



Safeguarding
Partnership
Board **Adults**

Safeguarding Adults Thresholds Guidance

February 2015

DOCUMENT PROFILE

Document Status	Published
Short Title	Thresholds Guidance
Document Purpose	To provide additional guidance to the workforce and wider community regarding safeguarding adults at risk
Target Audience	Those who work with and care for adults at risk, adults and risk, their families and carers
Author	Thresholds Working Group
Publication Date	February 2015 [Updated February 2015 and April 2017]
Review Date	April 2018
Approval Route	Safeguarding Adults Partnership Board
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1. Purpose of Document

The Safeguarding Adult Partnership Board [SAPB] works in partnership to safeguard and promote the welfare of adults at risk in Jersey. This threshold guidance supports the SAPB [Safeguarding Adult Procedure](#)¹. This guidance informs services and individuals of the correct actions to take in response to safeguarding concerns and supports people in their decision making at the “safeguarding alert” stage.

There is a continued need to raise awareness of adult abuse and safeguarding adult training continues to be delivered across the island. The priority is to help all understand when there is a need to share concerns that an adult at risk may be in need of protection either with the social work safeguarding team or the police.

This will also support a consistent approach to safeguarding alerts, by highlighting alternative pathways for some scenarios and ensuring appropriate and proportionate responses.

Please remember this is for guidance only and offers examples of what might be of concern. You must consult your line manager, safeguarding lead or the Single Point of Referral if you are not sure or need advice.

Single Point of Referral, Community and Social Services.

**The Single Point of Referral (SPOR),
Community and Social services
Telephone: 01534 444 440
Email: SPOR@health.gov.je**

2. Scope and definition

This guidance applies to all adult at risk safeguarding alerts and referrals within Jersey and relates to all services and departments within the Safeguarding Adult Partnership Board and those that are commissioned and contracted by those services and departments. This is also for use for all those who work with adults at risk in Jersey and the wider community.

This guidance is designed to complement the existing [Safeguarding Adult Procedures](#).

An adult at risk is defined as:

In Jersey we recognise the UK Department of Health No Secrets [2000] definition of an adult at risk:

¹ <http://www.proceduresonline.com/jersey/adults/>

3 Remember all examples whether they require a safeguarding alert or not, require some action. ***Doing nothing is not an option***

“An adult at risk refers to anyone aged 18 or over; who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.”

Adult safeguarding incorporates the concepts of prevention, empowerment, proportionality, partnership and protection to enable adults who may be at risk, to retain independence, wellbeing and choice and to access their right to a life free from abuse and neglect

3. Identification pathways – appropriate action

Thresholds are not based solely on the nature of the abuse, but also the timeframes or frequency within which the concern occurs and the impact on the adult at risk, in terms of harm/likely harm. This may be a low level concern that is dealt with appropriately by the agency that becomes aware of the concern, however “low level” concerns that occur regularly should result in a safeguarding alert.

The focus for this guidance is to ensure a proportionate and timely response to concerns around the safety and/or welfare of an adult at risk. The response needed will be different depending on the factors outlined above and the outcome that is sought.

