Bwrdd Diogelu Caerdydd a'r Fro
Cardiff & Vale Safeguarding Board

Adult Safeguarding Thresholding Toolkit

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Mae'r ddogfen hon ar gael yn Gymraeg

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1. Introduction

Following the identification of a need by the Cardiff and Vale of Glamorgan Regional Safeguarding Board, this toolkit has been developed by Adult Safeguarding Managers from Cardiff and the Vale of Glamorgan to support practitioners, managers and partner agencies to make consistent, evidence-based decisions about when concerns meet the threshold for Adult Safeguarding and when alternative responses may be more appropriate.

This toolkit is underpinned by the key legal and procedural frameworks for adult safeguarding in Wales, including the Social Services and Well-being (Wales) Act 2014, Wales Safeguarding Procedures, Mental Capacity Act 2005, and the Human Rights Act 1998. These frameworks support lawful, proportionate, and person-centred practice.

The toolkit provides practical examples to support professional judgement and promote proportionate, defensible decision-making across agencies. It does not replace professional curiosity, professional judgement, or the responsibility to refer where safeguarding concerns exist.

Practice Point: Considering a Safeguarding Referral

Before making a referral, consider:

- Has abuse or neglect occurred, or is there a risk it may occur?
- Has harm occurred, or is there a risk of harm?
- Is the concern an isolated incident, or part of a pattern?
- Could the concern be more appropriately addressed through supervision, complaints, quality assurance, commissioning oversight, case management or another process?
- What outcome does the adult want (or what outcome is being sought for the adult)?

Safeguarding practice must be person-led and rights-based, placing the adult's voice, wishes, and feelings at the centre. However, it is recognised that autonomy may be constrained by abuse, neglect, coercion, or control, and practitioners must balance respect for choice with the duty to protect through informed and curious practice.

Not all concerns will require a safeguarding response, some may be more appropriately addressed through wellbeing assessment, support planning, provider oversight, or other proportionate interventions. This toolkit supports practitioners to distinguish between these responses while recognising that every case is unique and must be considered on its individual circumstances.

How to Use This Toolkit

This toolkit is a practical reference guide to support day-to-day decision-making. It outlines when concerns are likely to meet the threshold for safeguarding, how they may be categorised at screening, and where alternative responses, including wellbeing assessment and support, may be more appropriate.

Cases may involve multiple forms of abuse, or information may be unclear. Where there is uncertainty, incomplete information, or increasing risk, practitioners should seek advice and make a safeguarding referral where appropriate.

The examples demonstrate increasing levels of risk to support understanding of both threshold and likely safeguarding outcomes. They are intended to guide, not determine, decisions. Practitioners must ensure that all decisions are clearly reasoned, evidence-based, and defensibly recorded.

The toolkit is intended to support discussion, reflection and professional judgement between practitioners and managers when considering whether a concern should be referred to Adult Safeguarding or managed through an alternative and more appropriate pathway.

Manager Reflection

When providing advice regarding a possible safeguarding concern, managers should consider:

- Does the concern indicate abuse, neglect or exploitation?
- Is there evidence of actual harm or risk of harm?
- Does the concern meet the threshold for safeguarding intervention?
- Would an alternative process be more appropriate?
- Has the rationale for the decision been clearly recorded?

The purpose of this toolkit is not to increase referrals but to support consistent, proportionate and defensible decision-making.

Safeguarding must remain person-led and rights-based, with the adult informed and consent sought wherever safe and appropriate. Where this is not possible, the rationale must be recorded. **A lack of consent alone must not prevent a safeguarding referral or decision where risk is present.**

Disclaimer

Making a report to Adult Safeguarding does not constitute, replace, or remove an individual's common law duty to make a report to the Police via 101 or 999 when it is suspected a crime has been committed.

In the event of any emergency or where there is an immediate risk to life or limb, or of serious harm occurring, please contact 999 for the relevant emergency services response.

Practice Point: Considering Risk

When using the threshold tables consider:

- The impact on the adult.
- The likelihood of further harm occurring.
- Whether there is a power imbalance.
- The adult's views, wishes and desired outcomes.
- Whether there are cumulative concerns.
- Whether others may also be at risk.

A number of lower-level incidents occurring over time may indicate escalating risk and should not be considered in isolation.

Link to Wales Safeguarding Procedures for Abuse/ Neglect definitions
Safeguarding Wales

Key Definitions:

Understanding Abuse, Neglect, Harm and Risk of Abuse or Neglect

Abuse

Abuse may be physical, sexual, psychological, emotional or financial. It can occur in any setting and may be a single act, repeated acts, or a pattern of behaviour. Financial abuse includes theft, fraud, pressure in relation to money, or the misuse of money or property.

