



# THE LUTON FRAMEWORK FOR SHARED UNDERSTANDING ABOUT SAFEGUARDING CONCERNS

 <https://safeguardingbedfordshire.org.uk/about-us/luton-safeguarding-adults-board>

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## INTRODUCTION

The concept of introducing a framework to promote shared understanding to adult safeguarding practice is a debatable issue, particularly after the introduction of the Care Act 2014; the Care Act gave rise to a shift from previous “adult protection” work to be a more inclusive response to adults with care and support needs who may be at risk of abuse/neglect.

The Care Act and associated statutory guidance was introduced to ensure an improved and more consistent approach to care and support nationally. Turning the focus onto the person rather than “services.” However, both nationally and locally, there can be a level of confusion around the decision of when a safeguarding adults concern referral should be made to the local authority under the safeguarding adults’ procedures or when another approach is the most appropriate. It is imperative that a consistent approach to safeguarding adults practice is supported. Introducing a guidance framework is one way to improve and develop this.

This guide seeks to support practitioners, partners, and providers, to report and respond to concerns at the appropriate level and to have a consistency of approach across agencies. This guidance is not a substitute for professional judgement but should be used to assist decision making and to support professional judgement.

The guidance should be used to:

- Help determine a consistent approach to identifying what concerns may require a response under the safeguarding process
- Support decision making when alternative processes should be used.
- Please refer to the LGA Framework for further guidance. (<https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/understanding-what-constitutes-safeguarding-concern>)

### Guidance on categories:

**Non-reportable to Safeguarding:** Incidents at this level do not require reporting to the Adults Multi-Agency Safeguarding Hub (**Adults MASH**). However, agencies should keep a written internal record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, and staff training.

**Requires Consultation:** Incidents at this level should be discussed with your Safeguarding Lead and or the **Adults MASH** on 01582547730 (consultation). After the consultation, you may be asked to formally report the concern.

**Reportable to Safeguarding:** Incidents at this level should be reported using the provided AP1 Form. If

# CARE ACT 2014

**Section 42 of the Care Act 2014 defines an adult at risk as an adult who:**

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

The local authority retains the statutory responsibility for overseeing all safeguarding enquiries and ensuring that any investigation satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and to ensure that such action is taken when necessary.

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

Section 14.9 of the Care Act Statutory guidance is clear that safeguarding is not a substitute for:

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

# PRINCIPLES

This decision-making threshold guidance is underpinned by the 6 principles of safeguarding and the Mental Capacity Act 2005.

Making Safeguarding Personal must also be applied in all decision making and must be used by all agencies working in adult provision:

**Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

**Prevention** - It is better to take action before harm occurs.

**Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.

**Protection** - Support and representation for those in greatest need.

**Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.

**Accountability** - Accountability and transparency in delivering safeguarding.

# MAKING SAFEGUARDING PERSONAL (MSP)

Whether an incident is low-risk or high-risk, it is important to consider the views of the adult or the adult's advocate and record them. When considering the impact, always identify the individual's account of the depth and conviction of their feelings. What effect did it have on the individual? MSP means the actions of all staff working with the adult at risk should be person led and outcome focused.

## PURPOSE OF THE GUIDANCE

Safeguarding decision making can be complex; often an incident may consist of several types of abuse, which must be factored into decision making. For example, a medication error could be an indication of institutional, physical, or psychological abuse or neglect. However, a medication error may be a one off error.

This framework is a model that should be seen as a guide. to managing risk for safeguarding concerns. It should be used in conjunction with providers and practitioners own multi-agency procedures and has been produced to:

- Offer consistency
- Provide a framework that allows multi-agency partners to manage risk
- Assist in differentiating between quality issues and safeguarding risk

The document intends to help providers and practitioners identify the levels of support and the response required when a concern is suspected or an incident is recognised. It helps you consider the type and seriousness of abuse and the circumstances in which a safeguarding referral to Adult Social Care is required.

Responses must be proportionate and directed at preventing vulnerability and risk and promoting the wellbeing of adults at risk of abuse.

This guidance has been adopted by the Luton Safeguarding Adults Board (LSAB) and it is expected to be used by all agencies in the public, private and voluntary sectors that provide adult services in Luton.

