



THRESHOLDS

Grampian Adult Protection - Good Practice Guidelines

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IT IS IMPORTANT TO CONSIDER IN THE FIRST INSTANCE WHETHER SOMEONE IS IN IMMEDIATE DANGER - OR HAS BEEN THE SUBJECT OF A CRIME. CRIMINAL ACTS MUST BE REPORTED TO THE POLICE AND/OR EMERGENCY TREATMENT SHOULD BE SOUGHT WHERE NECESSARY.

Introduction

This document should be read in conjunction with the Grampian Interagency Procedures for Adult Support and Protection and the [National Code of Practice](#).

Thresholds in the field of Adult Support and Protection have been a much-discussed issue, particularly since the implementation of the Adult Support and Protection (Scotland) Act 2007 ('the Act'). Whilst the Act provides clear definitions of an Adult at Risk and harmful behaviour, there remain situations that are 'borderline' where the distinction between a more general concern about care and support and an Adult Support and Protection matter may be unclear.

This guide seeks to support practitioners, partners and providers, working within the adult care services, to report and respond to concerns at the appropriate level and to have a consistency of approach across agencies. This guidance is not a substitute for professional judgement, but should be used to assist decision-making and to support professional judgement.

Definitions

Who is at risk? (Three Point Test)

The Act defines an 'adult at risk' as a person aged 16 years or over who:

- **is unable to safeguard her / his own well-being, property, rights or other interests; and**
- **is at risk of harm; and**
- **because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.**

The presence of a particular condition does not automatically mean an adult is an 'adult at risk'. An adult may have a disability but be able to safeguard their well-being etc.

It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Harm

Harm is an emotive term and can be subject to wide interpretation. Within the Act, harm is defined as including all harmful conduct and in particular:

- conduct which causes physical harm (including that of a sexual nature).
- conduct which causes psychological harm (for example by causing fear, alarm or distress).
- unlawful conduct which appropriates or adversely affects property, rights or interests (for example, theft, fraud, embezzlement or extortion).
- conduct which causes self-harm.

Harm can happen anywhere, including at private addresses, in hospital and registered care settings or in the community. Harm may involve elements of a power imbalance, exploitation and the absence of full consent. It can be the result of neglect, by self or others.

Key Considerations

- **Is someone in immediate danger? Have they been the subject of a crime? If so, report to the Police and / or seek emergency treatment as necessary.**
- How long has the alleged abuse been occurring?
- What is the seriousness or impact of the suspected harm on the individual?
- Is there a pattern of abuse?
- Has trauma impacted the adult's ability to keep themselves safe?
- Have there been previous concerns – not just safeguarding adult referrals, but other issues related to the adult, e.g. Anti-social behaviour, hate crime incidents and also in relation to the person alleged to be causing harm?
- Has a previous plan to mitigate the concern not been successful – has it lacked robustness or implementation?
- Are any other adults at risk?
- Is the situation monitored?
- Are the incidents increasing in frequency and/or severity?
- Are there children present? If so, consider making a referral to Children's Services.
- *Make any notifications to relevant regulatory bodies (eg Care Inspectorate, OPG, MWC)

Adult's Views

Whether an incident is low risk or high risk, the adult's views and wishes are central to the assessment and support. When considering the impact, always identify and record the adult's feelings regarding the incident. What effect did it have on the individual? In accordance with the principles of the Act, any intervention in an adult's affairs should provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs, and be the option that is least restrictive to the adult's freedom. *Consideration should be given to what help the adult might need to put across their views and wishes, and also possible referral to an independent advocacy service.

*For further advice ...