Neglect

Neglect is a failure to meet a person's basic physical, emotional, social or psychological needs and is likely to result in an impairment of their wellbeing, including their health, safety, dignity or independence.

Harm

For the purposes of this toolkit, harm includes physical injury, emotional distress, psychological impact, financial loss, loss of dignity, reduced independence, impaired wellbeing, or any other adverse effect on a person's health, safety or quality of life.

Risk of Abuse or Neglect

A risk of abuse or neglect exists where there is reasonable cause to suspect that an adult may experience abuse or neglect in the future. This may arise from a single concern, a pattern of incidents, unsafe care practices, organisational concerns, exploitation, coercion, environmental factors, or other circumstances that increase risk. Early intervention should be considered to prevent abuse or neglect from occurring.

2. Types of Abuse



Requires management at local/agency level

e.g. Poor practice or service standards referral/resolution via care management/complaints/disciplinary processes.

Likely outcome of referral:
Another approach is warranted *i.e. Wellbeing assessment*

Adult Safeguarding referral must be made

Likely outcome of referral:
Adult at Risk suspected and need for an enquiry under S.126 and action to protect is reasonably believed.

The following tables list examples of incidents for the 8 types of abuse, and under each level of risk:

2.1 Physical Abuse

Staff error causing little or no harm, *e.g. minor friction mark from using the wrong hoist sling.* Isolated incident/dispute between residents with no harm that could not be predicted. Single medication error with no harm occurred. Moving and handling procedure not followed on one occasion resulting in no harm. Isolated incident of carer falling asleep and no harm caused. Other isolated or minor event that does not cause harm.	Unexplained minor injury, *e.g. bruising or marking.* Recurring medication errors that caused no harm. Incident/dispute between residents resulting in distress.	Unexplained minor injury on more than one occasion or marks indicative of rough handling, *e.g. finger bruising.* Medication error that results in harm. Predictable or preventable incident/dispute between residents resulting in minor injury. Accumulation of minor incidents that meet Reg 26/38 reporting.	Withholding of food or aids to independence. Covert medication without proper medical authorisation or outside the Mental Capacity Act. Moderate to severe unexplained injury. Deliberate maladministration of medication, *e.g. sedative.* Inappropriate physical restraint that is not compliant with agreed legal restrictions to movement.	Recurring, deliberate maladministration of medication that may result in ill health or death. Assaults against the person (GBH, ABH). Female Genital Mutilation. Any incident resulting in serious injury or death. Any other potentially criminal acts against an adult at risk.

2.2 Neglect (does not include Adult-Neglect) *link to Adult Neglect Toolkit*

Isolated missed or late home care visit(s) where no harm occurs. Adult is not assisted with meal/drink on one occasion, and no harm occurs. Poor transfers between services and no harm occurs, *e.g. hospital discharge.* Adult is not bathed as often as they want. Improper paperwork (missing signatures or filing)	Inadequacies in care provision that lead to discomfort or inconvenience and no harm occurs, *e.g. incontinence needs not met on one occasion.* Accidental denial of aids to mobility or independence, *e.g. walking frame.* Care plan does not address risk of harm, but no harm occurs, *e.g. management of behaviour or risk to self.*	Recurrent missed homecare visits or one missed homecare visit where harm occurs. Poor transfers between services where harm occurs. Multiple stage 2 pressure areas occur. Care plan does not address risk of harm and harm occurs, *e.g. management of behaviour or risk to self.* Poor record keeping prevents necessary care delivery and harm occurs.	Ongoing lack of care that leads to deterioration of health or wellbeing (including dehydration, malnutrition, loss of independence). Single stage 3 or above pressure area occurs. Errors in DNACPR documentation, communication or implementation that result in the adult not receiving care in accordance with their wishes, causing harm or placing them at risk of harm.	Serious injury or death occurs because of inadequate care. Failure to arrange access to life saving services or services to prevent harm occurring, *e.g. 999.* Failure to intervene in dangerous situations where the adult lacks mental capacity to assess risk and harm occurs. Gross negligence or neglect resulting in serious injury or death.

2.3 Sexual Abuse (including sexual exploitation)

Isolated incident when an inappropriate or sexualised remark is made to an adult with no issue around cognition or inability to understand what has happened and no distress is caused. Isolated inappropriate sexualised comment or behaviour causing no distress and where no pattern is identified.	Recurrent verbal sexualised teasing or attention. Two people where there is cause to suspect may lack mental capacity to engage in sexualised touching with no distress caused.	Sexualised attention between service users where the recipient only lacks mental capacity to consent. Two people where there is cause to suspect may lack mental capacity engage in sexualised touching with distress caused	Sexualised touch including masturbation without valid consent. Being made to look at pornographic material against will or where valid consent cannot be given. Photography or filming of another person without valid consent for intended sexual gratification.	Attempted or actual penetration by any means without valid consent. Sex in a relationship characterised by power imbalance, coercion, or exploitation (including staff and service user and service user and service user). Sex without valid consent (rape). Voyeurism. Sexual activity with an adult that lacks mental capacity.

