
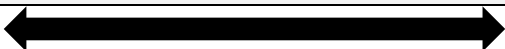


Northumberland Safeguarding Adults Board Risk Threshold Tool

Factors				Guidance and considerations	
1. Vulnerability of the adult at risk	Less vulnerable		More vulnerable	<ul style="list-style-type: none">Does the adult have needs for care and support?Can the adult protect themselves?Does the adult have the communication skills to raise an alert?	<ul style="list-style-type: none">Does the person lack mental capacity?Is the person dependent on the alleged perpetrator?Has the alleged victim been threatened or coerced into making decisions?
					
The abusive act	Less serious		More Serious	Questions 2-9 relate to the abusive act and/or the alleged perpetrator. Less serious concerns are likely to be dealt with at initial enquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults process.	
					
2. Seriousness of Abuse	Low	Significant	Critical	Refer to the table overleaf. Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.	
3. Patterns of abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	<ul style="list-style-type: none">Most local areas have an escalation policy in place e.g. where safeguarding adults procedures will continue if there have been a repeated number of concerns in a specific time period. Please refer to local guidance.	
4. Impact of abuse on victims	No impact	Some impact but not long-lasting	Serious long-lasting impact	<ul style="list-style-type: none">Impact of abuse does not necessarily correspond to the extent of the abuse – different people will be affected in different ways. Views of the adult at risk will be important in determining the impact of the abuse.	
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	Other people may be affected by the abuse of another adult. <ul style="list-style-type: none">Are relatives or other residents/service users are distressed or affected by the abuse?Are other people intimidated and/or their environment affected?	
6. Intent of alleged perpetrator	Unintended/ill-informed	Opportunistic	Deliberate/Targeted	<ul style="list-style-type: none">Is the act/omission a violent/serious unprofessional response to difficulties in caring?Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct? *The act/omission doesn't have to be intentional to meet safeguarding criteria	
7. Illegality of actions	Bad practice - not illegal	Criminal act	Serious criminal act	Seek advice from the Police if you are unsure if a crime has been committed. <ul style="list-style-type: none">Is the act/omission poor or bad practice (but not illegal) or is it clearly a crime?	
8. Risk of repeated abuse on victim	Unlikely to recur	Possible to recur	Likely to recur	<ul style="list-style-type: none">Is the abuse less likely to recur with significant changes e.g. training, supervision, respite, support or very likely even if changes are made and/or more support provided?	

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9. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at serious risk	Are others (adults and/or children) at risk of being abused: <ul style="list-style-type: none"> • Very unlikely? • Less likely if significant changes are made? • This perpetrator/setting represents a threat to other vulnerable adults or children.
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Types of abuse and seriousness	Concerns may be notified to the Local Authority but these are likely to be managed at Initial Enquiry stage only. Professional judgement or concerns of repeated low level harm will progress to further stages in the safeguarding adults process.		Concerns of a significant or critical nature should be referred to the local authority (with consent of the alleged victim where this is relevant and appropriate to do so). They will receive additional scrutiny, and progress further, under safeguarding adults procedures. Where a criminal offence is alleged to have been committed, the Police will be contacted. Other emergency services should be contacted as required.		
	Low		Significant or critical		
Physical	<ul style="list-style-type: none"> • 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' accidents. Medication <ul style="list-style-type: none"> • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs. 	<ul style="list-style-type: none"> • Isolated incident involving service on service user. • Inexplicable marking found on one occasion. • Minor event where users lack capacity. Medication <ul style="list-style-type: none"> • Recurring missed medication or administration errors that cause no harm. 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks on a number of occasions. • Accumulations of minor incidents. • Recurring missed medication or errors that affect more than one adult and/or result in harm. • Deliberate maladministration of medications. 	<ul style="list-style-type: none"> • Covert administration without proper medical authorisation. • Inappropriate restraint. • Withholding of food, drinks or aids to independence. • Inexplicable fractures/injuries. • Assault. 	<ul style="list-style-type: none"> • Grievous bodily harm/assault with a weapon leading to irreversible damage or death. • Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death.
Sexual (including sexual exploitation)	<ul style="list-style-type: none"> • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one 	<ul style="list-style-type: none"> • Minimal verbal sexualised teasing or banter. 	<ul style="list-style-type: none"> • Recurring sexualised touching or isolated or recurring masturbation without consent. • Voyeurism without consent 	<ul style="list-style-type: none"> • Attempted penetration by any means (whether or not it occurs within a relationship) without consent. • Being made to look at 	<ul style="list-style-type: none"> • Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in return for carrying out a sexual act.

