TABLE1. A SUMMARY OF RESPONSIBILITIES FOR SAFEGUARDING: WHEN AND HOW TO USE THE SHEFFIELD MULTI-AGENCY SAFEGUARDING HUB (MASH).

Appendix 1. Table of responsibilities	**INDIVIDUAL STAFF MEMBER RESPONSIBILITY**	**REQUIRES ORGANISATIONAL RESPONSIBILITY TO BE TAKEN**	**THE MASH SHARES RESPONSIBILITY**
	Low risk: minor or very low impact	Medium risk: some harm or risk of harm	High risk: Significant harm or risk of harm
	Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following internal processes. Where there are a number of low-level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk	Incidents at this level need to be dealt with by the organisation with the concern. The additional guidance document should be used, (specifically the flow chart): LGA and ADASS 2021. Understanding what constitutes a safeguarding concern and how to support effective outcomes: Suggested multi-agency framework to support practice, recording and reporting. LGA: London	SCC want concerns at this level to be reported into the MASH. However, Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. See additional guidance document: LGA and ADASS 2021. Understanding what constitutes a safeguarding concern and how to support effective outcomes: Suggested multi-agency framework to support practice, recording and reporting. LGA: London If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented by the organisation with the concern.
TYPES OF ABUSE AND OR NEGLECT WITH EXAMPLES ACCORDING TO THE LEVEL OF ESCALATION:			

1. PHYSICAL Page 374	Examples: • Isolated incident • Physical contact but not with sufficient force to cause a mark or bruise, and adult is not distressed • Appropriate moving and handling procedures not followed on one occasion not resulting in harm • Error by staff causing little/no harm e.g. skin mark due to ill-fitting hoist • Simply resolved • Robust recording is in place • Relevant and appropriate risk assessments/action plan in place • Minor incident that meets the criteria for "incident reporting" accidents • Incident	Examples: •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 • Repeated incidents/patterns of similar concerns • Carer breakdown • Inappropriate restraint that causes marks but no external medical treatment/ consultation required • Risk can/cannot be managed appropriately with current professional oversight • Accumulation of minor incidents • Incident not caused by Person in a Position of Trust	Examples: •Unexplained, significant injuries. • Assault • Intended harm towards a service user • Deliberately withholding food, drinks or aids to independence • 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 • Inappropriate restraint that requires medical treatment • Incident caused by a Person in a Position of Trust
Relevant actions and outcomes to be considered	Provide advice, information, review any care plans and risk management plans, review staff training.	Staff members discuss with managers. Think about reviewing the care and support provided. Consider the need for a re-assessment of need. Make any necessary onward referrals. Use organisational complaints processes if suitable, consider use of disciplinary processes with staff if relevant.	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted.

			Immediate safety plans must be implemented
2. **SEXUAL** When an incident of a sexual nature has taken place This does not have to be physical contact and can happen online.	Examples: •Not committed by a Person in a Position of Trust, AND: • Isolated incident or unwanted attention, either verbal or physical (excluding genitalia) where the impact is low • Isolated incident when an inappropriate sexualised remark is made to an adult with capacity and no distress is caused whether the threshold is met for a safeguarding enquiry due to increased risk	Examples: • Non-contact sexualised behaviour which causes distress to the person at risk • Verbal sexualised teasing or harassment • Being subject to indecent exposure where the service user is not distressed. Where there is harm or risk of harm move directly to 'Red'	Examples: • 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 • Any concerns about a Person in a Position of Trust
Relevant actions and outcomes to be considered	Education around safe sexual relationships and conduct. Case management, review of care plan and risk assessments	Think about using organisational resources to address issues: complaints, disciplinary processes, information for service users around expected standards of conduct, increased monitoring for specified period. Outward Referrals: health, police	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted.

			Immediate safety plans must be implemented
3. **PSYCHOLOGICAL** There has been a psychological/ emotional incident(s)	Examples: • No impact has occurred • Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no distress is caused. • Simply resolved • Internal policies and procedures followed • Robust recording is in place • Relevant and appropriate risk assessments/action plan in place. • Infrequent taunt or outbursts that cause no distress • Withholding information from an adult, where this is not intended to disempower them • Incident not caused by a Person in a Position of Trust	Examples: • Repeated incidents/patterns of similar concerns. • Carer breakdown • Risk can/cannot be managed appropriately with current professional oversight or universal services • The withholding of information leading to disempowerment but minor impact. • Treatment that undermines dignity and damage self esteem • Occasional taunts or verbal outburst that do cause distress • Repeated incidents of denying or failing to value their opinion, particularly in relation to service or care they receive. • Incident not caused by Person in a Position of Trust	Examples: • Prolonged intimidation • Denial of Human Rights/civil liberties, forced marriage, DoL/LPS • 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 – see PREVENT guidance • Incident caused by Person in a Position of Trust
Relevant actions and outcomes to be considered	Input from mediation services information for service users detailing expected standards of conduct use of behaviour chart staff training re de-escalation Referral to Adult Social Care, Onward referrals for support Neighbourhood policing Housing Association.	Incidents at this level need to be dealt with by the organisation with the concern. Think about: Referral to Adult Social Care, Onward referrals for support: Neighbourhood policing and Housing Associations.	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

