



Northamptonshire  
County Council

## DECISION-MAKING FRAMEWORK GUIDANCE

Endorsed by  
Northamptonshire Safeguarding Adults Board



Northamptonshire  
*Safeguarding Adults Board*

Policy	February 2016
Reviewed by NASS Task & Finish Group	18 <sup>th</sup> June 2018
Version 2 – Reviewed by Quality & Performance Task & Finish	15 <sup>th</sup> November 2018
Version 2.3.1 – Approved by Quality & Performance Task & Finish	13 <sup>th</sup> February 2019
Approved by Director of Adult Social Services	19 <sup>th</sup> February 2019
Version 2.3.2 - Ratified by Board virtually	1 <sup>st</sup> March 2019
Next Review (where legislation warrants)	April 2020

Key contributors:	Northamptonshire Safeguarding Adults Board, NHS Nene & NHS Corby Clinical Commissioning Groups, Northampton General Hospital, Northamptonshire Associate of Registered Care Homes, Northamptonshire Adult Social Care, Northamptonshire County Council Customer Service Centre, Northamptonshire Healthcare Foundation Trust, Northamptonshire Police.
Key contact:	Suzanne Binley, Business Manager NSAB Business Office Northamptonshire Safeguarding Adults Board Email: <a href="mailto:NSAB@northamptonshire.gov.uk">NSAB@northamptonshire.gov.uk</a> Tel: 01604 365681

## 1. Introduction

This guidance seeks to provide Local Authority practitioners regionally with support in consistent decision making about whether a referral regarding an adult who may be experiencing abuse or neglect, may require a safeguarding adults enquiry. It 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, professionals and other agencies in making appropriate referrals into the Local Authority. The document has been developed by the East Midlands Safeguarding Adults Network and Northamptonshire Safeguarding Adult Board.

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

### **The safeguarding duties apply to an adult who:**

- 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.

Consistent threshold decisions play a crucial role in ensuring that safeguarding enquiries are undertaken for adults at risk who meet the safeguarding criteria defined in the Care Act. It is important to note that this guidance is **not** a substitute for professional judgement. Rather, the guidance should be used as a framework for decision making and to support professional judgement.

If, at the point of referral, there is insufficient information to apply safeguarding thresholds, then further checks and discussion should be had within the individual agency to gather the relevant evidence before submission.

### **For isolated incidents considering wider risk to others, this guidance should be used to:**

- Help to determine a consistent approach to identifying what kind of incidents may require a safeguarding response in line with the Inter-Agency Policy and Procedures; and
- Aid decision making about the kind of incidents that may be addressed through alternative processes (e.g. lower level concerns and service delivery and quality issues).

This support tool provides an overview of potential indicators of the different types of abuse as defined in the Care Act 2014 – Care and Support Statutory Guidance, which can be found in this link – click [here](#).

The Statutory Guidance will not cover every indicator of abuse, and therefore discussion **MUST** be had with a manager if there are concerns which may indicate abuse that are not included within the Decision Making Framework support tool.

When considering whether harm has occurred or may occur, this should be in the context of the views of the adult as well as professionals.

It is important to note that this guidance supports the initial decision-making process, guidance on the on-going enquiry and risk assessment as contained in the Inter-agency Policy and Procedures.

If the referred incident is also potentially a criminal offence, then discussions with the Police must be undertaken.

