



SAFEGUARDING ADULTS

Guidance to interpreting the ADASS Risk Assessment Tool & Threshold Matrix

Having considered the three part test for safeguarding adults you should complete a risk assessment using the Risk Assessment Tool to support the Local Authority in making enquiries and determining the level of response. If you are in any doubt about whether a Safeguarding Adults Concern Form (SAC) should be completed and submitted to your Local Authority please speak to a responsible person or designated lead person in your own agency, if this has not already been done.

Safeguarding Adults Concern Forms forwarded to the Local Authority will be accessed and reviewed by the centralised Safeguarding Adults Team on behalf of the Local Authority.

The centralised Safeguarding Adults Team in Sunderland City Council can be contacted on 0191 5205552.

If the concern you have identified is a care and support concern warranting an immediate response from a social worker then a social worker should be contacted via 0191 5205552.

In an emergency, or if an individual is in immediate danger, you must call emergency services on 999.

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1. Introduction

To assist those referring into adult safeguarding there is a risk assessment tool and guidance identifying low, significant, very significant and critical tiers of intervention. This is incorporated into the Sunderland Multi Agency Safeguarding Adults Procedures. The Risk Assessment Tool was initially introduced by ADASS to identify the level of risk and proportionality of response to Safeguarding Adult Referrals. This provides a clear process for assessing risk and a common understanding across local partnerships and agencies enabling more consistent responses. Reasons to support the need for a risk assessment tool & threshold were identified as

- A benchmark to assess the level of vulnerability of an individual;

- A measure of consistency;
- Managing proportionate responses to alerts and referrals;
- A framework to allow agencies to manage risk.

The purpose of the safeguarding risk assessment tool & threshold matrix is to ensure that regionally a consistent and proportionate response is delivered, that safeguarding responses are proportionate to the abuse/neglect, and that formal safeguarding procedures are not the only way of addressing issues that arise. However, the Care Act 2014 implemented in April 2015 removed the 'significant harm' threshold for action under safeguarding procedures and emphasised the need to move away from a process driven approach to an outcomes approach. 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 judgement, consider the views of the adult at risk and where appropriate, seek consent for sharing information on a multi-agency basis.

2. Context of the Care Act 2014 and partner/Local Authority responsibility

The Care Act clearly advocates that Adults have the right to live life in a safe environment free from abuse and neglect. The focus of work in Safeguarding Adults at Risk of Abuse and neglect must be on the outcomes that people want and enabling adults to remain in control of their lives. Professionals should work with adults in ways which are reflective of this and comply with the principles of 'Making Safeguarding Personal'. Making Safeguarding Personal is a person centred approach now enshrined in the Care Act 2014 and the Care Act Statutory Guidance describes the 6 key principles that should underpin all safeguarding work.

The six key principles are

- Empowerment,
- Prevention,
- Proportionality,
- Protection,
- Partnership
- Accountability

The Care Act places new duties on organisations, including a duty on Local Authorities to make enquiries or cause enquiries to be made where there is an allegation of abuse or neglect, and a duty on partner organisations to cooperate. This has not removed the responsibility from partner agencies in Sunderland and this is explained in the Sunderland Multi Agency procedures in more detail. Safeguarding can be anything from preventative to protective measures and all agencies have responsibility for ensuring that people are appropriately safeguarded. Using the Risk Assessment Tool and identifying your response to provide preventative or protective measures ensures that all agencies meet with the safeguarding principles and are accountable for their actions.

The application of the threshold matrix and tiers of intervention by partner agencies/referrers does not negate the Local Authority's duty to review whether the criteria for a section 42 enquiry applies and their responsibility to assess safeguarding responses relevant to risk and that are in line with the safeguarding principles.