4. **FINANCIAL OR MATERIAL** Concerns raised in regard to people's funds, property and or resources.	Examples: • No impact has occurred • 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/doorstep visits • Not caused by a Person in a Position of Trust	Examples: • 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 • High level of antisocial behaviour • High level of visitors to property and service user appears unable to say "No" • 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 • Incident not caused by Person in a Position of Trust	Examples: • Significant impact on person's wellbeing and lifestyle • Restricted access to personal finances, property and/or possessions • Incident caused by Person in a Position of Trust including POA • Personal finances removed from adult's control without legal authority • Fraud/exploitation relating to benefits, income, property or legal documents. • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control • Adult coerced or misled into giving over money or property.
Relevant actions and outcomes to be considered	Disciplinary Training, Office of Public Guardian, Department of work and pensions. Trading standards	This about how the organisation can respond: Referral to Adult Social Care, Legal Services, Neighbourhood Policing. Review of care plan	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

5. **NEGLECT & ACTS OF OMISSION** Concerns or incidents of neglect or omission of care Falls, pressure damage and medication concerns	Examples: • 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 • 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 • 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	Examples: • Repeated incidents/patterns of similar concerns. • Carer breakdown • Risk can/cannot be managed appropriately with current professional oversight or universal services • Health and wellbeing compromised due to ongoing lack of care • Repeated health appointments missed due to unmet needs	Examples: • Gross Neglect • Continued failure to adhere with care plan • Lack of action resulting in serious injury or death • 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
Relevant actions and outcomes to be considered	Complaint, RADAR, referral Review of Care.	Think about what the organisation can do to resolve things: Referral to District nurse, GP, OT, review staffing arrangements disciplinary.	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

6. **ORGANISATIONAL** Neglect or poor professional practice concerns or incidents as a result of the structure, policies, processes or practices within an organisation, resulting in ongoing neglect or poor care	Examples: • No impact has occurred. • Relevant and appropriate risk assessments/action plan in place • Good leadership and Management can be demonstrated • 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 • Service design where groups of adults live together and are not compatible but no harm occurs • Poor quality of care or professional practice that does not result in harm, albeit adult may be dissatisfied with service	Examples: • Rigid inflexible routines that are not always in the service users best interests • Dignity is undermined • Repeated incidents/patterns of similar concerns • Risk can/cannot be managed appropriately with current professional oversight or universal services • Unsafe and unhygienic living environments. • Health and wellbeing of multiple service users compromised • Recurrent bad practice lacks management oversight and is not being reported to commissioners/ASC • Denying adult at risk access to professional support and services such as advocacy. • Bad/poor practice not being reported and going unchecked	Examples: • Widespread, consistent ill treatment. • Intentionally or knowingly failing to adhere to Mental Capacity Act • 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 • 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
Relevant actions and outcomes to be considered	Complete an Incident referral form (IRF) and refer to the relevant commissioning officer. A quality improvement plan will be needed, maybe training / disciplinary / complaint	Think about how the organisation can respond: Review of placement, consultation with family or service user, outward referrals, ICB quality referral	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

7. **DISCRIMINATORY** Treatment experienced by people based on age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy, maternity, race, religion and belief, sex or sexual orientation	Examples: • No harm has occurred • Isolated incident • Simply resolved • Robust recording is in place • Relevant and appropriate risk assessments/action plan in place • Incident not caused by a Person in a Position of Trust • Risks can be managed by current professional oversight or universal services • Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused • Care planning fails to address an adult's culture and diversity needs for a short period	Examples: • Repeated incidents/patterns of similar concerns. • Risk can/cannot be managed appropriately with current professional oversight or universal services • Risk of escalation • Incident not caused by Person in a Position of Trust • Recurring taunts motivated by prejudicial attitudes with no significant harm • Service provision does not respect equality and diversity principles • Recurring failure to meet specific care/support needs associated with diversity that causes little distress • Denial of civil liberties	Examples: • Humiliation or threats motivated by prejudices • Harm motivated by prejudice • Incident caused by Person in a Position of Trust • Compelling a person to participate in activities inappropriate to their faith or beliefs • Movement or threat to move into a place of exploitation or take part in activities against their will • Being refused access to essential services as a result of prejudices • Honour based violence • Hate crime resulting in injury
Relevant actions and outcomes to be considered	Education, training, review policies, Equality Act 2010, national guidance	This about talking to commissioning officers. Discuss issues with the Police / community policing. Think about using PREVENT	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
8. **MODERN SLAVERY** Holding a person (s) in position of slavery,	Examples:	Examples: No direct disclosure of slavery but:	Examples:

forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them	All concerns about modern slavery are deemed to be of a level requiring consultation	• Long hours at work • Poor living conditions • Low wage • Lives in workplace • No health and safety at work • Encouraged to participate in unsafe activities. Where there is harm or risk of harm move directly to 'Red'	• Found living in poor conditions alone/with others – believed under duress • Identification documents held by another person, who is controlling the individual. • Fear of law enforcers • Working within an area of criminality (sex work, cannabis cultivation, fraud, theft etc.) with the combination of additional factors such as residing in overcrowded conditions and no control over own finances • Arrived in the area to work in an expected area of employment
Relevant actions and outcomes to be considered	Further guidance can be found here: Modern slavery - GOV.UK (www.gov.uk)	Please contact the MASH for further local guidance	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
9. **DOMESTIC ABUSE** Any incident of domestic abuse by an intimate partner or family member or have been regardless of gender or sexuality. Incidents of	Examples: • No harm has occurred • Adult has capacity and no vulnerabilities identified.	Examples: • Unexplained marks or lesions on a number of occasions • Concerns over controlling behaviour of partner e.g. financial/material • Imbalance of power in a relationship	Examples: • Continues to reside with or have contact with the perpetrator • Escalation of concern for safety • Physical evidence of violence such as bruising, cuts, broken bones.

controlling, coercive or threatening behaviour, violence or abuse	• Robust assessment has been undertaken and links to domestic violence support services made. • Contact with perpetrator has ceased, with no concerns this will be re-established. • One-off incident with no injury or harm experienced. • Adequate protective factors in place		• Recurring patterns of verbal and physical abuse. • Fear of outside intervention, has become isolated – not seeing friends and family. • Disengagement from domestic abuse and/or other support services • In constant fear of being harmed • Denied access to medical treatment • Stalking or harassment • Forced marriage/ FGM (female genital mutilation)
Relevant actions and outcomes to be considered	Refer to Domestic Abuse Services for early intervention and support. Onward Referrals to support agencies	When children are present, ALWAYS make a children's social care referral. Refer to ASC for assessment of need. Complete a risk assessment	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
10. **SELF-NEGLECT** A person living in a way that puts their health/safety or wellbeing at risk *Please refer to the Self neglect guidance for further advice	Examples: • A concern about an adult who is beginning to show signs and symptoms of self-neglect • Property neglected but all services/appliances work • There is no/low risk or impact to self or others	Examples: • 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	Examples: • 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.

	• Risks can be managed by current professional oversight or universal services • The person is not at risk of losing their place within the community. • Some evidence of hoarding – no impact on health/safety. • No access to support • Noncompliant with support but no impact on health/safety/wellbeing	• There is medium risk and some impact to self / others • Non-compliance with medication – medium risk to health and wellbeing. • Property neglected, evidence of hoarding beginning to impact on health/safety • Where animals in property are impacting on the environment with risk to health	• High level of clutter/hoarding impacting on health and wellbeing, including fire hazard • Behaviour poses risk to self and others • Life is in danger without intervention • Appearance of malnourishment • The individual is not accepting any support or any plans to improve the situation
Relevant actions and outcomes to be considered Page 383	Assessment by service/professional of concern Engage person Onward referrals for support	A Care Act Assessment may be needed. Refer to First Contact. Refer to Self-neglect guidance: Self-neglect: At a glance | SCIE . May need a multi-agency meeting to discuss concerns. Link to Environmental Health	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
11. **PRESSURE ULCER** Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin NB: Pressure ulcers are primarily a clinical issue and should be referred to the appropriate health professional in	Examples: One person one pressure ulcer Grade 1 or 2 where avoidable and all advice and care is followed. Higher grades of pressure ulcers where: • A care plan is in place • Action is being taken • Other relevant professionals have been involved	Examples: Grade 3 or 4, ungradable or multiple grade 1 and 2, where: • The Care plan has not been fully implemented • It is not clear that professional advice has been sought • There are other similar incidents of concerns • There are possible other indicators of neglect	Examples: Grade 3 or 4, ungradable and suspected Deep tissue injury, where: • The person has not been assessed as lacking capacity, treatment and prevention not provided • No assessment and care planning has not been completed • No advice or professional input has been sought • Other incidents of abuse or neglect