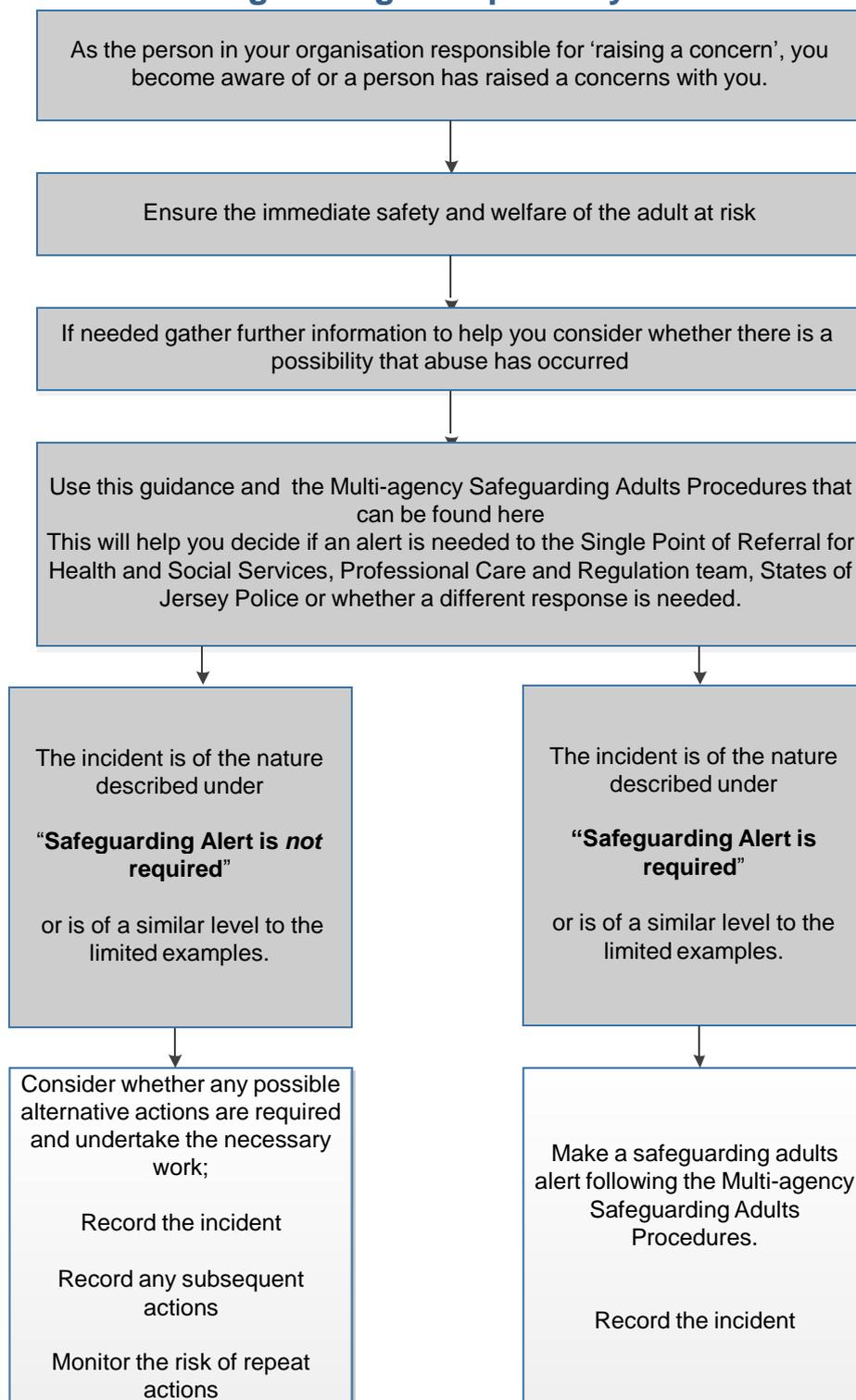
Members of the public with concerns regarding the safety of an adult at risk should contact:

Single Point of Referral

The Single Point of Referral (SPOR),
Community and Social services
Telephone: 01534 444 440
Email: SPOR@health.gov.je

Or in an emergency the States of Jersey Police – 999

4. Overview of safeguarding alert pathway



The examples in this guidance highlight the actions needed depending on the level of concern.

Remember - professional judgment is essential in helping you decide the best course of action as not all situations can be described in this guidance.

5. Safeguarding alert is not required

These are situations that do not require a response under the multi-agency Safeguarding Adult procedures but that may need a response/support using a different procedure/process.

Individual cases need to be considered in the light of any previous concerns, however if you feel that the situation is at a similar level of risk to the ones illustrated below you are not asked to make a safeguarding alert.

Instead you need to do the following:

- Always record incidents and any actions taken
- Monitor regularly for patterns to ensure that concerns are actually isolated incidents
- Consider if any possible alternative action is applicable

6. Safeguarding alert is required

These are situations which require a safeguarding alert to be made to the Single Point of Referral [Community and Social Services] using the SPB multi agency Safeguarding Adults Procedures.

If, in your opinion you feel the incident is a similar level to the examples below you are required to make a safeguarding alert. In addition you should ensure that any additional actions that are required are undertaken. This may include contacting the **Police [612612]** or **Public Health – Professional Care and Regulation Team on 01534 445798**.

When, as the Alerter, you decide that a safeguarding alert should be made, you should follow the SPB Safeguarding adult procedures in terms of immediate response etc.

And raise an alert by contacting the **SPOR on 01534 444 440**

Seek advice from your line manager, or from your adult safeguarding lead or contact the Single Point of Referral.

