Threshold Matrix

The following matrix should be used to assist in making threshold decisions, and when a referral / Adult Safeguarding Raising a Concern form should be submitted. The Adult Safeguarding Team will make the decision as to whether the threshold has been met. These are just some examples.

Type of Abuse	Managed through other approaches i.e., Complex care.	Low Level Concern This should initially be discussed with a senior Manager or safeguarding lead within your area. If a decision is subsequently made to submit an Adult Safeguarding Raising a Concern form, the Adult Safeguarding Team will make a decision on whether a formal referral is appropriate, or they will guide the referrer to other relevant people or services as appropriate	Significant Concern An Adult Safeguarding Concern must be submitted to the Adult Safeguarding Team	Critical Concern An Adult Safeguarding Concern must be submitted to the Adult Safeguarding Team
Physical	 Staff 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'. Missed medication dose resulting in no harm 	 One-off incident involving service user on service user Inexplicable marking found on one occasion. Recurring missed medication that causes no harm (query R&I input/reporting) Covert meds without care plans reflecting need and capacity assessments 	 Inexplicable marking or lesions, cuts or grip marks found on more than one occasion Marks, lesions, cuts, caused by one person but to several service users Multiple pressure ulcers grade 2 or single pressure ulcer grade 3 or 4. Withholding of food, drinks or aids to independence Inexplicable fractures/ injuries Assault 	 Grievous bodily harm/assault with weapon leading to irreversible damage or death Patterns of recurring errors or an incident of deliberate maladministration results in death or serious ill-health Over medicating and/or inappropriate restraint used to manage behaviour

Sexual	 One-off incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but 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.	 Reoccurring verbal sexualised teasing Attempt to take camera/ video or use other forms of media to attain inappropriate pictures Recurring sexualised touch or isolated/ recurring masturbation without consent Being made to look at pornographic material without consent Being subject to indecent exposure Attempted penetration by any means (whether or not is occurs within a relationship) without consent Sexual harassment Sexual exploitation. 	 Sex in a relationship characterised by authority, inequality or exploitation, e.g., staff and service user Sex without consent/rape Voyeurism without capacity/consent
Emotional/ Psychological	 One-off incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no or little distress is caused. Occasional taunts/verbal outbursts between service users which do not cause distress 	 Occasional taunts or verbal outbursts which cause distress The withholding of information to disempower. 	 Treatment that undermines dignity and damages esteem Denying or failing to recognise an adult's choice or opinion Bullying by friends/ neighbours/ strangers Bullying by 1 person but multiple victims Humiliation Emotional blackmail, e.g., threats of abandonment/ harm/threats to kill Frequent and frightening verbal 	 Denial of basic human rights/civil liberties, overriding advance directive, forced marriage Prolonged intimidation Vicious/personalised verbal attacks Withholding of information to disempower Allegations and concerns relating to "cuckooing"

			outbursts.	
Financial	 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" Money is not recorded safely properly in line with any procedures 	 Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered Theft Non-payment of care fees not impacting on care received Property falling into disrepair 	 Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest. Adult denied access to his/her own funds or possessions Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control Personal finances illegally removed from adult's control 	 Fraud/ exploitation relating to benefits, income, property or will Ongoing non-payment of care fees putting a person's care / placement at risk Finances removed from adult's control
Self-neglect Refer to Self- Neglect Policy re: pathway for responses Green= Low risk - Refer to Wellbeing Partnership 'Standard' Amber =	 An adult is beginning to show signs and symptoms of self- neglect Property neglected but all services/ appliances work There is no / low risk or impact to self or others Risks can be managed by current professional oversight or universal services 	Safeguarding Adults Service. There is some harm or risk of harm but not significant. This can include but may not be exclusive to:	 Living in squalid or unsanitary conditions There is extensive structural deterioration /damage in the property causing risk to life Refusal of health / medical treatment that will have a significant impact on health / wellbeing. High level of clutter / hoarding impacting on health and wellbeing, including fire hazard 	 If all efforts to engage he client in the self-neglect pathway have been unsuccessful then these need to be allocated to: Panel of Senior managers Highest risk/ intractable risks Scrutiny/challenge and endorsement of risk management plan Support & advice to practitioners

Medium Risk- Refer to Wellbeing Partnership 'Enhanced Red = High/Severe- Safeguarding Adults Referral Red = Severe/Critical- Adults at High Risk Panel	 The person is not at risk of losing their place within the community. Some evidence of hoarding – no impact on health/safety. No access to support Non-compliant with support but no impact on health / safety / wellbeing Self-neglect behaviours arising from inability to care for oneself Adult has some unwillingness to address self-neglect but some openness to engage in change 	 Disengagement with professionals – unwilling to address self-neglect Indication of lack of insight Lack of essential amenities / food provision Collecting a large number of animals in inappropriate conditions. Increasing unsanitary conditions There is medium risk and some impact to self / others Non-compliance with medication – medium risk to health and wellbeing. Property neglected, evidence of hoarding beginning to impact on health / safety Where animals in property are impacting on the environment with risk to health 	 Behaviour poses medium to high risk to self and others Appearance of malnourishment The individual is not accepting any support or any plans to improve the situation Life of the adult or others is in danger without intervention Adult is an 'adult at risk' as defined by Safeguarding Adult Procedures 	 Solution focused Sanction additional resources
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Neglect / Acts of Omission	 Isolated missed home care visit where no harm occurs Adult is not assisted with a meal/drink on one occasion and no harm occurs Adult not bathed as often as would like Unwitnessed (residential home) fall that requires no external medication treatment/ assessment 		 Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge without adequate planning and harm occurs Partner refuses to pay for care Ongoing lack of care to extent that health and wellbeing deteriorate significantly, e.g., pressure wounds, dehydration, malnutrition, loss of independence/ confidence 	 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 Deliberate maladministration of medication Discharge from hospital where harm occurs and re-admission occurs
Discriminatory	 Isolated incident when an inappropriate prejudicial remark is made to an adult and no, or little, distress is caused. 	 Care planning fails to address an adult's diversity associated needs for a short period Isolated incident of teasing, motivated by prejudicial attitudes. 	 Inequitable access to service provision as a result of a diversity issue Recurring taunts associated with diversity Recurring failure to meet specific needs associated with diversity Being refused access to essential services Denial of civil liberties, e.g., voting, making a complaint Humiliation or threats on a regular basis Persistent and frequent targeting by others in the community who take advantage of the vulnerable adult at risk 	 Discrimination results in injury/ emergency medical treatment / fear for life Discrimination results in serious injury or attempted murder/honour-based violence.

Organisational /Institutional	 Lack of stimulation/ opportunities for people to engage in social and leisure activities Service users not given sufficient voice or involved in the running of the service Denial of individuality and opportunities to make informed choices and take positive risks 	 Care-planning documentation not person- centred Lack of flexibility and choice Inadequate staffing levels Lack of procedures for management of finances 	 Rigid/inflexible routines Service user's dignity is undermined, e.g., lack of privacy during support with intimate care needs, shared under- clothing Denial of individuality and opportunities for service users to make informed choices and take responsible risks Staff misusing their position of power over service users Bad practice not being reported and going unchecked Unsafe and unhygienic living environments Appropriate professionals not consulted to manage support needs of adult at risk including consideration of health, social care and behaviours which may challenge etc 	 Over-medication and/or inappropriate restraint used to manage behaviour Widespread, consistent ill treatment Staff misuse of power
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Domestic Abuse	One off incident with no harm or injury experienced.	 Occasional taunts or verbal outbursts Victim has no current fears Adequate protective factors Children in household or present-refer to Children's Services. 	 Inexplicable marking or lesions or grip marks on a number of occasions Subject to controlling behaviour Frequent verbal/physical outbursts Children in household or present-refer to Children's Services Limited access to health care Accumulation of incidents Subject to stalking 	 Subject to regular violent behaviour Threats to kill/choke/ suffocate etc. In constant fear of being harmed Sex without valid consent (rape) FGM female genital mutilation So Called Honour based violence &/or forced marriage Serious harm/murder Children in household or present-refer to Children's Services.
Modern Slavery and Human Trafficking	 All concerns about Modern Day Slavery are deemed to be of a significant level or above. 		 Under control of another/fearful Long Periods at work Unable to get medical treatment Poor living conditions/low wages Regularly moved to avoid detection Lives in work place No health and safety in workplace Under control of other e.g., gang master, pimp. Subject to violence/threats Risk of physical. psychological harm Limited freedom of movements No access to appropriate benefits 	 Risk of fatality/serious injury No freedom Risk of organ harvesting Subject to forced marriage Limited access to appropriate food and shelter Sexual exploitation Removal of passport or ID

Hate / Disability Crime	 Isolated incident of teasing motivated by prejudicial attitudes towards an individual's difference. 	 Isolated incident of care planning that fails to address an adults specific diversity associated needs for a short period. 	 In equitable access to service provision as a result of diversity issue Recurring failure to meet specific care/support needs associated with diversity Recurring taunts Being refused access to essential services Denial of civil liberties e.g., voting, making a complaint Humiliation of threats on a regular basis as a result of a diversity issue. Recurrent issues/incidents within community whereby adult at risk is targeted by individuals 	 Hate crime resulting in injury/emergency medical treatment/fear of life Hate crime resulting in serious injury/attempted murder/honour based violence.
Female Genital Mutilation	 Any concerns in relation to this type of abuse should be deemed as critical and referred directly to the Adult Safeguarding Team 	Any concerns in relation to this type of abuse should be deemed as critical and referred directly to the Adult Safeguarding Team	Any concerns in relation to this type of abuse should be deemed as critical and referred directly to the Adult Safeguarding Team	Any concerns in relation to this type of abuse should be deemed as critical and referred directly to the Adult Safeguarding Team