Safeguarding Adults Multi Agency Thresholds Guidance

Version 2 – disseminated May 2012

Version Control (notifies of changes made from Version 1)

Please note this is a living document which may be subject to change. The most up to date version will be uploaded to the Bury Council Website and situated under the section "Adults and Older People" → "Help for Adults" → "Safeguarding Vulnerable Adults"

Please ensure you have the most up to date copy.

Page	Overview of Changes from Version 1
2	Weblink to referral form removed.
6	Weblink added for No Secrets document
7	Removal of the word Universal, change to Single Agency Services.
8	Slight reword of the text under "Review" paragraph
8	Expansion of the examples given under physiological abuse category.

This document is controlled by the Safeguarding Adults Team, contact through Bury Adult Care Services Customer Contact Centre on 0161 253 5151.

Thresholds Guidance

Due to the scale and varying needs of adult at risks it is crucial that all agencies working with adults at risk are involved in the prevention of abuse. However, identifying when safeguarding referrals should be made is not always clear cut.

In order to give some clarity to when a referral should be raised with Bury Adult Care Services, the following safeguarding referral "thresholds" have been compiled. This threshold guidance is directed at providers/practitioners and aims to firstly ensure adult protection issues and concerns are reported and investigated at the appropriate level, and secondly, to broker consistency of approach across agencies.

It is recognised that some health organisations will conduct their own investigations, however, outcomes of those investigations must be forwarded to Bury Adult Care Services in order for them to fulfill their duty to monitor, and, record safeguarding referrals within the Bury Borough.

This guidance is laid out in 3 sections: - .

Section 1 Safeguarding Referral Threshold Flowchart – lays out the basic process around an Adult Safeguarding Referral.

Section 2 Initial Considerations – what you need to consider before making a referral.

Section 3 a) Threshold Tiers – gives written guidance around where Adult Safeguarding concerns should be managed and when to refer in to Bury Adult Care Services.

3 b) Thresholds Matrix – a matrix laying out practical examples of what may fall in (or out) of the threshold for a safeguarding referral.

Section 4 Risk assessment guidance and tool – which is to be used in conjunction with the matrix.

However, the condition remains "if in doubt, report".

Submitting a Safeguarding Referral

In order to submit a safeguarding adult referral, please contact Bury Adult Care Services Contact Centre on 0161 253 5151, who will advise how to link into the forms via the Bury Council website.

Section 1 - Adult Safeguarding Referral Threshold Flowchart

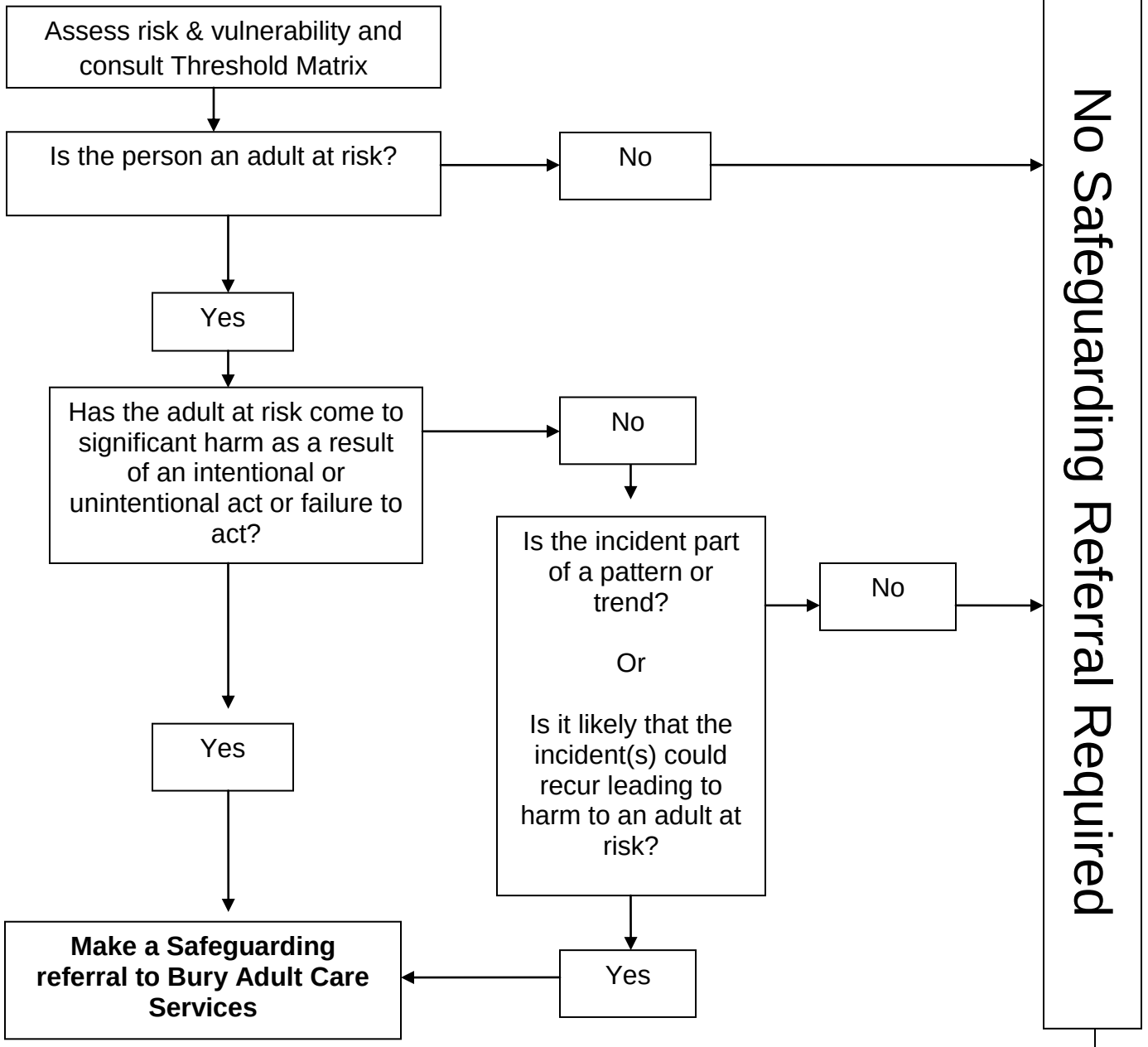
(please also refer to Initial Considerations section 2)

An adult at risk: :

A person aged 18 or over and who:

- Is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
- Receives direct payments in lieu of adult social care services; or
- Funds their own care and has social care needs; or
- Otherwise has social care needs that are low, moderate, substantial or critical; or
- Falls within any other categories prescribed by the Secretary of State; and
- Is at risk of significant harm, where harm is defined as ill treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft and fraud).

Other ways for concern to be managed i.e. complaint, contract compliance, multi agency meeting, refer for assessment, human resources investigation etc.



Section 2 Initial Considerations

The flowchart in section 1 gives a diagrammatic illustration of the guidance in this section.

There are a number of actions/questions that need to be considered before completing a referral.

a) Has the risk /vulnerability of adult at risk been assessed?(see section 4)
b) Is the person who has/ may have been abused an **adult at risk**?

For the purposes of this Threshold document and related documents, the definition of an adult at risk is as follows[1]:

A person aged 18 or over and who:

- Is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
- Receives direct payments in lieu of adult social care services; or
- Funds their own care and has social care needs; or
- Otherwise has social care needs that are low, moderate, substantial or critical; or
- Falls within any other categories prescribed by the Secretary of State; and
- Is at risk of significant harm, where harm is defined as ill treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft and fraud).

c) Has the adult at risk experienced significant harm? (see below for explanation of significant harm) Harm doesn't necessarily mean physical harm, but could be emotional, physiological etc (see matrix for examples).

If the answer to one or all of the above questions is "no" the alert will fall below the safeguarding threshold. However, there are other possible ways in which your concerns can be managed. Examples include (although the list is not exhaustive): -

- Incident report logged
- Cause for concern logged
- Complaint
- Multi Agency Meeting / Care Management
- Contract compliance activity
- Signpost to relevant services
- Change in internal procedures/processes
- HR investigation
- Refer for relevant assessment
- Joint Contracts / Safeguarding planning meeting to address low level concerns / poor standards of care in relation to contracted providers

[1] Taken from the Law Commissions guidance document May 2011

d) Is there a duty of care which has been breached e.g. by a care worker or a carer? This helps distinguish abuse (of trust) from abusive/criminal acts by strangers.

It is important to note that the abuse does not need to be deliberate. Some neglect is not deliberate.

It is not the **intent** which needs to be considered but the **harm** which has resulted from an act or omission and which should trigger adult safeguarding procedures.

Explanation of Significant harm

In order to assess whether a referral meets the safeguarding adults threshold a decision needs to be made as to whether "significant harm" is likely to have occurred.

Assessing - Significant harm varies between individuals and requires careful assessment before a threshold decision is made, including consideration of the possibility of future significant harm. The seriousness or extent of the abuse or neglect is often not clear when the safeguarding issues is raised, some incidents may not have caused immediate significant harm but if they were to recur it is highly likely that there would be significant harm to the adult at risk, other adults at risk, or children.

Because of the need for a timely response, information gathered to inform the threshold decision cannot be as detailed as that gathered in a formal safeguarding adult assessment or investigation and should not delay a referral.

No secrets refers to significant harm as:
• ill treatment (including sexual abuse and forms of ill treatment which are not physical)'
• the impairment of, or an avoidable deterioration in, physical or mental health and/or
• the impairment of physical, intellectual, emotional, social or behavioural development.

(web address for to No Secrets document as follows)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on, and risk to, the person, but also to the risk of future longer-term harm.

No secrets also puts forward the following factors to be taken into account when making an assessment of the seriousness of the risk to the person:
• Vulnerability of the person
• Nature and extent of the abuse or neglect
• Length of time the abuse or neglect has been occurring
• Impact of the alleged abuse on the adult at risk
• Risk of repeated or increasingly serious acts of abuse or neglect
• Risk that serious harm could result if no action was taken
• Illegality of the act or acts.

Section 3a Thresholds Tiers

This section takes you through the different threshold tiers, of which there are 5. The section guides you through as to where concerns should be managed and when to refer into Bury Adult Care Services.

Concerns falling within level Tier 1 and 2 should be dealt with in house by the managing agency. **However, Tier 3 and above must be put forward as a Safeguarding referral to Bury Adult Care Services**.

Tier 5 - Serious Case Review

Tier 4 –Medium to High risk of significant harm (Safeguarding level 2 & 3) immediate referral into Bury Adult Care Services

Tier 3 – Low to Medium risk of significant harm (Safeguarding level 1) immediate referral into Bury Adult Care Services

Tier 2 – Complaints/ Reviews
Dealt with by in house services
Bury Adult Care Services advised of outcome

Tier 1 – Single Agency Services
Concerns can be addressed by in house services and by means other than a safeguarding adult referral

Tier 1 – Single Agency Services
Most adults at risk receive a variety of services from a range of providers. These services generally provide good quality care and services and are often best placed to deal with many issues regarding allegations of abuse or poor practice. Therefore it is anticipated that most work on the lower levels of abuse should be dealt with internally by these services.

However, it is essential that all concerns about abuse are initially reported to Adult Care Services.

Tier 2 - Complaints and Safeguarding Reviews.

Complaints
All complaints regarding independent providers or other agencies should initially be dealt with in-house by the agency internal complaints policy. It is anticipated most of these complaints will be more about poor quality of care and service rather than abuse, for instance low staffing numbers, environmental issues etc.

It is good practice for providers to contact the agency who has placed an individual with that service (where applicable) to inform them of any issues and the outcome of any internal investigations.

Reviews
It is the responsibility of the local authority and Primary Care Trust to annually review all the adults at risk for whom they provide services to or arrange placements for.
The purpose of the review is to look at whether an adult at risk needs are being met. Reviews would , where a case does not meet the criteria of significant harm, addressed abuse issues and thus prevent the abuse potentially escalating.

Tier 3 – Low to Medium risk of significant harm (Level 1) Safeguarding cases
Tier 3 and above is the point at which safeguarding referrals should be raised directly with Bury Adult Care Services (it is recognised that this excludes some health organisations). The relevant Adult Care Services team will take the initial lead regarding the coordination of the allegation of abuse and chair all the meetings relating to the allegation.

Tier 3 involves cases of low to medium levels of harm, examples of which include:

- Physical abuse – e.g. where an adult at risk has experienced a physical injury, except where this is of a serious nature i.e. Neglect – e.g. where a relative is neglecting the adult at risk or friend, for example if a partner refuses to pay for care for the adult at risk.

- Psychological abuse – e.g. where an adult at risk is being bullied either by neighbours / friends / relatives / strangers – treatment which undermines dignity, not recognising and adults choice or opinion etc.

- Discriminatory abuse – e.g. where the adult at risk is being ridiculed or threatened because of their race, gender, disability, sexuality, religion or age.

Tier 4 – Medium to High risk of significant harm (Level 2 and 3) Safeguarding cases
Tier 4 is where the adult at risk faces a higher level of risk of significant harm i.e. threats to kill, rape etc. Again cases meeting the threshold for safeguarding investigation will be investigated and managed by the relevant Adult Care Services team. Consideration should also be given at this level as to whether the case needs to be referred for a serious case review.

Cases in this tier involve complex situations for example:

- Institutions where issues potentially affect more than one adult at risk, i.e. issues relating to moving and handling, medication, care plans cultural issues, in care homes, hospital wards, day care settings etc.

- Case where there are multiple potential victims/abusers, from different teams or areas, e.g. an older person who attacks a younger person with learning difficulties, an aftercare client who is having an inappropriate relationship with a person with mental health problems.

- Cases that involve serious incidents, i.e. murder, death of an adult at risk.

- Cases where the person causing harm may be a staff member of Adult Care Services

- Cases which have a public or media interest.

Tier 5 - Serious Case Review

When a very serious incident of abuse has occurred, including the death of the adult at risk then the following procedures should be followed:

1) Serious and Untoward Incidents are internally investigated through the procedures of the various health organisations. These will be initiated in line with their procedure and policies.

2) The Safeguarding Adults Board has the lead responsibility for conducting a serious case review. A serious case review will be considered when:

- An adult at risk dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death.
- An adult at risk has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, **and** the case gives rise to concerns about the way in which local professionals and services work together to safeguard adult at risks.
- Where an adult at risk being exploited by a person in trust, particularly in an institutional setting, or when multiple abusers are involved and the case gives rise to concerns about the way in which professionals and services work together to protect adults at risk.

- If the case suggests that Bury Safeguarding Adults Partnership Board may need to change its protocols or procedures, or that protocols are not being understood or acted upon.
- Any case where there public interest issues
- Any incident where the Safeguarding Adult Partnership Board agrees there is a specific need to carry out a review.

Section 3 b – Thresholds Matrix

The following matrix is divided into sections, each relating to a different abuse type. Though it must be remembered that an adult at risk can face more than one type of abuse at a time, the primary abuse should always be that which places the adult at risk at the most significant level of risk.

Each section of the matrix is further subdivided into each of the 5 tiers with “examples” relating to each tier and abuse category. The examples given are not exhaustive if in doubt please either speak to your line manger or contact Bury Adult Care Services Contact Centre on 0161 253 5151.

The purpose of the matrix is to enable practitioners to decide how to deal with abuse at the most appropriate level to provide maximum protection to the adult at risk.

Section 3b Threshold Matrix

Type of Abuse	Tier 1 Managed through other approaches	Tier 2 Investigated within own organisation but outcome passed to Bury Adult Care Services	Tier 3 Safeguarding referral Level 1	Tier 4 Safeguarding referral Level 2 and 3	Tier 5 Serious Case review
Physical	• Staff error causing no/little harm, e.g. friction mark on skin due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting'	• One off incident involving service user on service user • Inexplicable marking found on one occasion	• Inexplicable marking or lesions, cuts or grip marks found on more than one occasion. • Marks lesions, cuts caused by one person but to several service users.	• Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault	• Grievous bodily harm/ assault with weapon leading to irreversible damage or death
Medication	• Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs	• Recurring missed medication or administration errors in relation to one service user that cause no harm	• Recurring missed medication or errors that affect more than one adult and/or result in harm • Missed medication where harm does occur.	• Deliberate maladministration of medications • Covert administration without proper medical supervision	• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual	• One off incident when an inappropriate sexualised remark is made to an adult and no or little distress is caused.	• One off incident of low-level unwanted sexualised attention/touching directed at one adult by another whether or not capacity exists	• Reoccurring verbal sexualised teasing • Attempt to take camera/video or use other forms of media to attain inappropriate pictures.	• Recurring sexualised touch or isolated/recurring masturbation without consent • Being made to look at pornographic material without consent • Being subject to indecent exposure • Attempted penetration by any means (whether or not it occurs within a relationship) without consent • Sexual harassment	• Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without consent/ rape
Psychological	• One off incident where adult is spoken to in a rude or other inappropriate way – respect is undermined, but no or little distress is caused	• Occasional taunts or verbal outbursts which cause distress • The withholding of information to disempower	• Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Frequent verbal outbursts • Bullying by friends/neighbours/strangers. • Bullying by 1 person but multiple victims.	• Humiliation • Emotional blackmail, e.g. threats of abandonment/harm/ threats to kill • Frequent and frightening verbal outbursts	• Denial of basic human rights/civil liberties, overriding advance directive, forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks
Financial	• Staff personally benefit from the support they offer service users, e.g. accrue 'reward points' on their own store loyalty cards when shopping, use "buy one get one free offers".	• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered • Theft	• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • Adult denied access to his/her own funds or possessions	• Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control • Personal finances illegally removed from adult's control	• Fraud/exploitation relating to benefits, income, property or will
Neglect and acts of omission	• Isolated missed home care visit where no harm occurs • Adult is not assisted with a meal/drink on one occasion and no harm occurs	• Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally • Not having access to aids to independence • Low level neglectful practice i.e. failure to refer to necessary agencies.	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge without adequate planning and harm occurs • Self neglect • Partner refusing to pay for care.	• Ongoing lack of care to extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence	• Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk
Institutional	• Lack of stimulation/opportunities for people to engage in social and leisure activities • Service users not given sufficient voice or involved in the running of the service	• Care-planning documentation not person-centred	• Rigid/inflexible routines • Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared underclothing • Denial of individuality and opportunities for service users to make informed choices and take responsible risks • Staff misusing their position of power over service users	• Bad practice not being reported and going unchecked • Unsafe and unhygienic living environments	• Over-medication and/or inappropriate restraint used to manage behaviour • Widespread, consistent ill treatment
Discriminatory	• Isolated incident when an inappropriate prejudicial remark is made to an adult and no or little distress is caused	• Care planning fails to address an adult's diversity associated needs for a short period • Isolated incident of teasing motivated by prejudicial attitudes	• Inequitable access to service provision as a result of a diversity issue • Recurring taunts • Recurring failure to meet specific needs associated with diversity	• Being refused access to essential services • Denial of civil liberties, e.g. voting, making a complaint • Humiliation or threats	• Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury or attempted murder/ honour-based violence

Please note this matrix should not be used in isolation but in conjunction with the threshold guidance and a completed risk assessment management tool.

Section 4) Risk Assessment Guidance and Tool

The governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others to doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted.

What needs to be considered is the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, wellbeing and choice, it should be possible for a person to have a support/ care plan which enables them to manage identified risks and to live their lives in ways which best suit them.
An assessment of risk should be completed at each phase of the safeguarding adult's process but must be completed at:

1. Referral
2. Strategy phase
3. Investigation
4. Case Conference
5. Protection Plan
6. Review

Please note, where a referral has been made to Bury Adult Care Services and the process taken through the Safeguarding route – Bury Adult Care Services will oversee risk assessment from the referral stage onwards.

Definitions

Risk assessment is simply a careful examination of what could cause harm, so that precautions can be considered and implemented to prevent harm.

Risk-taking is choosing to act or not to act in relation to assessed risk.

Risk is the likelihood of harm occurring, and the severity of it's consequences in terms of injury. *The how bad and how often.*

Harm is the ill treatment (which can include all forms of abuse) and the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional or behavioural development.

'Risk is dynamic and may depend upon circumstances which alter often over brief periods. Therefore, risk assessments need predominately short term perspective and must be subject to frequent review. Some risks are general whilst other risks are more specific with identified potential victims.'

What is reasonable risk?

- Everyone perceives risk differently;
- It is often viewed negatively and can prevent people from doing the things that most people take for granted;
- It is about striking a balance between empowering people to make choices, while supporting them to take informed everyday risks;
- The governing principle behind good approaches to choice and risk is people have the right to live their lives to the full as long as that doesn't stop others from doing the same;
- In the decision-making process we should identify areas that might be potentially harmful to the individual or others and then look to put in measures that reduce the risk and promote the independence of the individual.

Carrying out a risk assessment within the Safeguarding Adults procedures:

An assessment of risk should be completed at each phase of the safeguarding adults' process but **must** be completed at:

1. Referral
2. Strategy phase
3. Investigation
4. Case Conference
5. Protection Plan
6. Review

All assessments of risk must be recorded within the person's safeguarding adults record and should include:

- Identification of risk
- Factors that increase the risk/ harm
- Factors that decrease the risk/ harm
- Likelihood of it occurring and reoccurring
- Consequences/ impact
- Risk assessment score using Risk Matrix
- Next steps/ actions

A Risk Assessment and Management Tool has been developed for use and is attached to this document.

Completing a Risk Assessment within the Safeguarding Adults procedures:

Type of Risk

Identify here the original risks of harm, which may change when protective action is taken. *For example, original risk of harm is rape, but the current risk is much less if the person causing harm is arrested.*

Detail in this section the how bad and how often and think wider than the presenting issue. *For example, financial abuse increases an individual's risk of neglect, risk of adequate food or heating and possible eviction.*

Also consider in this section, the risk of harm to other adults at risk. For example, one person experiencing abuse due to inappropriate use of restraint may be an indication of institutional abuse affecting more people.

When considering risk of harm, always record the individual's awareness and perceptions of the risks.

Factors that increase risk of harm

There are a number of personal and environmental factors which will contribute to an individual's risk of harm. They include:

- **Age.** Research shows people are significantly more likely to be abused if you are aged over 70 years of age.
- **Physical disability.** Increase physical dependency on other for help with day-to-day living makes people more vulnerable to abuse.
- **Learning disability.** Adults with learning disabilities may not understand acceptable levels of support or may be in situations where abuse from other service users is more likely and communication difficulties may mean reporting abuse difficult.
- **Mental Health Issues.** Research has shown that people with mental health illnesses often are not believed or find themselves in situations where abuse from other service users is possible.
- **Sensory impairments.** Individual's sensory impairments may make reporting abuse difficult or identifying the abuser difficult.
- **Dementia.** It is particularly important to assess individual's mental capacity.
- **Ethnicity/ culture.** If English is not the person's first language – reporting abuse may be difficult. It is particularly important to use independent interpreters to aid communication – never use family members.

- **Social isolation.** If a person has limited family or social networks they will have less external scrutiny to identify any signs of abuse or mistreatment.
- **Previous victim of abuse.** Victims of abuse often have low self-esteem and or a belief system supporting abusive behaviour as a legitimate response to situations.
- **Communication difficulties.** Where necessary independent professional who can facilitate communication must be used.
- **Previously the person causing harm.** Those who previously were the person causing harm who then become dependent on their previous victims may be at risk of abuse with 'revenge' as the motivation.
- **Health problems.** Individual health problems may make them too weak to report or respond to abuse.
- **Domestic abuse.** Research shows that domestic abuse is most commonly experienced by women and carried out by men. Women with disabilities are twice as likely to experience gender based violence as non-disabled women, and are likely to experience abuse over a longer period of time and suffer more severe injuries as a result.
- **Service providers.** If an individual is receiving community care services, the actions of the provider may have an impact on the individual. Especially if there is no current manager, new manager, high staff turnover, high proportional of agency staff, large number of people with high level of needs, little or no staff training.

When considering factors that increase the risk of harm, always record the individual's views.

Factors that decrease the risk of harm

Identify the protective factors that are in place **or** which have been put in place as a result **or** that can be immediately be put in place to reduce or eliminate the risk of harm. This should include any immediate/ emergency Protection Plans put in place by <u>any</u> agency. For example:

- Support services in place (domiciliary care package, 1:1 support)
- Relationships with family, friends, neighbours, which do not present a risk
- Access to social/ support groups
- Awareness of personal support
- Services recognise abuse and has taken appropriate action
- Person is in a place considered to be safe

When considering factors that decrease the risk of harm, always record the individual's views. Can they identify their own risk management strategies?

Likelihood of it occurring or recurring

From the identification of the risks of harm, the factors that increase and decrease the risk of harm establish the likelihood of it having occurred or recurring using the following frequency based score:

1	Rare	Can not believe this could ever happen or occur
2	Unlikely	Do not expect it to happen or recur but is possible
3	Possible	May happen or occur occasionally
4	Likely	Will probably happen or occur but it is not a persistent issue
5	Almost certain	Will undoubtedly happen or recur, possibly frequently

Consider:

- How long has the alleged abuse been occurring for?
- Is there a pattern of abuse?
- Have there been previous concerns – not just safeguarding adult referrals, but other issues related to the victim, e.g. Anti-social behaviour, hate crime incidents, but also in relation to the alleged person causing harm?
- Any other adults at risk?
- Is the situation monitored?
- Are the incidents increasing in frequency and/ or severity?

