

## Adult Safeguarding Threshold Decision Making Guidance

### Care Act (2014) - Section 42 Statutory Eligibility Criteria

Section 42 of the Care Act 2014 sets out the statutory eligibility criteria for adult Safeguarding Enquiries:

‘Where a Local Authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

- a) has needs for care and support (whether or not the authority is meeting any of those needs)
- b) is experiencing, or is at risk of, abuse or neglect
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Then the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what should happen and by whom. This then constitutes a statutory Section 42 Enquiry’.

### The Six Principles of Adult Safeguarding

#### Empowerment

Personalisation and the presumption of person-led decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens.”

#### Prevention

It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.” Proportionality Proportionate and least intrusive response appropriate to the risk presented. “I am sure that the professionals will work for my best interests, as I see them, and they will only get involved as much as needed.”

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### Protection

Support and representation for those in greatest need. “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.” Partnership Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”

### Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”

### Accountability

Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life.” By deploying these principles this multi-agency policy will achieve its aims.

## Threshold Tool

**Please note, this Threshold Tool provides a best practice guide, which will need to be applied in relation to your own agency’s roles and responsibilities.**

**IT IS IMPORTANT TO CONSIDER IN THE FIRST INSTANCE WHETHER SOMEONE IS IN IMMEDIATE DANGER - OR HAS BEEN THE SUBJECT OF A CRIME. CRIMINAL ACTS MUST BE REPORTED TO THE POLICE AND/OR EMERGENCY TREATMENT SHOULD BE SOUGHT WHERE NECESSARY.**

In respect of **‘Green’** – record the incident and take action to resolve.

In respect of **‘Yellow’** – record the incident, consult own agency safeguarding lead/policies and procedures. Take actions to reduce risk and use professional judgement on the next course of action, which **may include** raising a Safeguarding Concern.

In respect of **‘Red’** – in addition to the above, raise a Safeguarding Concern with Adult Social Care.

**THE EXAMPLE’S PROVIDED BELOW ARE NOT AN EXHAUSTIVE LIST AND PROFESSIONAL JUDGEMENT IS REQUIRED.**

### Threshold Tool

No reasonable cause to suspect the Section 42 criteria has been met	Requires discussion with the internal safeguarding lead within your agency to establish if Section 42 criteria has been met	Reasonable cause to suspect the Section 42 criteria has been met
No impact	Some harm or risk of harm	Significant harm or risk of harm
<p><b>Possible actions</b> -Advice, information, review of care plans, risk management planning, staff training. Review of needs/ services, onward referrals, Complaints, disciplinary process.</p>	<p><b>Possible actions</b> - Care Act Assessment, Carer's Assessment, GP appointment re unexplained bruising, Referral to Occupational Therapy or Safeguarding.</p>	<p><b>RAISE SAFEGUARDING CONCERN</b> If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented.</p>
<p>Lower-level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Where there are a number of low-level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk.</p>	<p>Incidents at this level could be discussed with your internal safeguarding lead.</p>	<p>Incidents at this level should be reported to your local adult social care service and directed to the safeguarding team.</p> <p>NB: You may need to contact the police/emergency services.</p>

