



Multi Agency Decision Support Tool

Barnet Safeguarding Adults Board

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Acknowledgements: *With thanks to Milton Keynes Together for allowing us to replicate their document in Barnet.*

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Introduction

This decision support tool (DST) has been adapted from the work of Milton Keynes Together multi agency partners in recognition for the need of a shared language and understanding of safeguarding thresholds. The tool outlines indicators of different abuse types and risk along with actions and should always be used in conjunction with your own organisation's safeguarding policies and procedures. The tool is not exhaustive, and practitioners should always use their knowledge, skills, and professional judgement in deciding what actions to take.

This format is based on other area documents with the aim of bringing together the most accessible and fit for purpose document possible. It has been developed in line with the safeguarding requirements set out in the Care Act 2014.

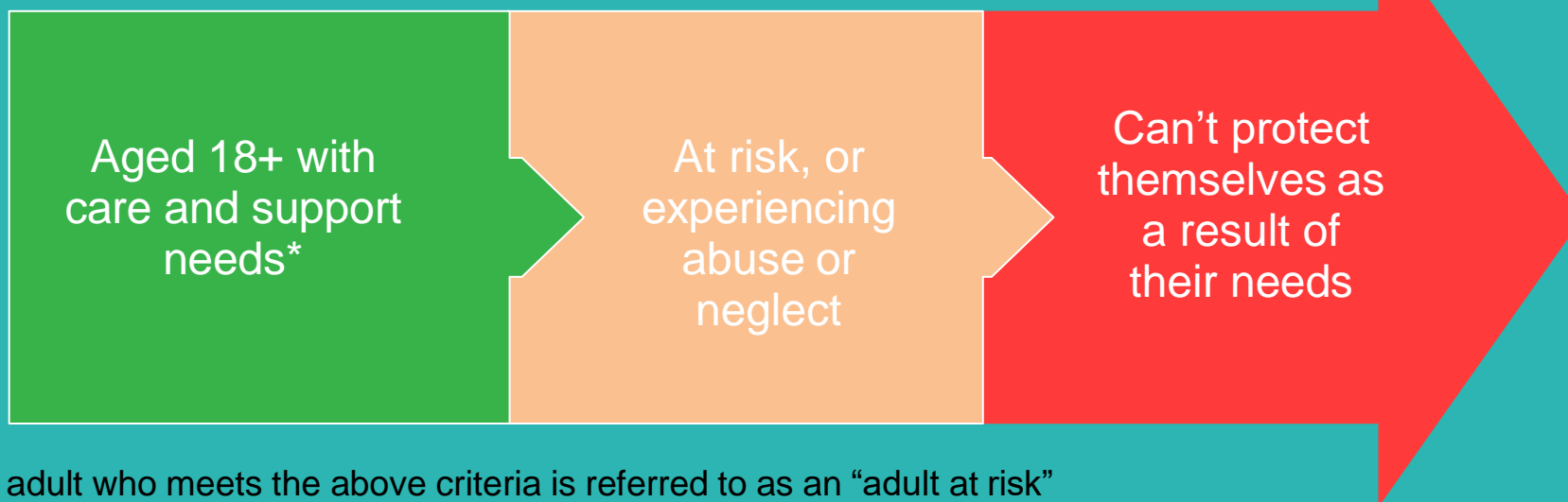
The purpose of the tool is to guide individuals with decision making where they believe an adult with care and support needs is at risk and/or has been harmed; it is not intended to be a guide to making a referral. Where a decision is ultimately made to report, individuals must ensure they work to their own organisation's safeguarding policies and procedures, and seek consent from the adult where this is appropriate to do so. Key messages on safeguarding adults and information sharing including circumstances where consent to share information can be overridden can be found here [Safeguarding adults: sharing information - SCIE](#)

At any point if you are not sure, then please seek advice and support from your own safeguarding lead and/or from the MASH team at London Borough of Barnet.

Criteria for Safeguarding Concerns

The DST is designed to ensure adults at risk can access the right support at the right time and responses to concerns are appropriate and proportionate.

