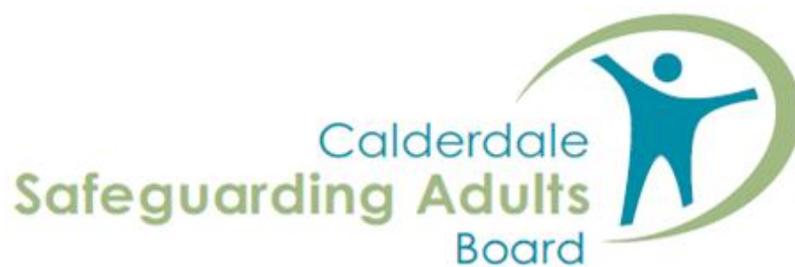


THRESHOLD GUIDANCE FOR SAFEGUARDING ADULTS AT RISK IN CALDERDALE

The purpose of this document is to provide guidance to assist practitioners with decision making when there are concerns that an adult with care and support needs is at risk of or being abused or neglected.



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Introduction

Safeguarding means protecting an adult's right to be safe, free from abuse and neglect.

The purpose of this document is to provide practitioners with guidance about when to use safeguarding procedures and how to get support, information and guidance. This does not replace the Safeguarding Adult Procedures which can be found [here](#). This guidance should be used to inform practitioners, managers, and organisational leads of the safeguarding thresholds in Calderdale.

Safeguarding is everyone's responsibility. Therefore, all staff have a responsibility to identify, respond and raise any concerns about possible abuse or neglect relating to adults who are less able to protect themselves from that abuse or harm due to their care/support needs. This guidance is a means for staff to combine the principles of protection and prevention with the adult's self-determination, respecting their views, wishes and preferences in accordance with Making Safeguarding Personal.

Each organisation must have its own operational guidance on how it manages adult safeguarding concerns, including a process for raising safeguarding concerns, with up-to-date contact details of where to report to, so that staff and the public know how to report abuse and neglect.

Agencies who identify or suspect abuse / neglect must follow their organisations and the multi-agency procedures, but this framework will assist with assessment and decisions about levels of risk and whether the safeguarding threshold is met. Joint working between agencies and services is encouraged for a more holistic assessment of risk, harm and safeguarding response, so decisions taken when considering this guidance can be either single or multi-agency, dependent on circumstances.

Safeguarding processes should always be considered in response to situations where an adult is at risk of abuse and or neglect (including self-neglect). There are other established processes for managing quality, competency and safety concerns about individual or organisation. These concerns may be raised with quality, commissioning / contracting, patient safety, risk management teams, regulators (e.g., CQC), environmental health teams for example.

There are exceptions to this if the quality or service is neglectful – this may be identified through more than one quality issue and may indicate organisational abuse or large scale neglect. In these instances, the safeguarding processes should be followed, and concerns raised with the Safeguarding Hub.

Expectations are on safeguarding leads, managers and providers being clear about their responsibilities of reporting safeguarding concerns. The responsibility for recording quality concerns and themes trends are with the organisation who is providing care. The providers of care need to be clear about their responsibility for reporting allegations against members of staff and of analysis quality concerns to identify and report repeated quality issues or suspected neglect issues to the Safeguarding Hub.

This document provides some examples of indicators of abuse / neglect, but it is not an exhaustive list. Practitioners should always use their knowledge, skills and professional judgement in deciding how to respond and what actions to take, including finding out further information from other people / organisations involved in the persons care and unless unsafe to do so, talking to the person to find out what the person wants to happen, taking into account the [6 safeguarding principles in the Care Act](#).

In Calderdale we take a Trauma Informed Approach to how we support and work across our communities. People who have experiencing traumatic experiences when young such as abuse, violence, neglect, poverty, or discrimination are more likely to be affected later in life and this includes adults who have been in care of the Local Authority. In Calderdale, being a [Care Leaver is a Protected Characteristic](#).

Professionals should use this framework to assist decision making, together with support and guidance from their own managers and if necessary, their own safeguarding leads. **Staff can also contact the Safeguarding Hub Advice Line on 01422 393000 to discuss concerns if after internal discussion, the organisation is unsure what to do or whether to raise a concern with the local authority through the safeguarding procedures.**

This Framework should read in conjunction with:

- [The West Yorkshire, North Yorkshire and York Multi-Agency Safeguarding Adults Policies and Procedures](#)
- [CQC guidance](#) about what must be notified to them in respect of safeguarding concerns and the [CQC Notification Form](#)
- [NICE Safeguarding Adults in Care Homes Guidance](#)
- Your own organisation's safeguarding policies and procedures
- Integrated Quality Strategy for Calderdale

Pathways in Calderdale

There are specialised panels in Calderdale which have expertise in specific areas of safeguarding. These panels and multi-agency meetings can be used to obtain advice as well as to make referrals. The referrer can use their own judgement for each individual concern, but advice can be sought from the Safeguarding Hub if you are unsure about where a specific concern should be raised. Under each area of risk are contact details or further information about the following:

- Multi-Disciplinary Team Meetings (MDT) for people who have multiple complex needs
- Vulnerability Panel
- Hoarding Panel
- Multi-Agency Risk Assessment for High Level Domestic Abuse
- Daily Risk Assessment Management Meeting (DRAMM) for Low and Medium Level Domestic Abuse
- Anti-Social Behaviour Panel

In each of the areas explained below there are also options for further support for concerns which do not meet the threshold for intervention.

Safeguarding Criteria for safeguarding adults at risk of abuse or neglect

From Section 42 of the Care Act 2014

The duty to safeguard an adult applies when all of the following criteria are met:

1. The adult has needs for care and support (whether these have been assessed or are being met by the local authority or not).
2. They are experiencing, or at risk of experiencing abuse or neglect; and
3. 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.

Where the requirements of [section 42](#) (1) are met, the local authority '**must make (or cause to be made) whatever enquiries it thinks necessary** to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom' (section 42(2)).

The Local authority can choose to undertake safeguarding enquiries for people where there is not a section 42 enquiry duty, if the local authority believes it is proportionate to do so and will enable the local authority to promote the person's wellbeing and support a preventative agenda.

An adult is a person aged 18 or over.

Making Safeguarding Personal (MSP)

Making Safeguarding Personal is firmly embedded in the statutory guidance for the Care Act 2014 and is an

approach that should flow through every stage and aspect of adult safeguarding, not just formal enquiries. Under the Care Act 2014, you have a duty of care to share information when you have a safeguarding concern. Under the Act, you should always seek consent to share information wherever possible. There are times when it's ok not to seek consent from your patient or client that you're going to share their information:

- Seeking consent will increase the level of risk posed to them (or a child or other adult at risk); or
- It is in the adult at risk's vital interests (to prevent serious harm or distress or life-threatening situations); or
- Consent cannot practically be sought (for example, the referrer is being denied access to the adult or the adult cannot be located in a timely way); or
- The adult lacks capacity to consent, and a decision has been made that raising a concern is in their best interests.; or
- The adult at risk is subject to coercion or undue influence, to the extent that they are unable to give consent or;
- There are risks to others, for example if a person raises a safeguarding concern about abuse / neglect in an agency that is specific to one individual but it is identified that the concern may leave others at risk.