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	adult by another whether or not capacity exists.	<ul style="list-style-type: none"> ● Being subject to indecent exposure. ● Grooming including via the internet and social media. 	<p>pornographic material against will/where consent cannot be given.</p> <ul style="list-style-type: none"> ● Sex without consent (rape).
Psychological/Emotional	<ul style="list-style-type: none"> ● Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused. ● Occasional taunts or verbal outburst. ● Withholding of information to disempower. 	<ul style="list-style-type: none"> ● Treatment that undermines dignity and esteem. ● Denying or failing to recognise adult's choice or opinion. 	<ul style="list-style-type: none"> ● Humiliation. ● Emotional blackmail e.g. threats or abandonment/harm. ● Frequent and frightening verbal outbursts or harassment. ● Denial of basic human rights/civil liberties, over-riding advance directive. ● Prolonged intimidation. ● Vicious/personalised verbal attacks.
	Low	Significant or critical	
Financial	<ul style="list-style-type: none"> ● Staff personally benefit from users funds e.g. accrue 'reward' points on their own store loyalty cards when shopping. ● Money not recorded safely and properly. ● Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered. ● Non-payment of care fees not impacting on care. 	<ul style="list-style-type: none"> ● 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. 	<ul style="list-style-type: none"> ● Misuse/misappropriation of property or possessions of benefits by a person in a position of trust or control. ● Personal finance removed from adult's control. ● Ongoing non-payment of care fees putting a person's care at risk. ● Fraud/exploitation relating to benefits, income, property or will. ● Theft.
Neglect	<ul style="list-style-type: none"> ● Isolated missed home care visit where no harm occurs. ● Adult is not assisted with a meal/drink on one occasion and no harm ● Inadequacies in care provision that lead to discomfort or inconvenience- no harm occurs e.g. being left wet occasionally. 	<ul style="list-style-type: none"> ● Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs. ● Hospital discharge without adequate planning and harm 	<ul style="list-style-type: none"> ● Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of ● Failure to arrange access to lifesaving services or medical care. ● Failure to intervene in dangerous situations where the adult lacks the capacity to

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	occurs. ● Adult not bathed as often as would like – possible complaint.	● Not having access to aids to independence.	occurs.	independence/confidence.	assess risk.
Self-Neglect	● Incontinence leading to health concerns	● Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the person.	● Multiple reports of concerns from multiple agencies ● Behaviour which poses a fire risk to self and others ● Poor management of finances leading to risks to health, wellbeing or property	● Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition	● Failure to seek lifesaving services or medical care where required. ● Life in danger if intervention is not made in order to protect the individual.
Organisational (any one or combination of the other forms of abuse)	● Lack of stimulation/ opportunities for people to engage in social and leisure activities ● Service users not given sufficient voice or involve in the running of the service	● Denial of individuality and opportunities for service user to make informed choice and take responsible risks ● 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, sharing under-clothing	● Bad/poor practice not being reported and going unchecked ● Unsafe and unhygienic living environments	● Staff misusing their position of power over service users ● Over-medication and/or inappropriate restraint used to manage behaviour ● Widespread consistent ill-treatment
	Low		Significant or critical		
Discriminatory	● Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences	● Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period ● Occasional taunts	● Inequitable access to service provision as a result of a diversity issue. ● Recurring failure to meet specific care/support needs associated with diversity.	● Being refused access to essential services. ● Denial of civil liberties e.g. voting, making a complaint. ● Humiliation or threats on a regular basis, recurring taunts.	● Hate crime resulting in injury/emergency medical treatment/fear for life. ● Hate crime resulting in serious injury or attempted murder/honour-based violence.
Modern Slavery	All concerns about modern slavery are deemed to		● Limited freedom of movement.	● Limited access to food or shelter.	● Sexual exploitation. ● Starvation.