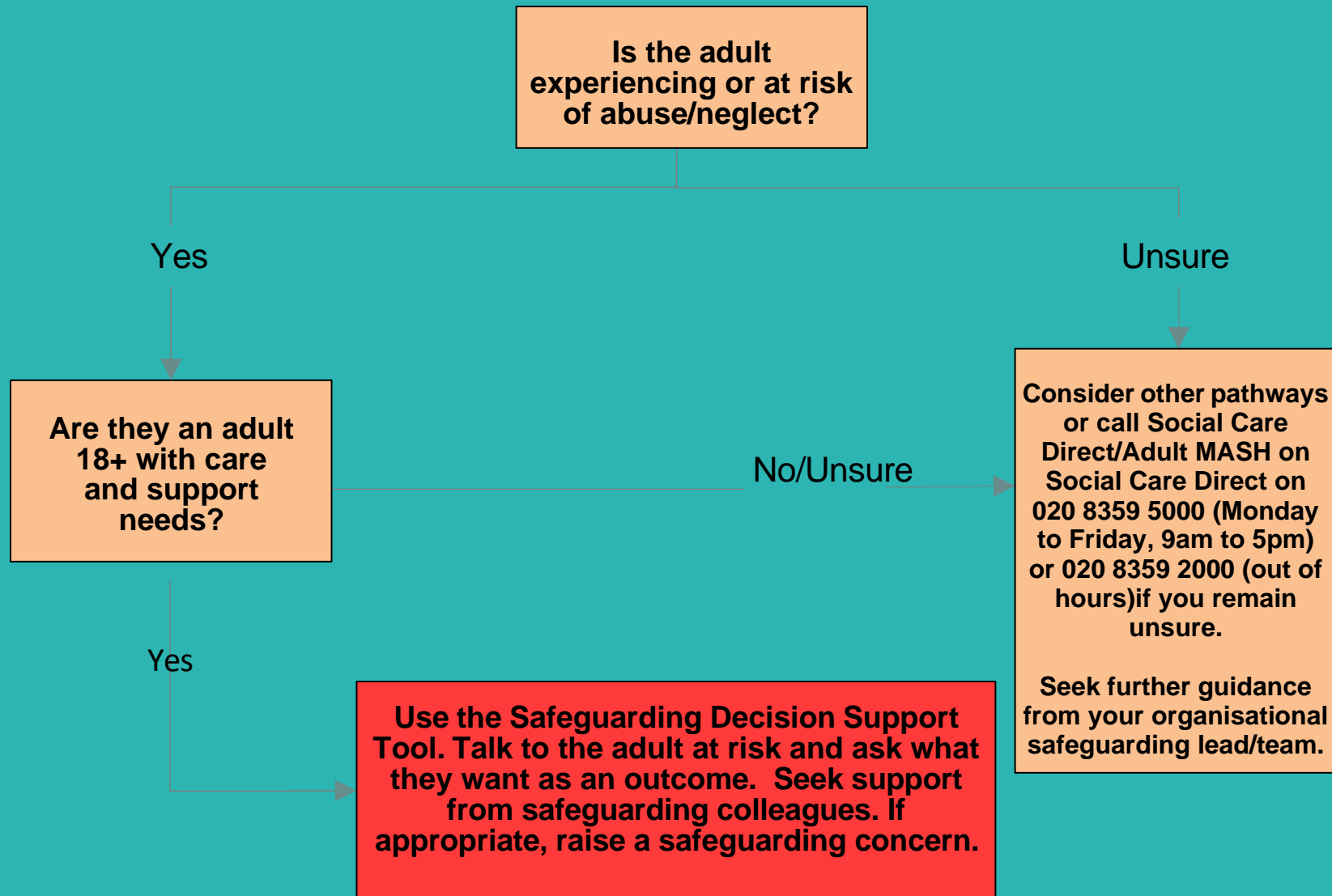
The following three stage test will be applied to all reported safeguarding concerns:



- An adult who meets the above criteria is referred to as an “adult at risk”
- However, practitioners need to be mindful that safeguarding duties apply to family carers experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations they are in contact with.

* Whether or not the local authority is meeting any of those needs. In some situations, the local authority can undertake enquiries for those that only have support needs.

How to Apply the Criteria and Decision Support Tool



Overview of Decision Support Tool

The below sets out action to take depending on the abuse concerned.



Report

If the adult/s have been seriously harmed or at risk of serious harm because of actions, or omissions, deliberate or unintentional of others, then [report as a safeguarding concern to London Borough of Barnet](#).

If there is indication that a criminal act has occurred, and the matter is urgent, [contact the Police](#).

If it is an emergency then call 999.



Consult

Moderate risk and/or care and support needs. Concerns at this point may be reportable and must be considered on a case by case basis. The adult's views must be considered.

