Five Tier Guidance Table

TO BE USED IN LINE WITH THE TIER REPORTING PROCESS AND THE WIGAN SAFEGUARDING ADULTS' POLICY AND PROCEDURE.

Updated April 2024

Category of Abuse	Tier 1 Managed within own organisation but monitored by PMMD team Quality Monitoring Systems.	Tier 2 Referral passed to QPO (Quality Performance Officer). Incident managed within own organisation with oversight from the QPO.	Tier 3 Alert raised to the LA's Initial Assessment Team. Enquires made in line with Wigan's Multi Agency Policy and Procedures.	Tier 4 Alert raised to LA's Initial Assessment Team. Potential Crime and Investigation by Police and LA's Safeguarding Procedures.	Tier 5 Indicates potential for Safeguarding Adults Review. Safeguarding Board Critical Case Meeting procedure and authorisation of the chair of the WSAB required.
PHYSICAL	Staff error causing no or little harm. Minor events that still meet the criteria for 'incident reporting'. A physical incident involving service user on service user where both lack capacity and no harm has been caused.	A physical incident involving service user on service user where both lack capacity where minor harm has occurred and/or where both have capacity and more than once incident has occurred.	Explained/unexplained marks i.e., bruises, scratches etc identified on more than one occasion. Inappropriate restraint. Unexplained factures/injuries.	Assault. Inappropriate restraint. Serious Injury has occurred.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).
PHYSICAL MEDICATION/NEAR MISSES	Prescribed medication missed on one occasion with no resulting harm.	Prescribed medication or administration errors made on more than one occasion, but no significant harm caused.	Missed medication where harm occurs. E.g., medication given to wrong person Missed medication or errors that affect more than one adult at risk.	Deliberate maladministration of medication. Covert administration of medication without appropriate medical supervision or legal authorisation.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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PHYSICAL - FALLS	A witnessed or unwitnessed fall (with no history of falls previously) and following immediate checks there are **no concerns or injury.** Regardless of whether the person has capacity or not. All information is noted, and the client/patient is back to baseline. Complete Tier 1 form. Follow falls policy as directed by your agency.	A witnessed or unwitnessed fall (with no history of falls previously). Immediate checks are completed, and appropriate medical assistance required re injury inc bruising, red marks, skin tear, complaints of pain if the person lacks capacity. Please also consider: Hx of falls/appropriate referrals made to falls clinic - Multiple tier 1 falls documented over a short space of time (with no injury), a fall occurred whilst under the care of a 1:1 or during the post falls checks. (See example at end of document).	A witnessed or unwitnessed fall (please consider any history of falls or identified on a falls prevention plan/risk assessment/open to falls clinic) **with a significant injury**. This can include fractures, head injury/severe bruising. Also consider incident involving the conduct of staff member(s) (ie support required to mobilise etc and not provided). Raise as Adult Safeguarding.		