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	be of a significant/critical level.	<ul style="list-style-type: none"> • Being forced to work for little or no payment. • Limited or no access to medical and dental care. • No access to appropriate benefits. 	<ul style="list-style-type: none"> • Be regularly moved (trafficked) to avoid detection. • Removal of passport or ID documents. 	<ul style="list-style-type: none"> • Organ harvesting. • No control over movement / imprisonment. • Forced marriage.
Domestic Abuse (consult Domestic Violence and Abuse Flowchart)	<ul style="list-style-type: none"> • Isolated incident of abusive nature • Occasional taunts or verbal outbursts 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks on a number of occasions • Alleged perpetrator exhibits controlling behaviour • Limited access to medical and dental care 	<ul style="list-style-type: none"> • Accumulations of minor incidents • Frequent verbal/physical outbursts • No access/control over finances • Stalking • Relationship characterised by imbalance of power 	<ul style="list-style-type: none"> • Threats to kill, attempts to strangle choke or suffocate • Sex without consent (rape). • Forced marriage. • Female Genital Mutilation (FGM). • Honour based violence.
The CAADA DASH Risk Assessment Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate				

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Appendix A

Further guidance on using the safeguarding adults risk threshold tool

Purpose

The safeguarding adults risk threshold tool has been developed to assist practitioners in assessing the seriousness and level of risk associated with a safeguarding adults concern. It is primarily for use by Safeguarding Adults Managers, in the Local Authority, to assist with their decision-making at the point of receiving a safeguarding adults concern; however others may find it helpful to refer to this tool when responding to a concern of abuse or neglect. The aim is to ensure that everyone understands the threshold consideration. The tool is not intended to replace professional judgement.

A clear threshold and process, together with a common understanding across local partnerships and agencies will improve consistency. A number of reasons are provided to support the need for a threshold tool. These include:

- A benchmark to assess the level of vulnerability of an individual;
- A measure of consistency;
- Managing the demand of low, significant, and critical level concerns.

Consistency

There is a need for a consistent approach to safeguarding adults. Appropriate thresholds are seen as a good way to achieve this. The safeguarding adults risk threshold is clearly explained in the multi-agency procedures and in learning and development opportunities. Practitioners are encouraged to use their professional judgement and to consider each case on an individual basis. Additional processes may need to be considered for some sections of the community who are harder to reach.

The Care Act

The Care Act statutory guidance states that:

“Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse and 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.”

There is no longer a “significant harm” threshold for action under safeguarding adults procedures. However, any actions taken must be proportionate to the level of presenting risk or harm and be driven by the desired outcomes of the adult or their representative. Referring agencies need to use their professional