If, after reading this Guidance, you are still in doubt about whether or not to make an ASP Referral, **please contact the following Adult Social Work teams in each area:**

<u>Area</u>	<u>Telephone</u>	<u>Email</u>
Aberdeen City	<u>0800 731 5520</u>	<u>apsw@aberdeencity.gov.uk</u>
Aberdeenshire	<u>01467 533100</u>	<u>adultprotectionnetwork@aberdeenshire.gov.uk</u>
Moray	<u>01343 563999</u>	<u>Accesscareteam@moray.gov.uk</u>

For local independent advocacy services, contact:

<u>Area</u>	<u>Advocacy Service</u>	<u>Telephone</u>	<u>Email</u>
Aberdeen City	Advocacy Service Aberdeen	01224 332314	asa@advocacy.org.uk
Aberdeenshire	Advocacy North East	01467 651604	admin@advocacyne.org.uk
Moray	Circles Advocacy, Moray	01343 559546	Info.moray@circlesnetwork.org.uk

Threshold Decision-Making Guidance

Level of Risk	Risk Tolerance
Low	<p>Low risk incident where threshold of further enquires under ASP are unlikely to be met. Agencies should keep a record of the incident, following own internal process.</p> <p>Where there are a number of low-risk incidents, consideration should be given as to whether the threshold is met to report under ASP due to increased risk.</p>
Medium	<p>Incidents at this level should be discussed with the local adult protection service. After the conversation, they may request you formally report the concern as Adult Support and Protection.</p>
High	<p>Incidents at this level should be reported to your local adult protection service. NB: You may also need to contact the police/emergency services.</p>

The tables below provide examples of incidents and possible actions that should be considered. **These are offered as examples only and should not be considered exhaustive.** It is also important to review all incidents previously recorded, as an accumulation of incidents may meet the criteria for an adult protection referral.

Refer also to 3 Point Test on Page 4, and Threshold Decision-Making Guidance on Page 7

Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>PHYSICAL</p> <p>When a person is mistreated harmed physically.</p> <p>Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions, force-feeding, burning, or scalding.</p>	<p>No harm/impact has occurred. Isolated incident, unlikely to happen again. Robust recording is in place. Relevant and appropriate risk assessments/action plan in place.</p> <ul style="list-style-type: none"> Physical contact but not with sufficient force to cause a mark or bruise, and adult is not distressed. Error by staff causing little/no harm e.g. skin mark due to ill-fitting hoist. Appropriate moving and handling plan / procedures not followed on one occasion not resulting in a fall or harm. One off incident of falling which was witnessed or easily explained, where no harm has occurred 	<p>Repeated incidents/patterns of similar concerns / Accumulation of minor incidents. Risk can be managed appropriately with current supports in place. Incident not caused by a person of trust i.e carer, staff member.</p> <ul style="list-style-type: none"> Unexplained minor marking or lesions, minor cuts or grips marks found on a number of occasions or on a number of service users cared for by the same team/ carer Carer breakdown Appropriate moving and handling plan / procedures not followed on more than one occasion whether or not they in harm. Multiple incidents or unexplained falling which may or may not result in harm and there are concerns about their ongoing management Minor physical assault, where there is no significant injury or distress 	<p>Unexplained, significant injuries. Incident caused by a person of trust i.e carer, staff member. Risk cannot be managed appropriately with current professional oversight supports in place</p> <ul style="list-style-type: none"> Assault Intended harm towards a service user Deliberately withholding food, drinks, aids to independence or medication Physical assaults or actions that result in significant harm or where there is ongoing distress to the adult. Predictable and preventable incident between adults where injuries have been sustained or emotional distressed caused Any inappropriate restraint whether or not medical treatment is required Disregard to moving and handling plan / procedure that causes injury Fall, whether witnessed or not, resulting in significant injury, and there are concerns about the management of the fall risk
<p>Actions/Outcomes to consider at every stage.</p>	<p>Support to vulnerable adult – provide medical support, provide advice and reassurance. Ensuring immediate safety and ongoing safety planning.</p> <p>Advice, information, review of needs/services/care plans, risk management planning, referral to other agency, staff training, disciplinary process, Carer's assessment, GP appointment.</p>		<p>Make an ASP Referral. If there is an indication a criminal act has occurred, the police MUST be contacted. Immediate safety plans must be implemented.</p> <p>Consider also Actions / Outcomes as identified for Low and Medium Risk</p>

