



Adult Social Care Safeguarding Thresholds Guidance

January 2023

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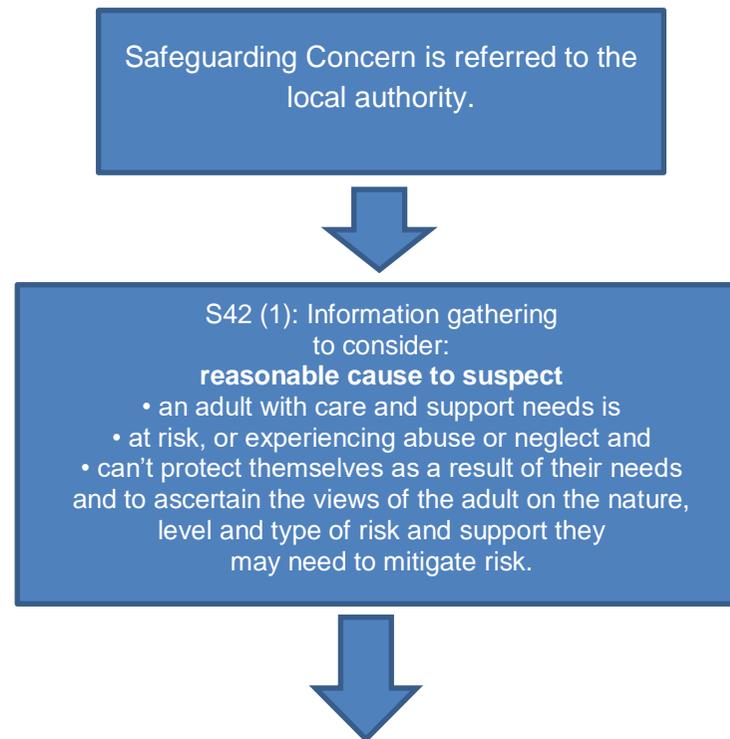
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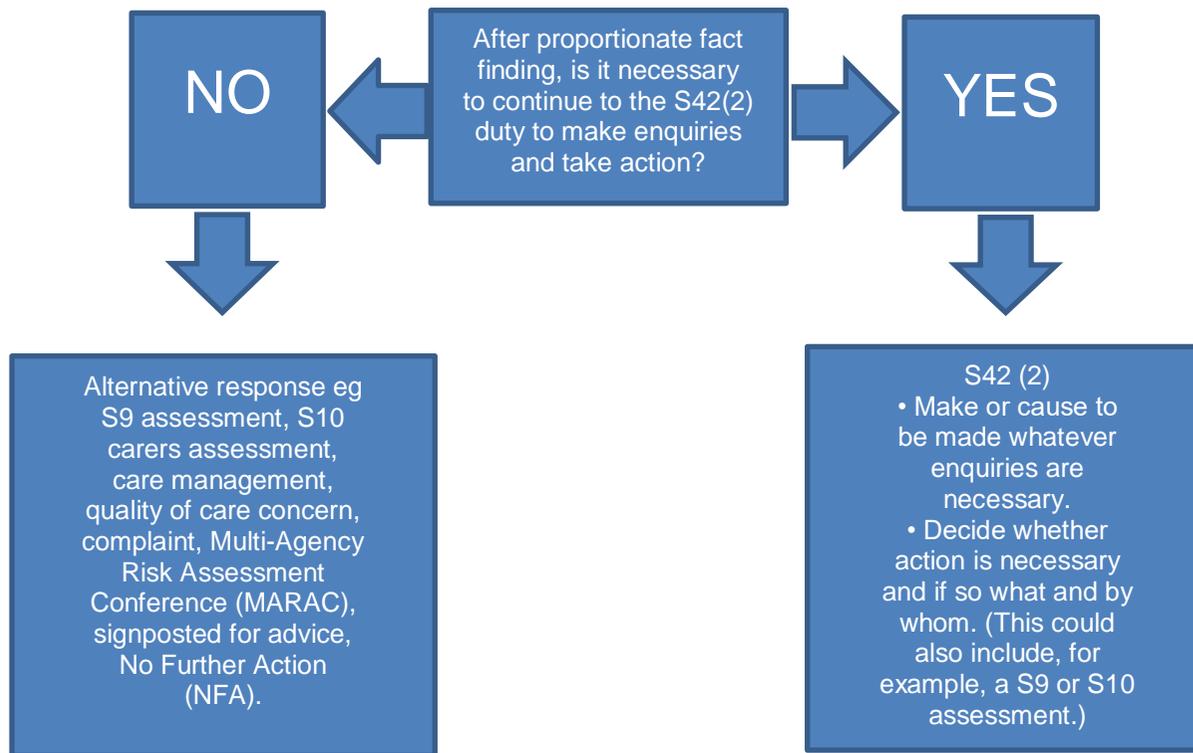
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Introduction