the first instance. However, where there are obvious signs of neglect they should be reported to safeguarding. Whilst not all pressure Ulcers are due to neglect (deliberate or unintentional) each individual's care should be considered, taking into account the persons medical condition, prognosis, skin condition, poor personal hygiene, living environment, nutrition/hydration and their own views on care and treatment	• Full discussion with the patient, family or representative • No other indicators of abuse or neglect		• This is part of a pattern/trend • Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia.
Relevant actions and outcomes to be considered Page 384	Follow own policy/procedure NICE guidelines: 2 Research recommendations | Pressure ulcers: prevention and management | Guidance | NICE Onward referrals for support, e.g Tissue Viability Nurses Consider medical condition, prognosis, hydration/ nutrition	A Care Act Assessment/ Review may be needed so onward referral to First Contact may be suitable. It may also be suitable to request nursing input from District nursing teams	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
12. **FALLS** Please refer to local organisational guidance. NB: Everyone should be supported to stay active and independently mobile as possible, and support should be recorded in their care plans. Some people who are frail or have mobility problems may have a greater risk of	Examples: Isolated or multiple incidents where no harm has occurred and: • Care plans in place and adhered to • Action taken to minimise the risk further • Other professionals have been notified	Examples: More than one incident in a 6-month period required hospital attendance. Multiple incidents where: • The care plan has not been fully implemented • It is not clear that professional advice or support has been sought • There are other concerns about abuse/neglect	Examples: Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person's failure to follow relevant care plans, policies or procedures

falling. Following a fall the individual may require more intensive services for longer and in some cases, may never return to previous levels of mobility. A fall does not automatically indicate neglect and each individual case should be examined to understand the context of the fall	• Full discussion with persons, family or representative • No other indicators of abuse/neglect	• Any fall where there is suspected abuse/neglect of a staff member or Person in a position of trust or failure to follow care plans, policies, and procedures	
Relevant actions and outcomes to be considered	Follow own policy/procedure Onward referrals for support, e.g Falls team Consider medical condition, prognosis, hydration/nutrition. Review Care plan/Risk Assessment. Consider the use of Technology Enabled Care	A Care Act Assessment/ Review may be required. Think about a referral to First Contact. Think about an OT referral or the use of Technology Enabled Care (TEC)	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
13. **MALADMINISTARTION OF MEDICATION** Mismanagement/ misadministration/ misuse of drugs Please refer to local organisational guidance	Examples: • Isolated incidents where the person is accidently given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs. • Isolated incident causing no harm that is not reported by staff members. • Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm	Examples: • Recurring missed medication or administration errors in relation to one service user that caused no harm • Recurring prescribing or dispensing errors that affect more than one individual but cause no harm • Over reliance on sedative medication to manage behaviour • Covert medication without correctly recorded authorisation with no harm caused	Examples: • Recurrent missed medication or administration errors that affect one or more adult and/or result in harm • Deliberate maladministration of medicines (e.g. sedation) • Covert administration without proper medical supervision or outside the Mental Capacity Act, with a detrimental impact • Pattern of recurring administration errors or an incident of deliberate

			maladministration that results in ill-health or death. • Fabricated illness/ induced illness • Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting
Relevant actions and outcomes to be considered	Follow own policy/procedure Training Disciplinary Complaints Medication review	Complaint Training Medication review Learn lessons from the safeguarding concern. Speak with GP/Pharmacy	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
14. **INCIDENTS INVOLVING ANOTHER PERSON WITH CARE AND SUPPORT NEEDS**	Examples: • Isolated incident where no harm was caused • More than one incident where there was no impact on the person and: - Care plan is in place and adhered to - Action has been taken to minimise the risk - Other professionals have been notified - Full discussion with the person, family or representative - No other indicators of abuse/neglect	Examples: • There have been similar incidents involving the same perpetrator • Both people display a dislike for one another but no abuse has occurred • Concerns over escalation of behaviours between identified individuals	Examples: • Any incident resulting in intentional or intent harm • Weapons/other objects are used with the intention to cause harm • Repeated incidents where the person lacks capacity and is unable to protect themselves. • Victim appears fearful in the presence of other person or adapting behaviours to pacify or avoid the person Multiple incidents where: • The care plan has not been fully implemented • Professional advice has not been sought • Other concerns around abuse/neglect

Relevant actions and outcomes to be considered	Follow own policy/procedure Training Disciplinary Complaints Care Review	Complaint Training Compatibility review Liaise with commissioning Learn lessons from the safeguarding concern Care Act assessment/review	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

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