Type of Abuse	No reasonable cause to suspect the Section 42 criteria has been met	Requires discussion with the internal safeguarding lead within your agency to establish if Section 42 criteria have been met	Reasonable cause to suspect the Section 42 criteria has been met
<p><b>PHYSICAL</b> The act of causing physical harm to someone else, this can include;</p> <ul style="list-style-type: none"> <li>• assault</li> <li>• hitting</li> <li>• slapping</li> <li>• pushing</li> <li>• misuse of medication</li> <li>• restraint</li> <li>• inappropriate physical sanctions</li> </ul>	<p>There are no examples included within this section, as any form of physical abuse should be discussed with your internal safeguarding lead and escalated appropriately</p>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Unexplained minor marking or cuts found on a number of occasions or on a number of adults</li> <li>• Repeated incidents/patterns of similar concerns</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Unexplained, significant injuries.</li> <li>• Intended act towards the person that causes harm and/or emotional distress</li> <li>• Predictable and preventable incident between adults that have caused harm</li> </ul>
<p><b>SEXUAL</b> When an incident of a sexual nature has taken place. This does not have to be physical contact and can happen online.</p>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Isolated incident or unwanted attention, either verbal or physical where the impact is low</li> <li>• Isolated incident (in-person or online) when an inappropriate sexualised remark is made to an adult and no distress is caused</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Non-contact sexualised behaviour which causes distress to the person at risk</li> <li>• Verbal sexualised teasing or harassment</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Concern of grooming or sexual exploitation (including online)</li> <li>• Rape, sexual assault</li> <li>• Voyeurism/Indecent exposure</li> <li>• Sexual harassment</li> </ul>
<p><b>PSYCHOLOGICAL</b> There has been a psychological/emotional incident(s)</p>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no distress is caused</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Repeated incidents/patterns of similar concerns</li> <li>• Risk can/cannot be managed appropriately with current professional oversight or universal services</li> <li>• Treatment that undermines dignity and damages self-esteem</li> <li>• Repeated incidents of denying or failing to value their opinion,</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Prolonged intimidation</li> <li>• Vicious, personalised verbal attacks</li> <li>• Emotional blackmail</li> <li>• Frequent and frightening verbal outburst or harassment</li> <li>• Intentional restriction of personal choice or opinion</li> <li>• Online harassment that causes distress to the person</li> <li>• Threats of harm or abandonment</li> </ul>

		particularly in relation to service or care they receive	
<b>Type of Abuse</b>	<b>No reasonable cause to suspect the Section 42 criteria has been met</b>	<b>Requires discussion with the internal safeguarding lead within your agency to establish if Section 42 criteria have been met</b>	<b>Reasonable cause to suspect the Section 42 criteria has been met</b>
<b>FINANCIAL OR MATERIAL</b> Concerns raised in regard to people's funds, property and or resources.	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Finances can be managed by current professional oversight or Universal Services</li> <li>• Incident of staff personally benefiting from the support they offer in a way that does not involve the actual abuse of money</li> <li>• Isolated and unwanted cold calling/doorstep visits</li> </ul>	<b>Examples:</b> <p>People that are victims of scamming</p> <ul style="list-style-type: none"> <li>• Repeated incidents</li> <li>• Incident impacts on person's wellbeing</li> <li>• Adult monies kept in joint bank account – unclear arrangements for access to their money</li> <li>• Non-payment of care fees putting the persons care at risk</li> </ul>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Restricted access to personal finances, property and/or possessions without legal authority</li> <li>• Misuse/misappropriation of property, possessions or benefits</li> <li>• Coercion in relation to the persons financial affairs or arrangements</li> </ul>
<b>NEGLECT &amp; ACTS OF OMISSION</b> Concerns or incidents of neglect or omission of care.	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Appropriate care plan in place; care needs not fully met but no harm or distress occurs</li> <li>• Issues or complaints around an adult's admission and/or discharge from Hospital where no harm has occurred</li> </ul>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Repeated incidents/patterns of similar concerns where no harm or distress has occurred</li> </ul>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Failure to adhere with care plan resulting in harm caused to the person</li> <li>• Care provision not reflective of individuals' current needs leading to risk of significant harm</li> <li>• Failure to contact emergency services appropriately</li> </ul>
<b>FALLS</b> Some people who are frail or have mobility problems may have a greater risk of falling. Following a fall, the individual may require more intensive services for longer, and in some cases may never return to previous levels of mobility. A fall does not automatically indicate neglect,	<b>Examples:</b> <p>A fall where no injury has occurred and:</p> <ul style="list-style-type: none"> <li>• There is a reasonable explanation as to why this occurred</li> <li>• A care plan and/or risk assessment is in place and being adhered to</li> <li>• Actions are being taken to minimise further risk</li> <li>• Other relevant professionals have been notified</li> </ul>	<b>Examples:</b> <p>Multiple falls have occurred where:</p> <ul style="list-style-type: none"> <li>• A care plan and/or risk assessment is not in place or has not been fully implemented</li> <li>• It is not clear that professional advice or support has been sought at the appropriate time (e.g., Falls Prevention Service, provider services monitoring team)</li> </ul>	<b>Examples:</b> <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</li> <li>• Where a person sustains an injury (other than a very minor injury) which is unexplained or in which appropriate medical attention was not sought</li> </ul>