## TO CONSIDER

**How long has the alleged abuse been occurring for?**

**What is the seriousness or impact of the suspected harm on the individual?**

**Is there a pattern of abuse?**

**Have there been previous concerns?** not just safeguarding adult referrals, but other issues related to the adult, e.g. Anti-social behaviour, hate crime incidents, and in relation to the person alleged to be causing harm.

**Has a previous plan to mitigate the concern not been successful – has it lacked robustness or implementation?**

**Any other adults at risk?**

**Is the situation monitored?**

**Are the incidents increasing in frequency and/or severity?**

**Are there children present? and, if so, has a referral to Children's MASH on 01582547653 been considered?**

## RESPONDING TO CONCERNS

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

It is important to consider in the first instance whether someone is in immediate danger or has been subject to a crime. In the case of immediate danger, the most appropriate emergency services should be contacted via 999. In a non-emergency, where a crime is suspected in discussion with your service user/patient, reporting should be considered. Whenever there are concerns regarding the wider public safety, the Police must be informed. You should always seek advice from your line manager or safeguarding lead within your agency if you have a concern before you make a safeguarding referral.



# RISK FACTORS FOR DECISION MAKING

Factors				Guidance and considerations
1. Vulnerability of the adult at risk	Less Susceptible                      More Susceptible			<ul style="list-style-type: none"><li>Does the adult have needs for care and support?</li><li>Can the adult protect themselves? Does the adult have the communication skills to raise an alert?</li><li>Does the person lack mental capacity?</li><li>Is the person dependent on the alleged perpetrator?</li><li>Has the alleged victim been threatened or coerced into making decisions?</li></ul>
2. The abusive act	Less Severity   More Severity			<ul style="list-style-type: none"><li>Questions 3-8 relate to the abusive act and/or the alleged person responsible for abuse and/or neglect. Less serious concerns are likely to be dealt with at the preliminary/triage enquiry stage only, while the more serious concerns will progress to further stages in the safeguarding adults' process.</li></ul>
3. Seriousness of Abuse	Low	Medium	High	<ul style="list-style-type: none"><li>Refer to the decision-making matrix table (below). Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.</li></ul>
4. Patterns of abuse	Isolated incident	Recent abuse in an ongoing relations hip	Repeated abuse	<ul style="list-style-type: none"><li>The Adults MASH operate a multiple concerns pathway where 3 or more safeguarding concerns have been received within a 12 month period</li></ul>
5. Impact of abuse/harm on victims/ others	No impact  No one else affected	Some impact but not long - lasting  Others indirectly affected.	Serious long - lasting impact  Others directly affected	<ul style="list-style-type: none"><li>Impact of abuse does not necessarily correspond to the extent of the abuse; different people will be affected in different ways.</li><li>Views of the adult at risk will be important in determining the impact of the abuse.</li><li>Other people may be affected by the abuse of another adult.</li><li>Are relatives or other residents/service users distressed or affected by the abuse?</li><li>Are other people intimidated and/or their environment affected?</li><li>The impact on the person rather than the intent should be considered in the risk assessment planning.</li></ul>

## CONTINUED...

Factors				Guidance and considerations
6. Intent of person alleged to have caused harm	Unintended/ill-informed	Opportunistic	Deliberate/Targeted	<ul style="list-style-type: none"> <li>Is the act/omission a violent/serious unprofessional response to difficulties in caring?</li> <li>Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct?</li> </ul> <p><b>*The act/omission doesn't have to be intentional to meet safeguarding criteria.</b></p>
7. Risk of repeated abuse on victim	Unlikely to reoccur	Likely to reoccur	Very likely to reoccur	<ul style="list-style-type: none"> <li>Is the abuse less likely to recur with significant changes, e.g. training, supervision, respite, and supporter, very likely even if changes are made and/or more support provided? Is the pattern of abuse increasing?</li> <li>Is abuse likely to recur despite intervention.</li> <li>Is the impact of abuse increasing in severity.</li> </ul>
8. Risk of Abuse/repeated abuse on others	Others not at risk	Possibly at risk	Others at serious risk	<ul style="list-style-type: none"> <li>Are others (adults and/or children) at risk of being abused: Very unlikely?</li> <li>Less likely if significant changes are made?</li> <li>The person alleged to have abused or neglected/setting represents a threat to other adults at risk or children.</li> </ul>





# DECISION MAKING GUIDANCE

**‘Green’** – record the incident, follow your local policies and procedures, and take action to resolve.

**‘Yellow’** – record the incident; consult your own agency safeguarding lead, policies, and procedures. Take actions to reduce risk. You may also consult with Adult Social Care or Children services. You may also consult with the Adults MASH on 01582547730.