7. Categories of Abuse

When making a safeguarding alert/referral the following main categories are used:

- **Physical abuse**
- **Sexual abuse**
- **Psychological/Emotional abuse**
- **Financial/material abuse**
- **Discriminatory abuse**
- **Neglect or acts of omission**
- **Institutional abuse**

8. The person is not an adult at risk

The following section consider possible actions where the adult is **not an adult at risk**

SAFEGUARDING ALERT IS NOT REQUIRED		
<p>If a situation similar to those stated below occurs, you are not required to make a safeguarding adults alert.</p> <p>Instead – record the details and any actions taken. Ensure this is monitored regularly for patterns and to ensure that concerns remain isolated incidents You should also consider whether any other actions are required which might include those suggested below</p>		
<p>Forced marriage where the victim is not an adult at risk</p> <p style="text-align: center;">Possible action</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Report to SoJ Police</p>	<p>General concern about a person's living arrangements or circumstances – issues of hygiene, cleanliness or nutrition and the person is not an adult at risk</p> <p style="text-align: center;">Possible action</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Refer to SPOR – adult social care</p>	<p>Any incident where the victim is not an adult at risk but where a crime has been committed</p> <p style="text-align: center;">Possible action</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Report to Police if a crime has been committed</p>
<p>Domestic abuse where the abused adult is not an adult at risk</p> <p style="text-align: center;">Possible action</p> <p style="text-align: center;">↓</p> <ul style="list-style-type: none"> - Work with adult to keep safe - Report to Police - Follow own agency's internal process - Consider if children are in household and take appropriate action for e.g. enquiry to the MASH 01534 519000 	<p>An adult at risk commits some form of abuse against a member of staff or volunteer</p> <p style="text-align: center;">Possible action</p> <p style="text-align: center;">↓</p> <ul style="list-style-type: none"> - Work with adult at risk to minimise risks to others - Review care plan - Report to the Police if you think a crime has been committed - Work within your own agency's violence against staff and/or health and safety policy 	<p>The person who has been abused/alleged to have been abused is under 18 years</p> <p style="text-align: center;">Possible action</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Refer to multi agency child protection procedures</p>

The remainder of this document considers incidents where the subject **is an adult at risk**. You are reminded that Jersey’s multi agency safeguarding procedures recognise the No Secrets definition of an adult at risk:

“An adult at risk refers to anyone aged 18 or over; who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.”

9. Physical Abuse

Safeguarding Alert is required

Follow the Jersey Safeguarding Adult Procedures and guidance to make an alert and consider any other actions required, for example calling the police, suspending a member of staff



Minor physical assault leading to slight injury but where this is not of a serious nature and the effect on the adult at risk is low	Ongoing inexplicable marking, lesions, cuts or grip marks on an adult at risk	Physical assault where injury is caused
Murder or death where neglect by services or carer is alleged	Withholding of food, drinks or aids to independence	Inexplicable fractures/injuries

Safeguarding Alert is not required

If an incident similar to those below occurs. BUT always make sure you record incidents and actions taken and this is checked regularly for patterns that may emerge. Also consider whether any other actions are needed, including the ones suggested here

Single or one off incident of very minor physical assault that has not led to injury or distress and the person alleged to have caused harm is NOT a member of staff

For e.g. one off incident of one adult at risk slapping another on the arm – no injury or distress caused

Possible Action



Work with adult at risk to keep safe. Possible work with person alleged to have caused harm to explore reasons for the incident

Staff error causing little or no harm.

For e.g. friction mark on skin due to ill-fitting hoist sling, medical error where there are no side effects for the adult at risk

Possible Action



Consider staff training and review of care planning and internal procedures

Inexplicable mark found on one occasion where there is no apparent distress caused to the adult at risk.

Possible Action



Work with adult at risk to keep safe

10. Sexual Abuse

Safeguarding Alert is required

Follow the Jersey Safeguarding Adult Procedures and guidance to make an alert and consider any other actions required, for example calling the police, suspending a member of staff

Verbal sexualised comments/harassment on one or more occasions	Incidents of being made to look at pornographic material without consent or where consent cannot be given	Isolated, occasional or ongoing incidents of sexualised comments or unwanted attention either verbally or touching which has been committed by a staff member even where the effect on the adult at risk is perceived to be low	Occasional or ongoing incidents of sexualised comments or low level unwanted sexual attention, either verbal, or via social media or mobile phones, or touching by anyone
Sexualised touching by person in a position of trust. E.g. Staff member	Sexualised touching by anyone else without consent or where consent cannot be given	Voyeurism by anyone	Subjecting an adult at risk to indecent exposure by anyone
	Attempted penetration by any means without consent or where consent cannot be given [whether or not this occurs in a relationship]	Sexual relationship characterised by authority, inequality or exploitation [for example staff member with an adult at risk]	Sex without consent or where consent cannot be given

Safeguarding Alert is not required

If an incident similar to those below occurs. BUT always make sure you record incidents and actions taken and this is checked regularly for patterns that may emerge. Also consider whether any other actions are needed, including the ones suggested below

Isolated incident of unwanted attention, either verbal or touching (but excluding genitalia) which has NOT been committed by a person in a position of trust, where this is not of a serious nature and the effect on the adult at risk is low.

