

**Risk Assessment Matrix**

<b>LIKELIHOOD</b>	<b>V High</b>	5	10	15	20	25
	<b>High</b>	4	8	12	16	20
	<b>Mod</b>	3	6	9	12	15
	<b>Low</b>	2	4	6	8	10
	<b>V Low</b>	1	2	3	4	5
		<b>Min.</b>	<b>Mod.</b>	<b>Sig.</b>	<b>V Sig.</b>	<b>Crit.</b>
	<b>HARM</b>					

**1-3 Minor impact – unlikely to reoccur** – could be addressed via agency internal process/procedures e.g disciplinary, care management or consider referral to Adult Protection Team to be made. It is not a ‘given’ that concerns falling into this section would be dealt with internally

**4-6 Moderate Harm – low risk or reoccurrence** – Could be addressed via agency internal process/ procedures e.g disciplinary, care management or consider referral to Adult Protection Team to be made. It is not a ‘given’ that any concerns falling into this section would be dealt with internally.

**8-9 Significant harm – moderate risk of reoccurrence** – Addressed under safeguarding procedures – referral to Adult Protection Team

**10-12 Very Significant harm – high risk of reoccurrence** – Addressed under safeguarding procedures – referral to Adult Protection Team to be made

**15-20 Critical level of harm** – Addressed as potential criminal matter – contact police and/or emergency services – consider MAPP, MARAC etc

<b>Type of Abuse</b>	<b>Lower Level Harm</b> Could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to safeguarding to be made. It is not a 'given' that any concerns falling into this section would be dealt with internally.		<b>Significant/ Very Significant Harm</b> Addressed under Safeguarding Procedures – referral to safeguarding to be made.		<b>Critical</b> Addressed as potential criminal matter – contact Police/ Emergency Services – could be addressed as MAPPA, MARAC, Hate crime.
<b>Physical</b>	Staff error causing no / little harm, e.g skin friction mark due to ill-fitting hoist sling  Minor events that still meet criteria for 'incident reporting'	Isolated incident involving service user on service user  Inexplicable very light marking found on one occasion	Inexplicable marking or lesions, cuts or grip marks on a number of occasions	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
<b>Sexual</b>	Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists	Verbal sexualised teasing or harassment	Recurring sexualised touch or masturbation without valid consent  Being subject to indecent exposure  Contact or non-contact sexualised behaviour which causes distress to the person at risk	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 valid consent cannot be given	Sex in a relationship characterised by authority, inequality or exploitation, e.g staff and service user  Sex without valid consent (rape)  Voyeurism
<b>Psychological</b>  <b>C</b>	Isolated incident where adult is spoken to in a rude or 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 dis-empower	Treatment that undermines dignity and damages esteem  Denying of failing to recognise an adult's choice or opinion  Frequent verbal outbursts	Humiliation  Emotional blackmail e.g threats of abandonment / harm  Frequent and frightening verbal outbursts	Denial of basic human rights/ civil liberties, over-riding advance directive, forced marriage  Prolonged intimidation  Vicious / personalised verbal attacks

<p><b>Financial or Material</b></p> <p><b>D</b></p>	<p>Money is not recorded safely or recorded properly</p>	<p>Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered</p>	<p>Adult's monies kept in a joint bank account – unclear arrangements for equitable giving of interest</p> <p>Adult denied access to his/ her own funds or possessions</p>	<p>Misuse/ misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards</p> <p>Personal finances removed from adult's control</p>	<p>Fraud/ exploitation relating to benefits, income, property or will</p> <p>Theft</p>
<p><b>Neglect or acts of omission</b></p> <p><b>E</b></p>	<p>Isolated missed home care visit – no harm occurs</p> <p>Adult is not assisted with a meal/drink on one occasion and no harm occurs</p> <p>Adult does not receive prescribed medication (missed/ wrong dose) on one occasion – no harm occurs</p>	<p>In adequacies in care provision leading to discomfort – no significant harm e.g left occasionally wet</p> <p>No access to aids for independence</p> <p>Recurring missed medication or administration errors that cause no harm</p>	<p>Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs</p> <p>Hospital discharge, no adequate planning and harm occurs</p> <p>Recurring missed medication or errors that affect one or more than one adult and/ or result in harm</p>	<p>Ongoing lack of care to extent that health and well-being deteriorate significantly e.g pressure wounds, dehydration, malnutrition, loss of independence/ confidence</p> <p>Deliberate maladministration of medications</p> <p>Covert administration without proper medical authorisation</p>	<p>Failure to arrange access to life saving services or medical care</p> <p>Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk</p> <p>Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death</p>
<p><b>Discriminatory</b></p> <p><b>F</b></p>	<p>Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences</p>	<p>Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period</p>	<p>Inequitable access to service provision as a result of diversity issue</p> <p>Recurring failure to meet specific care/ support needs associated with</p>	<p>Being refused access to essential services</p> <p>Denial of civil liberties e.g voting, making a complaint</p>	<p>Hate crime resulting in injury/ emergency medical treatment/ fear for life</p> <p>Hate crime resulting in serious injury/ attempted murder/ honour-based violence</p>