Advice should be sought from your organisation's Adult Safeguarding Team or London Borough of Barnet on 020 8359 5000 (Monday to Friday, 9am to 5pm) or 020 8359 2000 (out of hours).



Resolve

Low risk or care and support needs where all actions to prevent abuse or protect an adult from abuse are recorded. The adult's needs are met through local support services accessed via appropriate referral routes.

A level of concern that can be resolved through care planning, risk management, complaints, staff training, case reviews, quality processes or contract management.

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.

Resolve	Consult	Report
<ul style="list-style-type: none"> • The adult has no current fears and there are adequate protective factors, and it is: <ul style="list-style-type: none"> ▪ One off incident with no injury or harm experienced ▪ Occasional taunts or verbal outbursts where the adult has capacity to decide whether to have the case referred on ▪ Situational incident with no previous history where carer breakdown/lack of support may have resulted in incident. 	<ul style="list-style-type: none"> • Unexplained marking or lesions or grip marks on a number of occasions • Controlling or coercive behaviour is witnessed • Frequent verbal outbursts that cause some distress or some level or harm • Sexual assault or humiliation where the adult has capacity and does not want to be referred • Experiences occasional episodes of fear of the alleged cause of risk 	<ul style="list-style-type: none"> • Subject to regular violent behaviour • Threats to kill/choke /suffocate etc. • NFS-Non fatal strangulation • In constant fear of being harmed • Sex without valid consent (rape) • Harmful practices* • Person denied access to medical treatment/care/vital equipment to maintain independence by alleged cause of risk • Frequent physical outbursts that cause distress or some level or harm • Subject to stalking/harassment • Subject to severe controlling behaviour

☞ Where there are children (under 18) in the household or present the case must be referred to Children’s Safeguarding as well as following the Adult Safeguarding process. *Harmful Practices “are forms of gender-based violence and domestic abuse where escalation of abuse and associated risks happen due to notions of power and control within intersectional contexts of oppression. In these cases, religion, culture, patriarchal codes of behaviour and perceived notions of honour are used by one or more perpetrators as an excuse for coercive control, threats and abuse.” (Standing Together). Harmful practices may include forced marriage, FGM, spiritual abuse, dowry abuse, caste based abuse, virginity testing.

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Discriminatory or Hate 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.

Resolve

- Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences
- Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period

Consult

- Recurring failure to meet specific care/support needs associated with diversity that cause little distress
- Denial of civil liberties e.g. voting, making a complaint
- Reoccurring incidents of teasing motivated by prejudicial attitudes towards a persons' individual differences. Lack of risk assessment to manage situations.

Report

- Hate crime resulting in injury/emergency medical treatment/fear for life
- Hate crime resulting in serious injury/attempted murder/honour-based violence
- Inequitable access to service provision as a result of diversity issue
- Being refused access to essential services
- Humiliation, threats or taunts on a regular basis
- Recurring failure to meet specific care/support needs associated with diversity that cause distress

The Equality Act 2010 legally protects people from discrimination. Details for reporting a hate crime can be found on the Met Police Website: [Hate crime | Metropolitan Police](#)

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Financial or Material Abuse

The unauthorised and improper use of funds, property or any resources. This includes the use of theft, coercion or fraud to obtain or try to obtain a an adult's money, possessions or property.

Resolve

- Money is not recorded safely or recorded properly, and immediate actions have been taken to rectify this
- Single incident of missing belongings/minimal amount of money where there is no indication of theft/abuse
- Misuse of direct payments
- A number of incidents where money is not recorded safely or recorded properly for one or more persons
- Adult not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered

Consult

- Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest
- High levels of anti-social behaviour reported
- High levels of visitors to the property and the adult does not appear to be able to say 'no'
- The adult is socially isolated
- Falling behind on rent payments
- Adult deemed to be not engaging with professionals
- General deterioration in person's health and wellbeing
- Property falling into disrepair
- Care Fees not being paid
- Presence of gambling

Report

- Suspected fraud/exploitation relating to benefits, income, property or will, including 'cuckooing'
- Lasting Power of Attorney claimed to exist but no evidence provided when requested
- Adult denied access to their own funds or possessions
- Misuse/misappropriation of property, possessions or benefits by an adult in a position of trust or control. To include misusing loyalty cards
- Personal finances removed from the adult's control
- Adult coerced or misled into giving over money or property