For e.g. rubbing back of neck or stroking arm by another resident in a care home. When told to stop they do immediately.

Possible Action



Work with adult at risk and other resident around boundaries and relationships

11. Psychological Abuse

Safeguarding Alert is required
Follow the Jersey Safeguarding Adult Procedures and guidance to make an alert and consider any other actions required, for example calling the police, suspending a member of staff



Occasional or ongoing bullying [including cyber bullying] which causes distress.	Occasional or ongoing threatening or intimidating verbal outbursts which cause distress	Withholding of information to disempower an adult at risk
Treatment that undermined dignity and self esteem	Denying or failing to recognise an adult's choice or opinion	Occasional or ongoing reports of anti-social behaviour towards the adult at risk or their family
Emotional harm – threats of abandonment/harm	Frequent /frightening verbal outbursts/ vicious personalised verbal attacks	A denial of human rights/civil liberties <i>For e.g. forced marriage</i>

Safeguarding Alert is not required

If an incident similar to those below occurs. BUT always make sure you record incidents and actions taken and this is checked regularly for patterns that may emerge. Also consider whether any other actions are needed, including the ones suggested below

<p>Single incidents of anti-social behaviour, but little or no distress caused to the adult at risk. For e.g. causing a disturbance on a corner outside an adult at risk's house</p> <p align="center">Possible Action</p> <p align="center">↓</p> <p align="center">Report to the Police</p>	<p>Isolated incident where adult at risk is spoken to in a rude or inappropriate way, where respect is undermined but little or no distress caused</p> <p align="center">Possible Action</p> <p align="center">↓</p> <p align="center">Work with staff member/ or person identified around dignity in care</p>	<p>Banter between adults at risk or between an adult at risk and member of staff where this is reciprocated and the adult at risk does not feel undermined, intimidated or distressed by what is said.</p> <p align="center">Possible Action</p> <p align="center">↓</p> <p align="center">Ensure that staff and adults are all aware of relationship boundaries and appropriate behaviour</p>
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12. Financial Abuse

Safeguarding Alert is required

Follow the Jersey Safeguarding Adult Procedures and guidance to make an alert and consider any other actions required, for example calling the police, suspending a member of staff

<p>Ongoing or occasional incidents of missing money and/or belonging where the quality of the service users life has not been impacted on and little or no distress has been caused</p>	<p>One off, occasional or ongoing incident of missing money and/or belongings where the quality of the service user's life has been affected or some distress is caused.</p> <p><i>For e.g. an adult at risk is coerced into regularly giving their pension to a family member, leaving themselves with little for themselves.</i></p> <p><i>For e.g. a small cash sum is taken and this is a large proportion of what the service user owns</i></p>	<p>Occasional or ongoing incident of staff benefiting personally from the support they offer service users</p> <p><i>For e.g. taking money from an adult at risk towards petrol when doing home visits to supplement expenses</i></p>
<p>One off, occasional or ongoing theft, fraud, exploitation or misuse/misappropriation of benefits, income, property or will</p> <p><i>For e.g. signing over ownership of property under duress when ill</i></p>	<p>Not routinely involving the adult in decisions about how their money is spent or kept safe</p>	<p>Denying adult at risk access to their own funds/bank account/assets</p>

Safeguarding Alert is not required

If an incident similar to those below occurs. BUT always make sure you record incidents and actions taken and this is checked regularly for patterns that may emerge. Also consider whether any other actions are needed, including the ones suggested below

Single or one off incident of missing money and/or belongings where the quality of the service user's life has not been affected and little or no distress caused

For e.g. a small cash sum has been taken which has little impact on service user

Possible Action



Report to the Police as a crime, disciplinary process if a member of staff, work with adult at risk and relevant others to help keep possessions safe

One off incident of staff personally benefitting from the support they offer service users

