



## **Derbyshire Safeguarding Adults Board**

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### **Adult Safeguarding**

### **Decision Making Guidance**

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**This document is designed to provide guidance to inform decision-making in relation to completing adult safeguarding referrals and should be used in conjunction with the Derbyshire and Derby Safeguarding Adults Policy and Procedures. The guidance is not a substitute for professional judgement, nor does it set rigid guidance for practitioners: it is to be used as a framework to inform decision-making. If there is any doubt, the safeguarding process should be followed.**

“Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the Local Authority is meeting any of those needs);
- Is experiencing, or at risk of abuse or neglect;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect”.

*(The Care Act 2014)*

**A concern meeting this statutory criteria should prompt a safeguarding referral.**

A concern which does not meet the criteria for a safeguarding enquiry will still require a response and distinguishing between what may be an incident of poor practice, concerns about the quality of care (in any setting) and abuse or neglect, which may often require a professional judgement to be made and consultation with colleagues from other agencies. In these circumstances safeguarding procedures may not be the most appropriate process to follow.

**All decisions should be recorded accurately, stating facts and demonstrate defensible decision-making, with any opinions being recorded as such.**

**Remember:**

Safeguarding is not a substitute for:

- A provider's responsibility to provide high quality care and support;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with standards of care and take enforcement action as appropriate;
- Contract and commissioning teams assuring themselves of the safety and effectiveness of commissioned services;
- Police using core duties to protect life and property and prevent, investigate and detect crime.

Incidents of poor practice and concerns about quality of care could be addressed via contract monitoring and quality assurance and compliance processes, reviews (of services and needs), HR processes, complaints processes and sign-posting to other services – this list not exhaustive.

**PLEASE REMEMBER:** to share information as appropriate with DCC/NHS Contracts and Commissioning Team, so they can collate all relevant information and take any further appropriate action.

**The most appropriate and proportionate response and process should be followed to ensure the concern is responded to correctly and in a timely manner. The presenting situation/concern may also require other processes to take place alongside the safeguarding enquiry.**

The circumstances reported in the safeguarding referral and initial enquiries will determine the nature/urgency of response.

The best practice approach to choice and risk should be that adults have the right to live their lives to the full and make what others may consider to be unwise decisions/lifestyle choices. A balance between empowering the adult to make choices and take informed risks against potentially harmful decisions, which may put themselves or others at risk, should be sought.

Any risk assessment should be reviewed at all stages of the safeguarding process/enquiries.

Anxiety around supporting people to take reasonable risks can prevent them from doing daily living tasks that most people take for granted. Practice should be about striking a balance between facilitating and supporting the wishes of the adult, professional responsibility and the potential risk to others.

**Making Safeguarding Personal** places the adult with care and support needs at the centre of all safeguarding interventions – it is essential to ascertain what the adult’s desired outcomes are as a result of safeguarding enquiries.

**Has the adult given consent to a safeguarding referral and to enquiries being undertaken?**

- Consent is not required if there is a risk to public protection, other adults with care and support needs, or children are at risk.
- Is the adult able to protect themselves at a time when a decision needs to be made, or an action to protect needs to be made? Does the adult lack [mental capacity](#)?
- Is there evidence of, or concern about, coercion, threats, or intimidation?
- What is the impact on the adult’s health, independence and wellbeing?
- Is there indication that the abuse could be repeated, or even escalate?
- Consider the seriousness of the harm caused, or the potential for serious harm.

The safeguarding referral should provide all relevant information to inform and support initial enquiries, **which should consider:**

- **Any immediate risks to the adult and others, and take action to address as appropriate – *if there are concerns a crime has been committed, the Police should be contacted;***
- Any further information received from the referrer;
- Consider how the outcomes of the adult will be achieved, reflecting the adult's wishes, wherever possible;
- How the adult will be involved from the beginning of the enquiry, unless there are exceptional circumstances that are believed would increase the risk of abuse;
- The need to arrange for an independent advocate if the adult has substantial difficulty being involved and where there is no-one to support them;
- If it is determined that the referral does not meet the criteria for a [S42 enquiry](#), consider if other options/interventions are more appropriate, e.g., an assessment for care services, VARM, sign-posting to other services.

