

Safeguarding Adults Decision Making Framework

Endorsed by

Northamptonshire Safeguarding Adults Board

Northamptonshire 
Safeguarding Adults Board

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Contents

1.	Introduction	3
2.	Care Act 2014.....	3
3.	Principles.....	4
4.	Guidance	4
5.	Key Considerations	4
6.	Making Safeguarding Personal (MSP).....	5
7.	Responding to Concerns	5
8.	Threshold Decision Making Guidance	5
	Types of Abuse – Low / Medium / High Risk Examples	7
	Physical	7
	Sexual.....	8
	Psychological.....	9
	Financial / Material.....	10
	Organisational.....	11
	Discriminatory.....	12
	Neglect and Acts of Omission	13
	Domestic Abuse	14
	Modern Slavery.....	15
	Self-Neglect.....	16
	Pressure Ulcers	17
	Falls	18
	Maladministration of Medications	19
	Incidents involving another person with care and support needs.....	20
9.	Case examples of when to raise a safeguarding concern.....	21
10.	Evaluating Risk	22
11.	Helpful links and Guidance	23

1. Introduction

We would like to thank Cumbria Safeguarding Adults Board for their permission to adapt their Threshold Tool for Northamptonshire.

This Decision Making Framework (Framework) seeks to provide support to practitioners in the two local authorities with consistent decision making about whether a referral regarding an adult who may be experiencing abuse or neglect, may require a safeguarding adults enquiry. This framework must be read in conjunction with the relevant Northamptonshire Safeguarding Adults Board policies and procedures. The guidance is publicly available and will therefore assist provider services, practitioners, and other agencies to make appropriate referrals into the local authorities.

The concept of introducing threshold guidance to adult safeguarding practice is a controversial issue, particularly after the introduction of the [Care Act 2014](#). The Care Act was a major step forward in safeguarding adults who experience, or are at risk of abuse or neglect, and are unable to protect themselves. The Care Act and [associated statutory guidance](#) were introduced to ensure an improved and more consistent approach to care and support nationally.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support adults to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those specific decisions.

This framework seeks to support practitioners, partners, and providers, working within the adult sector, to report and respond to concerns at the appropriate level, and to have a consistency of approach across all agencies.

2. Care Act 2014

Section 42 of the Care Act 2014 stipulates statutory responsibilities for safeguarding adults, and defines the following criteria for an adult who may be in need of safeguarding:

- 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, and
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The local authorities retain the responsibility for overseeing a safeguarding enquiry and ensuring that any investigation satisfies its duty under section 42 to decide what action, if any, is necessary to help and protect the adult, and to ensure that such action is taken when necessary.

The Care Act 2014 introduced the requirement to record additional categories of abuse such as Female Genital Mutilation, Modern Slavery, Self-neglect, Honour Based Violence and Domestic Abuse. It should be noted that these categories may also be seen within other categories of abuse.

Section 14.9 of the Care Act Statutory guidance is clear that safeguarding is not a substitute for:

- Providers' responsibility to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
- The core duties of the police to prevent and detect crime and protect life and property.

3. Principles

This Decision Making Framework is underpinned by the 6 principles of safeguarding in the Care Act 2015, and the Mental Capacity Act 2005:

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

Prevention - It is better to take action before harm occurs.

Proportionality - Proportionate and least intrusive response appropriate to the risk presented.

Protection - Support and representation for those in greatest need.

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse

Accountability - Accountability and transparency in delivering safeguarding.

Section 14.14 of the Care Act Statutory Guidance, states that in addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. Making Safeguarding Personal must also be applied in all decision making and must be used by all agencies working in adult provision ensuring the outcomes of the adult are captured throughout the safeguarding process.

4. Guidance

Threshold decision making can be complex. Often an incident may consist of many types of abuse which must be factored into decision making. For example, a medication error could be an indication of institutional, physical, psychological abuse or neglect, but it may also be a one-off incident, and may be a quality of care issue.