		Recurring taunts	diversity	Humiliation or threats on a regular basis	
<b>Organisational</b>  <b>G</b>	<p>Lack of stimulation/ opportunities to engage in social and leisure activities</p> <p>Service User not enabled to be involved in the running of the service</p> <p>Service design where groups of service users living together are incompatible</p>	<p>Denial of individuality and opportunities to make informed choices and take responsible risk</p> <p>Care-planning documentation not person-centred</p> <p>Poor, ill formed or outmoded care practice no significant harm</p> <p>Denying service user access to professional support and services such as advocacy</p>	<p>Rigid/ Inflexible routines, service users' dignity is undermined e.g lack of privacy during support with intimate care needs, pooled under-clothing</p> <p>Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted</p> <p>Failure to refer disclosure of abuse</p>	<p>Bad practice not being reported and going unchecked</p> <p>Unsafe and unhygienic living environments</p> <p>Failure to support vulnerable adult to access health, care, treatments</p> <p>Punitive responses to challenging behaviours</p>	<p>Staff misusing position of power over service users</p> <p>Over-medication and/ or inappropriate restraint managing behaviour</p> <p>Widespread, consistent ill treatment</p> <p>Entering into a sexual relationship with a patient/ client</p>
<b>Self-Neglect</b>  <b>H</b>	<p>This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding – if the person lacks capacity please refer to the Mental Capacity Act Code of Practice for guidance on undertaking best interest decisions.</p> <p>It should be noted that self-neglect may not prompt a Section 42 Enquiry. Where possible and appropriate this should be managed via ongoing complex case work. A decision on whether a response is required under safeguarding will depend on the person's ability to protect themselves. An assessment should be made on a case by case basis.</p> <p>If the person has capacity contact the Adult Protection Team if further advice or guidance is required.</p>				
<b>Domestic Violence</b>  <b>I</b>	<p>Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, female genital mutilation, forced marriage. Please refer to the Vulnerable Adult Decision Maker in the Police Protecting Vulnerable People (PVP) Unit - Can be contacted via the Adult Protection Team</p>				

<b>Modern Slavery</b>  <b>J</b>	Encompasses slavery, human trafficking, forced labour and domestic servitude.  Please refer to the Vulnerable Adult Decision Maker in the Police Protecting Vulnerable People (PVP) Unit – Can be contacted via the Adult Protection Team
<b>Sexual Exploitation</b>  <b>K</b>	Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive ‘something’ (eg accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.  Please refer to the Vulnerable Adult Decision Maker in the Police Protecting Vulnerable People (PVP) Unit – Can be contacted via the Adult Protection Team

- (a) 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) 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

The LA may choose to undertake enquiries for people where there is not a S42 duty - if the LA believes it is proportionate to do so and will enable the LA to promote the persons wellbeing and support a preventative agenda.

- (b) The safeguarding duties have a legal effect in relation to organisations other than the local authority e.g the NHS and the Police.

- (c) The aims of adult safeguarding are to;
- Stop abuse or neglect wherever possible
  - Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
  - Safeguard adults in a way that supports them in making choices and having control about how they want to live
  - Promote an approach that concentrates on improving life for the adults concerned
  - Address what has caused the abuse or neglect

In order to achieve these aims, it is necessary to:

- Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities
- Create strong multi-agency partnerships that provide timely and effective prevention and responses to abuse and neglect
- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector should be responded to

The following six principles apply to all sectors and settings and underpin all adult safeguarding work.

1. Empowerment – people being supported and encouraged to make their own decisions and informed consent
2. Prevention – it is better to take action before harm occurs
3. Proportionality – the least intrusive response appropriate to the risk presented
4. Protection – support and representation for those in greatest need

5. Partnerships – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability – accountability and transparency in determining safeguarding

## Threshold Benchmark

It is recognised that without a benchmark it would be difficult to assess if any action or intervention is required, (however they are primarily a matter of professional judgement and therefore a threshold is of limited value unless used alongside other parameters of consideration.)

## Consistency

We recognise the need for a more consistent approach to safeguarding. Appropriate thresholds are seen as a good way to achieve this. The identified threshold framework will be clearly explained in all North Lincolnshire Safeguarding policies and procedures supporting all agencies to act in a similar way in similar situations. All professionals will also be encouraged to use their professional judgement and to consider issues of equality or inequality.

## What is abuse and neglect?

Professionals involved in safeguarding adults should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered, although the criteria above will need to be met before the issue is considered as a safeguarding concern.

Incidents of abuse may be a one off or multiple, and can affect one person or more. Professionals should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what is now referred to as organisational abuse. In order to see these patterns it is important it is recorded appropriately and shared.