HALTON
BOROUGH COUNCIL

Draft

Integrated Adults Safeguarding Unit

Thresholds Guidance

July 2012

Thresholds Guidance

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

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

It is recognised that some health organisations will conduct their own investigations, however, outcomes of those investigations must be forwarded to Halton Integrated Adults Safeguarding Unit in order for them to fulfill their duty to monitor, and, record safeguarding referrals within the Halton locality.

This guidance is laid out in 4 sections: - .

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

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

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

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

Section 4 Risk assessment – gives written guidance in relation to assessing the level of risk involved.

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

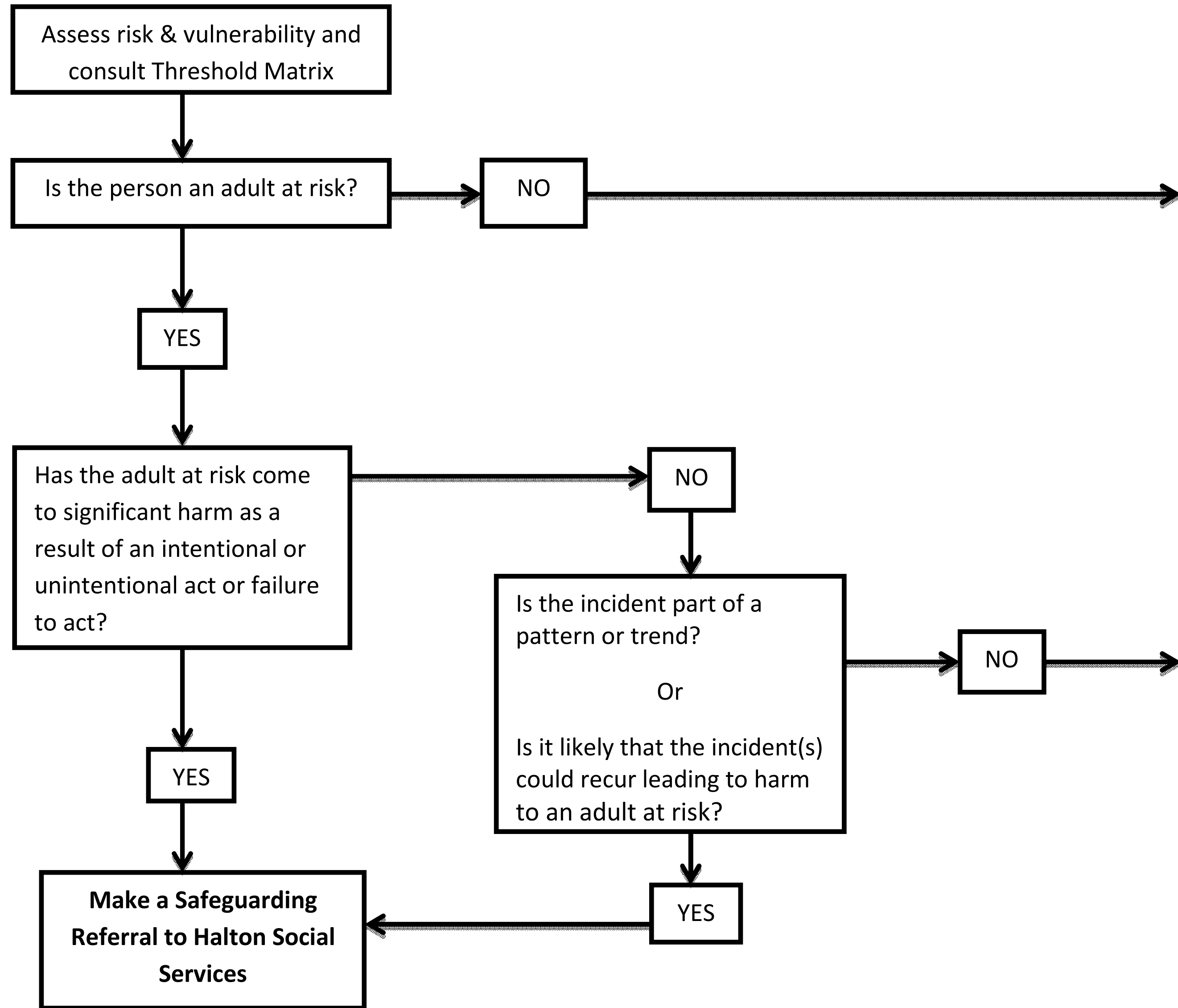
Submitting a Safeguarding Referral
In order to submit a safeguarding adult referral, please contact Halton Adult Social Care Services Initial Assessment team on 0151 511 7676, who will advise how to make a safeguarding referral to Halton Borough Council.