and each individual case should be examined to understand the context of the fall.	<ul style="list-style-type: none"> <li>• Full discussions with the person or people, next-of-kin, or any other representative</li> <li>• There are no other indicators of abuse or neglect</li> </ul>	<ul style="list-style-type: none"> <li>• There have been other similar issues or areas of concern</li> <li>• There may be other indicators of abuse or neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Repeated falls in which significant injuries have been sustained despite preventative advice having been given</li> </ul>
<b>Type of Abuse</b>	<b>No reasonable cause to suspect the Section 42 criteria has been met</b>	<b>Requires discussion with the internal safeguarding lead within your agency to establish if Section 42 criteria have been met</b>	<b>Reasonable cause to suspect the Section 42 criteria has been met</b>
<b>MEDICATION</b> Mismanagement /misadministration /misuse of medication.	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Incidents where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time but there has been no impact.</li> <li>• Incidents where there is no impact but that has not been reported by staff members.</li> <li>• Prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no impact.</li> </ul> <p>However, provider managers will be expected to <b>notify the local authority Adult Social Care department</b> with written record of what happened and what action was taken.</p>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Recurring prescribing, dispensing or administration errors that affect more than one person and result in harm, or the risk of harm occurring. Each incident should be considered for every person individually in relation to the Section 42.</li> <li>• Over-reliance on sedative medication to manage behaviour</li> <li>• Covert medication administration without due consideration of consent and capacity, correct recorded decision-making and authorisation</li> <li>• Misuse of/over-reliance on sedatives and/or anti-psychotropic medication to control behaviour</li> </ul>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Any medication error causing harm, where medical attention is required, or where death occurs</li> <li>• Deliberate maladministration of medicines (e.g., sedation) or failure to follow proper procedures, including reporting of medication errors</li> <li>• Pattern of recurring errors or an incident of deliberate mal-administration</li> <li>• Deliberate falsification of records or coercive/intimidating behaviour to prevent reporting</li> </ul> <p>Insufficient or incorrect medication policies and procedures in place</p>
<b>DISCRIMINATION and HATE CRIME</b> Discrimination demonstrated on any grounds based on protected characteristics.	There are no examples included within this section, as any form of Discriminatory abuse should be discussed with your internal safeguarding lead.	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Incident motivated by prejudices</li> <li>• Service provision does not respect equality and diversity principles</li> <li>• Failure to meet specific care/support needs associated with diversity</li> </ul>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Harassment motivated by discrimination</li> <li>• Slurs or similar treatment motivated by discrimination</li> </ul>

