This guidance is for Designated Lead Managers, practitioners and agency partners, and explains the processes involved in making a decision about whether an enquiry regarding an adult who appears to be at risk of harm or is being harmed, is progressed through the safeguarding adults procedures. Threshold decisions are crucial in ensuring that members of the population who meet the definition of “vulnerable adult / Adult at Risk” are able to receive the assistance they need. Once an enquiry has been accepted and further information is gathered, there may be situations where the threshold needs to be reconsidered.

Occasionally, concerns arise which leave managers uncertain as to whether they should be dealt with as a Safeguarding matter or as one that constitutes poor practice or requires a different response such as a review of a service users care plan or their individual needs, but does not warrant initiating the Safeguarding Adults at Risk procedures.

IF IN DOUBT – DISCUSS WITH THE DUTY TEAM!

Wrexham’s Threshold guidance has been designed to support and enhance the decision making process for all professional involved with Adult Protection. The guidance also aims to promote evidence based practice, supporting informed decision making.

Wrexham’s Adult at Risk Threshold document has been written in partnership with Designated Lead Managers (DLM) and Senior Management.

Identifying the following will assist the decision making process:

- The harm – always take account of the individual’s perception. What impact has it had on the person?
- The individual’s capacity to understand what has happened and to make decisions in relation to the Safeguarding Adults concerns.
- Whether duress or coercion is an influence.
- Whether the incident is one of a pattern or trend in respect of the adult at risk, the person causing the harm, the location of the abuse or the nature of the abuse. Consider whether it is indicating a systemic abuse issue.
- The relationship between the adult at risk and the person causing the harm. Does it involve a person in a position of trust/power?
- What the risk factors are and the principles of positive risk taking.
- Whether any measures or actions have been put in place to minimise risk and protect the individual or other adults at risk.
- How likely is it that the abuse may reoccur?
- Is there a likelihood others were exposed or could be exposed to the harm or abuse (including children)?
- What evidence and information you have to inform your decisions.
- Ensure everything is fully recorded.
- Has a crime been committed against the adult at risk?

Some allegations/incidents must NOT be dealt with as a referral to Social Care and MUST always trigger the Safeguarding Adults at Risk Procedures. Such
matters include the following:

a) Anything that may constitute a **criminal offence** committed by any person(s) including:
   - Alleged or suspected physical assault
   - Alleged or suspected sexual assault
   - Alleged or suspected neglect
   - Alleged or suspected abuse

b) All professional carer incidents or allegations that involve an abuse of a position of trust (i.e. allegations made against a professional or paid carer)

c) Any alleged act or omission which resulted in injury or other form of harm

d) Any situation in which immediate action cannot be taken to ensure the safety of the Adult at Risk

e) Any situation in which the alleged victim is assessed as lacking the capacity to consent to what has occurred

f) Any situation in which the alleged victim has capacity to consent but may have done so under duress

g) Any situation where other Adults at Risk may be at risk of harm

If a child/children are linked to the safeguarding concern, the provider or Designated Lead Manager must share this information with the Assessment & Intervention Team on 01978 292039.

Threshold decision making can be complex. Often the presenting abuse type on further investigation is one of a number of abuses which should be factored into decision making, or the incident may constitute several abuse types, for example medication errors could be an indicator of institutional abuse but could also fall within the physical, psychological abuse or neglect. Also, forced marriages are likely to encompass more than one type of abuse.

You should always use your professional judgement, bearing in mind the circumstances presented or seek advice from either your Line Manager or Wrexham’s Initial Response Team on 01978 2988248 or email irt@wrexham.gov.uk.