What is a Section 42 enquiry?

This is set out in Section 42, Care Act. The Section 42 duty requires consideration of the following criteria under Section 42 (1) and (2) of the Care Act: In this framework we refer to these as the statutory criteria for decision-making. The below flowchart illustrates the criteria. This document is to be used as a guide to support this decision making, which action to take and who will undertake further enquiries if required.





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| Empowerment | <i>I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens</i> | <p>The principle of empowerment means to ensure that people are being supported and encouraged to make their own decisions and give informed consent. People must always be treated with dignity and respect, with practitioners working alongside them to ensure they receive quality, person-centred care that ensures they are safe on their terms</p> |
| Prevention | <i>I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help</i> | <p>The principle of prevention recognises the importance of taking action before harm occurs and seeking to put mechanisms in place so that they don't reoccur.</p> <p>In practice this could look like:</p> <p>Immediate actions to take if there is a concern that abuse or neglect has or may take place</p> <ul style="list-style-type: none"> ➤ Seek medical attention if needed ➤ Record what you have found ➤ Seek advice from a safeguarding lead ➤ Check for other indicators ➤ Discuss with a manager or supervisor ➤ Monitor the situation to see if it improves ➤ After taking these steps, if the situation does not improve, raise your level of concern to 'abuse or neglect is suspected' |

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| Proportionality | <i>I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed</i> | The principle of proportionality means to decide the least intrusive response appropriate to the risk presented by the individual. The Care Act 2014 emphasises the importance of considering an individual's wishes and circumstances and avoiding basing decisions on assumptions about a person's appearance, conditions or behaviour. This ensures that responses are balanced and holistic |
| Protection | <i>I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want</i> | The principle of partnership recognises the effective safeguarding cannot be delivered in isolation of other partners and systems that interact with or impact on a person. Local solutions are best achieved through services working with their communities, professionals and services as a whole |
| Accountability | <i>I understand the role of everyone involved in my life and so do they</i> | The principle of accountability means recognising the importance of being open, clear and honest in the delivery of safeguarding and ensuring there are mechanisms in place to hold practitioners, services or systems to account |

Key for Thresholds (RAG Rating)

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| | <p>Single Agency/Provider Led Concern/Social Care Assessment and/or Review required</p>  <p>Provider led Concern Form Guide</p> |
| | S42 Enquiries are needed – Mental Health, Initial Assessment Team, Complex Care Widnes, Complex Care Runcorn |
| | S42 Enquiries allocated within IASU |
| | Consideration for SAR |

Policies and Procedures relating to safeguarding can be found at: <https://adult.haltonsafeguarding.co.uk>

Any safeguarding concerns raised for adults at risk accommodated within Gateway Recovery Centre, to be assigned to the IASU.

PPU Process and Referral template:



PPU Strategy Meeting Request Form

Supporting documents



Making decisions on the duty to carry



MSP Toolkit Handbook - FINAL

<https://www.scie.org.uk/safeguarding/adults/practice/questions>

Acts of Non-Intentional Abuse, Neglect, Omission resulting in little impact

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| <p>Indications may be:</p> <ul style="list-style-type: none"> • Informal carer struggling to provide care • Signs of stress to the point of increased risk of harm to the adult at risk • One off incident of formal/informal care provision where no harm has occurred • Care plan not available or not up to date <p>May require consideration of:</p> <ul style="list-style-type: none"> • Signposting • Referral for assessment/reassessment/review • Carers assessment and contingency planning • Provider Led Concern/Enquiry Process | <ul style="list-style-type: none"> • If reoccurring, may need to escalate to a S42 Enquiry. <p>May require consideration of:</p> <ul style="list-style-type: none"> • Strategy meeting and Liaising with QAT regarding any potential theme/trend. • Need for a social care assessment/reassessment/review • Carers assessment to support in the caring role, including contingency planning • Sharing information with relevant agency – Mersey Care, ICB, Bridgewater, Safeguarding leads | <p>Not Applicable</p> | <p>See end of document for SAR criteria</p> |
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Acts of wilful neglect, abuse, ill treatment, acts of omission

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| <p>Not Applicable</p> | <p>May include:</p> <ul style="list-style-type: none"> • Ignoring medical, emotional or physical care needs • Failure to provide access to appropriate health care and support or educational services • Withholding the necessities of life including medications, nutrition, heating and essential equipment <p>May require consideration of:</p> <ul style="list-style-type: none"> • Immediate strategy meeting • Involvement of the QAT/ICB | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 • Concerns meet the criteria for Section 44 of the Mental Capacity Act 2005 • Concerns meet the criteria for Section 127 of the Mental Health Act 1983 • If concerns constitute a referral to DBS/NMC/GMC/ICB • If a PPU investigation is required. | <p>See end of document for SAR criteria</p> |
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| | | <ul style="list-style-type: none">• If the service provider is under an MDT approach. <p>Consideration of</p> <ul style="list-style-type: none">• Urgent Strategy Meeting to be held.• Capacity assessment• An urgent visit to determine interim measures and assurance offered to the person• Liaising with ICB/QAT regarding risk management arrangements. | |
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Discriminatory Abuse

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| <p>Not Applicable</p> | <p>May include:</p> <ul style="list-style-type: none"> • Harassment • Slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion <p>Consider:</p> <ul style="list-style-type: none"> • Notification of the Police (101) • Consideration for referral to Prevent (if meets criteria) • ASB – MAM referral required? • Does the person need an advocate? • Lack of specific training within a provider service | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <ul style="list-style-type: none"> • If abuse is carried out by a person in a position of trust (PIPOT policy applies) • Severe impact or harm has occurred • Intentional targeting • Repeated Omissions due to race, gender, gender identity, age, disability, sexual orientation, religion, culture • Impact that changes a person's way of life as a result. E.g. isolation, withdrawn, decline in health etc. | <p>See end of document for SAR criteria</p> |
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Domestic Abuse

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| <ul style="list-style-type: none"> • No indication of care and support needs <p>Consider:</p> <ul style="list-style-type: none"> • Notification to the Police • Referral to relevant agencies IDVA Service. • Referral to children's services | <ul style="list-style-type: none"> • Indication of care and support needs <p>May include:</p> <ul style="list-style-type: none"> • Psychological • Physical • Sexual • Financial • Emotional • Honour based violence <p>Consideration for:</p> <ul style="list-style-type: none"> • IDVA • DASH to be completed • MARAC • Referrals to agencies • Housing • Safety measures/sanctuary | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <p>Consideration for:</p> <ul style="list-style-type: none"> • Urgent strategy meeting • Housing/Refuge – interim measures/sanctuary • Police • DASH/MARAC • Interim and long term measures • RASAC/SARC • Joint approaches between care management and safeguarding • Risk Assessment needed • Advocacy • MCA and potential welfare application (s16) | <p>See end of document for SAR criteria</p> |
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Falls