For e.g. using a service users phone to make personal calls

Possible Action



Internal disciplinary procedures, review staff procedures in relation to working in a service users' home. Re-training of staff

13. Neglect and Organisational/Service neglect

Safeguarding Alert is required

Follow the Jersey Safeguarding Adult Procedures and guidance to make an alert and consider any other actions required, for example calling the police, suspending a member of staff

Occasional or ongoing missed home care visits; where no harm occurs or where the quality of the service users life has been affected or distress has been caused or harm has occurred.	Inadequacies in care management where a service users' needs have changes or risks emerged that have not been assessed in care planning that lead to harm or distress.	Occasional or ongoing inadequacies in care provision that lead to discomfort or inconvenience for example being left wet	Withholding access to aids to independence. One off occasional or ongoing lack of care to the extent that the health and wellbeing of service users deteriorates significantly.	Organisational/Service neglect is poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure or culpability as a result of poor management systems or structures. It is where a person is put at risk because of a lack of response.
Hospital discharged without adequate planning which leads to harm being caused.	Failure to intervene in dangerous situations where the adult lacks capacity to assess the risk.	Failure to arrange for access to life saving services or medical care	One off or ongoing lack of care to the extent that the health and wellbeing of the service user deteriorates significantly. <i>For example: Causing pressure wounds [see appendix 1] dehydration, malnutrition loss of independence or confidence.</i>	When someones needs are rapidly changing but an assessment of need does not happen within agreed timescales Lack of provision of essential equipment, for example, a person who does not get access to equipment on a bank holiday because the service is closed and develops a pressure area as a result.

Safeguarding Alert is not required

If an incident similar to those below occurs. BUT always make sure you record incidents and actions taken and this is checked regularly for patterns that may emerge. Also consider whether any other actions are needed, including the ones suggested below

<p>General and non specific one off cases of neglect or an omission where there is no effect on any individual For e.g. a one off missed medication where there is no negative effect on the service user</p> <p align="center">Possible Action</p> <p align="center">↓</p> <p>Review staff procedures in relation to dispensing medication. Guidance and training for staff members</p>	<p>General concerns about an individual's living arrangements or circumstances in relation to issues of hygiene, cleanliness or nutrition</p> <p align="center">Possible Action</p> <p align="center">↓</p> <p>Refer to SPOR – adult social care</p> <p>If necessary a carers assessment to consider if additional support needed. Could consider Multi disciplinary team meeting or care management response</p>	<p>One off inadequacies in care provision that lead to discomfort or inconvenience, for example being left wet</p> <p align="center">Possible Action</p> <p align="center">↓</p> <p>Reassessment of care needs and review of care plan, may consider need for additional staff training. Refer to PHD – Professional Care and Regulation Team or Quality Assurance Officer</p>
<p>Isolated incident where adult is not assisted with a meal or drink and no harm occurs</p> <p align="center">Possible Action</p> <p align="center">↓</p> <p>Review of staff procedures. Guidance and extra training for staff. Refer to PHD – Professional Care and Regulation Team or Quality Assurance Officer</p>		<p>Isolated missed home care visit where no harm occurs</p> <p align="center">Possible Action</p> <p align="center">↓</p> <p>Retraining of staff, review of procedures. Refer to PHD – Professional Care and Regulation Team or Quality Assurance Officer</p>

14. Discriminatory Abuse

Safeguarding Alert is required

Follow the Jersey Safeguarding Adult Procedures and guidance to make an alert and consider any other actions required, for example calling the police, suspending a member of staff. Contextual information can be found in the [Diversity Guidance](#)



Where an adult at risk is being ridiculed or threatened because of their ethnicity, gender, sexuality, religion or age	Where an adult at risk is the victim of hate crime, because of their ethnicity, gender, disability, sexuality, religion or age	Occasional or ongoing incident of teasing by a service user towards another, motivated by a prejudicial attitude towards an adult at risks individual differences	Occasional or ongoing incidence of care planning that fails to address an adults specific diversity needs for any length of time
Inequitable access to services motivated by a prejudicial attitude towards the adults at risk individual differences	Failing to meet care plan/support needs associates with adult at risk's diversity	Being refused access to essential services motivated by prejudicial attitude towards an adult at risk's individual difference	

Safeguarding Alert is not required

If an incident similar to those below occurs. BUT always make sure you record incidents and actions taken and this is checked regularly for patterns that may emerge. Also consider whether any other actions are needed, including the ones suggested below

Isolated or one off incident by a service user towards another, motivated by prejudicial attitude towards an adult at risks individual differences