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PSYCHOLOGICAL	An isolated incident where an Adult is spoken to in an inappropriate way, but no upset/distress has been caused. Resident on resident verbal insults where both either have or lack capacity.	Resident on resident regular taunts or verbal outburst/aggression where no distress upset/distress has been caused.	Treatment that undermines dignity and damages self esteem Denying or failing to recognize an adult's choice or opinion. Verbal outburst, bullying, inappropriate comments by staff members/family members or friends. humiliation Emotional blackmail e.g., threats of abandonment /harm/threats to kill. Frequent and frightening verbal outbursts.	Denial of basic human/civil rights, overriding advance directive, forced marriage. Prolonged intimidation Vicious personalised verbal attacks. Hate crime (see also Discriminatory abuse Category for more in depth information).	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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SEXUAL	**NOT APPLICABLE**	**NOT APPLICABLE**	Sexualised, verbalised teasing. Attempt to take camera/video or use other forms of media to obtain inappropriate pictures. Touching in a sexualized way. Being made to look at pornographic material against will or where valid consent cannot/is not given. Being subject to indecent exposure. Attempted penetration by any means without consent (whether in a relationship or not).	Sexual relationship between staff and Service User. Sexualised relationship characterized by authority. Sex without consent - rape.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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FINANCIAL/MATERIAL	Staff personally benefit from support given to adult e.g., accrue reward points on store loyalty cards. No detriment to the adult.	Adult not routinely involved in decisions about how money is spent or how it is kept safe. Capacity not properly considered. Service users constantly asking other service users to lend/give them money which can cause someone to become frightened if they refuse.	Adult denied access to own funds or possessions. Money is kept in joint bank account – unclear arrangements for equitable sharing of interests. Misuse of property, possessions, or monies by a person in a position of trust or control. Personal finances removed from adult's control.	Theft. Fraud/exploitation relating to benefits, income. Property or will. Inappropriate use of Power of Attorney.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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ORGANISATIONAL	Lack of stimulation/ opportunities for people to engage in social and leisure activities. Adults not given a choice or allowed any involvement/ have a voice about the running of the service.	Care planning/documentation not person centred. Inadequate number of staff to be able to deliver a safe service. Inappropriate training for staff. Adults not receiving their own clothing back after being washed.	Adults' dignity being denied e.g., lack of privacy with intimate care needs. Adults being denied the right to make their own choices. Staff misusing their position of power over adults. Bad practice not being reported. Unsafe and unhygienic living environment. Mismanagement of infection outbreaks.	Inappropriate restraint used to manage behaviour – for example: locking a person in their own home/accommodation when appropriate legal frameworks are not in place. Widespread consistent poor/ill treatment.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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DISCRIMINATORY	Inappropriate comments/remarks being made to an adult, but no distress caused.	Care planning fails to address an adult's diversity and associated needs. **Isolated incident of harmful, hurtful or damaging remarks - service user on service user.**	Repeated taunts/inappropriate comments/remarks which have caused distress and upset. 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.	Hate crime resulting in injury / emergency medical treatment/fear for life. Hate crime resulting in serious injury / attempted murder / honour-based violence.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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MODERN SLAVERY	**NOT APPLICABLE**	**NOT APPLICABLE**	Showing signs of physical/psychological abuse, looking malnourished or unkempt, or appear withdrawn. Not being allowed to travel on their own, being controlled/influenced by others. Living in dirty/ overcrowded accommodation. No wages for job undertaken, no food/drink and made to continually work long hours without adequate breaks.	Travel documents retained by others. Human trafficking. Domestic Servitude. Consistent evidence of being dropped off and collected for work on a regular basis - very early morning/ late at night. Fear of their own lives/and others.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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DOMESTIC	**NOT APPLICABLE**	**NOT APPLICABLE**	Please refer to the indicators highlighted within Physical/sexual/ Financial/psychological abuse.	Any incident or pattern or incidence e.g., Physical/sexual/ Financial/psychological. Coercive and controlling behaviour. Threatening behaviour, violence, or abuse between those aged 16 or over who are/or have been intimate partners or family members. Stalking.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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NEGLECT AND ACTS OF OMISSION	Required care and support not being provided on one occasion that did not cause any harm.	Regular care and support need not being provided where potential significant harm could have occurred. Not helping someone to put their hearing aids in/put glasses on.	Support not being provided in accordance with the care/support plan. Hospital discharge without adequate planning and where harm occurs as a result. Partner refuses to pay for care. Deliberate deprivation of access to aids for independence Ongoing lack of care to the extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition loss of independence/confidence, Withholding of food / drinks.	Failure to arrange access to life saving services or medical care. Failure to intervene in dangerous situations where adult lacks capacity to assess risk.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