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| <p>May include:</p> <ul style="list-style-type: none"> • Witnessed/unwitnessed – no suggestion of neglect (although injury may have occurred) • Accidental falls – no suggestion of neglect (although injury may have occurred) • Unwitnessed falls reported by a provider, which may warrant a provider monitor form • Actions taken by the home appropriate, proportionate and preventative • Learning from the incident is clear <p>Consideration for:</p> <ul style="list-style-type: none"> • Internal incident reporting • CQC notification if injury occurs | <p>Suggesting neglectful cause or acts of omission if:</p> <ul style="list-style-type: none"> • Risk assessment not in place • Risk assessment not followed • Injury sustained or other negative impact on health or wellbeing as a result • Minor injury sustained and no medical advice sought • Care homes, more than one person affected = staffing/dependency • Reoccurring falls with no obvious plan in place/no learning – involve QAT <p>Consideration for:</p> <ul style="list-style-type: none"> • Care management/health review | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 • If major injury is sustained as a result of the neglect, which may be deemed intentional or could have been prevented <p>Consideration for:</p> <ul style="list-style-type: none"> • Urgent Strategy Meeting - CQC investigation required, if service is at fault? | <p>See end of document for SAR criteria</p> |
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| <ul style="list-style-type: none"> • PLC/E process if element of neglect or lessons learned | <ul style="list-style-type: none"> • Referrals for OT/Equipment and adaptations required • Referrals to falls service • QAT aware? If nursing care, do we need to liaise with CHC QA leads? • Do we need a medical opinion? | <ul style="list-style-type: none"> • If an individual is responsible, PPU referral needed? • QAT to be made aware • Escalation / Dependency • Equipment at fault? RIDDOR/HSE/CQC • If death has occurred following the fall, has a referral been made to the coroner? • Capacity and Section 44 of the Mental Capacity Act, intentional wilful neglect or ill treatment • ICB/ Health to enquire regarding medical opinion. | |
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Financial Abuse

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| <p>May include:</p> <ul style="list-style-type: none"> • Theft • Scams • Bogus callers • Police/Trading Standards already engaged and/or family have safeguarded risk • Appointee implicated e.g. non-payment of care fees or contribution. <p>Consideration for:</p> <ul style="list-style-type: none"> • Notification to the DWP • Notification to Benefit Investigation Team in Halton BC • Indication of misuse of power of attorney or reckless behaviour by the attorney with the potential for exploitation, deprivation or loss | <p>In addition to Level 1:</p> <ul style="list-style-type: none"> • Harm has occurred • Adult at risk may need support to protect themselves • Concerns regarding capacity • If theft of monies amount to under £100 with no obvious perpetrator • Theft of monies amount to under £1000 and perpetrator is a family member • Adult at risk wants to report to the police <p>Consideration for:</p> <ul style="list-style-type: none"> • No personal allowance • Bills not being paid • Any legal safeguards in place? | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <p>May include:</p> <ul style="list-style-type: none"> • Significant Theft • Significant Fraud • Coercion in relation to an adults financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions • Misuse of misappropriation of property, possessions or benefits | <p>See end of document for SAR criteria</p> |
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| <p>Consider:</p> <ul style="list-style-type: none"> • Report concerns to the Office of Public Guardian if LPA for finances is in place • Is the person an adult at risk? • Appointees referral/COP • No obvious harm to the adult at risk | <ul style="list-style-type: none"> • Deprivation of assets • Coercion and control • Care management/respice • Appointee referral required? • Urgent welfare application required? (S16) via LAP? | <ul style="list-style-type: none"> • Urgent welfare application required? • Misappropriation of direct payments – sustained period of time • If the adult has been assessed previously as lacking capacity to manage finances and the alleged perpetrator is aware, then this may meet criteria for police involvement • Harm has occurred as a result – e.g. loss of home, loss of estate, loss of assets, loss of right to liberty, risk of homelessness • Significant impact due to theft of monies from family member or paid carer • If abuse is carried out by a person in a position of trust (PIPOT policy applies) | |
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Incident between Service Users

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| <p>May be that:</p> <ul style="list-style-type: none"> Minimal harm has occurred Single incident Provider managing risk appropriately via up to date care plans/risk assessments Family/professionals informed Consideration for PLC/E process if any low level learning identified <p>Guidance within the Thresholds Document.</p> | <p>May include:</p> <ul style="list-style-type: none"> Repeated low harm incidents towards adults at risk of abuse Provider failing to protect service users Adult at risk not happy with how incident has been managed <p>Consideration for:</p> <ul style="list-style-type: none"> Mental Health Act Housing Risk management Review of activity schedule PBSS/LD Nurse/LLAMS and other services to support Review of placement | <ul style="list-style-type: none"> If there are grounds that the person alleged to have caused harm has shown intent to harm the adult at risk – significant injury / targeting – sustained period of time and no improvements <p>Consideration for:</p> <ul style="list-style-type: none"> This may lead to a police led enquiry Intent – measure? Capacity Poor risk management Care management review/risk assessment Care plans and risk assessments not followed CQC / QAT notification Immediate strategy meeting – interim measures Anyone else at risk? QAT involvement needed? | <p>See end of document for SAR criteria</p> |
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Medication Errors