**If you have doubt about raising a safeguarding concern, discuss with the Customer Service Centre on: 0300 126 1000 option 2.**

## 2. Case examples of when to raise a safeguarding concern

<p><b>Example 1</b></p> <p>Mrs Jones receives the wrong medication from care staff on one occasion. There is no harm to her as this is 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.</p> <p><i>There is no safeguarding concern but the matter is discussed in immediate supervision and 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.</i></p>
<p><b>Example 2</b></p> <p>Mrs Carter has been given the wrong medication from care staff. There is no harm to her but this has happened to her and others recently and there are concerns that this could happen again.</p> <p><i>There is a need to raise a safeguarding concern in addition to any action required e.g. under the organisation's disciplinary procedure.</i></p>
<p><b>Example 3</b></p> <p>Mr Smith, a service user, hits 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.</p> <p><i>There is no safeguarding concern but staff undertake a risk assessment and take appropriate steps to manage the risk of this happening again.</i></p>
<p><b>Example 4</b></p> <p>Mr Smith, a service user hits another service user, 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.</p> <p><i>There is a need to raise a safeguarding concern in addition to any action required under the organisation's policies and procedures.</i></p>
<p><b>Example 5</b></p> <p>Miss Clarke lives alone in poor housing conditions. She does not like to throw anything away and her home is full of old newspapers and household rubbish which impedes her mobility and her personal care including cooking and personal hygiene. There is also evidence of vermin droppings. Although Mrs Clarke is physically frail, she understands the risks to her health from her chosen lifestyle.</p> <p><i>There is no safeguarding concern at this time, but agencies should work together to engage with Mrs Clarke in order to undertake a multi-agency meeting to complete the Adult Risk Management (ARM) risk assessment.</i></p>
<p><b>Example 6</b></p> <p>Miss Clarke lives alone in poor housing conditions. She does not like to throw anything away and her home is full of old newspapers and household rubbish which impedes her mobility and her personal care including cooking and personal hygiene. There is also evidence of vermin droppings. Although Mrs Clarke is physically frail, she has some cognitive impairment and fluctuating mental capacity. Sometimes she appears to understand the risks to her health from her chosen lifestyle but she refuses to allow any 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.</p> <p><i>There is a need to raise a safeguarding concern.</i></p>

### 3. Decision to Cause Enquiries to be made – Thresholds Support Tool

We have provided you with examples of what might constitute a safeguarding above, and the guidance on the following pages provides you with further information as to when safeguarding enquiries are unlikely to be required and when incidents indicate harm/impact where a safeguarding enquiry should be considered.

Where an incident is unlikely to meet safeguarding, you should consider alternative action, for example, should a review of practice be considered, is there disciplinary action that should be undertaken, raising a complaint, a review of needs/services, or onward referral e.g. contracts, health and safety, Trading Standards, CQC etc.

In the tables below, consideration MUST to given as to whether the matter is non-reportable or reportable, for example:

**Non-reportable** – Multiple ‘non-reportable’ incidents concerning the same service user/staff member/team should be considered for consultation. Individual organisations should define this in writing i.e. three incidents in three months, three in five months, etc. **NB: This does not apply to Providers under the Serious Concerns Framework when all non-reportable concerns require a consultation.**

**Reportable** – This means it is highly likely the case will meet the criteria for a safeguarding enquiry (known as a Section 42 (Care Act 2014) enquiry).

An Evaluating Risk Matrix is also included at the end of this guidance to further help support you in making a decision as to whether the concern needs a safeguarding notification or not.

### 4. 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 able to freely give their consent to information about their circumstances being shared you will need to consider if there are any children and/or other adults with care and support needs involved, or there is a potential risk to others. If this is the case, consent can be overridden in the interests of protecting 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.

## Decision to Cause Enquiries to be made – Thresholds Support Tool

<p><b>Incident where criteria for further safeguarding enquiries are unlikely to be met.</b></p> <p>Consider alternatives to safeguarding enquiry: e.g. complaints, disciplinary, review of needs/services, onward referral e.g. Contracts, Health and Safety, Trading Standards, CQC etc.</p> <p><b>Where there are a number of incidents, or whether there is potential risk to others, consideration should be given to whether the criteria is met for a safeguarding enquiry due to increased risk.</b></p>	<p><b>Incident indicating harm/impact where further safeguarding enquiry should be considered.</b></p>
--	--