When considering the likelihood it has occurred or that it will recur, record the individual's views.

Consequence/ Impact

From the identification of the risks of harm, the factors that increase and decrease the risk of harm determine a consequence/ impact score using the following descriptors.

Low – Insignificant	Low – Minor	Moderate	High	Extreme
No obvious harm or concern	Minimal harm or concerns to one person	Some harm or concern to more than one person	Serious harm or concern to one or more people	Death or life threatening to one or more people

When considering the consequence/ impact, always identify the individual's account of the depth and conviction of their feelings. What effect did it have on the individual?

Consider:

- What was/ is the actual harm?
- What is the worse possible outcome?
- Is there reason to believe someone may be in danger?
- Is the abuse persistent and deliberate?

Likelihood		**Consequence/ Impact**				
		Low - Insignificant **1**	**Low - Minor** **2**	**Moderate** **3**	**High** **4**	**Extreme** **5**
Rare	**1**	**1L**	**2L**	**3L**	**4M**	**5M**
Unlikely	**2**	**2L**	**4M**	**6M**	**8M**	**10H**
Possible	**3**	**3L**	**6M**	**9H**	**12H**	**15E**
Likely	**4**	**4M**	**6H**	**12H**	**16E**	**20E**
Almost Certain	**5**	**5M**	**10H**	**15E**	**20E**	**25E**

Risk of harm category

To calculate the risk of harm category, select the appropriate likelihood row and the appropriate consequence/ impact column, to identify the risk rating and colour category.

Low risk Score 1-3 (Green)	• A situation which has an element of risk but which has been assessed as justifiable, with a low probability. • Managed locally within care management. • Team manager is responsible for accepting the risk. • Situations, which are identified as low risk must be reviewed no less than every 6 - 12 months.
Moderate Risk Score 4-6 (Yellow)	• Responsible risk taking which empowers people to take risks in their day to day lives through the effective use of care planning i.e. assessments, minimising risk elements, monitoring, evaluation and review • Initiate Safeguarding Adults procedures. • Phone based planning may be appropriate. • Consider need for a Protection Plan • Team manager is responsible for accepting the risk • Situations, which are identified as moderate risk should be reviewed every 3 - 6 months.
High Risk Score 8-12 (Amber)	• Situations which are considered high risk that require close monitoring. • Initiate Safeguarding Adults procedures. • Multi-agency strategy meeting should be convened. • Protection plan required • Senior manger is responsible for accepting risk • Situations, which are identified as high risk should be reviewed every 4 - 12 weeks
Extreme Risk Score 15-25 (Red)	• Situation which is likely to result in injury to the individual, others or property. • Initiate Safeguarding Adults procedures • Consider immediate Protection Plan • Multi agency strategy meeting must be convened. • If also domestic Abuse completed Caada-Dash Risk Identification checklist for referral to MARAC • Director/ Senior manager is responsible for accepting the risk. • High-risk situations should be reviewed initially on a 1-2 weekly basis but no less than every 4 weeks.

High Risk (amber) and Extreme Risk (red) must be escalated to a senior manager and or Head of Service for sign off.

Next Steps/ Actions

One or more of the following should be recorded and actioned following this assessment of risk of harm:

1. No further safeguarding action
2. Strategy discussion/ Meeting
3. Investigation
4. Case conference
5. Protection Plan
6. Review

- More than one may be selected, for example, Strategy meeting and protection plan
- This sequence does not need to be strictly followed. For example you may miss out the Strategy Meeting and go straight to investigation on receipt of referral.

Safeguarding Adults Risk Assessment and Management Tool

Name:	DoB:	Client Database No:
Address:	Telephone No:	Date:

Type of Risk:
Factors that increase the risk/ harm:
Factors that decrease the risk/ harm:
Likelihood or risk occurring or reoccurring:
Consequence/ Impact:
Individual's perception and views of risk/ harm/ impact:
Risk Assessment score from table below:

Likelihood		Consequence/ Impact				
		Low - Insignificant 1	Low - Minor 2	Moderate 3	High 4	Extreme 5
Rare	1	1L	2L	3L	4M	5M
Unlikely	2	2L	4M	6M	8M	10H
Possible	3	3L	6M	9H	12H	15E
Likely	4	4M	6H	12H	16E	20E
Almost Certain	5	5M	10H	15E	20E	25E