3. Threshold Guidance, Matrix and Decision Making Tools to manage Safeguarding

The threshold matrix with tiers of intervention and associated guidance has been developed to assist practitioners in assessing the seriousness, key considerations, level of risk, impact of the abuse that is occurring and the risk of reoccurrence to assist with decision-making when responding to a concern of abuse or neglect. The thresholds and associated guidance does not contain any "hard and fast" rules or remove the need for professional judgement but is designed to support defensible decision making.

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 low level concerns and those that are more serious when prioritising resources. It is essential to remember the Thresholds Matrix is a guide only providing a limited illustration of abuse that can occur along with an indication of the possible range of severity. It does not have to be rigidly adhered to as such a Matrix cannot account for all potential scenarios. There may be circumstances where a situation is deemed to be low on the Threshold Matrix but because you are aware of similar incidents having occurred in the past you do not assess the threshold or the risk as low, the risk assessment tool should be used in conjunction with the matrix. Where this is the case this should be clearly indicated on the referral form.

Whilst it is likely that low level concerns may not progress beyond the initial enquiry stage, the referral will still be recorded, accessed and reviewed by the Local Authority who will consider whether appropriate action has been taken/is being taken/will be taken to manage the risks that have been identified. This may include checking to see if the referrer has provided information or advice; referred to another agency or professional; arranged assessment of care and support needs.

Sharing the low level referrals with the Local Authority helps to understand any emerging patterns or trends that may need to be taken into consideration when deciding whether a safeguarding enquiry needs to continue/ be managed under safeguarding processes/be closed to safeguarding. It does not negate a partner agencies responsibility to take relevant action where they can and should do so.

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.