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Modern Slavery

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

Resolve

- Not applicable

Consult

- No direct disclosure of slavery but:
 - Appears under control of another
 - Undertaking long hours at work
 - Poor living conditions/low wages
 - Lives in work place
 - No health and safety in workplace
 - Risk of physical/psychological harm
 - Adult being encouraged to participate in
 - unsafe or criminal activity
 - Wages not being paid directly to the adult

Report

- Any direct disclosure of slavery
- Regularly moved to avoid detection
- Lives in sheds/lockup/containers
- Risk of fatality or serious injury
- No freedom/unable to leave
- Wages used for debt/debt bondage
- Not in possession of ID or passport
- Subject to forced marriage
- Unable to access medical treatment /care
 - / equipment required to maintain independence
- Under control of others e.g. gang master, dealers, pimp for prostitution
- Subject to violence/threats/ fearful
- Actual physical/psychological harm

Refer to Modern slavery: how to identify and support victims (Statutory Guidance) available at: <https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims>

Neglect and Acts of Omission – General and Falls

Ongoing failure to meet a person's basic physical or psychological needs. A fall does not automatically indicate neglect and each individual case should be examined in order to determine whether there is a safeguarding concern.

Resolve

- Number of adults are missed on a given day/consecutive days, but no harm occurs
- Adult is not assisted with a meal/drink on one occasion and no harm occurs
- Isolated inadequacies in care provision leading to discomfort - no significant harm e.g. left wet for a period of time
- A fall where no significant harm occurs, there are no other indicators of neglect, and action is being taken to minimise further risk

Consult

- Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs
- Discharge from hospital where harm occurs that does not require re-admission
- Recurrent lack of care to extent that health and well-being deteriorate e.g. pressure ulcers, dehydration, malnutrition (assessed to the capability of the person reporting)
- Any fall where there is suspected neglect or a failure to follow relevant care plans, policies or procedures
- Multiple incidents where:
 - The care plan has NOT been fully implemented or reviewed within an appropriate timeframe
 - It is NOT CLEAR that professional advice or support has been sought at the appropriate time. e.g. Falls Service

Report

- Failure to arrange access to life saving services or medical care
- Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk and maintain their own safety
- Discharge from hospital where harm occurs that requires re-admission within 72 hours

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Barnet Falls Prevention Service Referral can be made by calling 0300 020 0655 Opt 1 or emailing clcht.barnetselfreferral@nhs.net

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Neglect and Acts of Omission – 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.

Resolve	Consult	Report
<ul style="list-style-type: none"> • Single or isolated incident of Grade 1 or 2 pressure ulcer • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury or multiple grade 2 pressure ulcers where: <ul style="list-style-type: none"> ▪ A care plan is in place ▪ Action is being taken ▪ Other relevant professionals have been notified ▪ There has been full discussion with the person, their family or representative ▪ There are no other indicators of abuse or neglect or unexplained deterioration 	<ul style="list-style-type: none"> • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury pressure ulcers or multiple grade 1 and 2 pressure ulcers where: <ul style="list-style-type: none"> ▪ The care plan has NOT been fully implemented ▪ Deterioration has taken place without explanation – e.g. grade 2 has been re-graded as a grade 3/4 ulcer ▪ It is NOT CLEAR that professional advice or support has been sought at the appropriate time. e.g. Tissue Viability Team ▪ There have been other similar incidents or areas of concern ▪ There are other indicators of abuse or neglect 	<ul style="list-style-type: none"> • If Department of Health safeguarding Adults Protocol pressure ulcers Decision Guide results in score of 15+ • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury where: <ul style="list-style-type: none"> ▪ The person has been assessed as NOT having mental capacity and treatment and prevention NOT provided ▪ No assessment and care planning has not been completed or is of very poor quality ▪ 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 ▪ Evidence demonstrates this is part of a pattern or trend ▪ A root cause analysis investigation has been referred for or started

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Department of Health Safeguarding Adults Protocol: pressure ulcers and the interface with a safeguarding enquiry: [Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362222/Safeguarding_adults_protocol_pressure_ulcers_and_raising_a_safeguarding_concern.pdf) (www.gov.uk)

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Neglect and Acts of Omission – Medication Errors

Where an adult is 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.