Consistent threshold decision making plays a crucial role in ensuring safeguarding enquiries are undertaken for adults at risk who meet the safeguarding criteria as defined in the Care Act. It's important to note that this framework is not a substitute for professional judgement. Rather, it should be used to support decision making and professional judgement. This Decision Making Framework (DMF) should be used in conjunction with providers' procedures and the Northamptonshire Safeguarding Adults' Board Inter-Agency Policy and Procedures. Agency guidance should:

- Offer consistency.
- Provide a framework that allows multi-agency partners to manage risk.
- Assist in differentiating between quality issues and safeguarding risk.

The intention of this framework is to help providers and practitioners identify the appropriate response required when a concern is suspected, or an incident is recognised. It will help you to consider the type and seriousness of abuse and the circumstances when a referral to the local authority is required. When considering whether harm or abuse has occurred, this should always be with the views of the adult concerned, as well as the professionals involved.

This framework has been developed with the local authorities' safeguarding teams, and other key partners, and should be used by all agencies in the public, private and voluntary sectors providing services to adults.

5. Key Considerations

- How long has the alleged abuse been occurring?
- What is the seriousness or impact of the suspected harm on the individual, and is there a pattern of abuse?
- Are there 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 risk been put in place to prevent harm?
- Are any other adults at risk, and is the risk known about and managed?
- Are the incidents increasing in frequency and/or severity?
- Have you assessed the person's mental capacity?
- Has the person given their consent for information to be shared, and do they know a s42 enquiry may be the result?

You should always discuss your concerns with the person and/or their representative and seek their consent to share information. Where the person is not willing or freely able to give their consent for information about their circumstances being shared, you should consider the seriousness of risk to the person and/or potential risk to others i.e. if there are any children and/or other adults with care and support needs involved. If this is the case, consent can be overridden in the interests of protecting person and/or others.

If you remain unsure as to what action to take, you should discuss this with your manager or your organisation's safeguarding lead, and ensure you record all actions clearly with reasons for your decision.

- Are there children at risk? You must make a safeguarding referral to the MASH (Northamptonshire Multi-Agency Safeguarding Hub) on 0300 126 1000 (option 1). Outside of normal hours, contact the Emergency Duty Team on 01604 626938.

If a child is in immediate danger, left alone, or missing, you should contact the police by calling 999.

6. Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) aims to make safeguarding person-centred and outcomes focused and moves away from process-driven approaches to safeguarding, focusing on achieving meaningful improvement and outcomes to an individual's circumstances.

Whether you believe an incident is low, medium, or high risk, it is important to consider the voice of the adult or the adult's advocate and record them on your agency's record management system. When considering the impact, always identify the individual's account of the depth and conviction of their feelings, and what effect it had on them. MSP should be person led and outcome focused. Responses must be proportionate and directed at preventing vulnerability and promoting the wellbeing of adults at risk of abuse.

7. Responding to Concerns

All incidents must be recorded and reported using the appropriate procedures but not all incidents will be safeguarding issues.

In the first instance, it is important to consider whether someone is in immediate danger or has been the subject of a crime. Criminal acts must be reported to the police, and emergency support should be sought where necessary.

Always seek advice from your line manager or safeguarding lead if you have a concern. If in doubt, contact the relevant local authority to discuss:

NORTH NORTHAMPTONSHIRE COUNCIL (Corby, East Northamptonshire, Kettering, Wellingborough)
0300 126 3000

WEST NORTHAMPTONSHIRE COUNCIL (Daventry, Northampton, South Northamptonshire)
0300 126 7000

8. Threshold Decision Making Guidance

In the matrix below, guidance is provided showing low, medium, and high-risk incidents.

LOW RISK is noted in 'green' – record the incident and take appropriate action to resolve.

MEDIUM RISK is noted in 'amber' – record the incident, consult your own agency safeguarding lead/policies and procedures, and take appropriate action to reduce risk. You should also consult with the relevant local authority safeguarding team for advice where necessary.

HIGH RISK is noted in 'red' – in addition to the above, [raise a safeguarding concern](#) with the relevant local authority (and where a child is involved, raise a safeguarding concern with the [Multi-Agency Safeguarding Hub \(MASH\)](#))

Examples are provided of the possible actions that should be considered at every stage. These are offered as examples only and should not be considered exhaustive. It is important that following any incident, a review is undertaken, and an action plan put in place to ensure lessons are learnt and the risk of the incident being repeated is reduced. It is also important to review all incidents in the context of those previously recorded as a series of similar incidents may meet the criteria for referral into safeguarding.