PHYSICAL ABUSE	
NON-REPORTABLE	REPORTABLE
<ul style="list-style-type: none"> <li>• Isolated incident involving physical contact without consent but not with sufficient force to cause a mark or bruise and the adult is not subsequently distressed - <b>Care plans amended to address risk of reoccurrence.</b></li> <li>• Isolated staff error causing minor accidental injury or harm e.g. friction mark on skin due to ill-fitting hoist sling - <b>Actions taken to prevent reoccurrence.</b></li> <li>• Appropriate moving and handling procedures not followed on one occasion not resulting in harm - <b>Actions taken to prevent reoccurrence.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assault - where significant injury or harm has been caused should be reported to the Police.</li> <li>• Inexplicable fracture, marking, bruising or lesions, cuts or grip marks.</li> <li>• Inappropriate/unauthorised restraint, including misuse of medication to restrain.</li> <li>• Deliberately withholding food, drinks or aids to independence.</li> <li>• Injury - where significant harm has been caused and there is consistent disregard of procedures designed to keep people safe e.g. moving and handling procedures which make injury very likely to happen.</li> <li>• Serious bodily harm/assault with a weapon leading to irreversible damage or death.</li> <li>• Intended and significant harm towards a service user and assault by another resident requiring medical treatment.</li> <li>• Predictable and preventable incident between adults where significant injuries have been sustained or substantial emotional distress caused.</li> <li>• Covert administration of medication that has not been made with multi-agency involvement and best interest decision making<sup>1 &amp; 2</sup>.</li> <li>• Deliberate misadministration of medication (consider fabricated or induced illness).</li> <li>• Female Genital Mutilation (FGM) should be reported to the Police (see page 6 for guidance).</li> </ul>

<sup>1</sup> Click [here](#) for CQC Guidance – Administrating medicines covertly

<sup>2</sup> Click [here](#) for the NICE guidance on Managing medicines in care homes - Social care guideline [SC1] March 2014

PSYCHOLOGICAL ABUSE	
NON-REPORTABLE	REPORTABLE
<ul style="list-style-type: none"> <li>Isolated incident where an adult is spoken to in a rude or inappropriate way – respect is undermined but little or no distress caused - <b>Actions taken to prevent reoccurrence.</b></li> <li>Isolated incidents involving taunts or verbal outbursts which do not cause distress - <b>Actions taken to prevent reoccurrence.</b></li> <li>Withholding of information from an adult, where this is not intended to disempower them - <b>Actions taken to prevent reoccurrence.</b></li> </ul>	<ul style="list-style-type: none"> <li>Incident(s) perpetrated by staff member resulting in significant harm e.g. distress, demoralisation, loss of confidence.</li> <li>Prolonged intimidation/ victimisation.</li> <li>Cyber bullying.</li> <li>Breach of basic human or civil rights.</li> <li>Prolonged anti-social behaviour where this impacts significantly on the adult's emotional well-being (this could also be considered under other categories of abuse such as physical if harm occurs or discriminatory).</li> <li>Any concerns about Radicalisation please see PREVENT guidance <sup>3</sup>.</li> </ul>

<sup>3</sup> Click [here](#) for Prevent Strategy – A guide for local partners in England.

SEXUAL ABUSE	
NON-REPORTABLE	REPORTABLE
<ul style="list-style-type: none"> <li>Isolated incident of unwanted sexualised attention where no harm or distress has occurred.</li> <li>Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the adult has caused no harm or distress - <b>Care plans and risk assessments being amended to address concerns.</b></li> </ul>	<ul style="list-style-type: none"> <li>Rape or attempted rape should be reported to the Police.</li> <li>Sexual assault should be reported to the Police <sup>4</sup>.</li> <li>Sexual harassment should be reported to the Police <sup>5</sup>.</li> <li>Contact or non-contact sexualised behaviour which causes distress to the adult at risk.</li> <li>Being subject to indecent exposure should be reported to the Police.</li> <li>Being made to look at pornographic material or sexual acts against will/where valid consent cannot be given.</li> <li>Sex or sexualised attention in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user.</li> <li>Any sexual act without valid consent or where there has been pressure to consent.</li> </ul>

<sup>4</sup> Click [here](#) for CPS Guidance on Sexual Offences

<sup>5</sup> Click [here](#) for Rape Crisis Guidance – Other kinds of sexual violence.