Section 1 - Adult Safeguarding Referral Threshold Flowchart (please also refer to Initial Considerations section 2)

An adult at risk: :

A person aged 18 or over and who:

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



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

Section 2 Initial Considerations

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

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

a) Has the risk /vulnerability of adult at risk been assessed?(see section 4)

b) Is the person who has/ may have been abused an **adult at risk**?

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

A person aged 18 or over and who:

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

c) Has the adult at risk experienced significant harm? (see below for explanation of significant harm)

Harm doesn't necessarily mean physical harm, but could be emotional, physiological etc (see matrix for examples).

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

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

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

d) Is there a duty of care which has been breached e.g. by a care worker or a carer?

This helps distinguish abuse (of trust) from abusive/criminal acts by strangers.
It is important to note that the abuse does not need to be deliberate. Some neglect is not deliberate.

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

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

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

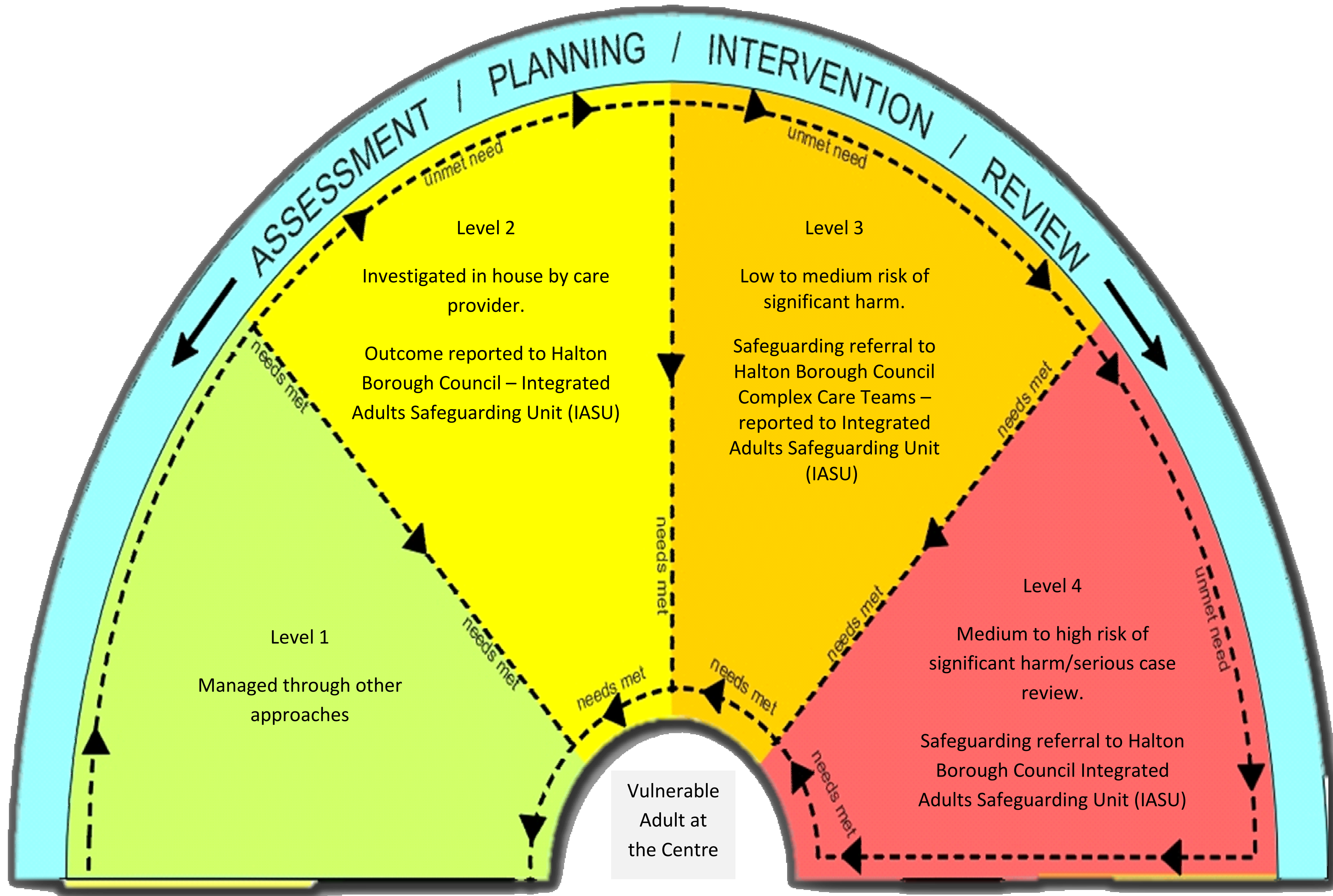
Because of the need for a timely response, information gathered to inform the threshold decision cannot be as detailed as that gathered in a formal safeguarding adult assessment or investigation and should not delay a referral.