Note: If there are concerns an adult may lack capacity to information sharing in order to raise a safeguarding concern, then a decision specific mental capacity assessment must be completed before reaching the conclusion that the adult lacks capacity to consent. The more serious the issue, the more one should document the risks that have been discussed with the person and the reasons why it is considered that the person is able and willing to take those risks.

For guidance about assessing capacity, see: [The Mental Capacity Act 2005 Resource and Practice Toolkit](#) and [MSP Practice Resources](#).

Equality and Diversity

It is every person's human right to live a life free from abuse and neglect. Throughout the safeguarding process, respectful consideration and sensitivity must be given to individual differences, including age, disability, religion or belief, sex, sexual orientation, gender reassignment, race or racial group, caring responsibilities, class, culture, language, pregnancy and marital or civil partnership status, and any other Protected Characteristics deemed relevant. This would also include people's belief systems, for example Veganism. It is important to consider whether the person requires an independent advocate and or translator to enable them to take part in the process.

Information Sharing

Effective sharing of information between practitioners and local organisations and within organisations is essential for early identification of need, assessment and service provision. Safeguarding Adult Reviews have consistently highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have serious consequences for the safety and wellbeing of adults at risk. The Data Protection Act 2018 and UK General Data Protection Regulation (GDPR) are not barriers to collating and sharing information but provide a framework to ensure that personal information about living persons is shared appropriately.

Mental Capacity Act

The Mental Capacity Act 2005 is a comprehensive statutory framework that protects the autonomy of people who have capacity to make their own decisions and protects people who may not, by promoting that they are involved in decisions relating to them, and that any decisions made on their behalf are made in the right way. For further guidance about the Mental Capacity Act 2005 and how to apply the principles

effectively see: [The Mental Capacity Act 2005 Resource and Practice Toolkit](#).

Recording

Providers are expected to have systems in place to monitor and record any incidents which occur and any decision making. If they believe the person has experienced, or is at risk of experiencing, abuse or neglect this must be reported. This could initially within their own organisation (single agency management) and depending on the decisions made (noting key factors above), it may then be appropriate to report to the LA via the multiagency safeguarding procedures (Safeguarding Concern). Where there are repeat incidents or patterns of concern this may amount to abuse or neglect and should be reported.

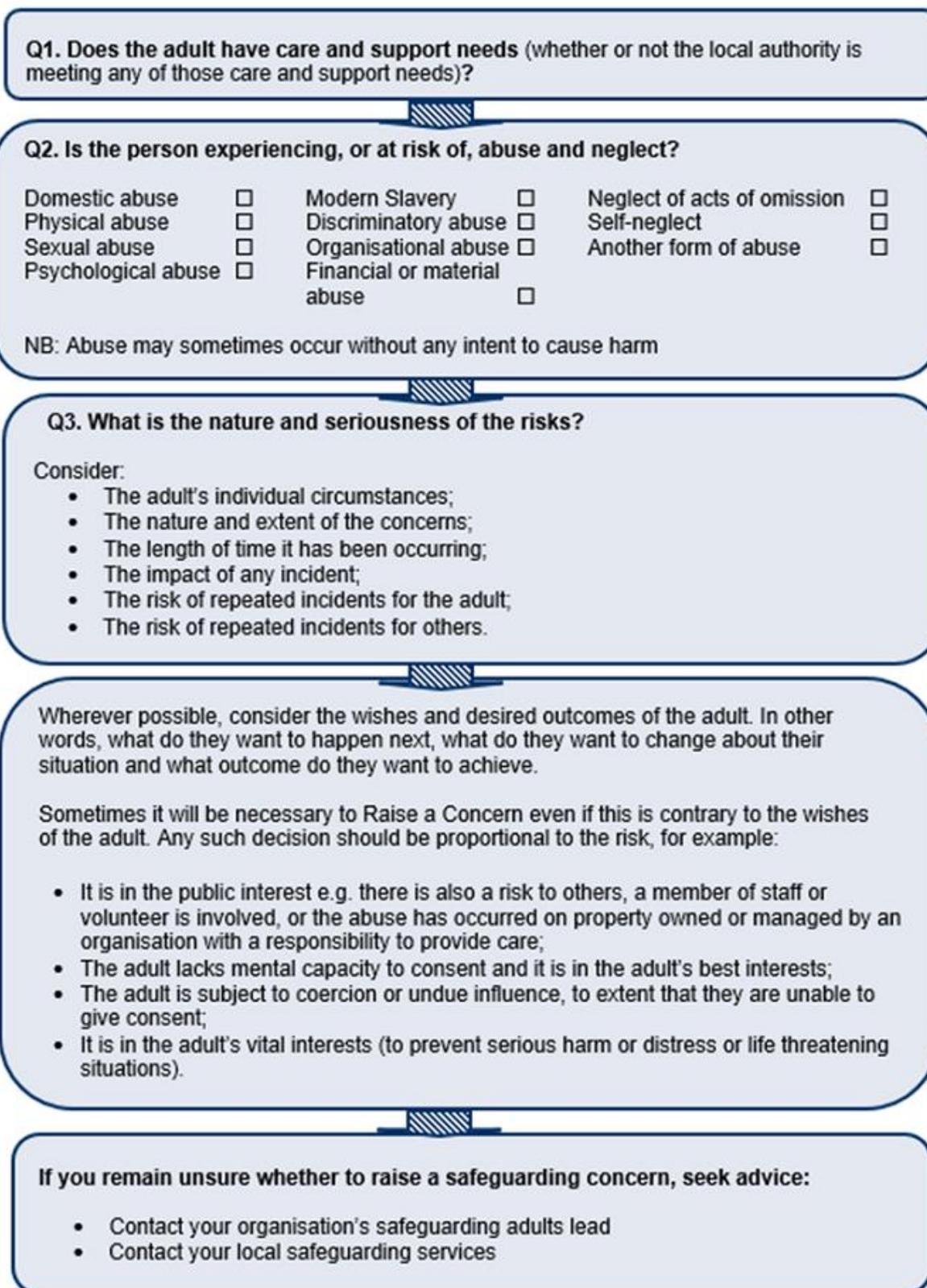
Raising a Safeguarding Concern

One of the key purposes of raising a concern to the Local Authority is as a mechanism to instigate support for those experiencing or at risk of harm/neglect via a multiagency response when a single agency does not consider that it is possible to keep the person safe / minimise the risk of harm on their own. **This document is to provide guidance about when that would be appropriate as well as a framework to discuss with the Local Authority if unsure or unclear (“requires consultation”). When an adult is being assessed for whether they have care and support needs, the following flowchart shows the questions that will enable such a decision to be made.**