<p>Bullying, harassment and slurs/name calling which are degrading because of;</p> <ul style="list-style-type: none"> <li>• gender and gender identity</li> <li>• race</li> <li>• age</li> <li>• disability</li> <li>• sexual orientation</li> <li>• religion</li> </ul>			<ul style="list-style-type: none"> <li>• Compelling a person to participate in activities inappropriate to their faith or beliefs</li> <li>• Being refused or not able to access essential services as a result of prejudices</li> <li>• Online harassment motivated by prejudice that causes distress to the person</li> </ul>
<p><b>Type of Abuse</b></p>	<p><b>No reasonable cause to suspect the Section 42 criteria has been met</b></p>	<p><b>Requires discussion with the internal safeguarding lead within your agency to establish if Section 42 criteria have been met</b></p>	<p><b>Reasonable cause to suspect the Section 42 criteria has been met</b></p>
<p><b>DOMESTIC ABUSE</b> Any incident of domestic abuse by an intimate partner or family member</p> <p>Incidents can include;</p> <ul style="list-style-type: none"> <li>• psychological</li> <li>• physical</li> <li>• sexual</li> <li>• financial</li> <li>• emotional abuse</li> <li>• so called ‘honour’ based violence</li> <li>• coercion and control</li> </ul> <p><b>Please note – If there are known children, please raise a Safeguarding Concern to Children Services.</b></p>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• DASH assessment has been undertaken and appropriate action undertaken in relation to the overall score</li> <li>• Adult has capacity, no care and support needs identified, and no significant harm has occurred</li> <li>• Contact with perpetrator has ceased, with no concerns this will be re-established</li> <li>• One-off incident with no injury or harm expressed</li> <li>• Adequate protective factors in place</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• DASH assessment has been completed and appropriate action undertaken in relation to the overall score</li> <li>• Unexplained injuries on a number of occasions</li> <li>• Concerns over controlling behaviour of partner e.g. financial/material</li> <li>• Imbalance of power in a relationship</li> <li>• Disclosure of Domestic Abuse by the person</li> <li>• Adult has capacity, no care and support needs identified but significant harm has occurred or risk of significant harm remains</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• DASH assessment has been undertaken and appropriate action undertaken in relation to the overall score and person has care and support needs</li> <li>• Continues to reside with or have contact with the alleged perpetrator</li> <li>• Physical evidence (unexplained or otherwise) of violence such as bruising, cuts, broken bones</li> <li>• Verbal abuse</li> <li>• Withdrawal from outside intervention, has become isolated – not seeing friends, family, professionals/support services etc.</li> <li>• In constant fear of being harmed</li> <li>• Stalking or harassment</li> <li>• Forced marriage/ FGM (female genital mutilation).</li> </ul>

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<p><b>SELF-NEGLECT</b></p> <p>This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.</p> <p>It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.</p> <p><a href="https://www.kmsab.org.uk">Kent and Medway multi-agency self-neglect and hoarding policy and procedures (kmsab.org.uk)</a></p>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Person accessing services to improve wellbeing</li> <li>• Person is accepting support and services</li> <li>• Health care is being addressed</li> <li>• There are no carer issues</li> <li>• Person has access to social and community activities</li> <li>• Person is able to contribute to daily living activities</li> <li>• No significant indicators of malnourishment or obesity</li> <li>• No personal hygiene issues</li> <li>• Quantities of medication are within appropriate limits, in date and stored appropriately</li> <li>• Aids, adaptations, and support equipment is being used</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Person's wellbeing is partially affected</li> <li>• Access to support services is limited</li> <li>• Health care and attendance at appointments is sporadic</li> <li>• Carers are given intermittent access</li> <li>• Person has limited social interaction</li> <li>• Person's ability to contribute toward daily living activities is affected</li> <li>• Indicators of malnourishment or obesity</li> <li>• Personal hygiene is becoming an issue</li> <li>• Some concern with the quantity of medication, or its storage or expiry dates</li> <li>• Aids, adaptations, and support equipment is in place but not being used</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Wellbeing is affected on a daily basis</li> <li>• The person does not engage with necessary services</li> <li>• Health care is poor and there is deterioration in health</li> <li>• Carers regularly prevented or refused access</li> <li>• The person is socially isolated</li> <li>• The person does not manage daily living activities</li> <li>• Significant indicators of malnourishment or obesity</li> <li>• Personal hygiene is poor</li> <li>• Inappropriate quantities or storage of medication</li> <li>• Aids, adaptations, and support equipment is refused or not accessed</li> </ul>
<p><b>HOARDING</b></p> <p>Guidance on what questions to ask to assist in assessing the risk of hoarding can be found under <b>Assessment Tool Guidance</b> in the above KMSAB Self-Neglect and Hoarding policy.</p>	<p><b>Clutter score image rating 1-3</b></p> <ul style="list-style-type: none"> <li>• All entrances and exits, stairways, roof space and windows accessible</li> <li>• All utilities (gas, water, electricity) functional and maintained</li> <li>• Garden is accessible, tidy and maintained</li> </ul>	<p><b>Clutter score image rating 4-6</b></p> <ul style="list-style-type: none"> <li>• Only major exit is blocked</li> <li>• Some utilities are not fully functional/safe</li> <li>• Garden is not accessible due to clutter, or is not maintained</li> </ul>	<p><b>Clutter score image rating 7-9</b></p> <ul style="list-style-type: none"> <li>• Limited access to the property due to extreme clutter</li> <li>• Services are not connected or functioning properly</li> <li>• Garden not accessible and extensively overgrown</li> </ul>