## DOMESTIC ABUSE

Please note this applies to abuse perpetrated by intimate partner, ex-intimate partner or family member.

**Referrals to Safeguarding should only be made where the victim has additional vulnerabilities and care and support needs.**

However, **ALL** instances of domestic abuse should be reported to the Police.

### NON-REPORTABLE

- **The service user has no current fears and there are adequate protective factors**
- Isolated incident of taunts or argument/verbal outburst, no harm or distress caused and adequate protective factors in place - **Care plans and risk assessments amended to address concerns.**

### REPORTABLE

- Stalking should be reported to the Police.
- Threats to kill should be reported to the Police.
- Sexual assault and rape should be reported to the Police.
- Presence of risk factors such as **mental health needs, domestic abuse and substance misuse**. If Children are involved a referral must be made to Children's Services. Click [here](#) to report a concern.
- Strangulation/suffocation/choking or use of weapon should be reported to the Police.
- Any concerns about forced marriage should be reported to the Police.
- Any concerns about Female Genital Mutilation (FGM) should be reported to the Police <sup>6</sup>.
- Any concerns about Honour Based Violence should be reported to the Police.
- No access/control over finances.
- Inexplicable significant marking, cuts, burns etc. on a number of occasions.
- Limited access to medical or dental care leading to significant harm.
- Accumulation of minor incidents leading to significant harm.
- Verbal taunts or verbal/physical outbursts over a period of time leading to psychological harm.
- Indicators or concerns about coercion and control e.g. adult experiencing fear of family member or current or previous intimate partner due to threats of harm or previous harm, having their contact with others controlled, being prevented from attending appointments alone.

**DASH Risk Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate.**

Click [here](#) for the Safe Lives DASH Risk Checklist

**Where children are exposed to domestic abuse, always refer to Children's Services.**

<sup>6</sup> Click [here](#) for Mandatory reporting of female genital mutilation: procedural information

<b>FINANCIAL ABUSE</b>	
<b>NON-REPORTABLE</b>	<b>REPORTABLE</b>
<ul style="list-style-type: none"> <li>• Staff member has borrowed items from adult with their consent, professional boundaries breached, but items are returned to them - <b>Actions being taken to prevent reoccurrence.</b></li> <li>• Nominal amounts of money are not recorded safely or properly but there is no evidence of misuse of money - <b>Actions being taken to prevent reoccurrence.</b></li> <li>• Failure to meet agreed contribution to care by family/attorney but resident still has personal allowance and the placement is not at risk - <b>Actions being taken to prevent reoccurrence.</b></li> <li>• Isolated incidents of staff taking the “one free” item from “buy one get one free” offers or similar with the consent of the adult - <b>Actions being taken to prevent reoccurrence.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Fraud/scams/exploitation/theft relating to benefits, income, property or Will <sup>7</sup> should be reported to the Police.</li> <li>• Allegation of theft by a person in position of trust should be reported to the Police.</li> <li>• Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control should be reported to the Police.</li> <li>• Action not taken in an adult’s best interests where they lack capacity for financial decisions e.g. by Lasting Power of Attorney.</li> <li>• Failure to assess mental capacity in circumstances where it is apparent mental capacity is in question and harm is caused (i.e. financial abuse, exploitation, build-up of debt).</li> <li>• Action not taken in an adult’s best interests where they lack capacity for financial decisions e.g. by Lasting Power of Attorney should be reported to the Court of Protection as well as Safeguarding.</li> <li>• Adult denied access to his/her own funds or possessions.</li> <li>• Failure to meet agreed contribution to care by family/attorney results in failure to provide personal allowance and/or jeopardises the placement.</li> <li>• Staff borrowing or using the adult’s possessions such as phone, electricity etc. without consent, or where consent is not valid.</li> </ul>

<sup>7</sup> Click [here](#) for the NSAB Practitioner Guide County Lines and Cuckooing.

DISCRIMINATORY ABUSE	
NON-REPORTABLE	REPORTABLE
<ul style="list-style-type: none"> <li>Isolated incident of care planning that fails to address an adult's specific diversity associated needs - <b>Action being taken to address concerns.</b></li> <li>Isolated incident of teasing, motivated by prejudicial attitudes towards an adult's individual differences that does not result in harm to the person e.g. emotional distress.</li> <li>Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period - <b>Actions being taken to address concerns.</b></li> </ul>	<ul style="list-style-type: none"> <li>Hate Crime or any action motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender identity or marital status should be reported to the Police.</li> <li>Denial of civil liberties e.g. voting, making a complaint.</li> <li>Being the focus of anti-social behaviour as a result of disability, age, race, religion or belief, sexual orientation, transgender identity or marital status should be reported to the Police.</li> </ul>

ORGANISATIONAL ABUSE	
NON-REPORTABLE	REPORTABLE
<ul style="list-style-type: none"> <li>Service design where groups of adults living together are incompatible and no harm occurs - <b>Actions being taken to address concerns.</b></li> <li>Absence of policies or procedures or training/supervision in relation to key aspects of practice but which do not result in harm - <b>Actions being taken to address concerns.</b></li> <li>Poor care or professional practice that does not result in harm, albeit an adult may be dissatisfied with the service - <b>Actions being taken to address concerns.</b></li> <li>Care planning documentation is not sufficiently person centred, limited opportunities to engage in social and leisure activities, not resulting in harm - <b>Actions being taken to address concerns.</b></li> </ul>	<ul style="list-style-type: none"> <li>Punitive responses to challenging behaviours.</li> <li>Rigid/inflexible routines impacting on health and wellbeing.</li> <li>Denial of individuality and opportunities to make informed choice e.g. denial of rights; impairment of or deterioration in health or wellbeing.</li> <li>Denying the adult at risk access to professional support and services such as advocacy.</li> <li>Failure to whistle blow on serious issues when it has not been possible to resolve issues internally.</li> <li>Failure to refer disclosure of abuse.</li> <li>Poor, ill-informed or outmoded care practice and significant harm occurs to adults.</li> <li>Organisational practice is based on staff convenience impacting adversely on adult's choice and control.</li> <li>Organisational responses to complaints are protracted and dismissive leading to distress and harm to the individual.</li> </ul>

PROVIDING CARE	
NEGLECT AND ACTS OF OMISSION (INCL. FALLS)	
NON-REPORTABLE	REPORTABLE
<ul style="list-style-type: none"> <li>• Isolated missed home care visit where no harm occurs and no other service users/clients are missed that day.</li> <li>• An unwitnessed fall that requires no external medical treatment/consultation i.e. no call to 111 or admission to hospital.</li> <li>• An unwitnessed fall where 111 are called but do not recommend getting external medical treatment.</li> <li>• Adult does not receive administered medication (missed/wrong dose) on one occasion and no harm occurs.</li> <li>• Pressure ulcers graded 1-2 where the care plan has been followed, professional advice has been sought and there are no other possible indicators of abuse or neglect.</li> <li>• Isolated incident of an adult not receiving necessary help to have a drink/meal and a reasonable explanation is given - <b>Actions taken to address concerns and prevent reoccurrence.</b></li> <li>• Isolated incident where an adult does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance with changing incontinence pads and a reasonable explanation is given - <b>Actions taken to address concerns and prevent reoccurrence.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Reoccurring events resulting in significant harm e.g. hunger, thirst, distress, implications for health, such as soreness, constipation or loss of dignity and self-confidence malnutrition, tissue viability, choking or any other deterioration in health, or distress.</li> <li>• Failure to specify in a plan of care how a known significant need must be met. Inappropriate action or inaction related to this result in harm such as injury or choking.</li> <li>• There is a clear breach of “duty of care” and professional practice resulting in significant harm.</li> <li>• The adult does not receive multiple scheduled care visits which results in deterioration in health or wellbeing.</li> <li>• Repeated or serious incidents of harm occurring as a result of failure to assess, seek advice or follow relevant care plans or there are systematic failures preventing harm from occurring.</li> <li>• Any evidence of Wilful Neglect e.g. deliberate withholding of food, drinks or aids to independence <sup>8</sup>.</li> </ul>