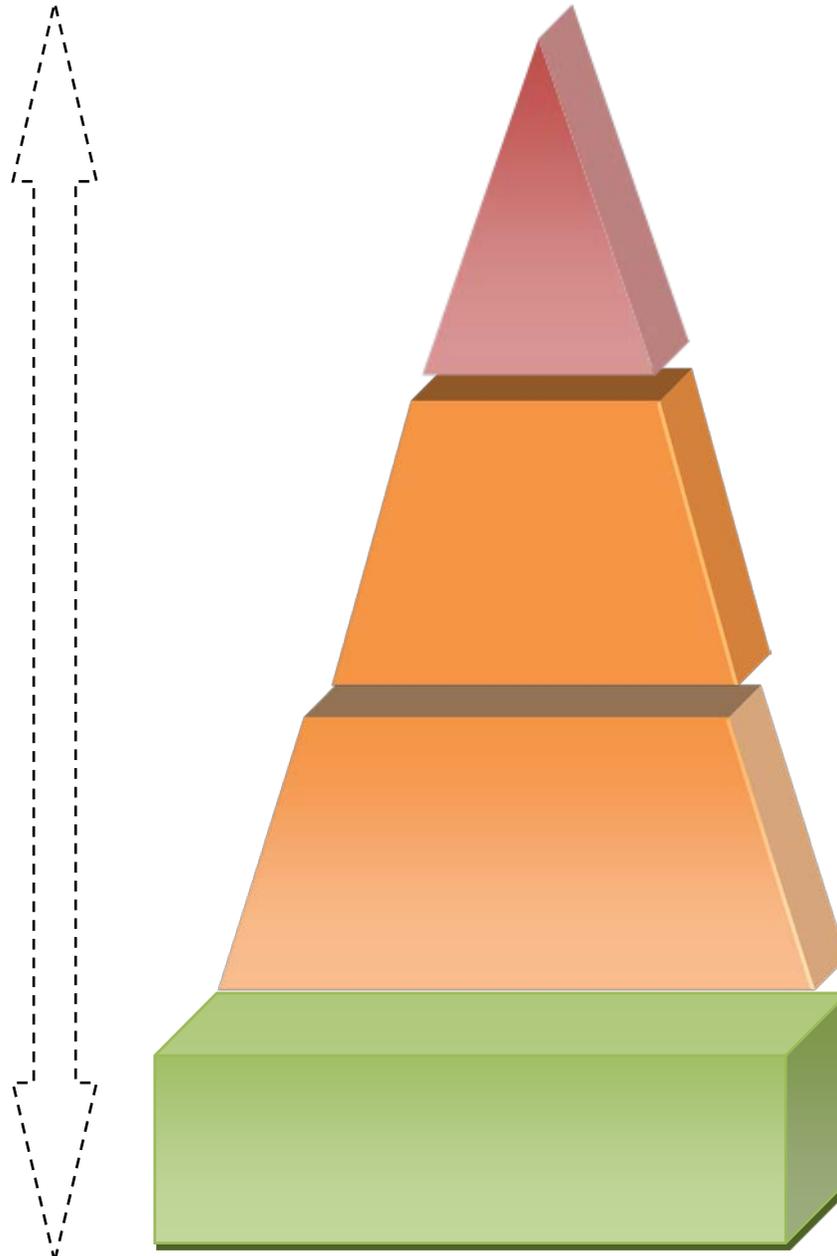
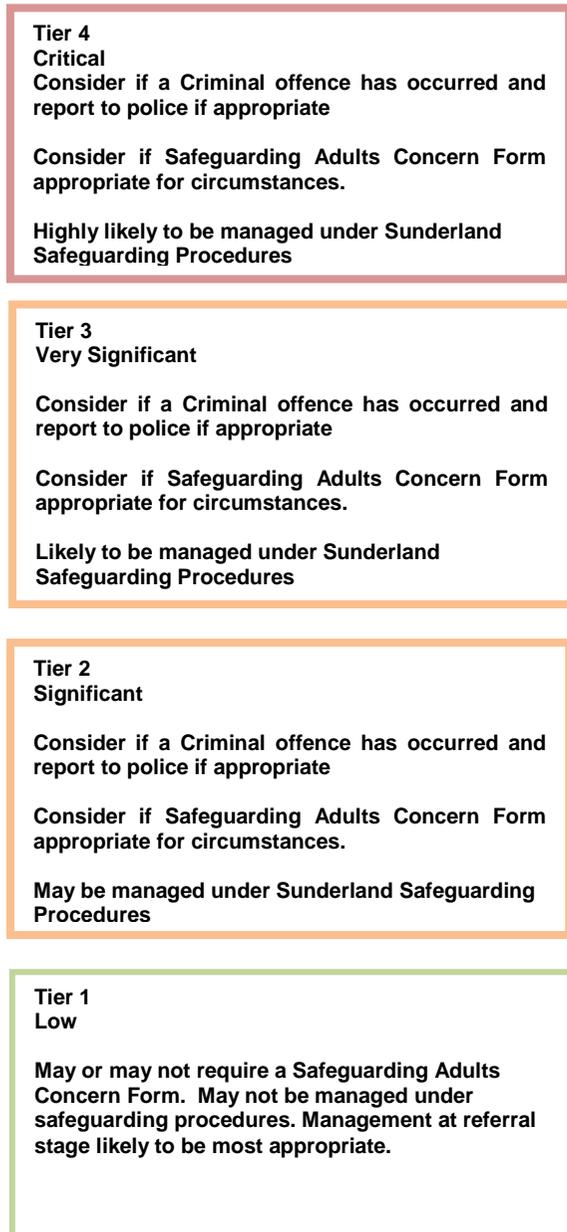
The SAC has been designed to allow referrers to supply details regarding a situation, identify outcomes and any subsequent action taken, specifically including safeguarding measures and the views of the adult concerned. This is regardless of whether the matter is to be dealt with through safeguarding procedures or outside of the safeguarding procedures.

4 Tiers of Intervention

Figure 1 provides a schematic view of how risks and needs might be identified and what procedures should be considered. It does not provide a rigid or concrete set of procedures. It is important that all agencies understand the needs of each individual person within their own context and recognise that each adult's situation is unique and specific to them. Each adult will have their own view of what outcomes they want and this should contribute to any decisions about action that is to be taken in any given situation.