<p><b>Clutter Image Ratings</b> on page 30 of the KMSAB Self-Neglect and Hoarding policy.</p> <p><a href="#">Clutter image ratings - combined.pdf (kmsab.org.uk)</a></p>	<ul style="list-style-type: none"> <li>• No excessive clutter, all rooms can be safely used for their intended purpose</li> <li>• Property is clean with no unpleasant odours</li> <li>• No concerns over vermin</li> </ul>	<ul style="list-style-type: none"> <li>• Clutter impacting on the use of the rooms for their intended purpose</li> <li>• Offensive odour in the property</li> <li>• Some concerns over vermin</li> </ul>	<ul style="list-style-type: none"> <li>• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose</li> <li>• Excessive odour in the property, may also be evident from the outside</li> <li>• Heavy vermin infestation</li> </ul>
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## PRESSURE ULCERS

Pressure ulcers are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. Cases of **Category 1 and 2 pressure ulcers** must be considered as requiring early intervention to prevent further deterioration or damage. These categories of pressure ulcers should also be considered for people with vulnerable skin - for example, where pain is experienced over at-risk areas or under devices, or when blanching erythema (area of redness that disappears on applied pressure) occurs or when skin colour and texture changes in darker skin tones. The classic signs of skin damage are different in Caucasian and dark pigmented skin (please see resources below for further information).

**Severe damage** in the case of pressure ulcers may be indicated in some cases by **multiple category 2 or single category 3 or 4 ulcers** but could also be indicated by the impact the pressure damage has on the person affected (for example, pain). It is recognised that severe pressure ulcer damage can already be present and yet not visible on the skin. Therefore, it is important to be vigilant for anything that indicates damage to the skin or underlying tissues, most commonly reports of pain or numbness, then changes in the tissue texture or turgor (rigidity), change in temperature and finally changes in colour - remembering that not all skin tones show redness.

If a professional has concerns regarding poor practice, they must ensure appropriate escalation through existing local reporting systems. These arrangements must be clearly set out in local guidance for staff.

The Department of Health and Social Care [Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern](#) should be followed to provide consistency and clarity in the identification and escalation of a pressure ulcer concern, as appropriate. The guidance also includes the appendices and outlines how they should be used if a concern is raised:

- appendix 1: adult safeguarding decision guide
- appendix 2: body map
- appendix 3: concern pro-forma

### Further resources;

- Department of Health and Social Care [Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern](#)
- [Pressure Ulcer | National Wound Care Strategy Programme](#)

- [Skin assessment in dark pigmented skin: a challenge in pressure ulcer prevention | Nursing Times](#)
- [Colour awareness: A must for patient assessment \(myamericannurse.com\)](#)

### **ORGANISATIONAL**

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

The Local Authority is the lead agency for initiating a Section 42 Enquiry. In the case of organisational concerns, the local authority will co-ordinate a response. For further information please refer to page 19 of the [Multi-agency safeguarding adults policy, procedures and practitioner guidance for Kent and Medway \(kmsab.org.uk\)](#)

### **MODERN SLAVERY**

All concerns about modern slavery are deemed to be of a level requiring consultation with your own agency safeguarding lead/policies and procedures. For further guidance, please see the [https://kmsab.org.uk/assets/1/exploitation\\_modern\\_slavery\\_and\\_human\\_trafficking\\_protocols.pdf](https://kmsab.org.uk/assets/1/exploitation_modern_slavery_and_human_trafficking_protocols.pdf)

Modern slavery encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment