



MK TOGETHER

**Safeguarding
Partnership**

Decision Making Tool

Milton Keynes Adult Safeguarding

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Acknowledgements: With thanks to Oxfordshire, West Sussex and Suffolk Safeguarding Adults Boards on whose work this document is based.

Contents	Page Number
Introduction	3
Criteria for Safeguarding Concerns	4
How to Apply the Criteria and Decision Making Tool	5
Overview of Decision Making Tool	6
Types of Abuse:	
Domestic Abuse	7
Discriminatory or Hate Crime	8
Financial or Material Abuse	9
Modern Slavery	10
Neglect and Acts of Omission – General and Falls	11
Neglect and Acts of Omission – Pressure Ulcers	12
Neglect and Acts of Omission – Medication Errors	13
Organisational Abuse	14
Physical Abuse	15
Psychological Abuse	16
Self-Neglect	17
Sexual Abuse	18

Introduction

This Decision Making Tool (DMT) has been developed by multi-agency partners of MK Together. It was developed in response to feedback from professionals and seeks to embed a common understanding of the criteria where Adult Safeguarding applies (the 3 stage criteria) and outlines initial actions according to the abuse type and risk level. Where there is a risk, **it is never acceptable to do nothing.**

This DMT should be read in conjunction with your organisation's Safeguarding Adults policies and procedures and will help inform a more consistent terminology and response to safeguarding adults in Milton Keynes.

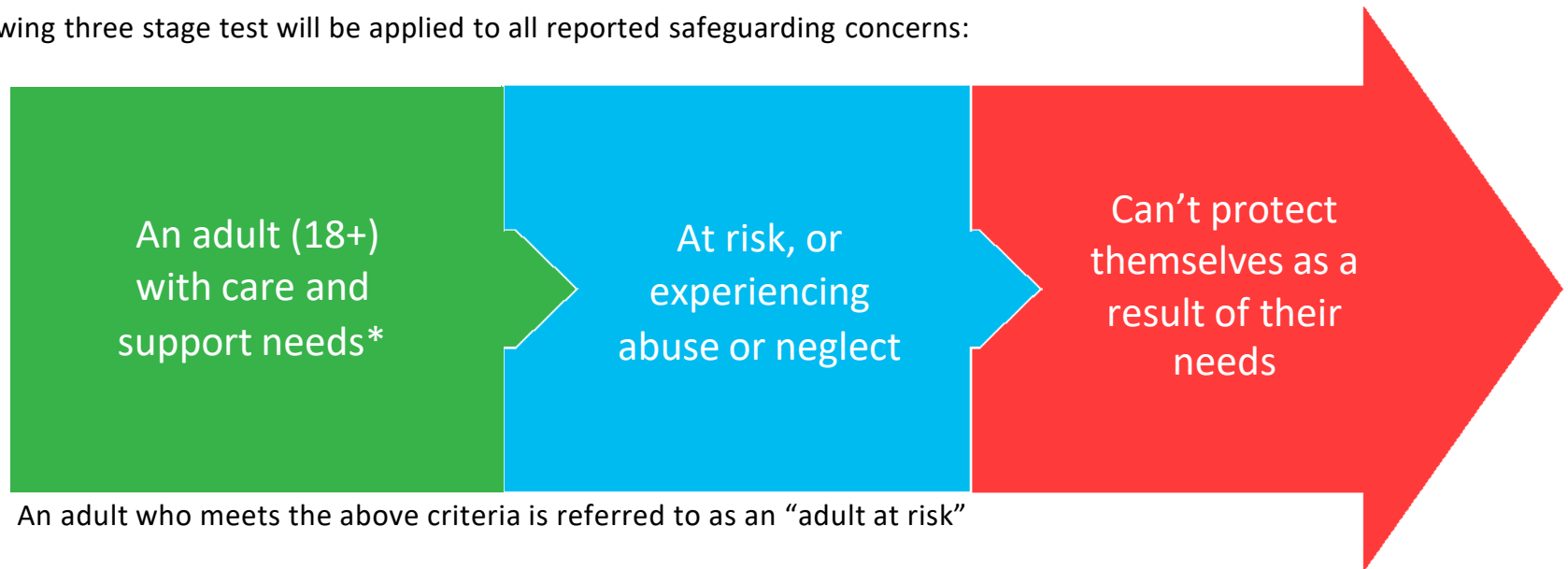
The DMT will help identify the abuse type and what, if any, interventions are required and can be used at any time. **Practitioners should always use their knowledge, skills and professional judgement** in deciding what actions to take. The decision-making process must always be recorded in the persons' notes or records, even if no intervention has occurred. Individual cases may not sit within one specific abuse type, or one category, practitioners will need to ensure that they have a full understanding of the situation to inform their decision-making process and identify the support or interventions required.

The Milton Keynes tool 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.

Criteria for Safeguarding Concerns

The DMT 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 Making Tool

Does the adult have care and support needs?

Yes

Are they experiencing abuse and/or neglect **and** unable to protect themselves?

Yes

Utilise the Safeguarding Decision Making Tool, talk to the adult at risk and ask what they want as an outcome
Consider raising a safeguarding concern if appropriate

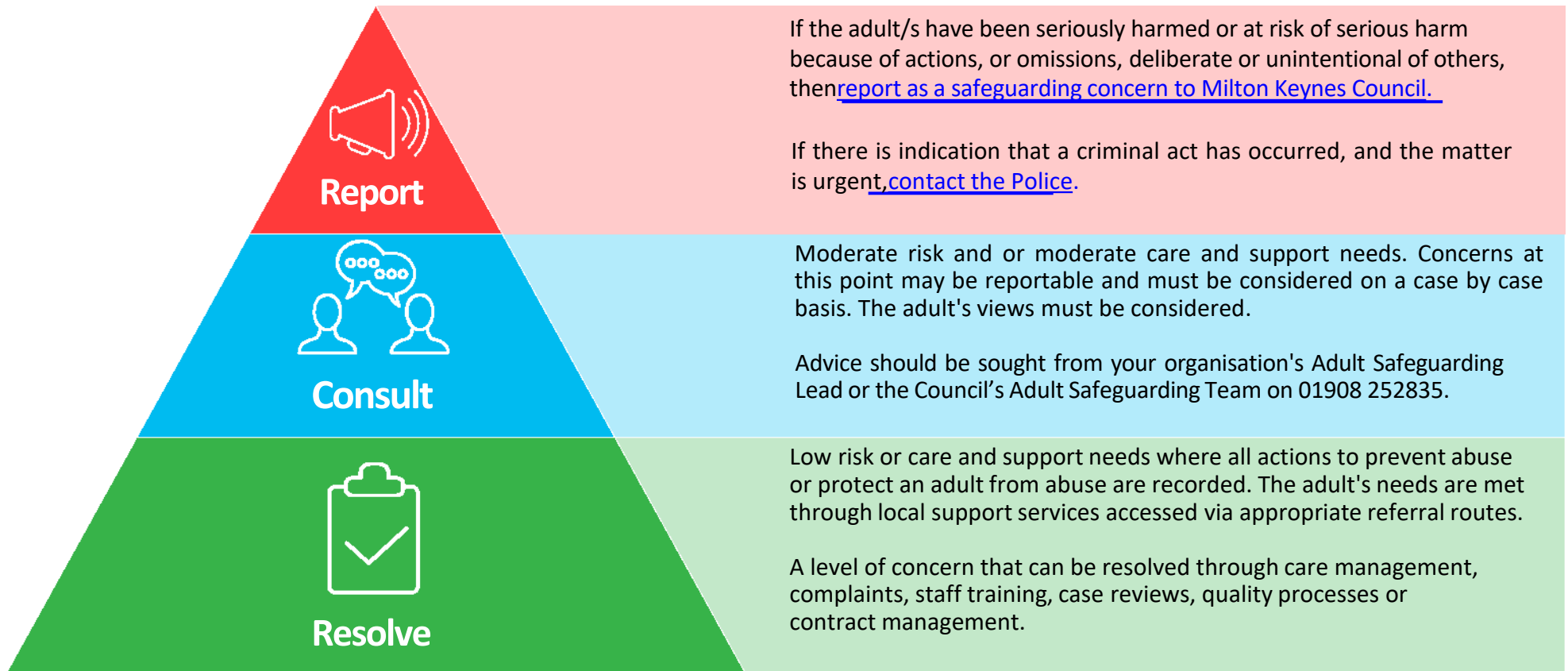
No

Consider other pathways or call the Safeguarding Adults Duty/ Consultation line on 01908 252835 if you remain unsure

No

Overview of Decision Making Tool

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



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

- The adult has no current fears and there are adequate protective factors, and it is:
 - 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.

Consult

- 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
- Subject to severe controlling behaviour e.g. finances/medical

Report

- Subject to regular violent behaviour
- Threats to kill/choke /suffocate etc.
- In constant fear of being harmed
- Sex without valid consent (rape)
- Female Genital Mutilation (FGM)
- 'Honour based' violence and/or forced marriage
- 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

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.

MK Act are the local specialist domestic abuse service, Helpline number: 0344 375 4307, Professionals number: 01908 295731, [email: info@mk-act.org](mailto:info@mk-act.org). Details of their service is available at: <https://www.mkact.com/>

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
- Reoccurring incidents of teasing motivated by prejudicial attitudes towards a persons' individual differences. Lack of risk assessment to manage situations.

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

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 Thames Valley Police Website: <https://www.thamesvalley.police.uk/advice/advice-and-information/hco/hate-crime/how-to-report-hate-crime/>

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

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
- 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
- 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
- Discharge from hospital where harm occurs that does require re-admission within 72 hours

CNWL Staying Steady Service can be contacted by calling 01908 725622. [Website: WWW.Milton Keynes Falls Service - Staying Steady :: Central and North West London NHS Foundation Trust](http://WWW.Milton Keynes Falls Service - Staying Steady :: Central and North West London NHS Foundation Trust)

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

- 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:
 - 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

Consult

- Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury pressure ulcers or multiple grade 1 and 2 pressure ulcers where:
 - 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

Report

- 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:
 - 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

Department of Health Safeguarding Adults Protocol: pressure ulcers and the interface with a safeguarding enquiry:

<https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol>

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

- 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

Consult

- 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

Report

- 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

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

Have you considered if the Inter-Agency Risk Management (IARM) protocol would support with risk management? Refer to self-neglect guidance at: <https://www.mktogether.co.uk/policy-procedures/>

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

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, forced marriage, 'honour based' violence and Female Genital Mutilation
- 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

Sexual Abuse

When an adult is forced or persuaded 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:
 - o 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

The Victims First Specialist Service provides specialist support for victims and witnesses of crime including rape and sexual abuse. A referral can be made by calling 0300 1234 148 or online at: <https://www.victims-first.org.uk/referral/>. Further detail available at: <https://www.victims-first.org.uk/>