Refer also to 3 Point Test on Page 4, and Threshold Decision-Making Guidance on Page 7

Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>SEXUAL When a person is mistreated or harmed sexually.</p> <p>Can include rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting. Also inappropriate touching, sexual assault or using inappropriate sexual language. Does not have to be physical contact and can happen online. Domestic abuse / coercive control.</p>	<p>Not committed by a person of trust i.e carer, staff member, AND isolated incident or unwanted attention, either verbal or physical where there is no or low impact on the adult. Where robust recording and relevant and appropriate risk assessments/action plan are in place.</p> <ul style="list-style-type: none"> Isolated incident when an inappropriate sexualised remark is made to an adult and no distress is caused. 	<ul style="list-style-type: none"> Non-contact sexualised behaviour which causes distress to the person at risk Verbal sexualised teasing or harassment Being subject to indecent exposure 	<ul style="list-style-type: none"> Concern of grooming or sexual exploitation (including online) e.g. made to look at sexually explicit material against their will or where consent cannot be given Rape, sexual assault, voyeurism, sexual harassment Contact or non-contact sexualised behaviour which causes distress Indecent exposure that causes distress Any sexual act without valid consent or pressure to consent Sex activity within a relationship characterised by authority, inequality or exploitation e.g. receiving something in return for carrying out sexual act (Could become risky for the individual) Being subject to indecent exposure Individual responsible for the harm is also a vulnerable adult <p>Any concerns regarding a person of trust i.e carer, staff member.</p>
<p>Actions/Outcomes to consider at every stage.</p>	<ul style="list-style-type: none"> Education around safe sexual relationships and conduct. Case management, review of care plan and risk assessments. Complaints, disciplinary processes, information for service users around expected standards of conduct, increased monitoring for specified period. Consider referrals to health and police. Consider potential harm to others. 		<p>Make an ASP Referral. If there is an indication a criminal act has occurred, the police MUST be contacted. Immediate safety plans must be implemented.</p> <p>Consider also Actions / Outcomes as identified for Low and Medium Risk</p>

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Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>PSYCHOLOGICAL/EMOTIONAL When a person is mistreated or harmed emotionally.</p> <p>Including emotional abuse, threats of harm/abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services / supportive networks. Causing fear or distress, not giving the person an opportunity to express their views.</p>	<p>No impact has occurred. Simply resolved, internal policies and procedures followed, robust recording is in place, relevant and appropriate risk assessments/action plan in place.</p> <ul style="list-style-type: none"> Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no distress is caused. Infrequent taunt or outbursts from other vulnerable adults that cause no distress. Withholding information from an adult, where this is not intended to disempower them. 	<p>Repeated incidents/patterns of similar concerns. Risk can/cannot be managed appropriately with current professional oversight or universal services.</p> <ul style="list-style-type: none"> Carer breakdown. The withholding of information leading to disempowerment but minor impact. Occasional taunts or verbal outburst that do cause distress. Repeated incidents of denying or failing to value an individual's opinion, particularly in relation to service or care they receive. 	<ul style="list-style-type: none"> Coercive Control Denial of Human Rights/civil liberties, forced marriage, Prolonged intimidation Vicious, personalised verbal attacks Emotional blackmail Frequent and frightening verbal outburst or harassment Intentional restriction of personal choice or opinion Concerns regarding “cuckooing” Cyberbullying Radicalisation. <p>Any concerns regarding harm being caused by a person of trust i.e carer, staff member.</p>
<p>Actions/Outcomes to consider at every stage.</p>	<p>Support to adult – advice and reassurance. Ensuring immediate safety. Safety planning. Building resilience. Mental Health Support</p> <p>Referral to other organisations. Multi-agency Care planning and review. Undertake or review risk assessment.</p>		<p>Make an ASP Referral. If there is an indication a criminal act has occurred, the police MUST be contacted. Immediate safety plans must be implemented.</p> <p>Consider also Actions / Outcomes as identified for Low and Medium Risk</p>

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Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>FINANCIAL / MATERIAL</p> <p>When a person's money or material goods are subject to theft, fraud or exploitation.</p> <p>Can include theft, fraud, exploitation, pressure in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>	<p>No impact has occurred.</p> <ul style="list-style-type: none"> • Failure by relatives to pay care fees/ charges where no harm occurs and adult receives personal allowance or has access to other personal monies. • Money is not recorded safely or properly. • Risks can be managed by current professional oversight or Universal Services • Incident of staff personally benefiting from the support they offer in a way that does not involve the actual abuse of money • Isolated and unwanted cold calling/door step visits <p>Not caused by a person in a position of trust.</p>	<p>Repeated incidents/patterns of similar concerns. Risk can/cannot be managed appropriately with current professional oversight or universal services. Incident impacts on person's wellbeing or causes distress.</p> <ul style="list-style-type: none"> • High level of antisocial behaviour • High level of visitors to property and service user appears unable to say "No" (including bogus workmen) • Adult monies kept in joint bank account – unclear arrangements for equitable sharing of interest • Adult not routinely involved in decisions about how their money is spent or kept safe • Non-payment of care fees putting the persons care at risk <p>Incident not caused by person in a position of trust.</p>	<ul style="list-style-type: none"> • Restricted access to personal finances, property and/or possessions • Personal finances removed from adult's control without legal authority • Fraud/exploitation relating to benefits, income, property or legal documents. • Adult coerced or misled into giving over money or property. • Misuse/misappropriation of property, possessions or benefits by, or incident involving, a person in a position of trust or control, including Power of Attorney
<p>Actions/Outcomes to consider at every stage.</p>	<p>Support to Adult – debt advice, safe money management, scam awareness, support to liaise with DWP, banks, other agencies.</p> <p>Referrals to Adult Social Care, Legal, Neighbourhood Policing, Trading Standards. Review of care plan. Consider technology to reduce risk.</p> <p>Organisational processes in place to reduce risk of financial harm.</p>		<p>Make an ASP Referral. If there is an indication a criminal act has occurred, the police MUST be contacted. Immediate safety plans must be implemented.</p> <p>Consider also Actions / Outcomes as identified for Low and Medium Risk</p>

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Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>NEGLECT/ ACTS OF OMISSION</p> <p>When a person is deprived of the means to meet their basic physical and psychological needs</p> <p>Can include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, withholding necessities of life, such as medication, adequate nutrition or heating.</p> <p>Including as a result of the structure, policies, processes or practices within an organisation resulting in ongoing</p>	<p>No harm has occurred. Relevant and appropriate risk assessments/action plan in place. Appropriate care plan in place. Care needs not fully met but no harm or distress occurs</p> <ul style="list-style-type: none"> • Issues or complaints around an adult's admission and/or discharge from Hospital where no harm has occurred • Isolated missed home visit where no harm occurs • Poor quality of care or professional practice that does not result in harm, albeit adult may be dissatisfied with service, eg Isolated incident of an adult not supported with food/drink and reasonable explanation is given; Adult not being bathed as per agreed care planning • Not having access to aids to independence. • Failure to administer medication which results in little or no impact on the person's physical or mental health or pain management. • Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs • Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm 	<p>Repeated incidents/patterns of similar concerns. Risk can/cannot be managed appropriately with current professional oversight or universal services.</p> <ul style="list-style-type: none"> • Health and wellbeing compromised due to ongoing lack of care • Carer breakdown. • Repeated health appointments missed due to unmet needs • Failure to administer medication that has a notable impact on the person's physical or mental health or pain management. • Rigid inflexible routines that are not always in the service user's best interests • Recurrent bad practice lacks management oversight and is not being reported to commissioners • Denying adult at risk access to professional support and services such as advocacy • Bad/poor practice not being reported and going unchecked. 	<p>Gross neglect. Continued failure to adhere with care plan. Lack of action resulting in serious injury or death.</p> <ul style="list-style-type: none"> • Care plans not reflective of individuals' current needs leading to risk of significant harm • Failure to arrange access to lifesaving services or medical treatment • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g. dehydration, malnutrition, loss of independence • Missed, late or failed visit/s where the provider has failed to take appropriate action and harm has occurred • Medication mismanagement that has a significant impact on the person's physical or mental health or pain management. • Intentionally or knowingly failing to adhere to relevant legislation and legal duties • Rigid or inflexible routines leading to service user's dignity being undermined • Punitive responses to challenging behaviours • Failure to refer disclosure of abuse. • Staff misusing their position of power over service users • Overmedication and/or inappropriate restraint managing behaviour

Refer also to 3 Point Test on Page 4, and Threshold Decision-Making Guidance on Page 7

neglect or poor care.	<ul style="list-style-type: none"> • Service design where groups of adults live together and are not compatible but no harm occurs 		<ul style="list-style-type: none"> • Recurrent incidents of ill treatment by care provider to more than one service over a period of time • Service design where group of adults living together are incompatible and harm occurs • All unsafe / unhygienic living environments
Actions/Outcomes to consider at every stage.	<p>Support to the vulnerable adult – consider impact of other harms. Consideration of ways to increase dignity.</p> <p>Referral to other agencies. Carer support. Multiagency care planning and reviews. Review of placement, consultation with family or service user.</p> <p>Reference to Guidance on Wilful Neglect, Ill Treatment and Corporate Homicide.</p> <p>Education/awareness raising to improve practice to both formal and informal care providers. Disciplinary processes and referral to regulatory bodies, eg Care Inspectorate.</p> <p>Commissioning referral, quality improvement plan, training, disciplinary action, complaint.</p>		<p>Make an ASP Referral. If there is an indication a criminal act has occurred, the police MUST be contacted. Immediate safety plans must be implemented.</p> <p>Consider also Actions / Outcomes as identified for Low and Medium Risk</p>

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Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>*DISCRIMINATORY HARM</p> <p>Includes actions (or omissions) and / or remarks of a prejudicial nature focusing on a person's age, gender, disability, race, colour, sexual or religious orientation.</p>	<p>No impact has occurred. Relevant and appropriate risk assessments/action plan in place. Good leadership and Management can be demonstrated. Incidents or behaviours do not cause any harm or disadvantage to the person or group affected by discrimination, or that are resolved quickly and satisfactorily.</p> <ul style="list-style-type: none"> • A person makes a joke based on a stereotype, but apologises and stops when challenged by someone else. • A person uses an outdated or inappropriate term to refer to a protected characteristic, but corrects themselves and learns from their mistake. • A person expresses curiosity or interest in a different culture or identity, but respects the boundaries and preferences of the person or group they are engaging with. 	<p>Dignity is undermined. Repeated incidents/ patterns of similar concerns. Risk can/cannot be managed appropriately with current professional oversight or universal services. Incidents or behaviours cause some harm or disadvantage to the person or group affected by discrimination, or create a risk of harm or disadvantage if not addressed.</p> <ul style="list-style-type: none"> • A person is excluded from a social or professional opportunity because of their protected characteristic, or a policy or practice unintentionally disadvantages a certain group of people. • A person is subjected to microaggressions or subtle forms of discrimination, such as being ignored, interrupted, or patronised, because of their protected characteristic. • A person is exposed to stereotypes or prejudices that negatively affect their self-esteem, identity, or belonging. 	<p>Widespread, consistent ill treatment. Incidents or behaviours that cause significant harm or disadvantage to the person or group affected by discrimination, or that create a high risk of harm or disadvantage if not addressed.</p> <ul style="list-style-type: none"> • A person is subjected to harassment, bullying, or violence because of their protected characteristic, or a culture or climate of fear, hostility, or intimidation is created or tolerated. • A person is denied access to essential services, resources, or rights because of their protected characteristic, or a system or structure perpetuates inequality and oppression of a certain group of people.
<p>Actions/Outcomes to consider at every stage.</p>	<p>Awareness-raising and education on diversity and inclusion, challenging stereotypes and biases, providing feedback and guidance, and promoting positive interactions and relationships.</p> <p>Providing support and advocacy to the person or group affected by discrimination, investigating and resolving complaints and grievances, reviewing and revising policies and practices, and implementing changes and improvements.</p>		<p>Make an ASP Referral. If there is an indication a criminal act has occurred, the police MUST be contacted. Immediate safety plans must be implemented. Provide protection and safety to the person or group affected by discrimination; take disciplinary or legal action against the perpetrators; challenge and transform systems and structures.</p> <p>Consider also Actions / Outcomes as identified for Low and Medium Risk.</p>