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

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

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

Section 3a Threshold Tiers



Section 3a Thresholds Levels

This section takes you through the different threshold tiers, of which there are 4. The section guides you through as to where concerns should be managed and when to refer into Halton Adult Social Care Services.
Concerns falling within Level 1 and 2 should be dealt with in house by the managing agency. **However, Level 3 and 4 must be put forward as a Safeguarding referral to Halton Adult Social Care Services**.

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

Level 2 - Complaints and Safeguarding Reviews.
Complaints
All complaints regarding independent providers or other agencies should initially be dealt with in-house by the agency internal complaints policy. It is anticipated most of these complaints will be more about poor quality of care and service rather than abuse, for instance low staffing numbers, environmental issues etc.
It is good practice for providers to contact the agency who has placed an individual with that service (where applicable) to inform them of any issues and the outcome of any internal investigations.
Reviews
It is the responsibility of the local authority and Primary Care Trust to annually review all the adults at risk for whom they provide services to or arrange placements for.
The purpose of the review is to look at whether an adult at risk needs are being met. Reviews would, where a case does not meet the criteria of significant harm, addressed abuse issues and thus prevent the abuse potentially escalating.

Level 3 – Low to Medium risk of significant harm (Complex Care Teams)
Level 3 and above is the point at which safeguarding referrals should be raised directly with Halton Adult Care Services

The relevant Complex Care teams within Halton Adult Social Care Services will take the initial lead regarding the coordination of the allegation of abuse and chair all the meetings relating to the allegation.

Level 3 involves cases of low to medium levels of harm, examples of which include:
Physical abuse – e.g. where an adult at risk has experienced a physical injury, except where this is of a serious nature i.e. Neglect – e.g. where a relative is neglecting the adult at risk or friend, for example if a partner refuses to pay for care for the adult at risk.

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

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

Level 4a – Medium to High risk of significant harm/serious case review (Integrated Adults Safeguarding Unit)

Level 4a is where the adult at risk faces a higher level of risk of significant harm i.e. threats to kill, rape etc. These complex cases meeting the threshold for safeguarding investigation will be investigated by the Integrated Adults Safeguarding Unit. Consideration should also be given at this level as to whether the case needs to be referred for a serious case review.