**‘Red’** – in addition to the above, raise a Safeguarding Concern with Adult services or Children service. Where a crime is suspected or there are concerns regarding the wider public safety, reporting to the Police must be considered. you must report this to the police.

Examples have been provided of possible actions that should be considered at every stage. These are offered as examples only and should not be considered exhaustive.

It is important that following any incident, a review should be undertaken and an action plan put in place to ensure lessons are learnt and the risk of the incident being repeated is reduced. It is also important to review all incidents in the context of those previously recorded, as a series of similar incidents may meet the criteria for referral into safeguarding.

For Providers the CQC, as part of the inspection process require evidence of your decision making to confirm internal reviews, including subsequent actions, have taken place. For all concerns relating to children's, please refer to Pan Bedfordshire Child Protection Procedures.

## Decision Making tool

<b>Low</b> <b>Non reportable</b>	<b>Medium</b> <b>Requires Consultation</b>	<b>High</b> <b>Reportable</b>
<p>Incidents at this level do not require reporting to the Adults MASH. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management, and staff training.</p>	<p>Incidents at this level should always be discussed with the lead Safeguarding Officer in your organisation before contacting the Adults MASH on 01582547730 (for further consultation).</p> <p>After the consultation, you may be asked to formally report the concern.</p>	<p>Incidents at this level should be reported to the Adults MASH using the AP1 Form and sent to <a href="mailto:adultsafeguarding@luton.gov.uk">adultsafeguarding@luton.gov.uk</a>. If there is any indication a criminal act has occurred, the Police must be consulted.</p>

## Physical

The act of causing physical harm.

### Low Non-Reportable

- Staff error causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling.
- Minor events that still meet criteria for 'incident reporting'.
- Isolated incident involving service user on service user
- Inexplicable, very light marking found on one occasion.
- Recurring missed medication or administration errors that cause no harm.
- Internal incident reporting

### Medium Requires Consultation

- Inexplicable marking or lesions, cuts, or grip marks on a number of occasions
- Accumulations of minor incidents.
- Recurring missed medication or errors that affect more than one adult and/or result in harm.
- Inappropriate restraint
- Withholding of food, drinks, or aids to independence
- Inexplicable fractures/injuries.
- Assault.
- Covert administration without proper medical authorisation.

### High Reportable

- Grievous bodily harm/assault with weapon leading to irreversible damage or death.
- Pattern of recurring errors or an incident of deliberate wrongful administration that results in ill-health or death.
- Over-medication and/or inappropriate restraint used to manage behaviour.
- Deliberate wrongful administration of medications
- Limb injury fracture/bruising.

## Sexual Abuse (including sexual exploitation)

When an adult is forced or persuaded to take part in sexual activities. This does not have to be physical contact and it can happen online. Most concerns will be of a criminal nature.

### Low Non-Reportable

All concerns about sexual abuse are deemed to be of a significant or critical level. (*Concerns not progressing to a referral are to be shared with the Police via the multi-agency submission information sharing form, [https://bedfordscb.proceduresonline.com/files/ma\\_form\\_revised\\_guidelines.pdf](https://bedfordscb.proceduresonline.com/files/ma_form_revised_guidelines.pdf)*).

### Medium Requires Consultation

- Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another, whether or not capacity exists.
- Isolated incident where an adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress is caused.
- Verbal sexualised teasing, banter, or harassment.

### High Reportable

- Sex in a relationship characterised by authority, inequality, or exploitation, e.g. staff and service user, receiving something in return for carrying out a sexual act.
- Sex without consent (rape).
- Voyeurism without consent.
- Sexualised touch or masturbation without consent.
- Being subject to indecent exposure.
- Contact or non-contact sexualised behaviour which causes distress to the person at risk.
- Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent
- Being made to look at pornographic material against will/where consent cannot be given.