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Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
SELF-NEGLECT When a person is living in a way that puts their health/safety or wellbeing at risk. - Lack of self-care (threatens personal health and safety) including neglect for personal hygiene, health or surroundings - Inability to avoid harm as a result of self-neglect - Failure to seek help or access services to meet care needs - Inability or unwillingness to manage one's personal affairs	A concern about an adult who is beginning to show signs and symptoms of self-neglect. There is no/low risk or impact to self or others. Risks can be managed by current professional oversight or universal services. The person is not at risk of losing their place within the community. <ul style="list-style-type: none"> Property neglected but all services/appliances work Some evidence of hoarding – no impact on health/safety Non-compliant with support but no impact on health/safety/wellbeing 	There is medium risk and some impact to self/others <ul style="list-style-type: none"> Some signs of disengagement with professionals Indication of lack of insight Lack of essential amenities/food provision Collecting a large number of animals in inappropriate conditions Increasing unsanitary conditions Non-compliance with medication – medium risk to health and wellbeing Property neglected, evidence of hoarding beginning to impact on health/safety Animals in property are impacting on the environment with risk to health. 	Behaviour poses risk to self and others. Health & wellbeing is impacted significantly without intervention. <ul style="list-style-type: none"> 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 Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g. dehydration, malnutrition, loss of independence Individual has no access to support The individual is not accepting any support or any plans to improve the situation.
Actions/Outcomes to consider at every stage.	<ul style="list-style-type: none"> Assessment by service/professional of concern. Engage person -building relationships, understanding trauma to support individual to make improvements. Self determination. Recognition of root causes of self-neglect and available supports Onward referrals for support, including Environmental Health, Fire Service. Refer to local Self-neglect guidance. Multiagency meeting to discuss concerns. Refer to Self Neglect & Hoarding Guidance & Clutter Rating Tool 		Make an ASP Referral. Immediate safety plans must be implemented. Consider also Actions / Outcomes as identified for Low and Medium Risk

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Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>SELF- HARM</p> <p>When a person intentionally or unknowingly physically harms themselves putting their health/safety or wellbeing at risk.</p> <p>May manifest in various forms eg self-injury (such as cuts or burn marks), use / abuse of drugs / alcohol, eating disorder, or simply not looking after emotional or physical needs.</p>	<p>There is no/low risk or impact to self or others</p> <p>The self-harm has little or no impact on the person's physical or mental health or pain management.</p> <p>The individual in engaging well and the risks are being reduced.</p> <p>Risks can be managed by current professional oversight or universal services</p>	<p>The self-harm has a notable impact on the person's physical or mental health or pain management.</p> <p>Risks are not able to be effectively managed by current professional oversight or universal services</p> <p>There is no evidence or knowledge of a care plan that acknowledges and is aware of related self harm behaviours</p> <ul style="list-style-type: none"> • Where harm has escalated in frequency and intensity. • Where behaviours have changed to more high risk and/or the adult has reduced or stopped engagement in their care plan. 	<p>The self-harm has a notable impact on the person's physical or mental health or pain management.</p> <p>Risks are not able to be effectively managed by current professional oversight or universal services</p> <p>Despite any level of engagement, the care plan is not reducing risk and significant concerns remain.</p> <ul style="list-style-type: none"> • Misadventure that may lead to death or severe injury.
<p>Actions/Outcomes to consider at every stage.</p>	<p>Referral to services – GP and mental health services.</p> <p>Consider Multiagency meeting to discuss concerns, consider the risk and support the adult.</p> <p>Support to the individual - safety planning, crisis services.</p> <p>Consider referral to Mental Health services where there is a change in frequency or intensity of the self harming behaviour.</p>		<p>Make an ASP Referral. Immediate safety plans must be implemented.</p> <p>Consider also Actions / Outcomes as identified for Low and Medium Risk</p>