Resolve	Consult	Report
<ul style="list-style-type: none"> 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 Isolated incident causing no harm that is not reported by staff member Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm 	<ul style="list-style-type: none"> Recurring missed medication or errors that affect more than one adult and result in actual or potential harm to one or more adults Isolated medication error that causes actual harm or ill health 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 Covert administration if the person lacks capacity without having a best interest decision recorded in the care plan Misuse of/over-reliance on sedatives and/or anti-psychotropic medication to control behaviour 	<ul style="list-style-type: none"> Deliberate maladministration of medications or failure to follow proper procedures, including reporting of medication errors Pattern of recurring errors or an incident of deliberate maladministration Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting Insufficient or incorrect policies and procedures in place

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 which 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.

Organisational Abuse

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.

Resolve

- Adult not enabled to have a say in how the service is run
- Denial of individuality and opportunities to make informed choices and take responsible risks
- Care-planning documentation not person- centred/does not involve the adult or capture their views
- Single incident of insufficient staffing to meet all people's needs in a timely fashion but causing no harm
- Odours at low level
- Unclean environment causing no harm

Consult

- Rigid/inflexible routines that are not always in the adult's best interests
- Adult's dignity is occasionally undermined
e.g. lack of privacy during support with intimate care needs, pooled under-clothing
- Recurrent bad practice which lacks management oversight and is not being reported to relevant organisations/ departments
- Unsafe and unhygienic living environments that could cause harm to the adult or have caused minor injury requiring no external medical intervention/consultation
- Lack of stimulation/opportunities to engage in social and leisure activities
- Inability of providers to manage own safeguarding enquiries

Report

- Staff misusing position of power over adults using the service
- Over-medication and/or inappropriate restraint managing behaviour
- Recurrent or consistent ill-treatment by care provider to more than one adult over a period of time
- Recurrent or consistent incidents of insufficient staffing resulting in harm requiring external medical intervention or hospitalisation
- Recurrent incidents of insufficient staffing resulting in some harm

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Self-Neglect

A person living in a way that puts their health, safety, or well-being at risk.

Resolve

- Self-care causing some concern - no signs of harm or distress
- Property neglected but all main services work
- Some evidence of hoarding - no major impact on health/safety
- First signs of not engaging with professionals
- Property shows some signs of neglect
- Evidence of low-level hoarding
- No access to support

Consult

- Refusing/non-engagement with medical treatment/care/equipment required to maintain independence and health
- High level of clutter/hoarding
- Insanitary conditions in property
- Not engaging with professionals
- Problematic or chaotic substance misuse
- Potential fire risk/gas leaks
- Lack of essential amenities
- Property/environment shows signs of neglect that are potentially damaging to health

Report

- Life in danger without intervention
- Chaotic substance misuse
- Environment injurious to health
- Imminent fire risk/gas leaks
- Access obstructed within property
- Multiple reports from other agencies
- Behaviour poses risk to self/others
- Self-neglect is life threatening
- Tenancy at risk because of hoarding/property condition, i.e. notice served
- Lack of self-care results in significant deterioration in health/wellbeing/safety

Please note: All routine approaches/interventions e.g care planning, risk management, MDT and multi agency involvement, must also be used in the management of concerns for self neglect.

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Physical Abuse

The act of causing physical harm to someone else.

Resolve

- Error by staff causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling
- Unexplained very light marking/bruising found on one occasion
- Minor events that still meet criteria for incident reporting
- Manual handling equipment not maintained appropriately
- Isolated incident by another adult (e.g. an adult using the service strikes another but it leaves no mark and does not cause emotional distress) causing no/little harm where:
- Action is being taken to minimise further risk
- Other relevant professionals have been notified
- There has been full discussion with the adult, their family or representative
- There are no other indicators of abuse or neglect

Consult

- Unexplained minor marking or lesions, minor cuts or grip marks on a number of occasions or on a number of people cared for by a specific team/carer
- Inappropriate restraint that causes marks to be left but no external medical treatment/consultation required
- DoLS not considered or implemented and Mental Capacity Act (MCA) not followed
- 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 adult

Report

- Serious bodily harm/assault with weapon leading to irreversible damage or death
- Intended harm towards an adult
- Deliberately withholding of food, drinks or aids to independence
- Deliberately force-feeding food or drinks
- Unexplained fractures/serious injuries
- Assault by another adult using the service requiring medical treatment
- Mental Capacity Act (MCA) not considered or followed in regarding to restraint

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Psychological Abuse

This is the ongoing psychological/emotional maltreatment of an adult.