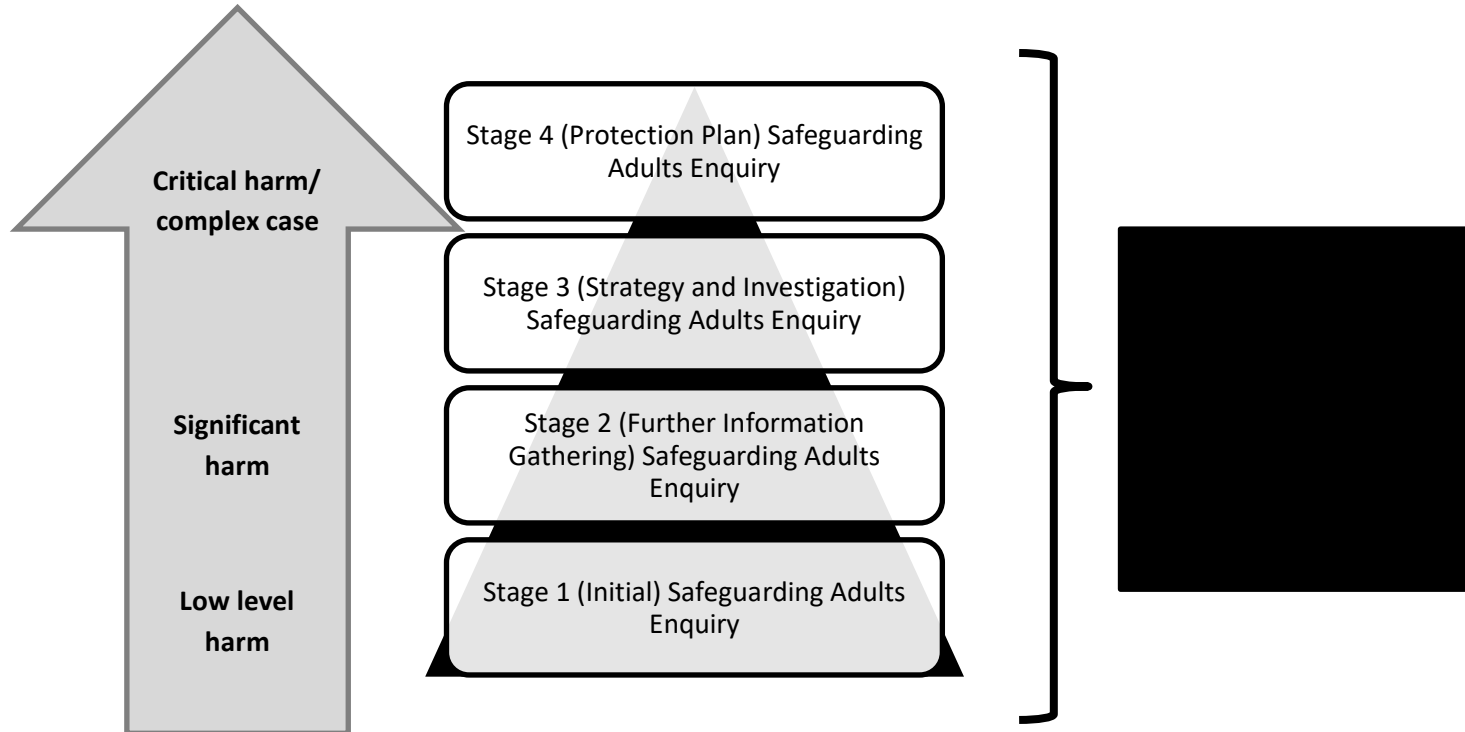
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judgement, consider the views of the adult at risk and where appropriate, seek consent for sharing information on a multi-agency basis.

If a decision is made **not** to refer to the Local Authority, the individual agency must make a record of the concern and any action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring under safeguarding adults procedures, does not negate the need to report internally or to regulators/commissioners as appropriate.

Where a concern is referred on a multi-agency basis, a Local Authority Safeguarding Adults Manager will then use the risk threshold tool to determine whether safeguarding adults procedures will continue beyond the Initial Enquiry stage.

The following diagram highlights the different stages of a Safeguarding Adults (Section 42) Enquiry:



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Managing the different levels of harm

In order to manage the large volume of concerns which come under safeguarding adults policy and procedures, there is a need to differentiate between those concerns relating to low level harm/risk and those that are more serious. Whilst it is likely that concerns relating to low level harm/risk will not progress beyond an Initial Enquiry Stage, the concern will be recorded by the Local Authority and proportionate action taken to manage the risks that have been identified. This may include: provision of information or advice; referral to another agency or professional; assessment of care and support needs. The sharing of low level concerns helps the Local Authority to understand any emerging patterns or trends that may need to be taken into consideration when deciding whether safeguarding adults procedures need to continue.

Using the safeguarding adults risk threshold tool

The safeguarding adults risk threshold tool has been designed to consider both the vulnerability of the adult at risk, the seriousness of the abuse that is occurring, the impact of the abuse and the risk of it recurring.

Regular, low level concerns can amount to a far higher level of concern which then requires more in-depth investigation or assessment under safeguarding adults procedures. Each local area has an escalation policy in place to aid professional judgement in these circumstances. This means that a specified number of safeguarding adults concerns reported to the Local Authority in a specified timeframe will result in further action under safeguarding adults procedures. Please refer to each area's policy and procedure.

The tool is not designed in way in which further actions are determined by achieving a score or a specified number of ticks. It is there to provide guidance and key considerations for practitioners who are assessing and managing risk.