If the decision is not to make a Safeguarding Adults enquiry, then other processes must be used to address the concern. An example of this may be poor practice which is not safeguarding but does require action (e.g. single medication error requiring training on medication procedure) Other processes and options could be:

- Employers’ actions including: Staff disciplinary procedures, Training, Reviewing practices or procedures
- Care Management
- Referral to the regulator – CSSIW
- Contracts monitoring
- Complaints procedures
- Serious incident procedures?
- Referral to other agency
Referral for Advocacy support

The attached table may be used in assisting to distinguish between poor practice, (i.e. failure to meet an individual’s care needs) which should be managed by agencies and alleged abuse which should trigger Safeguarding procedures. The attached are examples of circumstances in which investigations should be led by agencies and those which should be led by Designated Lead Managers. It is important to note that this guidance is not an exhaustive list, but to be used to assist in making sound professional judgements.

When referring to this table consider:
- How serious was the harm or abuse/risk of harm or abuse – the consequent/impact
- How often has the risk of abuse or harm occurred – History/context
- How many adults at risk were exposed or could have been exposed to the harm or abuse What is the likelihood of the abuse or harm reoccurring? Frequency?

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Isolated incident</th>
<th>Possibly SAFEGUARDING</th>
<th>SAFEGUARDING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not SAFEGUARDING</td>
<td>possible harm – some</td>
<td>Harm and medium to high risk</td>
</tr>
<tr>
<td></td>
<td>No harm – low risk</td>
<td>risks</td>
<td>A Safeguarding Adult at Risk</td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td>Referral MUST BE MADE</td>
</tr>
</tbody>
</table>

- Staff causing no harm – e.g. friction mark on skin due to ill-fitting hoist sling.
- Dispute between service users with no harm – occurrence has left no mark or injury, victim not intimidated and shows no signs of distress.
- There is a multi-agency care/support plan in place to manage the perpetrator’s behaviour (Provider/Manager to conduct review of the Care Plan).
- Injury has been identified. Initial investigations can identify a possible cause.

- Inexplicable minor marking found where there is no clear explanation as to how the injury occurred.
- Isolated incident involving service user on service user.
- Unwanted physical contact from “informal” carer with no harm and quickly resolved.
- Recurring missed medication or administration errors in relation to one service user that cause no harm.
- Service user suffers physical injury and/or psychological distress.
- Unexplained injury – service user lacks capacity to protect self and requires medical attention.
- Inexplicable marking or lesions, cuts or grip marks on more than one occasion or to more than one individual.
- Physical restraint undertaken outside of a specific care plan or not proportionate to the risk.
- Withholding of food, drinks or aids to independence.
- Any potential criminal act.
- Grievous bodily harm/assault with or without a weapon leading to...
| Emotional/Psychological | Isolated incident of inappropriate comments or tone of voice toward service user where service user is not distressed and | The occasional withholding of information to disempower or inappropriate comments or tone of voice toward | Occasional taunts or verbal outburst which cause distress or treatment that undermines dignity and damages |

- of the injury which does not raise any concerns that relate to abuse – this is an isolated incident
  - Planned restraint where no injury is caused
  - Adult does not receive prescribed medication (missed/wrong dose) – no harm occurs
  - Isolated incident of failure to provide assistance with food and/or drink where the person does not suffer harm of any kind and a reasonable explanation is given
  - Isolated incident of failure to provide assistance to maintain continence (to go to the lavatory or change incontinence pads)