Escalation

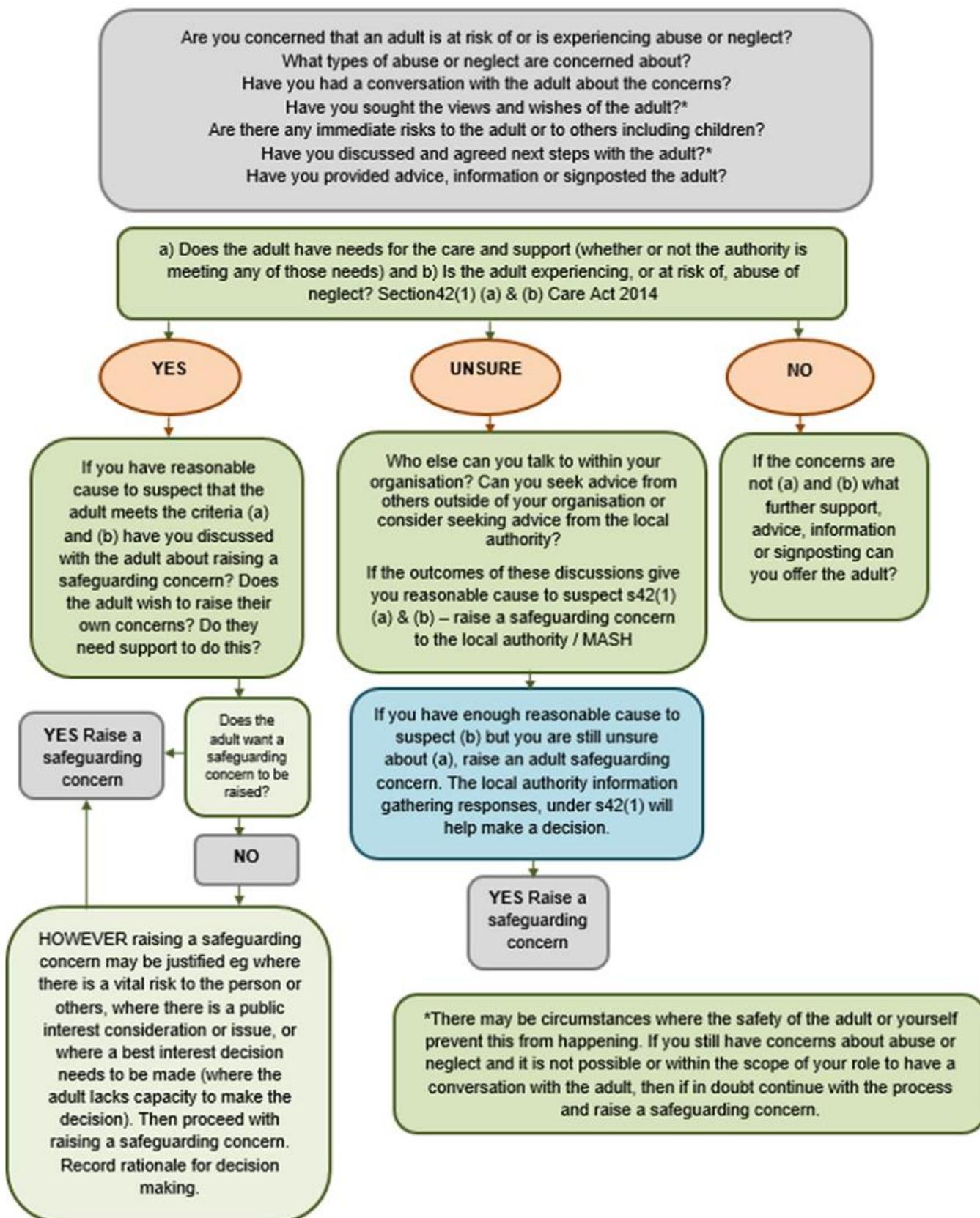
When working in the arena of safeguarding, it is inevitable that at times there will be professional disagreement between agencies. Whilst this is accepted, it is vital that such differences do not affect the outcomes for adults at risk. Professional disagreement can use: [Resolving Professional Disputes and Escalation Procedure](#)

Decision Making Flowchart



In all cases, consider an offer or support from an advocate or translator.

Meeting the Care Act 2014 Criteria



In all cases, consider an offer or support from an advocate or translator.

Categories – how to use this guidance framework.

Under each indicator of abuse throughout this Framework, there are four categories and here is a description of each type of category. The framework expects that one of these categories is used when assessing which indicator of abuse is covered in the framework.

Follow the instructions on this page for each of the indicators of abuse on the subsequent pages.

Local Management – These are concerns that mean that a resolution is sought without the need to enact the safeguarding process or refer to the Safeguarding Hub; this is known as Local Management and can be a single agency or multi agency decision to follow this process.

ACTION: Agencies should keep a written record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies. Incidents at this level do not require reporting to the Safeguarding Hub.

Quality Concerns – These are concerns that have been raised with regards to the quality of the care being delivered either by formal or informal carers and will require a response such as a care management review, complaint raised, or referral to other agencies but is not considered abuse that requires a specialist safeguarding response.

ACTION: Incidents at this level do not require reporting to the Safeguarding Hub. However, agencies will have to comply with local contract monitoring and quality of care compliance. Professionals should keep a written record of what happened, what action was taken and what has been reported to whom (including CQC).

Requires Consultation – these are concerns raised that are dependent on the context and case specific details – they may require raising a safeguarding concern or may be able to be managed by local quality or contractual response. Therefore, these concerns require discussion and consultation with a safeguarding lead or Safeguarding Hub advice line.

ACTION: Incidents at this level should be discussed with your organisations Safeguarding Lead and/or the Safeguarding Hub on 01422 393000. After consultation you must record the concern and the actions you have taken in the professional records.

Safeguarding Concerns - These are incidents of abuse or risk of abuse that may result in serious harm, or are criminal, and require a specialist safeguarding response. This may result in a police lead response and/or a safeguarding enquiry under Section 42 of the Care Act. It is important to note that if the person is in any immediate danger the police must be contacted on 999 straight away. If the level of risk of abuse/harm is considered to be high (to the person and / or to others) then concerns can be reported even if consent to do so hasn't been given. The reasons for doing so should be explained to the person at risk, if safe to do so.

ACTION: Incidents at this level should be reported directly to the Safeguarding Hub on 01422 393000.

ACTION: If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Types of Abuse

The following pages outline the different types of abuse with examples of concerns.

These are categorised into four:

1. **Local Management** - Agencies should keep a written record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies. Incidents at this level do not require reporting to the Safeguarding Hub.
2. **Quality Concerns** - Incidents at this level do not require reporting to the Safeguarding Hub. However, agencies will have to comply with local contract monitoring and quality of care compliance. They should keep a written record of what happened, what action was taken and what has been reported to whom (including CQC).
3. **Requires Consultation** - Incidents at this level should be discussed with your organisations Safeguarding Lead and/or Safeguarding Hub on 01422 393000. After consultation you must record the concern and the actions you have taken in the professional records.
4. **Safeguarding Concerns** - Incidents at this level should be reported directly to the Safeguarding Hub on 01422 393000. If there is any indication a criminal act has occurred, the Police must be contacted. If the level of risk of abuse/harm is considered to be high (to the person and / or to others) then concerns can be reported even if consent to do so hasn't been given. The reasons for doing so should be explained to the person at risk, if safe to do so.

