

Decision Making Guidance

The Decision-Making Guidance is a document which is aimed at all providers, including domiciliary providers, health providers, managers of residential and nursing homes and providers in the community and voluntary sector. The guidance is designed to support practitioners in identifying what type of abuse has occurred and the level of risk which it poses to the individual or to others.

The document is not aimed at the public, and there are resources available on the Bolton's Safeguarding Board website which describes what safeguarding is and what the categories of abuse are.

Training can be delivered by the Safeguarding Team within the council, to help practitioners across the multiagency partnership understand the guidance. To access this training, please contact the Safeguarding Team Manager, Tracy Stopford.

If any practitioner is unsure whether to refer a case into safeguarding, please contact the safeguarding team advice line on 01204 332032 for further support and guidance.

PLEASE CONTACT SAFEGUARDING ADULTS TEAM ON 01204 332032 OR EMAIL: safeguardingadults@bolton.gov.uk FOR ANY ADVICE OR GUIDANCE

Physical Can Include (but not exhaustive) Assault Hitting Slapping Pushing Restraint FGM Domestic Abuse Medication	Isolated Incident Not Safeguarding No Harm – low risk Staff/family error causing no/little harm, e.g. friction mark on skin due to ill-fitting hoist sling. Minor events that still meet criteria for 'incident reporting'. Disputes between service users with no harm, quickly resolved and risk assessment in place. Bruising caused by family/carer due to poor lifting and handling technique. No harm intended. Immediately resolved when given correct equipment/advice. Adult does not receive prescribed	Possibly Safeguarding Possible harm – some risks. To be discussed with Safeguarding Team. Inexplicable marking found on one occasion. Repeated falls of adult at risk despite advice/guidance to prevent – minor injury occurs. Recurring missed medication or administration errors in relation to one service user that cause no harm Recurring low level incidents/altercations (3 or more) involving one service user.	Inexplicable marking or significant cuts or grip marks. Recurring missed medication or errors that affect more than one adult and/or result in harm. Missed medication where harm does occur. Physical restraint undertaken outside of a specific care plan or not proportionate to the risk. Inexplicable fractures/injuries. Deliberate maladministration of medications. Any potential criminal act against an adult at
	Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs.		Any potential criminal act against an adult at risk.
Self-Neglect Can include (but no exhaustive):	Self-care causing some concerns – no sign of harm or distress.	Some signs of disengagement with professionals.	High level of clutter/hoarding. Lack of self-care resulting in deterioration of
 Hoarding Self-neglect of personal	Property neglected but all amenities work.	Property neglected – evidence of hoarding beginning to impact on health/safety.	health and wellbeing.
 hygiene/nutrition/hydration causing harm or risk to health Self-neglect causing risk to others. 	Some evidence of hoarding – no impact on health/safety.	Lack of essential amenities. No access to support services.	Environment a danger to self and others. Imminent danger to self/others due to risk of first/harm in property.

Type of Abuse	Isolated Incident Not Safeguarding No Harm – low risk	Possibly Safeguarding Possible harm – some risks. To be discussed with Safeguarding Team.	Safeguarding referral Must be made.
Can Include (but not exhaustive): Inappropriate touching Indecent exposure Sexual grooming Sexual Harassment Sexual teasing or innuendo Subject to pornography or witness to sexual acts Non-consensual sexual activity Rape	One off incident when an inappropriate sexualised remark is made to an adult with capacity and no or little distress is caused.	One off incident of low-level unwanted sexualised attention/touching directed at one adult by another whether or not capacity exists – No harm or distress. Two people who lack capacity engaged in sexual activity or relationship – no distress to either.	Reoccurring verbal/gestured sexualised teasing. Sexualised attention between two people where one lacks capacity to consent. Attempt to take camera/video or use other forms of media to attain inappropriate pictures. Reoccurring sexualised touch/masturbation by another person without consent. Sexual harassment – unwelcome sexual advances, requests for sexual favours and other verbal or physical conduct of a sexual nature. Being made to participate in a sexual act against will/where valid consent cannot be given. Trafficking an adult at risk for sexual exploitation.

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Psychological Can Include (but not exhaustive): Domestic Abuse Threats of harm or abandonment Deprivation of contact Humiliation Harassment Control Intimidation Coercion Isolation Radicalisation	One off incident where adult is spoken to in a rude or other inappropriate way – respect is undermined, but no or little distress caused.	The withholding of information to disempower. Incidents occur e.g. of abandonment, verbal abuse, online bullying etc. but no distress is caused.	Occasional taunts or verbal outbursts which cause distress. Treatment that undermines dignity and damages esteem. Frequent verbal outbursts to an adult at risk. Bullying by 1 person but multiple victims. Prolonged intimidation. Vicious/personalised verbal attacks.
Financial or material Can Include (but not exhaustive): Theft Fraud Scams (e.g. telephone, post, internet) Coercion Misuse of finances on someone's behalf Incorrect recording	Inadequate financial records. Isolated incident where staff personally benefit from the support they offer service users, e.g. accrue reward points on their own store loyalty cards when shopping, use "buy one get one free offers" when the adult has capacity to know what has happened and has agreed.	Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered. Staff personally benefit from the support they offer service users. E.g. accrue 'reward points' on their store loyalty cards 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.	Adult denied access to his/her own funds or possessions. Personal finances removed from adults control without legal authority. Fraud/exploitation relating to benefits, income, property or will.

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Can include (but not exhaustive): Ignoring or failing to respond to medical, emotional or physical needs. Failure to provide appropriate care Failure to follow care plan or health advice Withholding necessities of life Failure to provide access to essential services Failure to follow health and safety legislation. Pressure ulcers – also see BSAB guidance	Isolated missed home care visit where no harm occurs. Adult is not assisted with a meal/drink on one occasion and no harm occurs. Inappropriate hospital discharge where no harm occurs. Inadequate care that causes discomfort but no harm. One person one pressure ulcer of low grade (grade 1 or 2)	Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally. Occasionally not having access to aids to independence (if regular may be restraint). Low level neglect practice i.e. failure to refer to necessary agencies. Adult at risk living with family carer who occasionally fails with caring duties. Occasional inadequacies in care from informal carers – no harm occurs. Pressure ulcers, multiple grade 2's.	Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. Poor transfers between services e.g. hospital discharge without adequate planning and harm occurs. Carers consistently failing to provide care despite advice/guidance. Ongoing lack of care to an extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence confidence. Gross neglect resulting in serious injury or death.

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Can include (but not exhaustive): Harassment/slurs rooted in discrimination of protected characteristics. Failure of respond to equality and diversity needs FGM Honour based violence Hate crime Radicalisation	Isolated incident when an inappropriate prejudicial remark is made to an adult and no or little distress is caused. Care planning fails to address and adult's culture and diversity needs for a short period.	Isolated incident of teasing motivated by prejudicial attitudes – service user to service user.	Inequitable access to service provision as a result of a diversity issue. Recurring taunts. Recurring failure to meet specific needs associated with diversity and culture. Teasing by person in position of trust Being refused access to essential services. Humiliation or threats. Denial of an individual's appropriate diet, access to take part in activities related to their faith or beliefs or not using the individual's chosen name. Hate crime resulting in serious injury or attempted murder/honour-based violence. Female genital mutilation of an adult at risk.

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Can include (but not exhaustive): Failure to follow health and safety legislation Neglect or overall poor practice Ill treatment Failure to adhere to care or health advice Failure to respond to whistleblowing issues Failure to adhere to legislation e.g. MCA/MHA	hort term lack of simulation/opportunities or people to engage in social and leisure ctivities and where no harm occurs. hort term - Service users not given ufficient voice or involved in the running of the service e.g. inflexible routines. ervice design where groups of service users wing together are inappropriate. One off incident of low staffing due to inpredictable circumstances, despite inanagement efforts to address. No harm aused.	Care-planning documentation not personcentred. Denial of individuality and opportunities for service users to make informed choices and take responsible risks. Poor or outmoded care practice – no harm occurs. More than one incident of low staffing levels, no contingencies in place. No harm caused.	Staff misusing their position of power over service users. Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted. Bad practice not being reported and going unchecked. Unsafe and unhygienic living environments. Ill-treatment of one or more adults at risk such as unsafe manual handling. Punitive responses to challenging behaviours. Staff misusing their position of power over service users. Repeated incidents of low staffing resulting in harm to one or more persons. Over-medication and/or inappropriate restraint used to manage behaviour. Widespread, consistent ill treatment.

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Domestic Violence CHILDREN PRESENT IN HOUSE, MUST REFER TO R&A ON 331500 Can include (but not exhaustive): Physical Sexual Financial Psychological Stalking FGM Honour based violence	Isolated report of abuse – low level threat. Adult has capacity and no vulnerabilities identified.	Ongoing report/incidents of domestic abuse. Adult not accessing support services but have adequate protective factors.	Frequent reports of verbal and physical assaults. Adult subjected to severe controlling behaviour e.g. financial/locked in property/withholding of medical treatment/deliberately isolated. Assault – physical or sexual causing serious harm. Female Genital Mutilation. Honour Based Abuse and/Forced Marriage.
Modern Slavery Can include (but not exhaustive): Trafficking Forced Marriage Denial of access to health or social care in the context of slavery			Under control of another e.g. dealer, pimp, gang master. Unable to access medical treatment. Poor living conditions/low wages. Lives at place of work. Not in possession of ID or passport despite having been resident in Country for a number of years. No freedom, unable to leave. Forced marriage.