This document does not provide an exhaustive list of all the possible Safeguarding situations that might affect adults and their families and is for guidance only. It should be read in conjunction with the Sunderland Multi Agency Safeguarding Adults Procedures which are available at www.sunderland.gov.uk/alertabuse. Advice/support may be required from named or designated individuals with Adult Safeguarding responsibilities within your own organisation in the first instance. Advice can also be sought from the centralised Safeguarding Adults Team on 0191 5205552.

Figure 1



5. Risk Factors for Decision Making

Factors				Guidance and considerations
1. Vulnerability of the adult at risk	Less vulnerable		More vulnerable	<p>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?</p> <p>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?</p>
The abusive act	Less serious		More Serious	Questions 2-9 relate to the abusive act and/or the alleged person responsible for abuse and/or neglect. 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 threshold matrix table. 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	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.
4. Impact of abuse on victims	No impact	Some impact but not long-lasting	Serious long-lasting impact	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. 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	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. 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	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?
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: Very unlikely? Less likely if significant changes are made? The person alleged to have abused or neglected/setting represents a threat to other adults at risk or vulnerable children.

6. Threshold Matrix Table

THRESHOLD MATRIX

These examples provide a limited illustration of the abuse and neglect that can occur, along with an indication of the possible range of severity

Type of Abuse	<p style="text-align: center;">TIER 1 Lower Level Harm</p> <p>Concerns may or may not need to be notified to the Local Authority as a section 42 Safeguarding Enquiry Referral. The enquiry is likely to be managed at the point of alert - the Initial Enquiry stage only. Appropriate and proportionate responses to manage situations would include advice, information, signposting to other agency, assessment of need, care management/care coordination, risk management, staff training, disciplinary or complaints procedures.</p> <p>Professional judgement or concerns of repeated low level incidents may result in progression through further stages. Any SAC received into the local authority would be assessed to ensure a proportionate response in accordance with expressed preference and accurate assessment of threshold.</p>	<p style="text-align: center;">TIER 2 – TIER 3 Significant ↔ Very significant Harm</p> <p>Concerns of a significant or very significant nature receive additional scrutiny. They may progress to further stages in Sunderland safeguarding adults procedures.</p> <p>Consider whether a Criminal Offence has occurred – If so you should contact the Police.</p> <p>Complete Safeguarding Enquiry Referral and take immediate safeguarding actions at initial safeguarding alert.</p> <p>Consultation with the adult at risk to determine actions and outcomes. Consider professional responsibilities, safeguarding and wellbeing of the adult and others when overriding consent. Reason for overriding consent should be included in the referral.</p>	<p style="text-align: center;">TIER 4 Critical</p> <p>Concerns of a critical nature will receive additional scrutiny. It is highly likely they will progress to further stages in Sunderland safeguarding adults procedures.</p> <p>It is highly likely that the referrer will need to contact the police so that the matter can be considered as a potential criminal matter in addition to completion of a SAC.</p> <p>It is highly likely that immediate safeguarding actions will be needed at the point of the initial safeguarding alert and that professionals may need to override consent to complete a safeguarding referral.</p> <p>The above does not negate the need to consult with the adult at risk, determine what outcomes they want and be transparent.</p>
Physical	<ul style="list-style-type: none"> • Staff error causing • Isolated incident involving service 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or • Inappropriate restraint • Withholding of food, drinks or 	<ul style="list-style-type: none"> • Grievous bodily harm/assault with weapon leading to irreversible