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SELF-NEGLECT	Unkempt and dishevelled, starts to lose interest in personal appearance and property. Early signs- Report any concerns to manager of service. **IT IS VERY IMPORTANT TO KEEP DOCUMENTATION OF EVERYTHING.**	Loss of weight, non-compliance with medication, non-compliance with support/care plan in place. Does not attend appropriate medical appointments. Consideration must be given as to whether the person has capacity or not. **REPORT/DOCUMENT ANY EARLY SIGNS ASAP.**	Evidence of malnutrition, rapid or continuous weight loss. Poor personal hygiene. Pressure sores. Refusal to engage with the appropriate professionals/clinicians. Non- compliance with medication. Refusal of any support placing them at risk. Clothing and bedding dirty, wet, soiled. Uninhabitable living conditions. Hoarding.	High Court—Inherent Jurisdiction—Vulnerable adults The High Court has inherent jurisdiction to handle cases which involve vulnerable adults in circumstances where the Mental Capacity Act 2005 is not engaged. Consider- Wigan Council Self-Neglect panel.	Criteria determined by Care Act and the Wigan Adult Safeguarding Board (WSAB).

			Refusal to accept aids and adaptations which could potentially put a person at risk. **(Consider if an assessment under the Mental Health Act 83 is appropriate**).		

Useful Documents

Self-Neglect toolkit: self neglect guidance (wigansafeguardingadults.org)

Hoarding Toolkit: Hoarding Toolkit (wigansafeguardingadults.org)

WSAB Policy: WSAB Safeguarding Adults Policy (wigansafeguardingadults.org)

WSAB Procedure: WSAB Safeguarding Adults Procedure (wigansafeguardingadults.org)

Resolution Protocol: Resolution Protocol (wigansafeguardingadults.org)

Falls Policy: Falls Strategy 2022-2025 (wigansafeguardingadults.org)

PIPOT Policy: PIPOT Policy (wigansafeguardingadults.org)

Falls Example

Regarding Tier 2 – if the fall is witnessed or unwitnessed you need to clearly document level of capacity for the individual. If it's an Unwitnessed fall, is the individual able to tell you what happened. This needs to be clearly documented within your own services documents and the Tier 2 document. You need to be mindful of what a fall constitutes i.e., if witnessed did they 'slip' from a chair for example this does not constitutes a fall. This would only be able to be evidenced if this has been witnessed. When documenting falls history, please be clear if this history is prior to service support, due to an acute change in needs at the time (for example an infection), a sudden increase in falls with no change in health or due to a change in behaviour or perception of risk. Please ensure the rationale for screening as a tier 1 or 2 takes into account these areas to support the risk management in place.

Further information on self-harm

Please note that self-harming behaviour is not a category of abuse within the Care Act 2014 (no source of risk)… however please be mindful that if a SU has an identified risk assessment which identifies history of self-harming behaviour and SU is being monitored or observed in order to reduce risk, and as a result of failure to monitor, this may be considered a safeguarding concern under either Organisational Abuse or Neglect and Acts of Omission. Please not that self-harm cannot always be mitigated however robust measures in place can assist in reducing the risk. Please enquire what actions have been taken to protect and safeguard.

In terms of **Adult Safeguarding** – with Self Harm there is no **Source of Risk** – however often there are robust risk assessments/care plans and support mechanisms in place to distract and support the individual to **safeguard themselves from harm**...with skilled staff available to facilitate and mitigate the risks.

Self-harm in itself is not a reason to refer to Adult Safeguarding – partner agencies can support and utilise the risk assessments/care plans /signpost to services and organisations that can help (document accordingly) – that said... if there is evidence to suggest someone has self-harmed as a result of **third party duress** then this is a safeguarding concern ... likewise, if someone is accommodated within a facility/ward etc that has a robust care plan which outlines identified observations and those observations are not carried out, resulting in self-harm by the individual, then this could be Adult Safeguarding under **Organisational Abuse and/or neglect and Acts of Omission** (for example)...

Self-harm can include cutting or burning skin/punching or hitting themselves/poisoning themselves with tablets or toxic chemicals/ligature/misusing alcohol and drugs/deliberately starving themselves or binge eating/exercising too much/pulling out hair etc.

Self-harm is often a way to punish themselves or relieve unbearable tension... sometimes it is a mixture of both... self-harm can also be a used to communicate distress to other people....

In Wigan the VARM process may be utilised to bring partner agencies together should partner agencies have significant concerns for high-risk self-harming behaviour that has potential for serious harm and/or death...

Please contact the MAPPT team to discuss: mappt@wigan.gov.uk