2.4 Psychological/Emotional Abuse

Isolated incident where an adult is spoken to in a rude or inappropriate way and no distress is caused. Isolate taunt or verbal outburst and no distress is caused.	Occasional repeat incident of denying or failing to recognise an adult's choice or opinion. Occasional repeated treatment that undermines dignity or esteem. Threat of abandonment.	Persistent failure to recognise an adult's choice or opinion causing distress. Withholding information from an adult intended to disempower or affect decision making. Ongoing threats of abandonment that cause distress. Humiliation of an adult that causes distress or low self-esteem.	Persistent taunts or outbursts that cause distress. Withholding information that causes disempowerment of affects decision making. Persistent treatment that undermines dignity and self-esteem. Denial of individual and decision-making rights including misuse of a Power of Attorney to remove decision making authority. Persistent denial of an adult's choice or opinion causing disempowerment.	Intimidation and bullying behaviour that causes distress. Denial of basic human rights and civil liberties. Control and coercive behaviour. Forced marriage without threat of violence. Prolonged victimisation. Producing and/or sharing images on social media without consent. Personalised attacks that cause fear, intimidation, or distress.

2.5 Financial Abuse

Money is not managed or recorded properly but no loss occurs. Incident of staff benefitting from the support they provide that does not include monetary transactions, *e.g. accruing loyalty card points.* Gifting is accepted outside allowances within agencies policies.	Misuse of a Power of Attorney for Property and Finance that accrues a minor loss but no harm (OPG referral. Please see the Code of Practice for Attorneys under the Mental Capacity Act 2005 Chapter 7). Money is not recorded or managed properly resulting in a minor accidental loss. Adult is not routinely included in decisions about their daily finances including low funds are used and kept but without evidence of undue pressure or coercion and control. Failure by a third party to manage agreed financial responsibilities resulting in insignificant financial inconvenience but no significant detriment.	Misuse of joint banking arrangements to prevent equitable arrangements for sharing of capital and interest. Adult denied access to their own funds and finances without legal provisions. Misuse of appointeeship to access money for illegitimate purposes. Misuse of Power of Attorney to deny an adult access to their capital or savings. Transfer of ownership intended to deny an adult opportunity to liquidate assets.	Misuse or misappropriation of finances, property, or possessions or benefits by a person in a position of trust or control. Removal of control of finances of an adult without legal authority or valid consent. Coercion to release funds to the control of another or relinquish control.	Fraud. Theft of money or property. Doorstep crime and financial scams of an adult without mental capacity. Significant misuse of a Power of Attorney for financial gain including sale of property or transfer of ownership with the intention to deny an adult rights of access.

2.6 Organisational Abuse (previously called Institutional Abuse)

Lack of stimulation or opportunity to engage in social or leisure activities that does not cause harm. Lack of service user voice and control of how a service is run, or care is delivered. Issues of service user compatibility where no harm occurs. Isolated incident of low staffing due to unforeseen circumstances and no harm caused.	Lack of stimulation or opportunity to engage in social or leisure activities that is enduring. Denial of opportunities for service users to make individual choices and take responsible risks. Care planning documentation is not person centred. Failure to provide access to advocacy or professional support services. Poor or outdated modes of care delivery that do not result in harm.	Rigid or inflexible routines that cause distress. Dignity is undermined, *e.g. lack of privacy in personal care, shared clothing, dentures etc.* Failure to whistle-blow on unsafe or unethical practice. Failure to make statutory reports when there is indication they are required (Adult Safeguarding, CIW etc) Inappropriate of incomplete DNACRP documentation (see neglect thresholds). Single incident of low staffing where harm occurs. Recurrent incidents of low staffing where no harm occurs but the potential for harm is evident	Unsafe manual handling practice across the organisation or home. Ill treatment of one or more person indicative of workplace culture. Failure to report, monitor, or improve poor practice. Unsafe or unhygienic living environments. Failure to make Adult Safeguarding reports on more than one occasion when there is a clear indication a report must be made. Punitive responses to challenging behaviour. Repeated incidents of low staffing where harm occurs and/or affects more than one person. Deprivations of Liberty not properly filed or authorised.	Senior staff knowingly permitting abusive or unsafe practices to continue. Misuse of medication or poor medication controls leading to incidents of harm occurring. Widespread use of inappropriate restriction including medication to control behaviour. Sparse or stark living environments including sensory deprivation causing low mood or despondency. Structurally unsafe environments. Low staffing levels that lead to injury, illness or death of one or more person.