## Financial

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

<b>Low</b> <b>Non-Reportable</b>	<b>Medium</b> <b>Requires Consultation</b>	<b>High</b> <b>Reportable</b>
<ul style="list-style-type: none"> <li>• Staff personally benefit from users' funds, e.g. accrue 'reward' points on their own store loyalty cards when shopping.</li> <li>• Money is not recorded safely or recorded properly.</li> <li>• Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered.</li> <li>• Non-payment of care fees is not impacting care.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult at risk monies kept in a joint bank account – unclear arrangements for equitable sharing of interest.</li> <li>• Failure to consider one's mental capacity in relation to managing finances.</li> <li>• Adult at risk denied access to his/her own funds or possessions.</li> <li>• Personal finances removed from adult's control.</li> <li>• Ongoing non-payment of care fees putting a person's care at risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Fraud/exploitation relating to benefits, income, property, or will.</li> <li>• Theft, misuse/misappropriation of property, possessions, or benefits by a person in a position of trust or control.</li> <li>• Overcharging.</li> </ul>

## Discriminatory (including Hate/Mate Crime)

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

<https://panbedfordshiresabs.trixonline.co.uk/chapter/mate-crime?search=mate%20crime>

<b>Low</b> <b>Non-Reportable</b>	<b>Medium</b> <b>Requires Consultation</b>	<b>High</b> <b>Reportable</b>
<ul style="list-style-type: none"> <li>• Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences.</li> <li>• Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period.</li> </ul>	<ul style="list-style-type: none"> <li>• Inequitable access to service provision as a result of diversity issues.</li> <li>• Recurring failure to meet specific care/support needs associated with diversity</li> <li>• Persistent and frequent targeting by others in the community who take advantage.</li> <li>• Being refused access to essential services.</li> <li>• Denial of civil liberties, e.g. voting, making a complaint</li> <li>• Humiliation or threats on a regular basis.</li> <li>• Recurring taunts.</li> </ul>	<ul style="list-style-type: none"> <li>• Hate crime resulting in injury/emergency medical treatment/fear for life.</li> <li>• Hate crime resulting in serious injury/attempted murder/honour-based violence.</li> </ul>

## Psychological

This is the on-going psychological / emotional maltreatment of an adult.

### Low Non-Reportable

- Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused.
- Occasional taunts or verbal outbursts which cause distress.
- Refusing to communicate as a form of punishment.

### Medium Requires Consultation

- Treatment that undermines dignity and damages esteem, continually finding fault with the individual, constant criticism.
- The withholding of information to dis-empower.
- Denying events or conversations that may have occurred.
- Minimizing feelings, telling the individual they are being too sensitive or overreacting.
- Shifting blame for abusive behaviour onto the individual.
- Guilt tripping, making the individual feel responsible for the alleged person's actions or feelings.
- Denying or failing to recognise an adult's choice or opinion.
- Frequent verbal outbursts which cause distress.
- Humiliation, causing embarrassment or shame for the individual, sharing personal or sensitive information about the person to others.
- Emotional blackmail e.g. threats of abandonment/harm.
- The withholding of information to dis-empower.
- Emotional blackmail.

### High Reportable

- Denial of basic human rights/ civil liberties, over-riding advance directive, forced marriage.
- Prolonged intimidation.
- Controlling and Coercive.
- Vicious personal communications.
- Hate crime.
- Sharing indecent imagery.



## Neglect

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

<b>Low</b> <b>Non-Reportable</b>	<b>Medium</b> <b>Requires Consultation</b>	<b>High</b> <b>Reportable</b>
<ul style="list-style-type: none"> <li>Isolated missed home care visit- no harm occurs.</li> <li>Adult is not assisted with a meal/drink on one occasion and no harm occurs.</li> <li>Adult not bathed as often as would like.</li> <li>Inadequacies in care provision leading to discomfort or inconvenience - no significant harm.</li> </ul>	<ul style="list-style-type: none"> <li>Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs</li> <li>Failure to make adequate planning, referrals, and delayed response to request for support to resulting in harm</li> <li>Refusal to engage with serious health concern applications.</li> <li>Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence.</li> <li>No access to aids for independence</li> <li>Deny or prevent the provision of fire safety advice and or equipment for high-risk occupants who lack capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Willful neglect of a person who lack mental Capacity.</li> <li>Failure to arrange access to life saving services or medical care.</li> <li>Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.</li> <li>Deliberate maladministration of medications.</li> </ul>