Further advice can be sought through the Safeguarding Hub on 01422 393000.

INDICATORS OF DISCRIMINATORY / HATE CRIME

Unequal or abusive treatment based on age, disability, gender reassignment, race, religion and belief, sex or sexual orientation.

Local Management:

- Isolated incident of teasing motivated by prejudicial attitudes towards a person's individual differences.
- Isolated incident of care planning that fails to address a person's specific diversity needs or failure to address their protected characteristics or beliefs.
- Isolated low level antisocial behaviour, including property damage, bullying, intimidating behaviour.

Quality Concerns:

- Reoccurring incidents of teasing (not by person in position of trust) motivated by prejudicial attitudes towards a person's individual differences. Lack of risk assessment to manage situations.
- Reoccurring incident of care planning and failure to meet specific care and support needs support needs associated with diversity that cause distress. (This could be religious, dietary requirements, gender identity etc)
- Denial of civil liberties e.g., preventing person from voting, making a complaint.

Requires Consultation:

Safeguarding Concern:

- Hate crime resulting in injury/emergency medical treatment/fear for life.
- Includes So Called Honour Based Violence.
- Being refused access to essential services to maintain health and wellbeing which results in serious harm and or death.
- Humiliation, threats or taunts on a regular basis causing significant emotional harm or distress.
- Repeated acts or threats towards a person/family due to a person's care and support needs
- Reoccurring failure to meet specific care/support needs associated with diversity that cause significant distress or harm.
- Reoccurring antisocial behaviour
- Unnecessary medical intervention or treatment.
- Hate crime specifically related to a persons protected characteristics.
- Mate crime including befriending to take advantage.
- Cuckooing where a person might be more at risk because of their care and support needs
- Exploitation

Supporting documents or local guidance: [Calderdale Hate Crime Reporting Centres](#)

INDICATORS OF DOMESTIC ABUSE

Domestic abuse involves any single incident or pattern of conduct where someone's behaviour towards another is abusive, and where the people involved are aged 16 or over and are, or have been, personally connected to each other (regardless of gender or sexual orientation). The abuse can involve, but is not limited to psychological, physical, sexual, financial, emotional, violent, threatening, controlling, coercive behaviour.

If an Adult At Risk is experiencing Domestic Abuse then the Domestic Abuse referral processes should be used.

Concerns of suspected or alleged domestic abuse should be reported to the police, following consideration of the person's / people wishes, level of harm and risks of doing so or not doing so. The Daily Risk Assessment Management Meeting or MARAC should determine whether Safeguarding processes or Adult Services and Wellbeing are needed for support. If a referral is graded as standard risk, consideration should be made with the person about a referral to the Safeguarding Hub.

Possible indicators of Domestic abuse include:

- Unexplained marking or lesions or grip
- Marking or bruises visible on a number of occasions.
- Frequent verbal outbursts that cause some distress or some level of harm.
- Person alleges financial abuse and seems destitute due to partner or ex-partner.
- Sexual assault or humiliation where the person has capacity and does not want to be referred.
- Person experiences occasional episodes of fear by alleged perpetrator.
- Revenge Porn.
- Subject to regular violent behaviour.
- Coercive control.
- Threats to kill /choke /suffocate.
- Non-Fatal Strangulation including single instance.
- In constant fear of being harmed.
- Sex without consent.
- Trio of vulnerabilities - domestic abuse, addiction and mental health.
- Female genital mutilation.
- Honour based violence &/or forced marriage.
- Person denied access to medical treatment/care/vital equipment to maintain independence by alleged abuser.
- Frequent physical outbursts that cause distress or some level or harm.
- Subject to stalking/harassment.
- Subject to controlling behaviour or coercive behaviour e.g., finances/ medical/ psychological/ emotional.
- Person subject to abuse because of their protected characteristics or personal beliefs.

Supporting documents or local guidance:

Procedure in Calderdale for reporting Domestic Abuse [here](#).

INDICATORS OF FINANCIAL OR MATERIAL ABUSE

This is the unauthorised and improper use of funds, property or any resources including theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.

Local Management:

- Isolated incident where money is not recorded or recorded properly.
- Isolated incident where adult not involved in a decision about how their money is spent or kept safe, capacity in this respect is not properly considered.
- Care Fees not being paid.
- Single incident of missing money (where a third party is not thought to be involved) and/or belongings where the quality of the service user's life has not been affected, little or no distress is caused, and no other person cared for by that worker/team has been affected.
- Incident of missing money and the person does not want it reported and the impact is not having a serious detrimental effect on the person.
- Issues around lending of finances e.g., to family or friends
- Person's monies kept in a joint bank account - unclear arrangements for equitable sharing.
- Lasting Power of Attorney claimed to exist but unregistered.

Quality Concerns:

- A number of incidents where money is not recorded safely or recorded properly for one or more persons.
- Adult not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered.
- Misuse of direct payments.

Requires Consultation:

- Persons family assisting with money without formal authority and person no longer has clear sight or individual control / capacity.
- Monies being paid into other person's bank account and there are concerns about this situation.

Safeguarding Concern: Also consider whether this needs to be reported to the Police

- Loss of property, possessions or money without appropriate explanation (possible theft).
- Person falling behind on rent payments where there is suspicion of theft, or misuse of money by another person.
- Person denied access to his/her own funds or possessions.
- General deterioration in person's health and wellbeing due to lack of funds.
- Scamming and door step crime
- Suspected fraud/exploitation relating to benefits, income, property or will, including cuckooing.
- Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards. (Follow PIPOT policy)
- Reasonable cause to suspect theft subject to assessment of risk/impact/ consent/capacity.
- Personal finances removed from individuals' control illegally.
- Direct payments fraud or theft relating to council or health commissioned services/equipment.
- Repeated payments to doorstep callers, i.e., for home maintenance or being taken to the bank by traders.
- Hate / Mate crime.
- Private arrangements with 3rd parties e.g., cleaner, hairdressers with suspicion of activities e.g., potential theft, overcharging, no receipts.

Supporting documents or local guidance: [West Yorkshire Financial Exploitation and Abuse Team](#)

INDICATORS OF MODERN SLAVERY

When an individual is exploited by others, for personal or commercial gain. Whether tricked, coerced, or forced, they lose their freedom. This includes but is not limited to human trafficking, forced labour and debt bondage.

Local Management: Left intentionally blank.

Quality Concerns: Left intentionally blank.

Requires Consultation:

Safeguarding Concern: If the person has care and support needs, consider reporting these issues to the police.