2.7 Adult (Self) Neglect *link to Adult Neglect Toolkit*

Indication of poor self-care, e.g. dishevelled presentation or malodorous but no injury or illness. Poor living environment, *e.g. cluttered or dirty but no identified risk to health.* Lack of interest in self-care.	Indications of long-standing adult neglect that may limit social opportunity or future risk to health, *e.g. dishevelled presentation or malodorous but no injury or illness.* Home conditions seen to be inconducive to good health but without significant environmental risks, *e.g. vermin.* Home conditions seen to be filthy and verminous. Home condition seen to be cluttered that may present a risk to health, *e.g. fire risk.*	Indication of self-neglect of the person and/or environment and; Person has declined to engage with services or refused offers of support, and; There is a clear and significant future risk to health, wellbeing, or life, of the individual or others, or; There is a concern the adult who is declining to engage with services may lack mental capacity to make that decision.	Indication of adult-neglect of the person and/or environment and; Person has declined to engage with services or refused offers of support, and; There are immediate risks to health of the adult or others because of the areas of self-neglect, or There is a concern the adult who is declining to engage with services may lack mental capacity to make that decision.	Indication of adult-neglect of the person and/or environment and; This includes neglect of medical needs or life sustaining self-care, or; There is any other risk to life.

In cases of adult-neglect, the level of harm increases with each category, escalating from the persons choice to live in poor conditions with little or no risk to themselves or others, to choices that create a significant risk including risk to life.

2.8 Contextual Safeguarding (other areas of abuse)

Area of Contextual Safeguarding	Low risk	Moderate risk	Significant risk	Critical risk (immediate Police response required)
Direct Payments	Evidence of mismanagement of the Direct Payment including payment mistakes or minor deviation from care plan.	Evidence of concerns regarding a Personal Assistant's suitability to provide support, including non-criminal matters such as right-to-work issues, or financial mismanagement of Direct Payment funds	Evidence of unsuitability of the PA due to criminal conviction without a clear transferable risk, or significant financial mismanagement of the payment for personal gain.	Evidence of unsuitability of the PA due to criminal conviction with transferable risk, or clear misappropriation of payments including where care is not delivered.
Modern Slavery	All concerns of modern slavery are critical risk and must be reported to Police and the local authority.			
Human Trafficking	All concerns of modern slavery are critical risk and must be reported to the Police and the local authority.			
Transitional Safeguarding	All concerns of exploitation or abuse of a care experienced, or homeless young person must be reported to the local authority as an adult at risk.			
Discrimination	Allegations of discriminatory behaviour of a protected characteristic are criminal and must be reported to Police in the first instance.			
Cuckooing	Concerns of cuckooing are criminal and must be reported to the Police and local authority.			
Criminal Exploitation	Concerns of criminal exploitation including County Lines are criminal and must be reported to the Police in the first instance.			
Significant self-harm or suicide attempts	Serious self-harm, attempted suicide, or repeated self-harming behaviour presenting a significant risk to health, wellbeing, or life must be reported appropriately Police/ Mental Health Services.			
Radicalisation	Concerns that an adult may be susceptible to radicalisation should be referred to Prevent and, where the adult meets the criteria for an Adult at Risk, they should also be referred to the local authority/ Adult Safeguarding.			

3. Referral pathways

Agency	Example	Contact Details
Adult Safeguarding	Adult at Risk	**Cardiff:** safeguardingadults@cardiff.gov.uk **Vale of Glamorgan:** adultsafeguarding@valeofglamorgan.gov.uk
Adult Social Services	Case management activity needed	**Cardiff:** [INSERT EMAIL ADDRESS] **Vale of Glamorgan:** [INSERT EMAIL ADDRESS]
Care Inspectorate Wales (CIW)	Poor service standards	[INSERT EMAIL ADDRESS]
Commissioning Teams	Poor service standards	**Cardiff:** [INSERT EMAIL ADDRESS] **Vale of Glamorgan:** [INSERT EMAIL ADDRESS]
Shared Regulatory Services	Environmental or home safety concerns	[INSERT EMAIL ADDRESS]
South Wales Fire and Rescue	Home safety and fire risk concerns	[INSERT EMAIL ADDRESS]
South Wales Police	Reporting any criminal activity including emergency	101 or 999
Welsh Ambulance Service Trust	Reporting emergency medical need	999