	<p>no/little harm, e.g. skin friction mark due to ill-fitting hoist sling</p> <ul style="list-style-type: none"> • Minor events that still meet criteria for 'incident reporting' • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs. 	<p>user on service user</p> <ul style="list-style-type: none"> • Inexplicable very light marking found on one occasion • Recurring missed medication or administration errors that cause no harm. 	<p>grip marks on a number of occasions</p> <ul style="list-style-type: none"> • Accumulations of minor incidents. • Recurring missed medication or errors that affect more than one adult and/or result in harm. • Deliberate maladministration of medications. 	<p>aids to independence</p> <ul style="list-style-type: none"> • Inexplicable fractures/injuries • Assault • Covert administration without proper medical authorisation. 	<p>damage or death</p> <ul style="list-style-type: none"> • Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death. • Over-medication and/or inappropriate restraint used to manage behaviour
Sexual (including sexual exploitation)	<ul style="list-style-type: none"> • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists 	<ul style="list-style-type: none"> • Verbal sexualised teasing, banter or harassment 	<ul style="list-style-type: none"> • Sexualised touch or masturbation without consent • Being subject to indecent exposure • Contact or non-contact sexualised behaviour which causes distress to the person at risk 	<ul style="list-style-type: none"> • Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent • Being made to look at pornographic material against will/where consent cannot be given 	<ul style="list-style-type: none"> • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user, receiving something in return for carrying out a sexual act • Sex without consent (rape) • Voyeurism without consent •
Psychological	<ul style="list-style-type: none"> • Isolated incident where adult is spoken to in a 	<ul style="list-style-type: none"> • Occasional taunts or verbal outbursts which cause distress 	<ul style="list-style-type: none"> • Treatment that undermines dignity and damages esteem 	<ul style="list-style-type: none"> • Humiliation • Emotional blackmail e.g. threats of abandonment/ harm • Frequent and frightening verbal 	<ul style="list-style-type: none"> • Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage • Prolonged intimidation

	<p>rude or inappropriate way – respect is undermined but no or little distress caused</p>	<ul style="list-style-type: none"> The withholding of information to dis-empower 	<ul style="list-style-type: none"> Denying or failing to recognise an adult's choice or opinion Frequent verbal outbursts which cause distress 	<p>outburst</p>	<ul style="list-style-type: none"> Vicious/personalised verbal attacks
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 is not recorded safely or recorded properly 	<ul style="list-style-type: none"> 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, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards Personal finances removed from adult's control Ongoing non-payment of care fees putting a person's care at risk. 	<ul style="list-style-type: none"> Fraud/exploitation relating to benefits, income, property or will Theft
Neglect	<ul style="list-style-type: none"> Isolated missed home care visit - no harm occurs Adult is not assisted with a meal/drink on one occasion and no harm occurs Adult not bathed as often as would like 	<ul style="list-style-type: none"> Inadequacies in care provision leading to discomfort or inconvenience - no significant harm e.g. occasionally left wet. No access to aids for independence 	<ul style="list-style-type: none"> Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge, no adequate planning and harm occurs 	<ul style="list-style-type: none"> Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence Deliberate maladministration of medications 	<ul style="list-style-type: none"> 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