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| <ul style="list-style-type: none"> Minor medication error <p>One or two occasions AND:</p> <ul style="list-style-type: none"> No harm has occurred GP/medical advice sought at the time if needed Adult at risk/family/advocate informed Provider managing risk appropriately via up to date risk assessments/care plans – contacted relevant professionals PLC/E process to be followed | <p>May be:</p> <ul style="list-style-type: none"> Deliberate withholding of medications with no medical reason Reoccurring event One off event of a serious nature Missed deliberately or recklessly Over medicated Incorrect use of meds for reasons other than for the benefit of the adult at risk Deliberate attempt to harm Harm has occurred through omission Controlled Drug Error and not reported to the CDAO <p>Consideration for:</p> <ul style="list-style-type: none"> Medicines Management Team/Quality Assurance Team to be made aware | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <p>Consideration for:</p> <ul style="list-style-type: none"> CD error which has resulted in significant harm/high impact on wellbeing CD Error resulting in referral to CDLO Errors which may lead to a referral to NMC/GMC/DBS | <p>See end of document for SAR criteria</p> |
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| | | <ul style="list-style-type: none">• If likely that others are at risk from harm e.g. within a care setting and there is evidence of this• Evidence of Deliberate use of PRN for staff's benefits – chemical restraint / organisational abuse <p>Consideration for:</p> <ul style="list-style-type: none">• Competency? QAT.MMT involvement• Meds Error Factual Account | |
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Modern Slavery

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| <ul style="list-style-type: none"> • Adult at risk criteria not met • Referrals to be made to the appropriate agencies e.g. NRM, Police, Housing etc. | <p>If the person has been assessed as having Care and Support needs and may include:</p> <ul style="list-style-type: none"> • Human trafficking • Forced labour • Domestic Servitude <p>Consideration for:</p> <ul style="list-style-type: none"> • Anti-Trafficking and Modern Day Slavery Policy • Notification to the Police/NRM • Informing the Local Area Officer • Housing • The persons feelings and wishes • Use of independent interpreter • Sanctuary • Immediate strategy meeting / joint working with IASU • Risk Enabling Panel referral / LAP for urgent welfare applications (s16) | <p>In addition to Level 2:</p> <ul style="list-style-type: none"> • More than 1 adult subject by the same perpetrator • If police/ASC joint approach is determined • Risk Enabling Panel referral / LAP for urgent welfare applications (s16) • Serious harm/impact has occurred. | <p>See end of document for SAR criteria</p> |
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Nutrition and Hydration

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| <ul style="list-style-type: none"> • Failure to provide food or drink or to provide support to eat and drink on one occasions, with reasonable explanation given • Service to address concern • Person loses weight or is dehydrated and the care plan has been followed, Diet and Fluid charts completed and specialist advice sought, as per MUST • Service to address concern • Lack of choice, identified by the provider and addressed • PLC/E process to be followed | <p>May include:</p> <ul style="list-style-type: none"> • Failure to give food and drink on one or more occasions • Failure to provide support with eating and drinking on one or more occasions • Failure to adhere to MUST, SALT Guidance and care plans, resulting in harm • Failure to refer to health professionals e.g. dietician, GP etc. • Warm and cold weather protocols aren't adhered to. | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <p>May include:</p> <ul style="list-style-type: none"> • Failure to provide or support with eating and drinking has resulted in serious injury/death <p>Consideration for:</p> <ul style="list-style-type: none"> • PPU referral • Coroner referral • CQC led enquiry | <p>See end of document for SAR guidance</p> |
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| | | <ul style="list-style-type: none">• MMT/ICB – medical opinion• Request information from Health and others• Immediate strategy meeting and interim measures• Is anyone else at risk?• Training records and QAT involvement | |
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Physical Abuse