Possible Action



Work with the person causing harm in relation to diversity

Isolated or one off incident of care planning that fails to address an adults specific needs in relation to culture, ethnicity, religion, sexuality, age, disability, language, for example, for a short period

Possible Action



Review care and/or support plan and provision

15. Institutional Abuse

[Safeguarding Adults](#) is about prevention and part of everyday practice. For example, effective assessment and care planning, being aware of responsibilities and powers available, engaging service users by seeking [consent](#) and participation in decision-making are all essential tools in minimising risks and vulnerability to abuse. However there are situations in which adults at risk experience institutional abuse. Predisposing Factors

Abuse can happen in a range of settings and organisations, in a variety of relationships and can take a number of forms. There are a number of indicators, which could, in some circumstances, in combination with other possibly unknown factors, suggest the possibility of abuse. **Institutional abuse may be more likely to happen where:**

- **services are inward looking,**
- **poor recruitment practices**
- **there is little staff training/knowledge of best practice**
- **contact with external professionals is resisted**
- **high staff turnover, shortages may also increase the risk of abuse or established staff groups where little challenge occurs**
- **Isolation of service users**
- **Poor quality or an absence of leadership**

Can result in:

- **A culture where an organisation fails to ensure necessary safeguards and good standards of care are in place to protect and support.**
- **This may include neglect and poor professional practice and may take the form of isolated incidents through to pervasive ill treatment or gross misconduct at the other.**
- **Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.**

If you are concerned about institutional abuse follow the **Multi Agency [Safeguarding Adults Procedures](#) without delay.**

16. APPENDIX 1

Part of the Pressure Ulcer Prevention and Management Policy [Adults]

ADULT SAFEGUARDING TRIGGERS

For individuals receiving professional support (in a care or nursing home, hospital or from a domiciliary care or nursing care agency) the following triggers should be **considered** prior to a safeguarding referral being initiated.

	Possibly NOT Safeguarding at this stage	Possibly Safeguarding (More than two of the below)	Definitely Safeguarding
1. What is the Grade of the pressure ulcer?	Grade 2 pressure ulcer or below: implement monitoring and prevention strategies. Incident report to be completed for all Grade 2 pressure ulcers.	Several Grade 2 pressure ulcers. Grade 3 and 4 pressure ulcers: consider question 2	Grade 4 and other issues of significant concern.
2. Does the individual have mental capacity and have they been concordant with treatment? Has a capacity assessment been undertaken?	The individual has capacity and has refused treatment. The results of the capacity assessment has been documented and signed.	The individual has not been assessed for capacity or does not have capacity- continue to question 3	Assessed as not having capacity and no treatment has been instigated.
3. Full assessment completed and care plan developed in a timely manner and care plan implemented?	Documentation and appropriate equipment available to demonstrate full assessment, planning, implementation and evaluation of care and effectiveness.	Documentation and appropriate equipment NOT fully available to demonstrate full assessment, planning, implementation and evaluation of care and effectiveness BUT general care regime (eg nutrition, hydration) not of concern: continue to question 4.	Little or no documentation available to demonstrate full assessment, planning, implementation and evaluation of care and effectiveness AND general care regime (eg nutrition hydration) is of concern
4. This incident is part of a trend or pattern- there have been other similar incident with this individual or others	Evidence suggests this is an isolated incident however close monitoring will continue.	There have been other similar incidents.	Evidence demonstrates this is part of a pattern or trend.

Adapted from Pennine Care NHS Foundation Trust (2013)

The Safeguarding Adult Partnership Board [Jersey] would like to acknowledge the work of the Association of Directors of Adult Social Services [North East], Nottinghamshire and Newcastle Adult Safeguarding Boards Threshold Guidance which were used in the development of this guidance

17. Appendix 2, Medication Errors

Examples of medication errors which may be considered appropriate for a safeguarding alert.

- Any medication error that leads to harm or death
- Any medication error requiring medical treatment
- The medication error was a deliberate act
- Medication is administered covertly without appropriate consultation /supervision
- The medication error is part of a pattern or culture. The pattern could be the same drug, same carer, or same adult at risk. The duration and frequency must be considered

Staff should be aware of their own organisations policies and procedures on medication management and other relevant local legislation, guidelines, protocols and policies. For example:

- Incident reporting policies
- [NICE guidance](#)
- [Nursing and Midwifery Council](#)
- [General Medical Council](#)
- Professional Care and Regulation