- Reversible damage or death
- Injury due to neglect
- Unplanned, unassessed, inappropriate restraint
- Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death
- Deliberate errors in administration of medicines
- Recurrent missed medication or administration errors that affect more than one adult and/or result in harm
- Recurring event/reports of failure to provide assistance with food and/or drink – this constitutes neglectful practice, possible breach of regulations and contract, may be evidence of institutional abuse
- Predictable and preventable (by staff) incident between two Adults at Risk where bruising, abrasions or other injury occurs and emotional distress caused.
<table>
<thead>
<tr>
<th>Wrexham Adult At Risk Threshold Guidance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>this is an isolated incident</th>
<th>service user (spoken to in a rude, insulting, humiliating or disrespectful way)</th>
<th>esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolated missed home care visit where no harm occurs</td>
<td>Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs (e.g. being left wet occasionally)</td>
<td>Recurring denial or failure to recognise an adults choice or opinion</td>
</tr>
<tr>
<td>Lifestyle choice where service user has capacity and can make clear choices</td>
<td>Adult at Risk living with family member (carer) who is failing with caring duties</td>
<td>Frequent verbal outbursts to an Adult at Risk</td>
</tr>
<tr>
<td>Limited social contact where service user has capacity to make choices and has the means to engage in the community/activity</td>
<td>Environmental restrictions with no action to resolve in place</td>
<td>Humiliation</td>
</tr>
<tr>
<td>Vulnerable adult known to mental health services reports that they are contemplating suicide.</td>
<td>Service User refuses to wash or wear clean clothes – elements of self-neglect despite offers of</td>
<td>Emotional blackmail (e.g. threats of abandonment or harm)</td>
</tr>
</tbody>
</table>

| Neglect |
|-----------------------------|-----------------------------|-----------------------------|
| Isolated missed home care visit where no harm occurs | Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs (e.g. being left wet occasionally) | Recurrent missed home care visits where risk of harm escalates or missed visit where harm occurs |
| Lifestyle choice where service user has capacity and can make clear choices | Adult at Risk living with family member (carer) who is failing with caring duties | Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation) |
| Limited social contact where service user has capacity to make choices and has the means to engage in the community/activity | Environmental restrictions with no action to resolve in place | Malnourishment which results in weight loss or low BMI – service users lacks capacity to protect |
| Vulnerable adult known to mental health services reports that they are contemplating suicide. | Service User refuses to wash or wear clean clothes – elements of self-neglect despite offers of | Service user is denied access to washing facilities or clean clothing |

<table>
<thead>
<tr>
<th>Wrangham Adult at Risk Threshold Guidance September 2015 (V4) 23.01.17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous risk assessment identifies risk is low but recommends same day response. Response is not made that day but no harm occurs</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>- Adult at Risk is not assisted with a meal/drink on one occasion and no harm occurs</td>
</tr>
<tr>
<td>- Isolated incident (for one person) with pressure ulcer of low grade (Grade 1)</td>
</tr>
<tr>
<td>help and service user has diminished capacity</td>
</tr>
<tr>
<td>- More than one occasion (but not frequent) of not having access to aids to independence</td>
</tr>
<tr>
<td>- Pressure ulcers (Grade 1 &amp; 2)</td>
</tr>
<tr>
<td>immediate risk of significant harm as a result</td>
</tr>
<tr>
<td>- Service user does not have access to own clothes and is always in “pool” clothing</td>
</tr>
<tr>
<td>- Service user is known to be high risk for self neglect/harm, a timely response is not made and they suffer significant harm or the immediate risk of significant harm occurs</td>
</tr>
<tr>
<td>- Ongoing lack of care to the extent that health and well-being deteriorate significantly (e.g. dehydration, malnutrition, loss of independence or confidence)</td>
</tr>
<tr>
<td>- Poor transfers between services (e.g. hospital discharged without adequate planning) and harm occurs</td>
</tr>
<tr>
<td>- Failure to arrange access to life-saving services or medical care</td>
</tr>
<tr>
<td>- Failure to intervene in dangerous situations where the adult lacks capacity to assess risk</td>
</tr>
<tr>
<td>- Occasion of gross neglect where serious injury or death occurs</td>
</tr>
<tr>
<td>- Pressure ulcers (Grade 3 or multiple Grade 2 ulcers)</td>
</tr>
<tr>
<td>- Mismanagement of pressure ulcer Grade 3</td>
</tr>
</tbody>
</table>
### Wrexham Adult At Risk Threshold Guidance