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| <ul style="list-style-type: none"> • Unexplained marks and bruising in areas of little concern where skin integrity care plan is in place • Found on one occasion • No harm or distress caused • Service provider to address concern e.g. care plan/risk assessment/skin integrity • GP/Health consulted • No evidence of abuse/neglect | <p>May include:</p> <ul style="list-style-type: none"> • Abuse caused to an adult at risk by another adult at risk, where there is no intent, but care plans, risk assessments are not accurate and could have been prevented • Ongoing unexplained bruising or marks not addressed by the provider service • Inappropriate physical restraint used resulting in minor harm and distress • Unexplained marks, which may be caused by lifting/poor moving and handling • Incident between service users with no element of intent, but care planning and risk assessing questionable <p>Consideration for</p> <ul style="list-style-type: none"> - Strategy meeting involving QAT | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 • Assault such as hitting, slapping, pushing which causes injury and distress, where the perpetrator is a paid or informal carer –PPU Criteria met • Sanctions • Inappropriate physical restraint used resulting in major harm and distress • If abuse is carried out by a person in a position of | <p>See end of document for SAR guidance</p> |
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| | | <p>trust (PIPOT policy applies)</p> <p>Consideration for</p> <ul style="list-style-type: none">• Police – S44 MCA/S127 MHA• Capacity assessment• Urgent referral to care management• QAT/ICB involvement• Escalation | |
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Pressure Ulcers

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| <p>Grade 1 or 2:</p> <ul style="list-style-type: none"> • Seek medical advice • Update care plans if not completed • PLC/E process may need to be followed <p>Grade 3 or 4 with no immediate suggestion of neglectful cause:</p> <ul style="list-style-type: none"> • Ensure that the opinion of TVN is sought • Service provider to address concern and monitor • Local NHS reporting completed | <p>Grade 3 or 4 and there is a suggestion of neglectful cause:</p> <ul style="list-style-type: none"> • Care plan not in place or not adhered to • Care plan not clear or up to date • Appropriate equipment not provided in a timely way • Waterlow not adhered to • Staff not trained to use equipment • Repositioning charts deployed, but not being completed • Equipment not sought • Specialist advice not sought • TVN/DNs not consulted • No wound care plan in place <p>Consideration for:</p> <ul style="list-style-type: none"> • Self-Neglect Policy • CCG/Clinical Review of incident • Capacity • Training | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 • If concerns meet threshold for Section 44 Section 127, CQC investigation, PPU • Failure from multiple agencies to prevent pressure ulcer forming <p>Consideration for:</p> <ul style="list-style-type: none"> • Self-Neglect policy • ICB/TVN review | <p>See end of document for SAR criteria</p> |
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| | | <ul style="list-style-type: none">• NMC referrals• QAT/Training/Restore 2 and TVN liaison• Immediate strategy meeting needed• QAT to review training and competency records• Is anyone else at risk? Information on high risk waterlow cases required (within care settings and dom care) | |
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Psychological Abuse

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| <ul style="list-style-type: none"> Isolated incident with no distress reported and situation resolved <p>May include:</p> <ul style="list-style-type: none"> Verbal insult Humiliation Other verbal abuse Blaming <ul style="list-style-type: none"> Service provider to address concern and monitor | <ul style="list-style-type: none"> Repeated or isolated incident where distress is reported, which doesn't meet Police criteria <p>May include:</p> <ul style="list-style-type: none"> Hate crime Emotional abuse Threats of self-harm from carer Threats of abandonment Deprivation of contact Humiliation Blaming Isolation Unreasonable/unjustified withdrawal of services and/or support networks Controlling Coercion Harassment Verbal abuse Cyber bullying Social media | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <p>In addition:</p> <ul style="list-style-type: none"> Regular and ongoing radicalisation (consider Prevent) Forced Marriage Cuckooing Massive impact on the adult at risk And if any Level 2 have resulted in high distress and harm | <p>See end of document for SAR criteria</p> |
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| | | <ul style="list-style-type: none">• High risk Domestic Violence, DASH and MARAC• Sanctuary/ urgent welfare application (S16)/LAP | |
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Self-Neglect/Hoarding

