed on one occasion – no harm caused. • Adult missing one health check, or appointment (e.g., dental, optician), with no harm caused. • Bruising caused by treatment or moving and handling, that is a one off and has not caused harm, or which is documented and/or reviewed in risk assessments due to care and treatment. • Actions could include further training for staff, increase supervision to prevent reoccurrence, information contracts and commissioning team and CQC, as appropriate.	• Any cumulative lower-level concerns/ incidents. • Inappropriate restraint. • Inexplicable marks, cuts, bruising, etc. • A preventable incident between service users where injuries have been sustained and emotional distress caused. • Deliberate withholding of food, drink, care, aids to assist independence. • Moving and handling procedures disregarded, making injury likely to happen. • Unexplained bruising that is either frequent and/or has caused pain or discomfort.	• Assault. • Inexplicable injuries/fractures. • Assault leading to permanent or substantial injury, or death. • Physical abuse perpetrated by someone in a position of trust. • Incidents of harm are reoccurring, despite being predictable by staff, or the injuries are more serious. • Female Genital Mutilation (FGM) • One-off delay in accessing medical treatment with potential for serious harm. • Systematic failures in the provision of services. • Recurrent incidents of harm. • Allegations of historical abuse. • Adult missing one, or a number, of health checks or appointments (e.g., dental, optician) with potential for, or actual, harm being caused. • Unexplained bruising that is in keeping with criminal activity including restraint or sexual assault. • Falls in a registered care provision that have resulted in a significant injury or death.

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Pressure ulcer (PU) Safeguarding Adults Protocol: Pressure Ulcers and Raising a Safeguarding Concerns **Neglect:** PU may be new, from previously intact skin and/or deterioration in a current PU PU category (cat): **Cat 2** - partial thickness loss of skin, area is red/pink may be blistered **Cat 3** - full thickness skin loss, adipose fat visible **Cat 4** - full thickness skin and tissue loss, structures i.e. bone/ligament may be visible	• Skin deterioration to category 3, 4 or unstageable, or multiple sites of category 2 ulceration from healthy unbroken skin • No skin integrity issues since the last assessment/visit • No previous contact with health or social care services • Change in past days/hours in physical condition/underlying health condition or history of recent fall/time spent on floor contributing to PU • No evidence of the informal carer wilfully ignoring or preventing access to care or services • **Adult is able to make decisions** about PU management: concordant or non-concordant with some/all care & non-concordance with care /equipment is identified where relevant, or -	• Skin deterioration to category 3, 4 or unstageable, or multiple sites of category 2 ulceration from healthy unbroken skin, since the last assessment/visit • Necessary pressure relieving equipment: unavailable / has been avoidable delay in provision / is not being used, which has contributed to development/deterioration of PU • PU not explained by change in past days/hours in physical condition / underlying health condition or history of recent fall/ time spent on floor • PU assessment/care plan not documented, incomplete or not reviewed as needs have changed • PU developed as a result of the informal carer wilfully ignoring or preventing access to care or services	• Medium/higher level concerns apply to adult cared for in their own home or adult(s) in a care facility: • Where the actions of staff indicate omissions of care • Where the actions of informal carer indicate omissions of care • The adult(s) require immediate medical/nursing assessment as a result of the omissions in PU management. Seek advice about potential police contact from: • Organisation safeguarding lead and/or senior managers • Safeguarding Lead at the Local Authority. Pressure ulcers: how to safeguard adults

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Pressure ulcer (PU) *(cont.)* **Deep Tissue Injury (DTI)** - persistent non-blanching deep red/maroon or purple discolouration **Unstageable** - depth unknown due to devitalised tissue. At least cat 3 or 4 damage. Reference: Adult safeguarding decision guide DHSC Jan 2024	• **Adult is unable to make decisions** about PU management: capacity assessment and best interest process documented • Necessary pressure relieving equipment is in place or identified as required and ordered • Tissue Viability advice not required or advice sought and acted upon • PU management delivered as per care plan. Pressure ulcers: how to safeguard adults	• **Adult is able to make decisions** about PU management but non-concordance with care/equipment not identified where relevant • **Adult is unable to make decisions** about PU management: capacity assessment and best interest process not documented • Tissue Viability advice sought and not followed or advice not sought, contributing to development / deterioration of PU. • PU management not delivered as per care plan. Pressure ulcers: how to safeguard adults	

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Psychological and emotional abuse	• Isolated incident where an adult is spoken to in a rude or inappropriate way – little or no distress caused. • Isolated incident of ASB (anti-social behaviour) against an adult. • Actions could include: o Sharing information with Safer Neighbourhood teams o Ensure the adult with care and support needs and staff understand relationship boundaries and what is appropriate behaviour o Risk management assessments/processes are reviewed o Consider further training needs	• Occasional or on-going bullying (face-to-face or online), which causes distress or intimidation. • Abuse designed to cause humiliation. • Emotional blackmail, including threats of abandonment. • Concerns that an adult is vulnerable to radicalisation. • Denying an adult's choice and opinion. • Treatment or care which undermines dignity and self-esteem. • Damage to property, environment, abuse of pets.	• On-going reports of ASB (anti-social behaviour). • A denial of basic human rights and civil liberties, such as denying an adult's choice, or over-riding advanced directives. • Prolonged intimidation, coercion, and victimisation, which impacts on the person's ability to make choices. • Threats to cause physical harm. • Verbal abuse perceived as hate crime (face-to-face or online). • Suicidal thoughts/ideation as a result of psychological/emotional abuse. • Allegations of historical abuse. • Threats relating to identity (i.e., protected characteristics) or lifestyle. • Threats or intimidation by a person in a position of trust (PIPOT). • Allegations or concerns relating to 'cuckooing'.

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Self-neglect Greater Manchester Guide to Exploitation in the Care Sector **All standard interventions must be considered/used to support the adult and manage risk before a safeguarding referral is made, e.g., review of care plan, assessment of social care needs, engagement with fire, environmental health.** **Utilise professional curiosity to understand why someone is behaving in this way when there are risks or experiences of abuse or neglect. For example, if there is self-neglect or hoarding, try to find out about the person and their background/history. Build up trust or work together with someone who they do trust.**	• A lack of or change in engagement with professionals and family/ support mechanisms that does not result in any harm deterioration of health and wellbeing. • Self-care and presentation causing some concern and which is out of character and does not result in any harm or deterioration of health and wellbeing. • Some neglect of property and/or signs of hoarding that is not posing a risk to the Adult or others.	• Chaotic lifestyle which is becoming increasingly concerning for professionals, family, or community due to risk of harm or exploitation. • Lack of self-care and engagement with health appointments, resulting in deterioration of health and wellbeing or any harm. • Increased substance use causing lifestyle to become consistently chaotic with an increased risk of harm or exploitation. • Increased reports of concerns from agencies or family that an individual is at increased risk of harm or exploitation. • Property significantly neglected, unsanitary conditions, lack of essential amenities, increased risks due to level of hoarding.	• Behaviour poses a risk to self, or others. • Self-neglect has resulted in a significant deterioration of health and wellbeing and harm. • Living environment is hazardous, presenting a risk to self and others, or access to property restricted due to hoarding or neglect of property. • Multiple reports of concern by other agencies, family or community. • Potential fire risks to self and others. • Consistently chaotic lifestyle due to substance use causing harm to self and others. • TRAM and CaHRP

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns
Sexual abuse Greater Manchester Guide to Exploitation in the Care Sector If a crime is suspected, a referral to the Police must be made. Consider mental capacity and insight and consent.	• Isolated incident, comment, teasing or non-sexualised touching, (excluding genitalia) with no distress caused*. **Actions could include, review and amendment of care plans and risk assessments, and ensuring staff are suitably trained and competent.** *Unless committed by a person in a position of trust (PIPOT).	• Repeated incidents of comments, teasing, unwanted sexualised attention (verbal), whether or not mental capacity, exists which causes distress.	• Sex, or attempted sex, without valid consent or capacity (rape) in any environment. • Sexualised touching, or masturbation, without valid consent or capacity in any environment. • Attempted penetration by any means without valid consent or capacity in any environment. • Sexual exploitation, including grooming, or coercion in any environment. • Any sexual activity (sex, touching, masturbation, sexual assault and exploitation) by a person in a position of trust (PIPOT), or paid carer, with the Adult in any environment. • Being exposed to naked genitalia without valid consent or capacity. • Being made to view pornographic material without valid consent or capacity. • Online sexual blackmail including revenge pornography.

3. A final reminder of alternatives to a safeguarding enquiry

A concern which does not meet the criteria for a safeguarding enquiry will still need to be responded to appropriately. Below is a list of possible alternative actions for concerns that do not meet this criteria (this list is not exhaustive).

- Assessment of health and social care needs (professional Social Care support).
- Review of current needs and services (single provider or MDT).
- Provider concerns meeting.
- Actions by contracts and commissioning teams.
- Referral to other services or agencies.
- Complaint processes.
- Disciplinary action.
- Complaint or report to CQC.
- Signposting to alternative preventative services, e.g., Drug and Alcohol, Domestic Abuse, voluntary services, etc.

If you are worried about an adult with care and support needs, do not stay silent. To do nothing is not an option. Decisions made by the safeguarding adult team will be made based on the information available at the time.

For safeguarding adult referrals in Tameside please telephone or use the portal.

- **Contact 0161 922 4888 (Option 1)**
- Monday – Wednesday: 8:30 am – 5:00 pm
- Thursday: 8:30 am – 4:30 pm
- Friday: 8:30 am – 4:00 pm
- **Outside office hours tel: 0161 342 2222**
- **Safeguarding portal - Professional Adult Safeguarding Referral - Tameside MBC**

If you are unsure about making a referral please contact the gateway or the allocated team/worker.

In an emergency always contact the relevant emergency service by dialling 999. If it is not an emergency but is a police matter dial 101.