## Self-Neglect

A person living in a way that puts their health, safety or, wellbeing at risk. Please note only exceptional cases of self-neglect will trigger adult safeguarding. All standard interventions must be used first to manage risks e.g. Multi-Disciplinary Team. <https://panbedfordshiresabs.trixonline.co.uk/chapter/self-neglect-and-hoarding?search=hoarding>

<b>Low</b> <b>Non-Reportable</b>	<b>Medium</b> <b>Requires Consultation</b>	<b>High</b> <b>Reportable</b>
<ul style="list-style-type: none"> <li>Incontinence leading to health concerns.</li> <li>Isolated / occasional reports about unkempt personal appearance or property which is out of character or unusual for the person.</li> </ul>	<ul style="list-style-type: none"> <li>Multiple reports of concerns from multiple agencies.</li> <li>Behaviour which poses a fire risk to self and others.</li> <li>Poor management of finances leading to risks to health, wellbeing or property.</li> <li>Risks to health and wellbeing of others.</li> <li>On-going lack of care or behaviour of the individual or others to the extent that health and wellbeing deteriorate significantly.</li> <li>Hoarding Clutter rating scale 5-6.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to seek lifesaving services or medical care where required.</li> <li>Life in danger if intervention is not made in order to protect the individual (see the Self Neglect Guidance in the Adults MASH.</li> <li>Hoarding Clutter rating scale 7-9.</li> </ul>

## Domestic Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. (If there are children in the Household, please refer to Childrens MASH). For all incidents assessed as medium and above, the adult at risk should be encouraged to agree to a referral to the IDVA service. <https://panbedfordshiresabs.trixonline.co.uk/chapter/domestic-abuse-including-marac?search=domestic%20abuse>

<b>Low</b> <b>Non-Reportable</b>	<b>Medium</b> <b>Requires Consultation</b>	<b>High</b> <b>Reportable</b>
<ul style="list-style-type: none"> <li>• Isolated incident of abusive nature.</li> <li>• Signs of early coercive control e.g. limiting socialising with friends and family.</li> <li>• Love bombing -constant texts, visits, and attention.</li> <li>• Signs of jealousy and aggression.</li> <li>• Occasional taunts or verbal outbursts.</li> </ul>	<ul style="list-style-type: none"> <li>• Inexplicable marking or lesions, cuts, or grip marks on a number of occasions.</li> <li>• Alleged perpetrator exhibits coercive control.</li> <li>• Forced pregnancy.</li> <li>• Denying or limiting access to medical and dental care, or antenatal care if appropriate.</li> <li>• Prevented from attending work or education.</li> <li>• Accumulations of minor incidents.</li> <li>• Frequent verbal/physical outbursts.</li> <li>• No access/control over finances.</li> <li>• Sexual control.</li> <li>• Isolation no contact or little contact with friends and family.</li> <li>• The adult is, or appears, fearful/distressed in the presence of the other person or is adapting their behaviour to pacify or avoid the other person.</li> <li>• Household conflict</li> <li>• Unhealthy relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Threats to kill, attempts to strangle choke or suffocate Non-Fatal Strangulation.</li> <li>• Sex without consent (rape).</li> <li>• Forced marriage.</li> <li>• Female Genital Mutilation (FGM).</li> <li>• Honour based violence.</li> <li>• Total isolation from friends and family unable to leave the property.</li> <li>• Stalking and harassment.</li> <li>• Complete coercive control.</li> </ul>



## Modern Slavery

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

<https://panbedfordshiresabs.trixonline.co.uk/chapter/modern-slavery>

### Low

#### Non-Reportable

- All concerns about modern slavery are deemed to be of a significant or critical level. (Concerns not progressing to a referral are to be shared with the Police via the multi-agency submission information sharing form, [https://bedfordscb.proceduresonline.com/files/ma\\_form\\_revised\\_guidelines.pdf](https://bedfordscb.proceduresonline.com/files/ma_form_revised_guidelines.pdf)).

### Medium

#### Requires Consultation

- Restricted freedom of movement.
- Being made to work for little or no payment
- Lack of personal choice surrounding type of work/services; freedom of choice has been taken away.
- Restricting a person's rights to medical and dental care.
- No control over finances and or welfare benefits.
- Removal of or restricted access to passport or ID documents.
- Threats of Physical violence to the individual or the individual's family
- Overbearing or overcontrolling
- Level of dependence of the individual on the employer/ family/ others.