<sup>8</sup> Click [here](#) for the Criminal Justice and Courts Act 2015

MAINTAINING HEALTH	
Neglect and Acts of Omission (incl. falls)	
NON-REPORTABLE	REPORTABLE
<ul style="list-style-type: none"> <li>The adult is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs. Lessons being learned to improve practice.</li> <li>The adult who is not known to be susceptible to pressure ulcers (or where there is a care plan in place and there is no indication this has not been followed) has experienced minor tissue damage (grade 2 pressure ulcer or below) but this has not significantly impacted on health - <b>Actions being taken to prevent future incident occurring.</b></li> <li>The adult has not received their medication as prescribed, no harm is caused and this has not been a regular occurrence - <b>Actions being taken to prevent future incident occurring.</b></li> <li>Adult on one occasion not receiving timely health professional checks or necessary non-emergency medical care (such as dental, optical, audiology assessment, foot care) not resulting in harm - <b>Actions taken to prevent reoccurrence.</b></li> </ul>	<ul style="list-style-type: none"> <li>The adult has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed resulting in significant harm e.g. avoidable tissue damage at Grade 3 and above.</li> <li>Carer/staff failure to seek appropriate medical support/follow medical recommendations in a timely manner resulting in significant harm.</li> <li>The adult experiences significant harm as a result of inadequate or unsafe discharge planning e.g. serious deterioration of health, injury or emotional impact.</li> <li>Failure to arrange /access to life saving services where there is no DNAR or end of life care plan in place.</li> <li>Failure to support the adult to access appropriate medical appointments or care which causes adverse impact to the person's health, or there is high risk that this will be the case due to prolonged lack of access.</li> </ul>

MANAGING RISK	
Neglect and Acts of Omission (incl. falls)	
NON-REPORTABLE	REPORTABLE
<ul style="list-style-type: none"> <li>Appropriate moving and handling procedures are not followed or staff are not trained or competent to use the required equipment but the adult does not experience harm - <b>Action plans are in place to address the risk of harm and prevent reoccurrence.</b></li> <li>The adult does not receive a scheduled care visit and no other contact is made to check on their well-being, but no harm occurs - <b>Actions taken to address concerns and prevent reoccurrence.</b></li> </ul>	<ul style="list-style-type: none"> <li>An unauthorised deprivation of liberty results in harm to the person or authorisation has not been sought for DoLS despite this being drawn to the attention of the managing authority e.g. possible harm: loss of liberty and freedom of movement, emotional distress.</li> <li>The adult is known to mental health services and assessed as high risk of harm to themselves or others, timely response not made to appropriate agencies and harm occurs.</li> </ul>