- Lives in work place or accommodation provided in poor conditions
- Person being encouraged to participate in unsafe or criminal activity.
- Illegal wages.
- Regularly moved to avoid detection.
- Removal of passport or ID documents.
- No access to appropriate benefits - refer to Department for Work and Pensions.
- Working long hours with little or no pay in poor conditions
- Appears under control of another.
- Any direct disclosure of slavery.
- Regularly moved to avoid detection, no control over movements/ imprisonment, lives in sheds/lockup/containers.
- Wages used to pay for debt.
- Not in possession of identification or passport, no control over movements/imprisonment.
- Subject to forced marriage.
- Under control of others e.g., gang master, dealers, pimp for prostitution.
- Subject to violence/threats/ fearful, risk of fatality or serious injury, actual physical/psychological harm.
- Domestic servitude.
- Organ harvesting.

None of these indicators in isolation or combination can give you complete certainty, sometimes it will be a case of acting on your instinct that something is not right. Supporting documents or local guidance:

[Calderdale Modern Day Slavery process](#)

INDICATORS OF NEGLECT & ACTS OF OMISSION – GENERAL & FALLS

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

Local Management:

- Person is not assisted with a meal/drink on one occasion and no harm occurs.
- Falls - Isolated incident, risk assessment reviewed, associated care plan in place.
- Adult does not attend or was not brought to appointment once.
-

Quality Concerns:

- Falls - risk assessment and associated care plan in place but was not followed once. There is no harm to the person.
- Late or short home care visits.
- Inadequacies in care provision affecting one person leading to discomfort - no significant harm e.g., once left wet for a period of time.
- Falls - One person experiencing falls whilst in a care setting or receiving care services. Risk assessment, care plans not completed/need updating, lack of maintenance of manual handling equipment, however appropriate referral made to relevant health professional and no harm has occurred.
- Discharge from hospital where harm occurs that does not require readmission.
- Person denied access to religious observances, not offered the correct diet.

Requires Consultation:

- A person is not assisted with a meal/drink on more than one occasion.
- Missed home care visits - several people are missed on a given day/consecutive days.

Safeguarding Concern:

- Recurrent lack of care to extent that health and well-being deteriorate e.g., pressure ulcers, dehydration, malnutrition, self-harming (assessed to the capability of the person reporting).
- Failure of the carer to comply with care planning and/or risk assessments leading to self-harm.
- Failure to arrange access to medical care or life-saving services.
- Lack of care necessitates emergency medical interventions.
- Discharge from hospital where harm occurs that requires re-admission.
- Failure to intervene in dangerous situations where the person lacks the capacity to assess risk.
- Fall causing serious or significant harm to person, leading to the need for medical intervention. Unwitnessed fall where 111 are called and external medical treatment e.g., an ambulance required.
- Previous concerns identified but not addressed by organisation.
- Falls - no risk assessment and insufficient prevention measures.
- Numerous falls affecting more than one person from the same care setting.
- Failure by a person in a position of trust to report significant harm. Follow PIPOT Policy.

Supporting documents or local guidance: [Calderdale Multi-Agency Falls Protocol](#)

National [Pressure Ulcer Guidance](#)

INDICATORS OF NEGLECT & ACTS OF OMISSION – PRESSURE DAMAGE

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

Local Management:

- Pressure damage with no evidence of neglect or failure to provide or access adequate care or pressure relieving equipment.
- Pressure damage, person has capacity and makes an informed decision to decline treatment and pressure ulcer develops.
- Single or isolated incident of Grade 1 or 2 pressure ulcer.

Quality Concerns:

Isolated pressure ulcers where:

- A care plan is in place and being followed; and
- Action is being taken; and
- Other relevant practitioners have been notified; and
- There has been full discussion with the person, their family or representative; and
- There are no other indicators of abuse or neglect.

Requires Consultation:

- Pressure damage due to self-neglect or non-concordance.
- Adult does not attend or was not brought to medical or other appointment (s).

Safeguarding Concern:

- Failure to follow the advice of clinical specialists and harm occurs.
- Grade 3 or 4 pressure ulcer.
- Pressure damage - Person risk assessed with regards to pressure ulcers, but actions not implemented, and harm occurs.
- Pressure damage - Person not risk assessed with regards to pressure ulcers risk and management and harm occurs.
- Pressure ulcers that have been investigated through the serious incident process and have found to be preventable.
- Failure to provide suitable pressure relieving equipment and harm occurs.
- Failure to follow the advice of clinical specialists leading to catastrophic harm/possible hospitalization /irreparable damage/death.

Supporting documents or local guidance: Pressure Ulcers - [NICE Prevention and Management](#)

National [Pressure Ulcer Guidance](#)

INDICATORS OF NEGLECT & ACTS OF OMISSION – MEDICATION ERRORS

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

Local Management:

- Isolated incident where the person is accidentally given the wrong medicines, given too much or too little medicines or given it at the wrong time but no harm occurs. Advice from pharmacy or GP sought, no concerns raised.
- Isolated incident causing no harm that is not recorded by carer.
- Isolated prescribing or dispensing error by GP, pharmacist or other medical practitioner resulting in no harm.

Quality Concerns:

- Reoccurring incident where one person is accidentally given the wrong medicines, given too much or too little medicines or given it at the wrong time but no harm occurs.
- More than one prescribing or dispensing error by GP, pharmacist or other medical practitioner resulting in no harm.

Requires Consultation:

Safeguarding Concern:

- Reoccurring missed medicines or errors that affect more than one person and results in actual or potential harm to one or more persons.
- A number of incidents of medication errors that are not reported by carer/s (paid or unpaid).
- Covert administration without having the person's consent or having a best interest decision recorded in the care plan.
- Reoccurring prescribing or dispensing errors by GP, pharmacist or other medical practitioner that affect more than one person and/or result in harm to one or more persons.
- Deliberate maladministration of medicines or failure to follow proper procedures, e.g., controlled medicines.
- Pattern of reoccurring 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.
- Misuse of/over-reliance on sedatives to control challenging behaviour.

Supporting documents or local guidance: [CQC Reporting Medicine Related Incidents](#)

[Calderdale Covert Medication Policy:](#)

[Covert Medication Briefing](#)

INDICATORS OF ORGANISATIONAL ABUSE

This is neglect or poor professional practice as a result of the structure, policies, processes or practices across a care setting, resulting in ongoing neglect or poor care.

Local Management:

- Lack of stimulation/ opportunities to engage in social and leisure activities. Person not enabled to have a say in how the service is run.

Quality Concerns:

- Denial of individuality and opportunities to make informed choices and take responsible risks.
- Lack of culturally appropriate food
- Lack of hot meals if part of contract
- Lack of awareness of or lack of opportunity for a person to observe religious or cultural beliefs.
- Lack of DoLS applications so unlawful Deprivation of Liberties in place which do not result in material harm.
- Care-planning documentation not person-centred/does not involve the person or capture their views.
- Single incident of insufficient carer/s to meet all the persons needs in a timely fashion but causing no harm.
- Odours at low level or unclean environment causing no harm.
- Rigid/inflexible routines that are not always in the person's best interests.
- Providers not following own or MA procedures.