Resolve

- Isolated incident where an 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 do not cause distress between people

Consult

- Treatment that undermines dignity and damages esteem
- Repeated incidents of denying or failing to recognise an adult's choices or of failing to value their opinion, particularly in relation to a service or care they're receiving
- Occasional taunts or verbal outbursts which do cause distress between people using a service
- Encouragement or inducement to adopt an extreme ideology/ideologies

Report

- Denial of basic human rights/civil liberties, over-riding advance directive
- Prolonged intimidation
- Vicious/personalised verbal attacks
- Humiliation of an adult
- Emotional blackmail e.g. threats of abandonment/ harm
- The withholding of information to dis-empower
- Allegations or concerns relating to 'cuckooing'
- Concerns about, or signs of, someone becoming radicalised

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

Sexual Abuse

When an adult is forced, pressured, or coerced to take part in sexual activities. This doesn't have to be physical contact and it can happen online.

Resolve

- Not committed by a person in a position of trust (e.g. a professional), and:
 - 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 - no harm or distress caused

Consult

- Non-contact sexualised behaviour which causes distress to the person at risk
- Verbal sexualised teasing or harassment
- Being subject to indecent exposure where the person isn't distressed
- Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is low

Report

- Sex without valid consent (rape)
- Sexualised touch or masturbation without valid consent
- Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent
- Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care, e.g. staff and service user
- Being made to look at pornographic material against will/where valid consent cannot be given
- Voyeurism

CONSIDER: Is the concern about a person with care and support needs or assessed as lacking capacity?

What to do when it's not a safeguarding concern

<p>What will happen next?</p>	<p>Following consultation with your own safeguarding lead or adult MASH, it may be decided that a referral into the local authority is not required. If a referral has already been made the outcome may be that it has been determined a Local Authority led safeguarding response is not required.</p>
<p>If it's not safeguarding, then what should I do?</p>	<p>The local authority will offer advice and support to referrers when referrals are declined, and this could also include referrals on to other forums or agencies that can support the adult e.g CGL, MARAC etc.</p> <p>Your organisation must support you with decision making around next steps and risk management. Seek guidance from your manager and safeguarding leads/team.</p>
<p>What if I'm still worried?</p>	<p>When referrals are declined this can result in professional anxiety around continued risks; this is also the case for adults who do not consent to engage in a safeguarding process, who are hard to engage, and individuals who make unwise choices.</p> <p>Partner organisations must ensure that robust safeguarding supervision and case management arrangements are in place so that practitioners/volunteers/staff members are supported to continue to safeguard and manage risk within the boundaries of individual roles.</p> <p>Partner organisations must remain clear on the scope and limitations of their service offer, including standard operating protocols that outline clearly the circumstances and process for discharge of duty.</p>
<p>What if I or my organisation disagree with the outcome of a safeguarding concern?</p>	<p>Where dispute arises concerning the steps taken to safeguard between partner organisations, the Barnet local escalation process should be used to resolve these issues. Safeguarding Adults Board Barnet Council</p>

Contacts

- **Solace Women's Aid** are the local specialist domestic abuse service, Helpline number: 020 3874 5003, email: barnet.advocacy@solacewomensaid.org. Details of their service is available at: [Solace in Barnet \(SASS\) – Solace Womens Aid](#)
- **CGL** is the Barnet service for those experiencing difficulties with drug and/or alcohol. Phone: 0300 3030 2866 or email: [Referrals - Change Grow Live Barnet](#) to make a referral. [Drug and Alcohol Service - Barnet \(changegrowlive.org\)](#)
- Details for reporting a hate crime can be found on the Met Police Website: [Hate crime | Metropolitan Police](#)
- Refer to Modern slavery: how to identify and support victims (Statutory Guidance) available at: [Modern slavery: how to identify and support victims - GOV.UK \(www.gov.uk\)](#)
- **Barnet Falls Prevention Service Referral** can be made by calling 0300 020 0655 - Opt 1 or emailing Single Point of Access: clcht.barnetselfreferral@nhs.net
- **Department of Health Safeguarding Adults Protocol: pressure ulcers and the interface with a safeguarding enquiry:** [Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern - GOV.UK \(www.gov.uk\)](#)
- **Barnet Community Services Directory** [Access Elemental - Marketplace \(elementalsoftware.site\)](#)
- **Barnet Wellbeing Hub** [Barnet Wellbeing Hub \(meridianwellbeing.com\)](#)

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