<p>Self-Neglect (only serious, critical self neglect will be managed under adult safeguarding procedures). Please refer to self neglect guidance).</p>	<ul style="list-style-type: none"> • Incontinence leading to health concerns. 	<ul style="list-style-type: none"> • Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the person. 	<ul style="list-style-type: none"> • 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 • Risks to health and wellbeing of others 	<ul style="list-style-type: none"> • On-going lack of care or behaviour of the individual or others to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition (see the Self Neglect Guidance in the Sunderland Multi Agency Safeguarding Adults Procedures at www.sunderland.gov.uk/alertabus) 	<ul style="list-style-type: none"> • Failure to seek lifesaving services or medical care where required. • Life in danger if intervention is not made in order to protect the individual (see the Self Neglect Guidance in the Sunderland Multi Agency Safeguarding Adults Procedures at www.sunderland.gov.uk/alertabus)
<p>Discriminatory (including Hate/Mate Crime)</p>	<ul style="list-style-type: none"> • Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences 	<ul style="list-style-type: none"> • Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period • Recurring taunts 	<ul style="list-style-type: none"> • Inequitable access to service provision as a result of diversity issue • Recurring failure to meet specific care/support needs associated with diversity • Persistent and frequent targeting by others in the community who take advantage. 	<ul style="list-style-type: none"> • Being refused access to essential services • Denial of civil liberties e.g. voting, making a complaint • Humiliation or threats on a regular basis 	<ul style="list-style-type: none"> • Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury/attempted murder/honour-based violence
<p>Organisational (any one or combination of the other forms of abuse)</p>	<ul style="list-style-type: none"> • Lack of stimulation/ opportunities to engage in social and leisure activities • SU not enabled to be involved in the running of service 	<ul style="list-style-type: none"> • Denial of individuality and opportunities to make informed choices and take responsible risk • Care-planning documentation not person-centred 	<ul style="list-style-type: none"> • Rigid/inflexible routines • Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing • Care planning documentation persistently not person centred 	<ul style="list-style-type: none"> • Bad practice not being reported and going unchecked • Unsafe and unhygienic living environments • Appropriate professionals not consulted to manage support needs including in respect of health, social care, behaviours which are challenging. 	<ul style="list-style-type: none"> • Staff misusing position of power over service users • Over-medication and/or inappropriate restraint managing behaviour • Widespread, consistent ill treatment

			and/or adequate to reflect support needs.		
Modern Slavery	<ul style="list-style-type: none"> All concerns about modern slavery are deemed to be of a significant/critical level. 		<ul style="list-style-type: none"> Limited freedom of movement. 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"> Limited access to food or shelter. Be regularly moved (trafficked) to avoid detection. Removal of passport or ID documents. 	<ul style="list-style-type: none"> Sexual exploitation. Starvation. Organ harvesting. No control over movement / imprisonment. Forced marriage.
Domestic Abuse	<ul style="list-style-type: none"> Isolated incident of abusive nature 	<ul style="list-style-type: none"> 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.
<p>The SafeLives DASH Risk Checklist http://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL.pdf should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate. Any action taken by individual agencies should be in accordance with their own Domestic Violence pathways.</p>					

7. Interface with Safeguarding Children

If you are working with an adult and have concerns and there is an unborn child or there are children/young people living with or in contact with that adult please consider the safety and wellbeing of the children too – using a “Whole Family” approach. Please follow the Sunderland Safeguarding Children Multi-Agency Procedures: <http://www.proceduresonline.com/nesubregion/>. In addition to this on the Safeguarding Adults Concern Form you are required to supply information in relation to any risk involving children. This is not instead of following Safeguarding Children Multi-Agency Procedures but is helpful for coordination and ensuring all agencies fulfil their responsibilities to safeguard children. It does not mean that this will be actioned on your behalf but it will mean that where it is necessary appropriate personnel are involved.

Also consider making a ‘Strengthening Families’ referral, as a potential means of getting early help for an adult/family where there are Tier 1 safeguarding concerns. Please follow the Sunderland Safeguarding Children Multi-Agency Procedures – <http://www.sunderlandscb.com> to get more details about Strengthening Families or to make a referral to it.

8. Contact Details

If you are not sending the referral form to/from a sunderland.gov email account please choose the most appropriate option from below

safeguarding.adults@sunderland.gcsx.gov.uk if you have a secure compatible account (GSX, GSI, NHS.NET, CJX, PNN)

Or via an **encrypted 7 ZIP attachment** to safeguarding.adults@sunderland.gov.uk. 7 Zip can be downloaded from 7-Zip.FileWin.com/Download

If you are unable to send by secure email, the address of the centralised Safeguarding Adults Team is:

Sunderland City Council, Room 2.48, Floor 2, Civic Centre, Burdon Road, Sunderland, SR2 7DN.

Customer Support Network Telephone Number: 0191 5205552