Requires Consultation:

- Person's dignity is undermined e.g., lack of privacy during support with intimate care needs.
- Adult does not attend or was not brought to medical or other health or welfare appointments.
- Lack of recording in relation to Mental Capacity Act and decisions made in Best Interests.

Safeguarding Concern:

- Recurrent poor or bad practice that lacks management oversight and is not being reported to relevant organisations/ departments.
- Unsafe and unhygienic living environments that could cause harm to the person/s.
- Carer/s misusing position of power over persons resulting in harm or neglect or risk of such.
- Over-medication and/or inappropriate restraint managing behaviour.
- Recurrent or consistent ill-treatment by carer/ care provider to more than one person over a period of time.
- Recurrent or consistent incidents of insufficient staff resulting in harm requiring external medical intervention or hospitalisation of person.
- Lack of engagement from health and or social care support services.
- Whistle blower concerns not being addressed or investigated appropriately.
- Providers not reporting or responding to own safeguarding enquiries.
- Actively prevented from accessing religious and cultural needs.
- Lack of recognition of failings and/or care quality issues, lack of risk assessments, care plans or training.
- Lack of response or inability to respond to concerns.
- Actively prevented from participating in or accessing religious and cultural activities or observations.
- Overly restrictive practices which interfere with a persons / people's human rights

Supporting documents or local guidance: [Calderdale Large Scale Enquiry Protocol](#)

INDICATORS OF PHYSICAL ABUSE

The act of causing physical harm to someone

Local Management:

- Error by carer causing little harm e.g., friction mark due to ill-fitting hoist sling. Refresher training booked to ensure staff skilled in manual handling.
- Isolated incident by another person causing no/little harm e.g., one resident strikes another but leaves no mark & doesn't cause emotional distress.
- Unexplained very light marking/bruising found on one occasion.

Quality Concerns:

- Error by carer causing no/little harm to more than one person, e.g., skin friction marks due to ill-fitting hoist sling, manual handling equipment not maintained appropriately. Opportunity for refresher training not put in place/ not taken up by staff member.
- Recurrent incidents by another person causes little harm e.g., one resident strikes another but leaves no mark & doesn't cause emotional distress.
- Unexplained very light marking/bruising found on a couple of occasions.

Requires Consultation:

- One off inappropriate restraint that causes marks to be left but no external medical treatment/consultation required.
- Appearing to be over-medicated.
- Reoccurring incidents between people with care and support needs causing distress.

Safeguarding Concern: Consider reporting to Police

- Weight loss - due to malnutrition or dehydration; complaints of hunger.
- Untreated medical conditions.
- Intended harm towards a person.
- Unexplained marks or lesions, burns, minor cuts or grip marks on a number of occasions by a specific team and/or carer.
- Deliberately or otherwise withholding of food, drinks or aids to independence.
- Injuries requiring acute hospital intervention and/or overnight stay.
- Unexplained fractures/serious injuries (current or historic).
- Assault by a person in position of trust (Follow PIPOT Policy).
- Assault by another person requiring acute medical intervention.
- Continuous disproportionate restraint that may or may not result in the need for medical treatment.
- Grievous bodily harm/assault leading to significant harm or death.
- Actual bodily harm, battery, or manslaughter. Homicide. Assisted suicide.
- Deliberate maladministration of medications.
- Serious bodily harm as a result of care intervention.
- Fabricated or induced illnesses by proxy.

Supporting documents or local guidance: [Calderdale PIPOT Guidance](#)

INDICATORS OF PSYCHOLOGICAL ABUSE

This is ongoing psychological/emotional maltreatment of an adult. Consideration of the impact on the person at risk must be taken into consideration.

Local Management:

- Isolated incident where a person 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 people - in a care setting/provider, issues have been addressed/managed by carer/provider.

Quality Concerns:

- A number of incidents where a person/s are spoken to in a rude or inappropriate way - respect is undermined but no or little distress caused.
- Taunts or verbal outbursts which do not cause distress between person/s but have not been addressed/managed by carer/provider.
- Person not able to carry out religious or cultural observations.

Requires Consultation:

- Treatment that undermines dignity and damages esteem.
- Repeated incidents of denying or failing to recognise a person's choices or of failing to value their opinion.
- Occasional taunts or verbal outbursts which cause distress.

Safeguarding Concern:

- Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage, prolonged intimidation.
- Revenge porn.
- Cyber bullying causing distress.
- Actively prevented from accessing religious and cultural needs.
- Psychological abuse of person in position of trust (Follow PIPOT policy).
- Vicious/personalised verbal attacks.
- Humiliation of a person with care and support needs.
- Emotional blackmail e.g., threats of abandonment/harm.
- The withholding of information to disempower.
- Allegations or concerns relating to cuckooing.
- Radicalisation - This is a reportable concern through prevent@calderdale.gov.uk
- Persistent cyber bullying causing psychological distress and harm.
- Withdrawal of services or support for coercion and controlling purposes.
- Revenge Porn.
- Fabricated illness.
- Hate / Mate crime.
- Person actively denied following religious or cultural observances.

Supporting documents or local guidance: Calderdale short animation: Tricky Friends

<https://safeguarding.calderdale.gov.uk/adults/>

[Calderdale Prevent Guidance](#)

INDICATORS OF SELF NEGLECT

The inability (intentionally or non-intentionally) to maintain a standard of self-care with the potential for serious consequences to the health and wellbeing of oneself.

Responding to self-neglect is a multi-agency priority and all partner agencies should engage and cooperate with the lead agency to support the individual. Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person.

Local Management:

- Eating & Drinking - Quality of food and/or drink inconsistent through lack of knowledge or effort.
- Washing & Bathing - Irregular bathing.
- Clothing - clothing inappropriate for weather or environment but no concerns of impact on health.
- Medical Needs - Occasionally fails to keep appointments.

Quality Concerns: Intentionally Blank

Requires Consultation:

- Eating & Drinking - Quality of food or drink is consistently poor; consistent support required to improve any quality. Poor food safety. May be experiencing health related issues.
- Clothing often dirty and/or unsuitable to weather conditions/environment. Concerns that this maybe having an impact on health.
- Medical Needs - Only seeks when illness becomes moderately severe. Fails to keep some medical appointments and takes only partial medical advice.
- Home Amenities - Lack of some essential amenities. House In disrepair - no repair.
- Home & Garden - Unclean and/or cluttered home and/or garden. Dirty (bad odour), Infestations, animal/ human waste, food waste. These have moderate impact on person's health and wellbeing.
- Own views - Oblivious to personal safety issues and/or reluctant to accept advice due to lack of motivation or understanding.
- Hoarding (see separate section)
- Adult does not attend or was not brought to appointment(s).
- Fabricated or Induced Illnesses.