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| <p>Covers a wide range of behaviours including:</p> <ul style="list-style-type: none"> • Neglecting personal hygiene • Neglecting health • Neglecting surroundings • Excessive hoarding • Indication of negative impact on health and wellbeing <ul style="list-style-type: none"> • All concerns to be triaged and determine care management approach – discuss with allocated social worker and if not an open case, discuss with team manager/practice lead <ul style="list-style-type: none"> • Consideration for use of Self-Neglect policy and toolkit | <ul style="list-style-type: none"> • Serious risk associated with Self Neglect/Hoarding behaviours <p>Consideration for:</p> <ul style="list-style-type: none"> • Strategy/MDT meeting to collate information and determine actions needed = ongoing MDT meetings • Has support been exhausted? • Welfare Application may be required (S16) and LAP referral. • Mental Capacity Act/Mental Health Act • Court of Protection • Housing – risk of homelessness • Health needs – review • Functioning assessment • Views and wishes of the person • Root cause/psychology support • Fire safety • Welfare visits – Police • Risk to life/serious injury – referral to LAP? • If self-neglecting behaviours are influenced by others • Consider initiate urgent MDT and follow self-neglect toolkit | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <ul style="list-style-type: none"> • Self-neglect as a result of an alleged perpetrator and significant harm/impact occurs • May need involvement from Police • Failure in the application of the Care Act/Toolkit resulting in significant harm • Complex cases where others have contributed to | <p>See end of document for SAR guidance</p> |
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| | | <p>the harm, including internal services/teams</p> <p>Consideration for</p> <ul style="list-style-type: none">• Capacity assessment to focus on executive functioning• Joint working with social worker who knows the person the best to develop relationship and trust• LAP | |
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Sexual Abuse

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| <ul style="list-style-type: none"> • Historical sexual abuse alleged which occurred out of borough <p>Consideration for:</p> <ul style="list-style-type: none"> • Notification to the Police • Notification to RASAC/SARC • LADO/PIPOT • Referrals to health/social care • No evidence of the person being an adult at risk | <ul style="list-style-type: none"> • Historical sexual abuse alleged, which occurred in borough • No immediate risk to the adult at risk – interim measures taken • Desired outcome to be reviewed <p>Consideration for:</p> <ul style="list-style-type: none"> • Notification to the Police • Notification to RASAC/SARC • LADO/PIPOT • Sanctuary / respite • Urgent strategy meeting • Trauma informed support and signposting to talking therapies, if needed | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <ul style="list-style-type: none"> • Sexual abuse alleged which needs immediate action • If perpetrator is a paid or informal carer • If there are concerns regarding the victims capacity • PPU Led investigation <p>Consideration for:</p> <ul style="list-style-type: none"> • Police/PPU referral | <p>See end of document for SAR guidance</p> |
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| | | <ul style="list-style-type: none">• Protect the site – obtaining evidence• SARC/RASAC referral• Sanctuary / respite• Strategy meeting needed• Welfare application (s16) may be needed. LAP | |
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Unexplained Bruising/Unexplained Injury