**If S42 criteria are met:**

- Decide what further information is required, proportionate to the concern, and if the Local Authority or others are best placed to undertake further enquiries;
- These enquiries should again be proportionate to the concerns and should focus on how to best work with the adult to achieve their outcomes;
- Determine what other actions are required to protect the adult and/or others from further risk of abuse;
- Complete the [S42 Enquiry Request Form](#) and email it to all agencies/colleagues who are being asked to complete enquiries – the referral form should be completed as comprehensively as possible;
- Next steps meeting/safety planning meeting or telephone discussion to be completed as appropriate and necessary;
- The rationale and defensible decision for closure of safeguarding should be recorded and shared with all involved;
- Further information about [Section 42 enquiries](#) is available on the Derbyshire Safeguarding Adults Board website.

The table below illustrates the level of concern (lower/medium-higher/serious-urgent) within the context of S42 criteria. Within each type of abuse, examples of concerns in each level are provided for guidance – they are not exhaustive and professional judgement to inform decision-making is required.

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns (urgent response may be required)
	<ul style="list-style-type: none"> <li>• May not meet S42 criteria.</li> <li>• Outcomes may include providing advice and information.</li> </ul>	<ul style="list-style-type: none"> <li>• S42 criteria met.</li> <li>• Further information about <a href="#">Section 42 enquiries</a> is available on the Derbyshire Safeguarding Adults Board website.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Immediate response may be required.</b></li> <li>• S42 criteria met.</li> <li>• Further information about <a href="#">Section 42 enquiries</a> is available on the Derbyshire Safeguarding Adults Board website.</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<p><b>Domestic Abuse</b></p> <p><i>Refer to the Police, as appropriate.</i></p>	<ul style="list-style-type: none"> <li>• One off incident with no injury or harm experienced;</li> <li>• Victim reports no current concerns or fears;</li> <li>• Occasional taunts or verbal outbursts;</li> <li>• Protective factors in place.</li> </ul>	<ul style="list-style-type: none"> <li>• Protective factors in place;</li> <li>• Children in house – refer to Children’s Services;</li> <li>• Unexplained marks, bruises, hand marks;</li> <li>• Subject to controlling behaviour;</li> <li>• Frequent outbursts of verbal/physical abuse;</li> <li>• No access to medical care;</li> <li>• Accumulation of minor incidents;</li> <li>• No access to, or control over, finances;</li> <li>• Experiences constant fear;</li> <li>• Stalking/harassment.</li> </ul>	<ul style="list-style-type: none"> <li>• Threats to kill;</li> <li>• Assault causing serious harm;</li> <li>• Subjected to frequent violent behaviour;</li> <li>• Serious sexual assault or rape</li> <li>• Subject to severe controlling behaviour;</li> <li>• <a href="#">Forced marriage</a>;</li> <li>• <a href="#">Honour-based violence</a>;</li> <li>• Use of a weapon;</li> <li>• Further information is available from <a href="#">Safer Derbyshire - domestic abuse</a>.</li> </ul>



Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• Adult does not receive prescribed medication on one occasion, or receives it at the wrong time or receives the wrong dose – no harm occurs;</li> <li>• An isolated prescribing or dispensing error by a GP, Pharmacist, or other medical professional – no harm occurs;</li> <li>• <b>Actions could include contacting the Pharmacist, GP or 111 to discuss and confirm any further action required;</b></li> <li>• <b>Further training for staff;</b></li> <li>• <b>Informing contracts and commissioning teams and CQC as appropriate.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Any cumulative lower level concerns that affect one or more individual, which could result in potential or actual harm;</li> <li>• Misuse of controlled drugs, or not following proper procedures;</li> <li>• Misuse, or over reliance on, sedatives to control all forms of challenging behaviour;</li> <li>• Recurring prescribing or dispensing errors by a GP, Pharmacist, or other medical professional, that affects more than one adult.</li> </ul>	<ul style="list-style-type: none"> <li>• Covert administration of medication without medical/MDT authorisation/ best interest decision recorded;</li> <li>• Deliberate misadministration of medication;</li> <li>• Pattern of recurring errors;</li> <li>• Incidents of deliberate maladministration that results in serious harm or death;</li> <li>• Deliberate falsification of records.</li> <li>• Further information is available in the <a href="#">medication policy</a>.</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<p><b>Sexual</b></p> <p><b><u>ALL REFERRALS SHOULD BE DISCUSSED WITH THE POLICE, AS APPROPRIATE.</u></b></p>	<ul style="list-style-type: none"> <li>• Isolated incident, comment, teasing or touching, (but excluding genitalia);</li> <li>• Consider <a href="#">mental capacity</a> and insight - no perceived sense of harm and the effect on the adult is low</li> </ul> <p><b>Unless committed by a person in a position of trust.</b></p> <ul style="list-style-type: none"> <li>• <b>Actions could include, review and amendment of care plans and risk assessments, and ensuring staff are suitably trained and competent.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Repeated incidents of comment, teasing, unwanted sexualised attention (verbal or touch), whether or not <a href="#">mental capacity</a>, exists which causes distress;</li> <li>• Sexualised touching or masturbation without consent;</li> <li>• Indecent exposure;</li> <li>• Being made to view pornographic material either against will or where valid consent cannot be given.</li> </ul>	<ul style="list-style-type: none"> <li>• Sex without valid consent (rape);</li> <li>• Sexual assault;</li> <li>• Sexual exploitation, including grooming, or coercion;</li> <li>• Attempted penetration by any means (whether or not it occurs within a relationship);</li> <li>• Sex, touching, masturbation, sexual assault and exploitation by a member of staff or person in a position of trust;</li> <li>• Allegations of historical abuse;</li> <li>• Sexual abuse perpetrated by a person in a position of trust.</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<b>Psychological &amp; Emotional</b>	<ul style="list-style-type: none"> <li>• Isolated incident where an adult is spoken to in a rude or inappropriate way – little or no distress caused;</li> <li>• Isolated incident of <a href="#">ASB (anti-social behaviour)</a> against an adult;</li> <li>• <b>Actions could include sharing information with Safer Neighbourhood teams;</b></li> <li>• <b>Ensure the adult with care and support needs and staff understand relationship boundaries and what is appropriate behaviour;</b></li> <li>• <b>Risk management assessments/processes are reviewed;</b></li> <li>• <b>Consider further training needs.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Occasional or on-going bullying which causes distress;</li> <li>• Humiliation;</li> <li>• Emotional blackmail, including threats of abandonment;</li> <li>• Concerns that an adult is vulnerable to radicalisation;</li> <li>• Denying an adult’s choice and opinion;</li> <li>• Treatment or care which undermines dignity and self-esteem;</li> <li>• Damage to property, environment, abuse of pets.</li> </ul>	<ul style="list-style-type: none"> <li>• On-going reports of <a href="#">ASB (anti-social behaviour)</a>;</li> <li>• A denial of basic human rights and civil liberties, over-riding advanced directives;</li> <li>• Prolonged intimidation, coercion, victimisation;</li> <li>• Online bullying, mate crime, <a href="#">hate crime</a>;</li> <li>• Suicidal thoughts/ideation as a result of psychological/emotional abuse;</li> <li>• Allegations of historical abuse;</li> <li>• Threats relating to sexual identity or lifestyle choice;</li> <li>• Threats or intimidation by a person in a position of trust.</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<b>Neglect &amp; Acts of Omission</b> <i>(including falls)</i>	<ul style="list-style-type: none"> <li>• Adult not assisted with a drink or a meal on one occasion – no harm occurs;</li> <li>• For an unplanned hospital discharge, please refer to the <a href="#">‘Discharges from Hospital Procedures’</a>.</li> <li>• An isolated domiciliary care call is missed – no harm occurs;</li> <li>• A fall occurs where there has been no previous indication of a falls risk – action taken to reduce further risk;</li> <li>• Fall results in an injury, but risk assessments and care plans are in place and have been followed;</li> <li>• <b>Actions could include review of care plans and risk assessments;</b></li> <li>• <b>Consider further training or supervision;</b></li> <li>• <b>Share relevant information with colleagues to improve practice.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Failure to respond or intervene where an adult lacks <a href="#">capacity</a> to assess risk;</li> <li>• Removal of or withholding access to aids to assist independence;</li> <li>• Care plan does not address needs or risks in relation to behaviour to protect the adult and others;</li> <li>• Does not specify how a significant need will be met, e.g., pain management, pressure care, SALT, and harm has been caused;</li> <li>• Adult has a number of falls and there is no evidence of a review of care plans, risk assessments or seeking other appropriate advice – please see the <a href="#">falls policy</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a clear breach of ‘duty of care’ and professional practice/responsibility;</li> <li>• Consideration given to hospital discharge without adequate planning, which leads to significant harm being caused;</li> <li>• The adult does not receive scheduled domiciliary care visits, which results in a deterioration of health, pain, significant discomfort, or serious injury;</li> <li>• Adult experiences harm as a result of a failure to follow procedures or a care plan;</li> <li>• Failure to seek appropriate medical advice in a timely manner resulting in harm, or a failure to follow medical guidance, which results in harm;</li> <li>• Adult known to mental health (or other services) reporting suicidal ideation or assessed as a risk of suicide – timely response not made</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<b>Neglect &amp; Acts of Omission</b> <i>(including falls)</i> <b>(continued)</b>			<p>or information shared resulting in harm;</p> <ul style="list-style-type: none"> <li>• Repeated or serious incidents of harm or abuse as a result of systematic failures to prevent harm from occurring. Also a failure to seek appropriate advice and support, follow care plans, or complete risk assessments;</li> <li>• Failing to call for or access lifesaving medical care;</li> <li>• An unauthorised deprivation of liberty results in harm;</li> <li>• Perpetrator is a person in a position of trust.