### High

#### Reportable

- Sexual exploitation.
- Starvation.
- Organ harvesting.
- No control over movement/imprisonment.
- Forced marriage.
- Limited access to food or shelter.
- Be regularly moved (trafficked) to avoid detection.
- Domestic servitude.
- Debt bondage.
- Criminal exploitation.
- Labour exploitation.

## Organisational

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

<https://panbedfordshiresabs.trixonline.co.uk/chapter/allegations-against-service-providers-including-organisational-abuse>

### Low

#### Non-Reportable

- Lack of stimulation or opportunities to engage in social and leisure activities.
- Service users are not enabled to be involved in the running of the service.
- Denial of individuality and opportunities to make informed choices and take responsible risk.
- Care-planning documentation not person-centred.
- High turnover of staff.

### Medium

#### Requires Consultation

- Strict/regimented/unreasonable routines.
- Service users' dignity is undermined, e.g. lack of privacy during support with intimate care needs, pooled underclothing.
- Care planning documentation is persistently not person centred and/or adequate to reflect support needs.
- Bad practice not being reported and going unchecked.
- Unsafe and unhygienic living environments.
- Appropriate professionals are not consulted to manage support needs, including in respect of health, social care, behaviours that are challenging.
- Inadequate staff training.
- Organisations failing to provide accessible information.
- Lack of appropriate psychotherapy support for professionals.

### High

#### Reportable

- Staff misusing position of power over service users.
- Over-medication and/or inappropriate restraint managing behaviour.
- Widespread, consistent ill treatment.

# COMMON SAFEGUARDING ISSUES

## Radicalisation and Terrorism

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

**Terrorism** is where that radicalised individual(s) uses (or plans to use) harm or violence towards others to further their extremist objectives or impose their extreme views.

**Extremism** is the promotion or advancement of an ideology based on violence, hatred, or intolerance, that aims to:

1. Negate or destroy the fundamental rights and freedoms of others; or,
2. undermine, overturn, or replace the UK's system of liberal parliamentary democracy and democratic rights; or
3. intentionally create a permissive environment for others to achieve the results in (1) or (2).

### Low

#### Non-Reportable

- All concerns about radicalisation and terrorism are deemed to be of a significant or critical level. (Concerns not progressing to a referral are to be shared with the Police via the multi-agency submission information sharing form, ([https://bedfordscb.procedureonline.com/files/ma\\_form\\_revised\\_guidelines.pdf](https://bedfordscb.procedureonline.com/files/ma_form_revised_guidelines.pdf)).
- Any concerns should be shared with [prevent@beds.police.uk](mailto:prevent@beds.police.uk)

### Medium

#### Requires Consultation

- Concerns about an individual being encouraged or coerced to adopt an extreme ideology or doing the same to others.
- Statements or actions which suggest support for or an interest in extremism, even where views are muddled and/or contradictory.
- Exhibiting extreme religious or racial intolerance.
- Believing violence or harm to others to be a reasonable means of achieving an objective
- There is no single profile of a terrorist or violent extremist. There might be no direct disclosure of radicalisation or terrorism. Factors that may make people more vulnerable include:
  - Substance and alcohol misuse
  - Peer pressure
  - Influence from older people or via the Internet
  - Bullying
  - Crime and anti-social behaviour
  - Domestic violence
  - Family tensions
  - Race/hate crime
  - Lack of self-esteem or identity
  - Grievances (personal or political)
  - Migration
  - Appears under control of another.

### High

#### Reportable

- Overt support for or grievances against extremist ideologies or groups.
- Use/possession/display of symbols, literature, tattoos, flags, or websites aligned to extremist ideologies or groups.
- Sustained/regular accessing of extremist content, including online.
- Advocating violence or harm to others as a reasonable means of achieving an objective.
- A desire or intent to travel to war zone(s) to support or fight against an extremist group
- Fixation with knives, firearms and explosives.

## Medication Errors

There are isolated cases of medication being mismanaged recklessly or intentionally, such as the misappropriation and misuse of drugs by staff. These should always be reported. Mistakes are made by people across the process, from the GP to the pharmacist and care staff. Incidents occur where a person is accidentally given someone else's medication, given too much or too little of their own medication, given a medication that has been stopped, or given it at the wrong time. Most errors do not result in significant harm, but mistakes can lead to serious and, in some cases, fatal consequences.