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| <ul style="list-style-type: none"> • Unexplained bruising reported, however, can be explained by the adult at risk which is non abusive • If unexplained injury can be explained e.g. through poor skin integrity, mobility needs, falls and there is no element of neglect/abuse <p>Consideration for:</p> <ul style="list-style-type: none"> • Capacity • MSP • Clinical overview – how can this injury occur • Care plans and risk assessments relevant to the person’s needs? • See PLC/E thresholds to see if it meets criteria for reporting | <ul style="list-style-type: none"> • Unexplained bruising/unexplained injury and no evidence of follow up, risk management, preventative approaches • No evidence of clinical overview and risk management • Reoccurring unexplained bruising/injury • Indications of abuse, but further enquiries are needed to try and determine • Factual accounts/family reports are inconsistent <p>Consideration for:</p> <ul style="list-style-type: none"> • Poor moving and handling • Views of the adult at risk/MSP • Review of risk assessments, care plans, environment, equipment • Physical health? • Capacity – is this a Police matter? | <p>Consideration will be given to the criteria below as part of the IASU screening process.</p> <p>Allocation to IASU for further enquiry only if any of below met:</p> <ul style="list-style-type: none"> ➤ PPU led investigation agreed. ➤ Care Provider under MDT approach. ➤ Conflict of interest if other team completes s42 <ul style="list-style-type: none"> • Whistleblowing concerns, further information comes to light regarding how the injury is sustained • Adult at risk alleges it has been caused by another, with an element of abuse detailed • If significant harm has occurred, little cooperation from provider service and matter could be deemed criminal | <p>See end of document for SAR criteria</p> |
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| | | <ul style="list-style-type: none">• Adult at risk lacks capacity to consent to a safeguarding enquiry and potential ill treatment has occurred• Injury in a place of concern – inner thigh, breast, genital areas etc Consideration for <ul style="list-style-type: none">• GP/Health for clinical review• Police• Civil case?• Advocacy• Care management/other reviews | |
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Safeguarding Adult Review Criteria

Safeguarding Adult Boards must arrange a Safeguarding Adult Review (SAR) when:

An adult with care and support needs (whether or not those needs are being met by the Local Authority) in the Safeguarding Adults Boards (SAB) area has died as a result of abuse or neglect, whether known or suspect AND there is a concern that partner agencies could have worked together more effectively to protect the adult

Or/And

An adult with care and support needs (whether or not those needs are met by the Local Authority) in the SAB's area has not died, but the SAB knows or suspects the adult has experienced serious* abuse or neglect AND there is concern the partner agencies could have worked together more effectively to protect the individual

Or

The SAB has discretion to undertake a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice

Or

The SAN can also consider conducting a SAR into any incident(s) or case(s) involving adult(s) at risk of abuse or neglect where it is believed to be in the public interest to conduct such a review

*In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or had reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.



SAR Policy 2021
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Appendix 1 SAR
referral form.docx

Allocations within Adult Social Care Teams

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| | <p>Single Agency/Provider Led Concern/Enquiry Process (For CQC registered services) /Social Care Assessment and/or Review required</p>  <p>Provider led Concern Form Guide</p> |
| | <p>S42 Enquiries are needed –</p> <p>Mental Health – if open to Mental Health Social Care, If open to Secondary Mental Health Services or if determined best outcomes to allocate within team – appropriate experience, knowledge of case, complexity of case or individual’s needs e.g. person not known, placed from out of area within secure mental health setting but will achieve better outcomes from a mental health social worker. To be allocated to current worker or worker who knows the person the best, if applicable</p> <p>Complex Care Widnes / Runcorn - if a case is open to a worker, known to the team or previously known but will achieve best outcomes if allocated within the team (e.g. know the person the best, had a previous relationship with the person or their representative). To be allocated to current worker or worker who knows the person the best.</p> <p>Transition Team – if a case is open to a worker, known to the team or previously known but will achieve best outcomes if allocated within the team (e.g. know the person the best, had a previous relationship with the person or their representative)</p> <p>100% fully funded CHC cases - to be allocated to the team/worker who has previously worked with the person and knows the person/family the best, in order to achieve best outcomes and no need to establish a new relationship/trust. If not previously known, the decision to allocate will be based on the outcome of the triage, determining who is best placed to achieve the best outcome for the person.</p> <p>Initial Assessment Team – for all other cases</p> |
| | S42 Enquiries allocated within IASU |
| | Consideration for SAR |

Non Statutory Enquiries, also known as 'Other Safeguarding Enquiries'

There is no legal obligation on the Local Authority to undertake non-statutory safeguarding enquiries. Ordinarily, such adults would be signposted to sources of support instead. However, there is scope for the local authority to undertake a non-statutory safeguarding enquiry if agreed.

An example would be where the adult does not meet the 'three part test' but it is agreed that the risks are too high not to continue to take action. Examples of type of assessment includes

- S9 assessment
- S10 assessment

Further information is located within the supporting documents section of this form, on page 5.