</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<b>Discrimination</b>	<ul style="list-style-type: none"> <li>Isolated incident or teasing, rude behaviour motivated by prejudicial attitudes – little or no harm, or distress caused;</li> <li>Care planning where specific diversity needs are not addressed or provided for in an isolated incident;</li> <li><b>Actions could include further training, disciplinary, complaints procedures being used.</b></li> </ul>	<ul style="list-style-type: none"> <li>Consider cumulative lower-level concerns;</li> <li>On-going failure to access services due to diversity issues;</li> <li>Experience of on-going <a href="#">ASB (anti-social behaviour)</a> due to diversity issues;</li> <li><a href="#">Hate crime</a> – infrequent, but recurrent incidents motivated by prejudice based on disability, race, religion, sexuality, gender identity, age, which results in intimidation, emotional distress, loss of confidence and dignity;</li> <li>On-going failure to support the adult to access places of worship, which causes distress or harm.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Hate crime</a> – serious or recurrent incidents motivated by prejudice based on disability, race, religion, sexuality, gender identity, age resulting in harm or impacting on wellbeing;</li> <li>Humiliation or threats on a regular basis;</li> <li>Discriminatory threats of harm, civil liberties, withholding services;</li> <li><a href="#">Honour-based violence</a>;</li> <li>Potential risk to self and public safety due to a risk of <a href="#">radicalisation</a>.</li> <li><a href="#">Female Genital Mutilation (FGM)</a>,</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<p><b>Financial</b></p> <p><i>For all safeguarding referrals regarding a person in a position of trust, consideration should be given to consultation with the Police.</i></p> <p><i>PIPOT guidance is currently being developed and a link to this guidance will be added in due course.</i></p>	<ul style="list-style-type: none"> <li>• Isolated incident of a small amount of money, food, belongings going missing – quality of life of the adult is not affected and no distress caused;</li> <li>• Isolated incident of staff borrowing items from service users, with their consent – items returned to service user;</li> <li>• Isolated incident of staff taking the ‘one free’ from ‘buy one get one free’ offers, and accruing reward points on their own cards when shopping for service users;</li> <li>• Transactions with money are not recorded routinely, safely or properly;</li> <li>• <b>Actions could include further training, disciplinary, complaints procedures.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Adult not routinely involved in decisions about their finances – how it is spent or kept safe. <a href="#">Mental capacity</a> should be routinely considered;</li> <li>• Money kept in a joint bank account with no clarity of management or equity of access;</li> <li>• Failure to meet agreed contributions to care costs by families, or personal allowance not given to adult in care home;</li> <li>• Failure to assess <a href="#">mental capacity</a> where it is suspected, or clear that it is in question, and harm is caused, e.g., exploitation, financial abuse, debt.</li> </ul>	<ul style="list-style-type: none"> <li>• Theft by a person in a position of trust;</li> <li>• Fraud, exploitation, of benefits, income, property, will;</li> <li>• Misuse of Lasting Power of Attorney;</li> <li>• Doorstep crime and loan sharks;</li> <li>• Actions not taken in the adult’s best interests where they lack <a href="#">mental capacity</a> to make financial decisions;</li> <li>• Adult denied any access to their finances;</li> <li>• <a href="#">Modern slavery</a>;</li> <li>• Further information is available from <a href="#">Safer Derbyshire – fraud and scams</a>.</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<p><b>Institutional &amp; Organisational</b></p> <p><i>These lists are not exhaustive, and reference should be made to other categories within this document.</i></p>	<ul style="list-style-type: none"> <li>• Care planning documents are not person-centred and of sufficient detail to ensure appropriate care is provided;</li> <li>• Support levels as identified in the care plan, e.g., 1:1/2:1, are not adhered to, and no harm is reported to have occurred;</li> <li>• Lack of opportunity for social and leisure activities and/or a general lack of age-appropriate stimulation;</li> <li>• No ‘voice’ for the adult with care and support needs within their living environment/advocacy not sought where appropriate;</li> <li>• Absence of, or inadequate policies, procedures, supervision, training – no harm occurs;</li> <li>• Minor environmental concerns;</li> <li>• <b>Actions could include a review of care plans, engagement with DCC and CCG contract, commissioning and quality teams. Engagement with agencies such as</b></li> </ul>	<ul style="list-style-type: none"> <li>• On-going concerns about living environment/poor hygiene;</li> <li>• Accumulation of concerns/minor incidents;</li> <li>• Unsafe staffing levels;</li> <li>• Support levels as identified in the care plan, e.g., 1:1/2:1 not adhered to, and harm occurs;</li> <li>• Medication errors which affect one or more adult, which may, or may not, result in harm;</li> <li>• Hospital discharge without adequate care planning/consideration by the care provider of a change in need and harm occurs;</li> <li>• Lack of dignity in respect of choice of clothing; how and when personal care support is received; set times for getting up/going to bed; lack of choice about dietary preferences.</li> </ul>	<ul style="list-style-type: none"> <li>• Unsafe and unhygienic living environment;</li> <li>• Inappropriate restraint and possible deprivation of liberty is occurring, and no application for <a href="#">deprivation of liberty</a> considered or made, and best interest is assumed or has been ignored;</li> <li>• Excessive or inappropriate responses to challenging behaviour;</li> <li>• Over-medicating to manage behaviour;</li> <li>• Essential medication not administered;</li> <li>• Covert administration of medication without consideration of ethical or best interest issues, or medical authorisation;</li> <li>• Misuse of power by a person in a position of trust;</li> <li>• A person in a position of trust entering into an intimate relationship with an adult with care and support needs;</li> </ul>



Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<b>Institutional &amp; Organisational (continued)</b>	Environmental Health, DCHS/CCG safeguarding leads, Fire Service.		<ul style="list-style-type: none"> <li>• Inflexible routines which impact on health and wellbeing, practice, policies and procedures of an organisation which result in harm or denial of choice;</li> <li>• Failure to provide ongoing access to health care/appointments;</li> <li>• An accumulation of evidence of a failure to keep people safe/consistent ill treatment/pattern of recurring errors;</li> <li>• Unsafe staffing levels resulting in harm or ability to provide identified levels of care and support.</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<p><b>Self-Neglect</b></p> <p><i>All standard interventions must be considered/used to support the adult and manage risk before a safeguarding referral is made, e.g., review of care plan, assessment of social care needs, engagement with fire, environmental health. Only cases where there is a significant risk of harm should be referred to safeguarding.</i></p>	<ul style="list-style-type: none"> <li>• Signs of failing to engage with professionals and withdraw from family/support mechanisms;</li> <li>• Self-care and presentation causing some concern and which is out of character;</li> <li>• <a href="#">Some neglect of property and/or signs of hoarding.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Chaotic lifestyle which is becoming increasingly concerning for professionals, family, or community;</li> <li>• Lack of self-care and engagement with health appointments, resulting in deterioration of health and wellbeing;</li> <li>• Increased substance misuse causing lifestyle to become consistently chaotic with an increased risk of harm or exploitation;</li> <li>• Increased reports of concerns from agencies or family;</li> <li>• Property significantly neglected, unsanitary conditions, lack of essential amenities, increased risks due to level of hoarding.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Vulnerable Adults Risk Management (VARM)</a></li> <li>• Behaviour poses a risk to self, or others;</li> <li>• Self-neglect has resulted in a significant deterioration of health and wellbeing;</li> <li>• Living environment is hazardous, presenting a risk to self and others, or access to property restricted due to hoarding or neglect of property;</li> <li>• Multiple reports of concern by other agencies, family or community;</li> <li>• Potential fire risks to self and others;</li> <li>• Consistently chaotic lifestyle due to substance abuse causing harm to self and others.</li> </ul>