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

<b>Low Non-Reportable</b>	<b>Medium Requires Consultation</b>	<b>High Reportable</b>
<ul style="list-style-type: none"> <li>Isolated incident where the person is accidentally given the wrong medication, given too much or too little medication, or given it at the wrong time but no harm occurs.</li> <li>Isolated incident causing no harm that is not reported by staff member.</li> <li>Isolated prescribing or dispensing error by GP, pharmacist, or other medical professional resulting in no harm.</li> </ul>	<ul style="list-style-type: none"> <li>Recurring missed medication or errors that affect more than one adult and result in actual or potential harm to one or more adults.</li> <li>Isolated medication error that causes actual harm or ill health</li> <li>Recurring prescribing or dispensing errors by GP, pharmacist, or other medical professional that affect more than one adult and/or result in harm to one or more adults.</li> <li>Covert administration if the person lacks capacity without having a best interest decision recorded in the care plan.</li> <li>Misuse of/over-reliance on sedatives and/or anti-psychotropic medication to control behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>Deliberate maladministration of medications or failure to follow proper procedures, including reporting of medication errors.</li> <li>Pattern of recurring errors or an incident of deliberate maladministration.</li> <li>Deliberate falsification of records or coercive/intimidating behaviour to prevent reporting.</li> <li>Insufficient or incorrect policies and procedures are in place.</li> </ul>



## Pressure Ulcers

Pressure ulcers are primarily a clinical issue and should be referred to an appropriate health professional in the first instance. However, where there are obvious signs of neglect, this should be referred to adult safeguarding.

Many people who are frail and have restricted mobility are at risk of developing ulcers on the points of their body which receive the most pressure. These are known as pressure ulcers and are sometimes called bed ulcers or ulcers. Pressure ulcers start with skin discoloration, but if left untreated, they can become very deep and infected; in the worst cases, they can be life threatening. With management and care, pressure ulcers can be avoided in most cases (some estimates suggest as high as 95%).

Whilst not all pressure ulcers are due to neglect (whether deliberate or unintentional), each individual case should be considered, taking into account the person's medical condition, prognosis, any skin conditions, and other signs of neglect, such as poor personal hygiene and living environment, poor nutrition and hydration, and their own views on their care and treatment.

Staff should also refer to:

Their own organisation's policies and procedures on pressure ulcers, and

Other relevant local and national guidelines, protocols, and policies, e.g. NICE Guidance, incident reporting policies.

<https://panbedfordshiresabs.trixonline.co.uk/chapter/neglect-and-acts-of-omission?search=pressure%20ulcers>

<b>Low</b> <b>Non-Reportable</b>	<b>Medium</b> <b>Requires Consultation</b>	<b>High</b> <b>Reportable</b>
<ul style="list-style-type: none"> <li>• Single or isolated incident of Grade 1 or 2 pressure ulcer</li> <li>• Grade 3 &amp; 4, Unstageable and Suspected Deep Tissue Injury or multiple grade 2 pressure ulcers where:               <ul style="list-style-type: none"> <li>• A care plan is in place.</li> <li>• Action is being taken. Other relevant professionals have been notified.</li> <li>• End of life plan pathway. There has been full discussion with the person, their family, or a representative.</li> </ul> </li> <li>• There are no other indicators of abuse, neglect or unexplained deterioration.</li> </ul>	<ul style="list-style-type: none"> <li>• Grade 3 &amp; 4, Unstageable and Suspected Deep Tissue Injury pressure ulcers or multiple grade 1 and 2 pressure ulcers where: the care plan has NOT been fully implemented.</li> <li>• Deterioration has taken place without explanation – e.g. grade 2 has been re-graded as a grade 3/4 ulcer.</li> <li>• It is not clear that professional advice or support has been sought at the appropriate time. e.g. Tissue Viability Team</li> <li>• There have been other similar incidents or areas of concern.</li> <li>• There are other indicators of abuse or neglect.</li> </ul>	<ul style="list-style-type: none"> <li>• Grade 3 &amp; 4, Unstageable and Suspected Deep Tissue Injury where:               <ul style="list-style-type: none"> <li>• The person has been assessed as NOT having mental capacity, and treatment and prevention NOT provided.</li> </ul> </li> <li>• No assessment or care planning has been completed or is of very poor quality.</li> <li>• No professional advice or support has been sought at the appropriate time, e.g. Tissue Viability Team. There are other indicators of abuse or neglect.</li> <li>• Evidence demonstrates this is part of a pattern or trend.</li> <li>• A root cause analysis investigation has been referred for or started.</li> </ul>