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Type of harm	Non-Reportable	Requires Consultation	Reportable
	Low risk No impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>*DOMESTIC ABUSE A pattern of controlling, coercive or violent behaviour (physical, verbal, sexual, psychological or financial) which takes place in the context of an intimate relationship involving current or ex-partners, with the aim of gaining power and control over the victim. May be perpetrated in a family home, in the community or online.</p>	<p>The overall impact on well-being and autonomy is minimal.</p> <ul style="list-style-type: none"> • A single, isolated episode of verbal disagreement or minor conflict without a history of violence. • Instances of isolated or less severe coercive control tactics that do not appear to be part of a pattern of abuse. • Both parties contribute to the conflict, with no clear pattern of one person leveraging power and control within the relationship. 	<p>Causes distress to the victim, impacting their independence, decision-making and physical and emotional well-being.</p> <ul style="list-style-type: none"> • Ongoing patterns of verbal or emotional abuse causing distress to the victim (even if this doesn't escalate to physical violence). • Occasional minor physical altercations not resulting in serious injury. • Intermittent instances of control tactics, such as isolation, monitoring, and threats. 	<p>Profound impact on the victim's physical safety, ability to make choices, maintain relationships, and overall autonomy.</p> <ul style="list-style-type: none"> • A pattern of abuse escalating in severity, frequency, or both. • The victim has sustained severe physical harm requiring medical attention. • Previous incidents involving weapons, strangulation, or attempts to cause serious physical harm. • A pattern of escalating coercive control tactics, including severe isolation, constant surveillance/contact, interference with medication, preventing access to care needs.
<p>Actions/Outcomes to consider at every stage.</p>	<ul style="list-style-type: none"> • Conduct a risk assessment with Domestic Abuse, Stalking, Harassment and Honour-Based Violence Assessment (DASH Risk Assessment) and develop safety plan with individual. • Consider referral to Multi-Agency Risk Assessment Conference (MARAC). Contact Police Scotland, at MARACGrampian@scotland.police.uk or by calling 101. If concerns relate to a current partner consider submitting Disclosure Scheme for Domestic Abuse Scotland application (DSDAS) • Discuss referral to specialist domestic abuse service or seek advice as a professional from relevant support service: - Local support services for Aberdeen City can be found here. 		<p>Make an ASP Referral. Immediate safety plans must be implemented. Referral to MARAC.</p> <p>Where an individual is at immediate risk you must contact the Police. If the person is not in immediate danger, it is recommended you have a discussion with them before taking any further action, being mindful of possible service generated risk.</p>

Refer also to 3 Point Test on Page 4, and Threshold Decision-Making Guidance on Page 7

	<ul style="list-style-type: none">- Local support services for Aberdeenshire can be found here: Domestic abuse services and support - Aberdeenshire Council- Information on gender based violence and local contact in Moray can be found here: https://morayprotects.co.uk/about/ending-gender-based-violence/• Provide support to access medical care or report to Police, respecting the choices of the individual	Consider also Actions / Outcomes as identified for Low and Medium Risk
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