	<ul style="list-style-type: none"> <li>Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk and significant harm occurs.</li> </ul>
<b>FALLS</b>	
<b>Neglect and Acts of Omission (incl. falls)</b>	
<b>NON-REPORTABLE</b>	<b>REPORTABLE</b>
<ul style="list-style-type: none"> <li>Fall occurs which may or may not result in injury, but where there has been no previous indication of falls risk, and appropriate steps are taken to reduce risk going forward.</li> <li>Fall which results in injury where there is known falls risk but existing care plans and risk assessments have been followed appropriately.</li> </ul> <p><b>N.B. NHS settings are required by NHS England to report all falls to the CCG – both avoidable and unavoidable although not all will require a section 42 enquiry.</b></p>	<ul style="list-style-type: none"> <li>A number of falls have occurred, resulting in significant injury, and there is no evidence of any steps taken by the service provider to reduce the risk, such as undertaking or updating risk assessments/care plans.</li> <li>A fall has resulted in a serious injury (such as fracture), where the adult is at known risk of falls, and there is no evidence that the service provider has taken adequate steps to reduce risk.</li> <li>Fall occurs resulting in injury and there is evidence that existing falls care plan or risk assessments are not being followed appropriately.</li> </ul>

<b>SELF-NEGLECT</b>	
<p>Please refer to local guidance regarding Self-Neglect including ARM etc. Click <a href="#">here</a> for ARM guidance  Click <a href="#">here</a> for Neglect Toolkit (note this is currently being reviewed – January 2019)</p>	
<b>NON-REPORTABLE</b>	<b>REPORTABLE</b>
<ul style="list-style-type: none"> <li>There is clutter within the adult’s property, but this is not posing a risk to the person’s health and safety.</li> <li>There are concerns about levels of hygiene and clutter within the adult’s environment which may pose a risk to the adult’s health and safety, but they are willing to engage in support to address this.</li> <li>The adult’s health needs have been neglected, but it is established that this is due to the adult requiring support to manage this, and this support is available (through informal networks or commissioned support).</li> <li>The property is neglected but all main services work.</li> </ul>	<ul style="list-style-type: none"> <li>There are high levels of hoarding present <sup>9</sup>.</li> <li>The property/environment shows signs of neglect that are potentially damaging to health and wellbeing.</li> <li>The adult is consistently neglecting their health needs and this is significantly impacting on their wellbeing.</li> <li>The adult is not eating or drinking adequately and this is impacting on their health or there is high risk of impact.</li> <li>There is a lack of engagement with professionals despite numerous concerns about health and safety.</li> </ul>

	<ul style="list-style-type: none"> <li>• There are multiple hazards to the adults health within the environment e.g. fire risk, infection risk and they are not engaging with support to try and reduce the risks.</li> <li>• There are multiple reports from other agencies.</li> </ul>
--	--

<sup>9</sup> Click [here](#) to view the Hoarding Clutter Image Ratings posing high risk to health and safety including fire risk.

<b>MODERN SLAVERY</b> <b>including human trafficking, sexual exploitation, servitude and forced or compulsory labour</b>	
<b>NON-REPORTABLE</b>	<b>REPORTABLE</b>
<ul style="list-style-type: none"> <li>• Dispute between employer and employee where there is no evidence that employee's rights are affected.</li> </ul>	<ul style="list-style-type: none"> <li>• Significant injuries apparently as a result of assault or controlling measures which may be untreated.</li> <li>• May look malnourished or unkempt, anxious/ agitated or appear withdrawn and neglected.</li> <li>• Adult rarely be allowed to travel on their own may travel in groups, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.</li> <li>• Relationships which don't seem right – for example a young teenager appearing to be the partner of a much older adult where there appears to be a power imbalance.</li> <li>• Living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address</li> <li>• Have no identification documents or travel documents, have few personal possessions and wearing the same clothes day in day out.</li> <li>• Appearing frightened or hesitant to talk to professionals and fearful of law enforcers.</li> <li>• Little access to money or where their money is kept.</li> <li>• Appears to be working long hours for little or no pay, or unsure about what their pay arrangements are.</li> </ul>

## Evaluating Risk

For referrals and advice, contact Northamptonshire County Council's Customer Service Centre on 0300 126 1000 option 2.

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 on 01604 362900.

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 would 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.**