## Peer on Peer Abuse

Care providers often have to deal with altercations and abuse between people they support, some of which entail physical attacks. This could be the result of tensions between people living in close proximity and may also be caused or exacerbated by misunderstandings due to dementia, learning disability, or mental health problems.

### Low Non-Reportable

- Isolated incident where no significant harm occurs.
- Multiple incidents where no significant harm occurs, and a care plan is in place.
- Action is being taken to minimise further risk.
- Other relevant professionals have been notified.
- There has been full discussion with the person, their family, or a representative.
- There are no other indicators of abuse or neglect.

### Medium Requires Consultation

- Any incident requiring medical attention or attendance at the hospital.
- Multiple incidents where the person lacks capacity and is unable to take action to protect themselves.
- Multiple incidents where:
- The care plan has not or cannot be fully implemented.
- It is not clear that professional advice or support has been sought at the appropriate time.

### High Reportable

- Any incident resulting in intentional or intended physical or emotional harm or risk of harm to the person, including hate crimes, e.g. multiple incidents of remarks and/or name-calling or inappropriate language.
- Any incident where a weapon or other object is used with the deliberate intention of harm.
- Repeated incidents where the victim lacks capacity and is unable to take action to defend themselves.
- The victim is, or appears, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person.

## Trips and Falls (Look at the Luton Multiagency Falls Guidance)

Practice should be strengths based, enabling people to stay as active and independently mobile as possible, and the support they need should be recorded in their care plans. Some people who are frail or have mobility problems may be at greater risk of falling. The consequences of falls can be very significant for both the individual – in terms of their health, wellbeing, and mobility – and for services. However, following a fall, the individual may require more intensive support for longer and, in some cases, may never return to previous levels of mobility. A fall does not automatically indicate neglect, and each individual situation and/or occurrence should be examined in order to determine whether there is a safeguarding concern (<https://panbedfordshiresabs.trixonline.co.uk/search?q=Luton+Falls+Guidance+V4.1+Final.pdf>).

<b>Low Non-Reportable</b>	<b>Medium Requires Consultation</b>	<b>High Reportable</b>
<ul style="list-style-type: none"> <li>Isolated incident where no significant harm occurs.</li> <li>Multiple incidents where no significant harm occurs and:</li> <li>A care plan is in place.</li> <li>Action is being taken to minimise further risk.</li> <li>Other relevant professionals have been notified.</li> <li>There has been full discussion with the person, their family or representative.</li> <li>There are no other indicators of abuse or neglect.</li> </ul>	<ul style="list-style-type: none"> <li>Multiple incidents where:</li> <li>The care plan has not been fully implemented or reviewed within an appropriate timeframe.</li> <li>It is not clear that professional advice or support has been sought at the appropriate time. e.g. Care Home Support Service/Falls Service</li> <li>There have been other similar incidents or areas of concern.</li> <li>Any fall where there is suspected abuse or neglect by a staff.</li> </ul>	<ul style="list-style-type: none"> <li>Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures.</li> </ul>

## Contact Details:

To contact us about the work of the **Luton Safeguarding Adults Board**:

Email: [lutonsafeguardingadultsboard@luton.gov.uk](mailto:lutonsafeguardingadultsboard@luton.gov.uk) or

Call: 01582 547624

<https://safeguardingbedfordshire.org.uk/>

<https://panbedfordshiresabs.trixonline.co.uk/>

To make a **Safeguarding referral for an Adult** in Luton contact the Adults MASH:

Email: [adultsafeguarding@luton.gov.uk](mailto:adultsafeguarding@luton.gov.uk)

Call: 01582 547730

To make a **Safeguarding referral for a Child** in Luton contact the Childrens MASH on

Email: [Mash@luton.gov.uk](mailto:Mash@luton.gov.uk)

Call: 01582 547622