The Care Quality Commission (CQC), as part of the inspection process, will require evidence of your decision making to confirm internal reviews, including subsequent actions, have taken place.

Types of Abuse – Low / Medium / High Risk Examples

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p style="text-align: center;">PHYSICAL</p> <p>The act of causing physical harm to someone else.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • No harm/impact has occurred. • 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 assessment/ action plan in place. • Minor incident that meets the criteria for “incident reporting” accidents. 	<p>Medium risk examples:</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 people cared for by the same team/carer. • Repeated incidents/patterns of similar concerns. • Carer breakdown. • Risk can/cannot be managed appropriately with current professional oversight. • Accumulation of minor incidents. 	<p>High risk examples:</p> <ul style="list-style-type: none"> • 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. • Fabricated or induced illness (can also be psychological harm). An indication that a person in the caring role repeatedly presents a dependent adult as being ill or injured even when there is no evidence.
<p>Actions/Outcomes to consider at every stage</p>	<p>Advice, information, review care plan, risk management planning, staff training, review adult’s needs/services. Actions to prevent reoccurrence. Onward referrals, complaints, disciplinary process.</p>	<p>Care Act Assessment, carer’s assessment, GP appointment re unexplained bruising. Refer to Occupational Therapy.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person’s best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p align="center">SEXUAL</p> <p>An incident of a sexual nature has taken place.</p> <p>This does not have to be physical contact and could be online.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • 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. 	<p>Medium risk examples:</p> <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 where the individual is not distressed. • Where there is harm or risk of harm move directly to 'Red'. 	<p>High risk examples:</p> <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, exploitation e.g., receiving something in return for carrying out sexual act. • Any concerns about a Person in a Position of Trust.
<p>Actions/Outcomes to consider at every stage</p>	<p>Education around safe sexual relationships and conduct. Case management, review of care plan and risk assessment.</p>	<p>Complaints, disciplinary processes, information for service users about expected standards of conduct, increased monitoring for specified period. Onward referrals: health, police.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person's best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

*Incidents of rape, sexual assault, harassment, and indecent exposure that causes distress should be reported to the Police.

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>PSYCHOLOGICAL</p> <p>There has been a psychological/emotional incident(s).</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • Low 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. 	<p>Medium risk examples:</p> <ul style="list-style-type: none"> • 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. 	<p>High risk examples:</p> <ul style="list-style-type: none"> • Prolonged intimidation. • 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 – see PREVENT guidance.
<p>Actions/Outcomes to consider at every stage</p>	<p>Input from mediation services information for service users detailing expected standards of conduct use of behaviour chart staff training re de-escalation.</p>	<p>Referral to the local authority, onward referrals for support, neighbourhood policing, housing.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person’s best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>FINANCIAL OR MATERIAL</p> <p>Concerns raised in regard to peoples' funds, property and or resources.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • Low 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/door step visits. 	<p>Medium risk examples:</p> <ul style="list-style-type: none"> • 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 	<p>High risk examples:</p> <ul style="list-style-type: none"> • 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.
<p>Actions/Outcomes to consider at every stage</p>	<p>Disciplinary Training, Office of Public Guardian, Department of Work and Pensions. Trading Standards.</p>	<p>Referrals to the local authority, Client Financial Affairs, Court of Protection, Legal, neighbourhood policing. Review care plan.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person's best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>ORGANISATIONAL</p> <p>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.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • Low impact has occurred. • Relevant and appropriate risk assessments/action plan in place. • 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 everyone’s 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/professional practice that does not result in harm, albeit adult may be dissatisfied with service. • Absence of appropriate policies and procedures/training/supervision which do not result in harm, and good leadership and management can be demonstrated. • Care plans are not person centred. 	<p>Medium risk examples:</p> <ul style="list-style-type: none"> • Rigid inflexible routines that are not always in the person’s 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 people accessing services compromised. • Recurrent bad practice lacks management oversight and is not being reported to commissioners/the local authority. • Denying adult at risk access to professional support and services such as advocacy. • Bad/poor practice not being reported and going unchecked. 	<p>High risk examples:</p> <ul style="list-style-type: none"> • Widespread, consistent ill treatment. • Intentionally or knowingly failing to adhere to Mental Capacity Act. • Rigid or inflexible routines leading to an individual’s dignity being undermined. • Punitive responses to challenging behaviours. • Failure to refer disclosure of abuse. • Staff misusing their position of power over those receiving support from them. • Overmedication and/inappropriate restraint managing behaviour. • Service design where group of adults living together are incompatible and harm occurs. • Failure to whistleblow serious concerns/disclose abuse.
<p>Actions/Outcomes to consider at every stage</p>	<p>Commissioning referral, quality improvement plan, training, disciplinary, complaint. Concerns raised to prevent reoccurrence.</p>	<p>Review of placement, consultation with family or service user, outward referrals, ICB quality referral.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person’s best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>DISCRIMINATORY</p> <p>Treatment experienced by people based on age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy, maternity, race, religion and belief, sex, or sexual orientation.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • No harm has occurred. • Isolated incident. • Simply resolved. • Robust recording is in place. • Relevant and appropriate risk assessment/action plan in place. • Incident not caused by a Person in a Position of Trust. • Risks 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. • Service where incompatible groups of adults are living together, and no harm occurs. • Absence of policies/procedures/training/ supervision in relation to key aspects of practice which do not result in harm. 	<p>Medium risk examples:</p> <ul style="list-style-type: none"> • 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. 	<p>High risk examples:</p> <ul style="list-style-type: none"> • 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.
<p>Actions/Outcomes to consider at every stage</p>	<p>Education, training, review policies, Equality Act 2010, national guidance. Concerns raised to prevent reoccurrence.</p>	<p>Commissioning, discussions with police, community policing, PREVENT.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person’s best interests, the police MUST be consulted.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>NEGLECT & ACTS OF OMISSION</p> <p>Concerns or incidents of neglect or omission of care.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples - Falls, pressure damage and medication concerns</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • No harm has occurred. • Relevant and appropriate risk assessment/action plan in place, 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. • An unwitnessed fall where no medical treatment was required and there was no evidence of abuse or neglect (See Falls) • Pressure ulcers graded 1-2 where care plan has been followed and professional advice given. (See pressure areas). • Not having access to aids to support independence. • Isolated incident where an adult does not receive necessary help to support their personal care. • Isolated incident of not receiving timely health professional check/non-emergency medical care such as dental, optical, audiology, footcare that doesn't result in harm. 	<p>Medium risk examples:</p> <ul style="list-style-type: none"> • 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. 	<p>High risk examples:</p> <ul style="list-style-type: none"> • Gross neglect. Clear breach of 'duty of care' and professional practice resulting in significant harm. • Continued failure to adhere to care plans. • Lack of action resulting in serious injury. • Death where there is potential risk to others. • 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 where health and wellbeing deteriorate significantly resulting in dehydration, malnutrition, loss of independence. • Missed/late/failed visit(s) where the provider fails to take appropriate action and harm has occurred. • Reoccurring events resulting in significant harm. • Evidence of wilful neglect e.g. deliberate withholding of food, drink, and aids to independence. • Adult experiences significant harm as a result of inadequate/unsafe discharge planning e.g. serious deterioration of health/injury or emotional impact. • Unauthorised deprivation of liberty results in harm to the person. • A person is absent without leave, leave has not been agreed from the location and/or risk assessments were not completed prior to agreement of arranged leave.
<p>Actions/Outcomes to consider at every stage</p>	<p>Complaint, review care plan, address concerns to prevent reoccurrence.</p>	<p>Referral to District Nursing, GP, Occupational Therapy, review staffing arrangements, disciplinary.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person's best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>DOMESTIC ABUSE</p> <p>Any incident of domestic abuse by an intimate partner or family member or have been regardless of gender or sexuality. Incidents of controlling, coercive or threatening behaviour, violence, or abuse.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • No harm has occurred. • Adult has capacity and no vulnerabilities identified. • 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. 	<p>Medium risk examples:</p> <ul style="list-style-type: none"> • 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. 	<p>High risk examples:</p> <ul style="list-style-type: none"> • Stalking/threats to kill/sexual assault/rape/ strangulation/ suffocation/choking/use of a weapon • Forced marriage/FGM (female genital mutilation)/ Honour Based Violence. • Physical evidence of violence such as bruising, cuts, broken bones. • Escalation of concern for safety. • Recurring patterns of verbal and physical abuse. • Fear of outside intervention - has become isolated (not seeing friends and family). • In constant fear of being harmed. • Denied access to medical treatment. • Stalking or harassment. • Concerns about coercion and control.
<p>Actions/Outcomes to consider at every stage</p>	<p>Refer to domestic abuse services for early intervention and support. Onward referrals to support agencies.</p>	<p>When children are present, ALWAYS make a children’s social care referral to the MASH. Refer to the local authority for assessment of need. Complete the DASH risk assessment.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person’s best interests, the police MUST be consulted. Immediate safety plans must be implemented. Complete the DASH risk assessment. Referral discussion to Sunflower.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>MODERN SLAVERY</p> <p>Holding a person(s) in position of slavery, forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • All concerns about modern slavery are deemed to be of a level requiring further guidance and input. 	<p>Medium risk examples:</p> <p>No direct disclosure of slavery but:</p> <ul style="list-style-type: none"> • Long hours at work. • Poor living conditions. • Low wage. • Lives in the workplace. • No health and safety at work. • Forced to participate in unsafe activities. • Where there is harm or risk of harm move directly to 'Red'. 	<p>High risk examples:</p> <ul style="list-style-type: none"> • Found living in poor conditions alone/with others – believed to be under duress. • Identification documents held by another person, who is controlling the adult. • Working long hours for little or no pay, or unsure about their pay arrangements. • Working within an area of criminality (sex work, cannabis cultivation, fraud, theft etc.) with 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. • May be injured as a result of assault or controlling measures. • May be malnourished/unkept/anxious/withdrawn/fearful. • Adult rarely allowed to travel on their own and appears to be under the influence of others.
<p>Actions/Outcomes to consider at every stage</p>	<p>You can find further guidance and the National Referral Mechanism on the Gov.uk website</p>	<p>Contact the local authority for further guidance.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person's best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>SELF-NEGLECT</p> <p>A person living in a way that puts their health/safety or wellbeing at risk.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • 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/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. • Some evidence of hoarding – Low impact on health/safety. • No access to support. • Non-compliant with support but low impact on health/safety/wellbeing. 	<p>Medium risk examples:</p> <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. • 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. • No heat/light/water in the home. • Where animals in property are impacting on the environment with risk to health. 	<p>High risk examples:</p> <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 hoarding or clutter impacting on health and wellbeing, including fire hazard. • Behaviour poses risk to self and others. • Life is in danger without intervention. • The adult is constantly neglecting their health needs, can include appearance of malnourishment. • The individual is not accepting any support or any plans to improve the situation. • Lack of engagement with professionals despite numerous concerns about health and safety.
<p>Actions/Outcomes to consider at every stage</p>	<p>Assessment by service/professional of concern. Engage person. Onward referrals for support.</p>	<p>Care Act Assessment. Refer to the Self-neglect guidance and the ARM toolkit on the NSAB website. Multi-agency meeting to discuss concerns (ARM). Make Environmental Health aware.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person’s best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>PRESSURE ULCERS</p> <p>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.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> One person one pressure ulcer Grade 1 or 2 where avoidable and all advice and care is followed. <p>Higher grades of pressure ulcers where:</p> <ul style="list-style-type: none"> A care plan is in place. Action is being taken. Other relevant professionals have been involved. Full discussion with the person, family, or representative. No other indicators of abuse or neglect. 	<p>Medium risk examples:</p> <p>Grade 3 or 4, ungradable or multiple grade 1 and 2, where:</p> <ul style="list-style-type: none"> 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. 	<p>High risk examples:</p> <p>Grade 3 or 4, ungradable and suspected Deep tissue injury, where:</p> <ul style="list-style-type: none"> 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. This is part of a pattern/trend. Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g., septicaemia.
<p>Actions/Outcomes to consider at every stage</p>	<p>Follow own policy/procedure, NICE guidelines. Onward referrals for support, e.g., Tissue Viability Nurses. Consider medical condition, prognosis, hydration/nutrition.</p>	<p>Care Act Assessment/review, onward referrals Tissue Viability Nurse input requested.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person's best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Pressure ulcers are primarily a clinical issue and should be referred to the appropriate health professional in 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 person's medical condition, prognosis, skin condition, poor personal hygiene, living environment, nutrition/hydration and their own views on care and treatment.

Please refer to: [Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern](#) to support with assessment of level of risk.

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
FALLS	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 your own internal process and by using the Falls Prevention Toolkit to determine if mitigating actions can be undertaken. 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 could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.	Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.
Examples	Low risk examples: <ul style="list-style-type: none"> • Isolated or multiple incidents where no harm has occurred, and: <ul style="list-style-type: none"> - Care plans in place informed by the Falls Prevention Toolkit and adhered to. - Action is taken to minimise the risk further. - Other professionals have been notified. - Full discussion with adult, family/or representative. - No other indicators of abuse/neglect. - The incident has been witnessed or explained and there is no evidence of abuse or neglect. 	Medium risk examples: <ul style="list-style-type: none"> • More than one incident in a 6-month period required hospital attendance. Multiple incidents where: <ul style="list-style-type: none"> • 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. • Any fall where there is suspected abuse/neglect of a staff member or person in a position of trust/failure to follow care plans, policies, and procedures. • Significant injury for example a fracture where the injury is unexplained. 	High risk examples: <ul style="list-style-type: none"> • Any fall resulting in significant injury (such as a fracture), 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, and where the provider has not taken adequate steps to reduce risk.
Actions/Outcomes to consider at every stage	Follow own policy/procedure, onward referrals for support, e.g., Use of Falls Prevention Toolkit and referral to Falls Management team where required.	Care Act Assessment/review, onward referrals, capacity assessment, Occupational Therapy referral.	RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person's best interests, the police MUST be consulted. Immediate safety plans must be implemented.

A fall does not automatically indicate neglect and each individual case should be examined to understand the context of the fall.

[Preventing Falls – North Northamptonshire Council](#)

[Preventing Falls – West Northamptonshire Council](#)

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>MALADMINISTRATION OF MEDICATION</p> <p>Mismanagement/ misadministration/ misuse of drugs. Please refer to local organisational guidance.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> Isolated incidents where the person is accidentally 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. 	<p>Medium risk examples:</p> <ul style="list-style-type: none"> Recurring missed medication or administration errors in relation to one person 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. 	<p>High risk examples:</p> <ul style="list-style-type: none"> 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. Covert medication without correct recorded authorisation.
<p>Actions/Outcomes to consider at every stage</p>	<p>Follow own policy/procedure, training, disciplinary, complaints, medication review.</p>	<p>Complaints, training, medication review, lessons learnt. Speak with GP/Pharmacy.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person's best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

Type of abuse	Low risk Low impact	Medium risk Some harm or risk of harm	High risk Significant harm or risk of harm
<p>INCIDENTS INVOLVING ANOTHER PERSON WITH CARE AND SUPPORT NEEDS</p> <p>Please refer to local guidance for service user to service user incidents.</p>	<p>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 your own internal process. 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.</p>	<p>Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding.</p>	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.</p>
<p>Examples</p>	<p>Low risk examples:</p> <ul style="list-style-type: none"> • Isolated incident where no harm was caused. • More than one incident where there was low impact on the person and: <ul style="list-style-type: none"> - 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 	<p>Medium risk examples:</p> <ul style="list-style-type: none"> • 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. 	<p>High risk examples:</p> <ul style="list-style-type: none"> • 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. <p>Multiple incidents where:</p> <ul style="list-style-type: none"> • The care plan has not been fully implemented. • Professional advice has not been sought. • Other concerns around abuse/neglect.
<p>Actions/Outcomes to consider at every stage</p>	<p>Follow own policy/procedure. Training, disciplinary, complaints, care review.</p>	<p>Complaints, training, compatibility review, liaise with commissioning. Lessons learnt. Care Act assessment/review.</p>	<p>RAISE SAFEGUARDING CONCERN If there is an indication a criminal act has occurred and it is in the person’s best interests, the police MUST be consulted. Immediate safety plans must be implemented.</p>

9. Case examples of when to raise a safeguarding concern

Example 1 - Mrs Patel receives the wrong medication from care staff on one occasion. In this instance, no harm has been done as this was an isolated incident i.e., it hasn't happened previously, and she is the only person to receive the wrong medication. The tablets are now in a marked medi-pack, so the likelihood of this happening again is minimised. **LOW LEVEL RISK AND CAN BE APPROPRIATELY MANAGED BY THE SERVICE.** Discuss the matter immediately in supervision and ensure the organisation's disciplinary process is used to investigate in order to put in appropriate safeguards. The staff member is advised about the implications of doing this again in line with the disciplinary procedures. The investigation will identify if other actions are required for example further training.

Example 2 - Mrs McKeown has been given the wrong medication from care staff. Whilst no harm has been done to Mrs McKeown this has happened to others recently and there are concerns that this could happen again. **MEDIUM RISK THAT MAY REQUIRE A SAFEGUARDING REFERRAL. THIS WILL BE DEPENDANT ON THE ANALYSIS OF THE KEY CONSIDERATION (P4).** In addition, you will need to discuss the errors with the staff involved and review the process to identify any shortfalls. Actions should be undertaken under the organisations disciplinary procedures and safeguards identified to mitigate further errors.

Example 3 - Mr Smith, a service user, has hit another service user, Mr Brown. Mr Brown is not injured or harmed, and this is the first time Mr Smith has acted in this way. **LOW LEVEL RISK CAN BE APPROPRIATELY MANAGED BY THE SERVICE.** Staff should undertake a risk assessment and take appropriate steps to manage the risk of this happening again.

Example 4 - Mr Ali, who draws on services hits another person drawing on services, Mr Brown. Mr Brown is not injured or harmed but this has happened on a few other occasions recently and there are concerns that someone is going to be seriously injured. **MEDIUM RISK THAT MAY REQUIRE A SAFEGUARDING REFERRAL. THIS WILL BE DEPENDANT ON THE ANALYSIS OF THE KEY CONSIDERATION (P4).** Consider what actions are needed to reduce the risk of a recurrence which may need a referral to health professionals and risk assessment.

Example 5 - Ms. Nowak lives alone in poor housing conditions. She does not like to throw anything away and her home is full of old newspapers, household rubbish and vermin droppings have been found. This is impeding her mobility and her personal care including cooking and personal hygiene. Although Ms. Nowak is physically frail, she understands the risks to her health from her chosen lifestyle. **MEDIUM RISK THAT CAN BE MANAGED THROUGH MULTI-AGENCY MANAGEMENT.** Agencies should work together to engage with Ms Nowak and undertake a multi-agency meeting and complete an Adult Risk Management (ARM) risk assessment.

Example 6 - Miss Sunak lives alone in poor housing conditions. She does not like to throw anything away and her home is full of old newspapers, household rubbish and vermin droppings have been found. This is impeding her mobility and her personal care including cooking and personal hygiene. Although Miss Sunak is physically frail, she also has cognitive impairment and fluctuating mental capacity. She appears to understand the risks to her health from her chosen lifestyle, but she refuses to allow professionals or services into her home. There are also concerns that local youths have been targeting her home and have been throwing objects at the windows and shouting abuse. **HIGH RISK OF NEGLECT. There is a need to raise a safeguarding concern.**

Example 7 - Mr Jones is living in Acorns Care Home. He is independently mobile and has no history of falls. Mr Jones has been found by a carer in the corridor, when asked Mr Jones stated that he was walking down the corridor and overbalanced and fell. On checking Mr Jones is found to have an injury later identified as a fracture to his hip. Mr Jones was able to tell the carer how the fall had happened, checks of the environment did not identify any issue that would have contributed to the fall. **NOT A SAFEGUARDING CONCERN**

Example 8 - Mr Omar is living in Acorns Care Home. He is independently mobile and has no history of falls. Mr Omar has been found by a carer in the corridor, when asked, Mr was unable to inform the carer as to why he had fallen. On checking Mr Omar, he is found to have an injury later identified as a fracture to his hip. Mr Omar was unable to tell the carer how he had fallen, and this is an unexplained injury. **MEDIUM RISK BUT DUE TO THE SEVERITY OF THE UNEXPLAINED INJURY A SAFEGUARDING NOTIFICATION IS REQUIRED.**

10. Evaluating Risk

For referrals and advice, contact North Northamptonshire Council on 0300 126 3000 or West Northamptonshire Council on 0300 126 7000.

In case of Emergency (Police, Ambulance and Fire), call 999. For Police non-emergency, dial 101.

Risk Scoring and Grading

A risk score can be calculated to assist in making a decision about how to respond appropriately to a presenting concern. The risk matrix below shows both numerical scoring and colour banding and may be used in combination with the guidance on types and seriousness of abuse.

Low level concerns i.e. scoring 1-3 Low Risk, **DO NOT** require a safeguarding referral, but **MUST** receive a proactive response that is clearly documented.

All concerns **MUST** be reported in line with your organisational policies and procedures and other reporting procedures still apply e.g. CQC, commissioning organisations.

If concerns occur more than once, advice should be sought from the Local Authority Safeguarding Team.

Use the table below to calculate the risk score by multiplying the consequence by the likelihood: C (consequence) × L (likelihood) = R (risk score)

Probability/Likelihood	Consequence/Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1–3 - Low risk

4–6 - Moderate risk

8–12 - High risk

15–25 - Extreme risk

1 - 3 Low risk – No safeguarding action is taking place and/or safeguarding issues have been addressed.

4 - 6 Moderate risk – Safeguarding Protection Plan is/remains in place.

8 - 12 High risk – Serious impact on a person’s life leading to possible serious injury or serious impact on the person’s life i.e. loss of life savings etc.

15 - 25 Extreme risk – Serious impact on a person’s life which could lead to serious injury/death.

Note: This risk matrix is an additional support tool and referrals are not required to have a risk score, but you may include it if the risk matrix has been used.

11. Helpful links and Guidance

You can find further help and guidance in the links below:

Care Quality Commission (CQC) Guidance

[Regulation 13 – Safeguarding service users from abuse and improper treatment](#)

[Medicines information for services](#)

Criminal Justice and Courts Act 2015

[Section 20 - 25 - Wilful neglect](#)

Crown Prosecution Service (CPS)

[Rape and Sexual Offences Overview and Index 2021 - updated guidance](#)

Government Guidance

[Revised Prevent duty guidance for England & Wales](#)

[Modern Slavery - National Referral Mechanism](#)

[Falls and fractures: applying All Our Health](#)

National Health Service (NHS)

[Falls - Prevention - NHS \(www.nhs.uk\)](#)

[Help after rape and sexual assault](#)

National Institute for Health and Care Excellence (NICE)

[Overview | Falls in older people: assessing risk and prevention | Guidance | NICE](#)

[Managing medicines in care homes](#)

North Northamptonshire Council

Northamptonshire Safeguarding Adults Board - [NSAB Policies & Procedures:](#)

Adult Risk Management

Inter-Agency Policy & Procedure

Northamptonshire Hoarding Framework

Persons in Position of Trust

Raising concerns about vulnerable children and adults

Self-neglect guidance

Rape Crisis England & Wales

[Types of sexual violence](#)

North and West Northamptonshire Councils

[Domestic abuse strategy](#) | North and West Northamptonshire

[Preventing falls | North Northamptonshire Council \(northnorthants.gov.uk\)](#)

[Preventing falls | West Northamptonshire Council \(westnorthants.gov.uk\)](#)

[Preventing radicalisation and extremism](#)