Safeguarding Concern:

- Eating & Drinking - Dehydrated, malnourished or weight loss.
- Self-destructive or significant behaviour changes, misusing drugs, alcohol or sex working.
- Homelessness or living street based lives.
- Washing & Bathing Seldom/never bathed or clean, concern regarding odour.
- Dirty and/or poor condition of clothing (Maybe wholly unsuitable to weather conditions).
- Poor health of significant concern such as skin infections, sores, abscesses. Likely to be unmanageable within community setting.
- Medical Needs - Only seeks help when illness becomes critical (emergencies), This can also be ignored. Clear disregard for own welfare or fails to consistently take medication leading to physical ill health and frequent hospital admissions. Significant mental ill health may also be of concern.
- Home Amenities - Little or no essential amenities or hoarding prevents safe use of any amenities within the home. Dangerous disrepair - significant risk to well-being of person and/or others.
- Own views of safety in home and environment - Unconcerned about personal safety issues Lacks motivation or understanding to address issues.

Supporting documents or local guidance:

- Calderdale Self Neglect Policy
- [Research in Practice: Working with People who Self Neglect](#)
- [SCIE At a Glance: Self -Neglect](#)
- Blue Light 'Capacity and Alcohol'.
- Fabricated or Induced Illnesses.

INDICATORS OF HOARDING

Hoarding is having so many things that you cannot manage the clutter where you live and find it difficult or impossible to throw things away. You might hoard because you feel a strong need to keep things. But your connection to these things can cause you distress.

Responding to hoarding is a multi-agency responsibility and all partner agencies should engage and cooperate with the lead agency to support the individual. Actions taken should involve the person or advocate and be shaped by the best outcomes for that person. If a person struggles to understand or be involved in the safeguarding process and they don't have family or friends to help then the Local Authority must refer for an independent advocate.

Local Management: Intentionally Blank

Quality Concerns: Intentionally Blank

Requires Consultation:

- Food & drink - consistently off and out of date food. Poor food safety.
- Home Amenities - Lack of some essential amenities or lack of access to essential amenities due to hoarding. In disrepair - unable or unamenable to repair.
- Home & Garden Cleanliness - Unclean and/or cluttered home and/or garden. Dirty (bad odour), some infestations, animal/ human waste, food waste. These are having a moderate impact on person's health and well-being and with support could be managed.
- Home Safety - Limited access to windows and doors. Increased fire risk - No essential safety features. Some possible hazards of escape/fire due to disrepair and/or clutter. Evidence of smoking. Flammable items stored in the home, consider stocked piled continence aids, paraffin-based medications, irresponsible use of oxygen. No escape plans.
- Person is unable to sleep in a bed and must sleep in an alternative place due to clutter or hygiene.
- Risk of entry by intruders - Problems keeping a dwelling secure against unauthorised entry due to disrepair, and the maintenance of defensible space.
- Own views of safety in home and environment - Oblivious to personal safety issues and/or reluctant to accept advice due to lack of motivation or understanding.

Safeguarding Concern:

- Home Amenities - Little or no essential amenities or hoarding prevents safe use of any amenities within the home. Dangerous disrepair - significant risk to well-being of person and/or others.
- Home & Garden Cleanliness - Hoarding within unclean environment of home and garden. Dirty (bad odour). Infestations animal/ human waste and or food waste. These are significantly impacting on persons health and well-being - consider whether there is any impact on animals or children in the property. Also consider if this is impacting or putting neighbours at risk e.g., if they live in flat / apartment complex.
- Home Safety - Access/exit via one route only or unable to exit unaided due to mobility.
- No essential safety features. Significant fire risk. Definite hazard of escape/fire from disrepair or clutter. Exposed electric wires and sockets, unsafe electronic items. Evidence of cigarette burns to clothes or bedding. Evidence of small fires or burns. Unsafe storage or use of flammable liquids or gases. Consider if this puts others in the house at risk, including any neighbours, e.g. If living in a flat/apartment complex.
- Excessive damp or mould overgrowth.
- Serious concerns around property/home conditions including fire safety and safety to others e.g., neighbours.
- Person is unable to sleep in a bed and is forced to sleep in insanitary conditions.
- Own views of safety in home and environment - Unconcerned about personal safety issues. Lacks motivation or understanding to address concerns.

Supporting documents or local guidance:

[Calderdale Hoarding Framework:](#)

INDICATORS OF SEXUAL ABUSE

When an adult is forced, persuaded or coerced to take part in sexual activities. This does not have to be physical contact and it can be online. May include cases of an historical nature.

Local Management:

- Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is low.
- Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one person by another - no harm or distress caused.

Quality Concerns:

- Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is low.
- Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one person by another - no harm or distress caused.

Requires Consultation:

- Non-contact sexualised behaviour which causes distress to the person at risk.
- Verbal sexualised teasing or harassment.
- Being subject to indecent exposure where the person with care and support needs is not distressed.

Safeguarding Concern:

- Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care (follow PIPOT policy)
- Sex in a relationship characterised by authority, inequality or exploitation, e.g., staff and adult with care and support needs.
- Any allegation of sexual abuse, including other by residents of care homes who may or may not have capacity to make informed decisions.
- Rape.
- Sex without capacity to consent.
- Voyeurism.
- Being made to look at pornographic material against will/where consent cannot be given.
- Attempted penetration, sexualised touch or masturbation by any means (whether or not it occurs within a relationship) without consent.
- Sexual exploitation.
- Sexting.
- Revenge porn
- Person abused due to their protected characteristics and or sexuality.

All of the above could be recent or historical.

Supporting documents or local guidance:

- [Resident-to-resident harm in care homes and residential settings | SCIE](#)
- [Loss of inhibitions and dementia | Alzheimer's Society \(alzheimers.org.uk\)](#)
- [CQC Guidance - Relationships and Sexuality in adult social care services](#)
- [Older People Relationships | Publications | Royal College of Nursing \(rcn.org.uk\)](#)

Calderdale specific Sexual Harm Guidance

Appendix 1 - GLOSSARY OF TERMS

WORD	MEANING
Abuse	Deliberately doing or failing to do something that causes suffering or harm.
Actual Bodily Harm	Bodily harm caused by one person to another as a result of assault or battery.
Advocate	An advocate conducts Advocacy - the Advocacy Code of Practice 2018 defines advocacy as 'taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.' There is a statutory duty for professionals to refer people to advocacy services in certain circumstances.
Battery	The application of unlawful and physical force causing bodily injury or offensive contact.
Care Management	A collaborative process which assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual's health, social care, educational and employment needs. Care Management involves as few or as many people in the person's life to meet their needs.
Care Plan	A care plan is a personalised written document that details how someone's assessed care/health/support needs will be met.
Care Quality	Care quality is the degree to which health and care services for individuals and groups are delivered in line with current best practice, and therefore increases or decreases the likelihood of positive outcomes for people.
Civil Liberties	The freedom of a citizen to exercise customary rights, as of speech or assembly, without unwarranted or arbitrary interference by the government.
Clinical Specialists	Clinical nurse specialists (advanced practice nurses) who can provide expert advice related to specific conditions or treatment pathways.
Covert Administration	When medicines are administered in a disguised format without the knowledge or consent of the person. E.G; in food or drink.
Criminal Act	An act committed in violation of law where the consequence of conviction by a court is punishment.
Cuckooing	The practice where drug dealers take over the property of a person with care and support needs and use it as a place from which to run their drugs business. Including County Lines.