<table>
<thead>
<tr>
<th>Sexual</th>
<th>Isolated incident when an inappropriate sexualised remark is made to an adult and no or little distress is caused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Isolated incident of low-level unwanted sexualised attention/touching directed at one adult by another whether or not capacity exists</td>
</tr>
<tr>
<td></td>
<td>Consensual sexual relationship between two service users with mental capacity</td>
</tr>
<tr>
<td></td>
<td>Indecent exposure where the perpetrator lacks mental capacity</td>
</tr>
<tr>
<td></td>
<td>Isolated incident of low-level unwanted sexualised attention/touching directed at one adult by another whether or not capacity exists – no harm or distress</td>
</tr>
<tr>
<td></td>
<td>Two people who lack capacity engaged in a sexual activity or relationship – no distress to either</td>
</tr>
<tr>
<td></td>
<td>Stranger abuse</td>
</tr>
<tr>
<td></td>
<td>Inappropriate relationship</td>
</tr>
<tr>
<td></td>
<td>Any sexual relationship where at least one person lacks capacity</td>
</tr>
<tr>
<td></td>
<td>Recurring verbal sexualised teasing</td>
</tr>
<tr>
<td></td>
<td>Recurring sexualised touch or isolated/recurring masturbation without consent</td>
</tr>
<tr>
<td></td>
<td>Attempted penetration by any means (whether or not it occurs within a relationship) without consent</td>
</tr>
<tr>
<td></td>
<td>Sexual harassment</td>
</tr>
<tr>
<td></td>
<td>Being subject to indecent exposure/being made to look at pornographic material without consent</td>
</tr>
<tr>
<td></td>
<td>All referrals to the Public Protection Unit</td>
</tr>
<tr>
<td></td>
<td>Unwelcome sexual advances, requests for sexual favours and other verbal or physical conduct of a sexual nature</td>
</tr>
<tr>
<td></td>
<td>Sexualised attention between two service users where one lacks capacity to consent</td>
</tr>
<tr>
<td></td>
<td>Sexual exploitation</td>
</tr>
<tr>
<td></td>
<td>Grooming – where service user lacks capacity and perpetrator is member of staff or family member</td>
</tr>
<tr>
<td></td>
<td>Inappropriate touching when delivering care</td>
</tr>
</tbody>
</table>

---

Wrexham & Flintshire’s Adult at Risk Threshold Guidance September 2015 (V4) 23_01_17
## Wrexham Adult At Risk Threshold Guidance

<table>
<thead>
<tr>
<th>Financial</th>
<th>Racial</th>
</tr>
</thead>
</table>
| - Money is not recorded appropriately  
- Isolated incident of staff personally benefitting from the support they offer service users in a way that does not involve the actual abuse of money (e.g. reward points on their own loyalty card when shopping – the adult at risk has capacity and has agreed)  
- Initial investigation can identify a possible cause or use of missing money/valuables which do not raise any concerns that relate to abuse | - Isolated incident when an inappropriate prejudicial remark is made to an adult and no or little distress is caused  
- Isolated incident of harassment  
- Care Planning fails to address an adult’s diversity associated needs |
| - Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in respect of this is not properly considered  
- Staff personally benefit from the support they offer service users (e.g. accrue “reward” points on their own store loyalty card when shopping – adult lacks capacity)  
- Failure by relative to pay care fees/charges where no harm occurs – but receives personal allowance or has access to other personal monies  
- Initial investigation identifies cause for concern or repeated occurrence of missing money/valuables either for an individual or others | - Recurring failure to meet an adult’s diversity associated needs  
- Inequitable access to service provision as a result of a diversity issue  
- Recurring taunts  
- Being refused access to essential services as a result of an adult’s diversity associated needs |
| - Adult’s monies kept in a joint bank account – unclear arrangements for equitable sharing of capital and interest  
- Adult denied access to his/her own funds or possessions  
- Failure by relative to pay care fees/charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction/termination of service  
- Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control  
- Personal finances removed from adult’s control without legal authority  
- Fraud/exploitation relating to benefits, income, property or will  
- Theft  
- Doorstep crimes |
| for a short period and care plan is reviewed | result of a diversity issue  
  • Denial of civil liberties |