Type of abuse	Examples of Lower level concerns	Examples of Medium – Higher level concerns	Examples of Serious – Urgent level concerns <i>(urgent response may be required)</i>
<p><b>Modern Slavery</b></p> <p><i>All referrals concerning modern slavery should be considered at ‘Medium-Higher’, or ‘Serious-Urgent’ levels – please follow the <a href="#">modern slavery protocol and process</a>.</i></p>	<ul style="list-style-type: none"> <li>All referrals concerning modern slavery should be considered at ‘Medium-Higher’, or ‘Serious-Urgent’ levels – please follow the <a href="#">modern slavery protocol and process</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Adults coerced, often under the threat of violence to work long hours or forced into prostitution;</li> <li>Adults forced to work to pay off debts that they will never be able to achieve;</li> <li>A large number of adults sharing a room or property resulting in lack of dignity, space and unsanitary conditions;</li> <li>Domestic servitude – adults forced to work with little or no pay, limited or no time off, and lack of personal space to live or sleep;</li> <li>Working in environments and receiving low or no pay as a result of coercion and threats of violence to them and their family – e.g., food packaging, cleaning, hospitality sector, food picking, nail bars, car washes</li> <li>Fear of agencies such as social care, Police, providing personal information or seeking support due to threats from those in control of life or work, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Victims are forced to perform non-consensual or abusive sexual acts against their will. Moved frequently to other locations around an area or the country;</li> <li>Coerced into criminal activity against their will;</li> <li>Forced to live in sheds, garages, containers, caravans without access to essential amenities such as heat, light, food;</li> <li>Unable to have the freedom, or choice, to leave – passport or ID removed;</li> <li>Subject to <a href="#">forced marriage</a>;</li> <li>No access to medical care;</li> <li><a href="#">Modern slavery</a> concerns.</li> </ul>

## A reminder of alternatives to a safeguarding enquiry

A concern which does not meet the criteria for a safeguarding enquiry will still need to be responded to appropriately. Below is a list of possible alternative actions (this list is not exhaustive).

- Assessment of health and social care needs (professional Social Care support);
- Review of current needs and services (single provider or MDT);
- Provider concerns meeting;
- Actions by contracts and commissioning teams;
- Referral to other services or agencies;
- Complaint processes;
- Disciplinary action;
- Complaint or report to CQC;
- Signposting to alternative preventative services, e.g., Drug and Alcohol, Domestic Abuse, voluntary services, etc.

*-End of document-*