Cyber Bullying	The use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature.
Direct Payments	A method of giving social care users money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them.
Debt Bondage	A person is forced to work to pay off a debt. They are tricked into working for little or no pay, with no control over their debt.
Domestic Abuse	Domestic abuse involves any single incident or pattern of conduct where someone's behaviour towards another is abusive, and where the people involved are aged 16 or over and = are, or have been, personally connected to each other (regardless of gender or sexuality). The abuse can involve, but is not limited to psychological, physical, sexual, financial, emotional, violent, threatening, controlling, coercive behaviour. This is if you have care and support needs, if an adult does not have care and support needs the Calderdale Domestic Abuse pathways should be followed.
Domestic Servitude	The practice of exploiting and exercising undue control over another to coerce them into performing services of a domestic nature in unacceptable conditions.
Emergency Medical Intervention	Emergency medical care or other health treatment, services, products or accommodations provided to an injured or ill person for the sudden onset of a medical condition of such nature that failure to render immediate care would reasonably result in deterioration of the injured person's medical condition.
Fabricated Illness	A rare form of abuse. It occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in the child or adult they care for. This can also be perpetuated by health and care professionals against people who use services. This can also be perpetuated by Health & Care professionals against people who draw on services.
Fraud	Wrongful or criminal deception intended to result in financial or personal gain.
Grievous Bodily Harm	Really serious bodily harm caused by one person to another.
Harm	An adverse impact brought about by personal or external action.
Hate Incident/ Crime	An incident or a crime, typically one involving hostility or violence, that is motivated by prejudice on the basis of race, religion, sexual orientation, or other grounds.
Honour Based Violence	A violent crime or incident which may have been committed to protect or defend the honour of the family or community.
Inappropriate Restraint	Restraint of any kind should be used only when the patient's behaviour presents a danger to themselves or another person. It should only be used as a last resort and only when other options have been eliminated. The use of restraint should always be minimised.
Indecent Exposure	A person intentionally exposing their genitals intending for another to see and to be alarmed or distressed.
Local Management	Resolutions can be sought by individuals, their representatives or organisations themselves without the need to refer to Customer First or Safeguarding Leads.
Multi-Agency Safeguarding Hub (MASH)	The (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision- making, to safeguard vulnerable children, young people and adults more effectively.
Mate Crime	When a person is harmed or taken advantage of criminally by someone, they thought was their friend, the person is often seen as less powerful than the person who has committed the crime.

Medical Intervention	In medicine, an intervention is usually undertaken to help treat or cure a condition.
Neglect	Failure to provide care or services by omission or act, which has an adverse effect on physical or emotional wellbeing.
Position of Trust	A job/position in which a practitioner has a lot of responsibility and power when working with adults who may be vulnerable. A position of authority over another person or within an organisation. The legal definition with regards criminal offences is described in the Sexual Offences Act 2003.
Possessions	Ownership of a material object or property.
Pressure Damage	Damage to skin integrity in areas of pressure where there is skin redness/discolouration indicating high risk of skin breakdown or there is a pressure ulcer (broken skin) present.
Protected Characteristics	<u>Protected characteristics</u> are the nine categories that the Equality Act 2010 protects from discrimination, harassment, and victimisation. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The Equality Act aims to promote equality and diversity and eliminate unlawful discrimination in various areas of life.
Protection	To keep people safe and make them feel safe.
Quality Concern	These are concerns that have been raised with regards to the quality of the care being delivered either by formal or informal carers and will require a response such as care management review, complaint raised or referral to other agencies but is not considered abuse that requires a specialist safeguarding response.
Radicalisation	The process by which an individual, or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or undermine contemporary ideas and expressions of the nation.
Rape	The legal definition of rape is when a person intentionally penetrates another's vagina, anus or mouth with a penis, without the other person's consent. Assault by penetration is when a person penetrates another person's vagina or anus with any part of the body other than a penis, or by using an object, without the person's consent.
Revenge Porn	The sharing of revealing or sexually explicit images or videos of a person posted on the Internet, typically by a former sexual partner, without the consent of the subject and in order to cause them distress or embarrassment.
Requires Consultation	These are concerns raised that dependent on the context and case specific details may require raising a safeguarding concern or may be able to be managed via local management or quality concern response. Therefore, these concerns will require discussion and consultation with a safeguarding lead or Safeguarding Hub consultation line.
Safeguarding Concern	These are incidents of abuse that are criminal or result in serious harm and require a specialist safeguarding response. This may result in a police lead response and/or a safeguarding enquiry under Section 42 of the Care Act. It is important to note that if the person is in any immediate danger the police must be contacted on 999 straight away.
Risk	Exposure to the chance of injury or loss.
Risk Assessment	A risk assessment is a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm.
Safeguarding	Working together with a person and their family or network, to prevent and/or reduce the risk of harm.
Sexual Exploitation	An act committed through non-consensual abuse or exploitation of another

	person's sexuality for the purpose of sexual gratification, financial gain, personal benefit or advantage, or any other non-legitimate purpose.
Sexting	Sharing sexual, naked or semi-naked images or videos of themselves or others or sending sexually explicit messages. Messages can be sent using any device that allows sharing of media and messages.
Scamming	Scamming is a fraudulent or deceptive act on an individual or organisation.
Serious Incident Process (SI)	The NHS Serious Incident Framework to help ensure serious incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.
Voyeurism	A person obtaining sexual gratification by watching another person engaging in a private act without having obtained their consent.
Wellbeing	A person can describe a feeling of being in a good emotional, physical, and dignified state.
Welfare	To promote wellbeing.
Whistle Blower	A Whistle Blower is a person who informs on a person or organisation regarding unlawful or immoral activity.
MODERN DAY SLAVERY (Home Office Guidance)	
Human Trafficking	For a person to have been a victim of human trafficking there must have been: <ul style="list-style-type: none"> • Action (recruitment, transportation, transfer, harbouring or receipt, which can include either domestic or cross- border movement). • Means (threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability - however, there does not need to be a means used for children as they are not able to give informed consent). • Purpose of exploitation (e.g., sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs).
Slavery, Servitude and Forced or Compulsory Labour	For a person to have been a victim of slavery, servitude and forced or compulsory labour there must have been: <ul style="list-style-type: none"> • held, either physically or through threat of penalty - e.g., threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability. However, there does not need to be a means used for children as they are not able to give informed consent. • Service (an individual provides a service for benefit, e.g., begging, sexual services, manual labour, domestic service) • Forced or compulsory labour (may be present in trafficking cases) <p>However, not every person who is exploited through forced labour has been trafficked</p>

The Calderdale Safeguarding Adults Thresholds Framework is based on similar documents produced by Suffolk and Wakefield with thanks.