Cases in this level involve complex situations for example:

- Legal
- Multiagency
- Nursing and residential homes- multiple abuse allegations

Level 4b - Serious Case Review

Serious case reviews conducted under the Adult Safeguarding Procedures are commissioned specifically by the Halton Safeguarding Adults Board; it is to this body that the serious case review finally reports. The responsibility for the decision to commission an Serious case review therefore lies with the Chair of the Halton Safeguarding Adults Board, or in that person's absence, their nominated deputy.

A serious case review will be considered when:

- A vulnerable adult dies (including death by suicide), **and** abuse or neglect is known or suspected to be a factor in their death

- A vulnerable adult has sustained any of the following:
  - a life threatening injury through abuse or neglect
  - serious sexual abuse
  - serious and/or permanent physical or emotional harm arising from the abuse

or, where serious abuse occurred in an institutional setting:

- a culture of abuse was identified and/or
- multiple abusers were involved

AND

The cases(s) give rise to concerns about the way in which local professional and services work together to safeguard vulnerable adults

- A significant "near miss" has taken place – in these situations, nothing serious may have happened but there is evidence of significant weakness in the way local professionals and services work together to safeguard vulnerable adults. This will also include cases where there is an on-going accumulation of concern.

Type of Abuse	**Level 1** Managed through other approaches	**Level 2** Investigated in house but outcome reported to Halton Borough Council - IASU	**Level 3** Low to medium risk of significant harm. Safeguarding referral to Halton Borough Council - Complex Care Teams – outcome reported to IASU	**Level 4a** Medium to high risk of significant harm. Safeguarding referral to Halton Borough Council - IASU	**Level 4b** Serious case review. Safeguarding referral to Halton Borough Council - IASU
Physical	• Staff error causing little or no harm, eg friction mark on skin due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting'	• One off incident involving service user on service user • Inexplicable marking found on one occasion	• Inexplicable marking or lesions, cuts or grip marks found on more than one occasion. • Marks lesions, cuts caused by one person but to several service users.	• Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault	• Grevious bodily harm/assault requiring hospital admission
Medication	• Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs	• Occasional incidents of missed medication or administration errors in relation to one service user that causes no harm	• Recurring missed medication or errors that affect more than one adult and/or result in harm • Missed medication where harm does occur	• Deliberate maladministration of medications • Covert medication without proper medical authorisation/supervision	• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Neglect and Acts of Omission	• Isolated missed home care visit where no harm occurs • Adult is not assisted with food/drink, personal care needs, toileting, pressure area care and moving & handling on one occasion and no harm occurs	• Inadequacies in care provision that lead to discomfort or inconvenience - no significant harm occurs e.g. being left wet occasionally • Not having access to aids to independence • Low level neglectful practice ie failure to refer to necessary agencies where this is not part of their professional accountability and where training has not been provided	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge without adequate planning and harm occurs • Self neglect • Partner refusing to pay for care	• On-going lack of care that causes health and wellbeing to deteriorate significantly eg. avoidable malnutrition, dehydration, pain, loss of dignity, tissue viability problems	• 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

Type of Abuse	**Level 1** Managed through other approaches	**Level 2** Investigated in house but outcome reported to Halton Borough Council - IASU	**Level 3** Low to medium risk of significant harm. Safeguarding referral to Halton Borough Council - Complex Care Teams – outcome reported to IASU	**Level 4a** Medium to high risk of significant harm. Safeguarding referral to Halton Borough Council - IASU	**Level 4b** Serious case review. Safeguarding referral to Halton Borough Council - IASU
Psychological	• One off incident where an adult is spoken to in a rude or inappropriate manner resulting in respect being undermined but no or little distress is caused	• Occasional taunts, teasing or verbal outbursts which cause distress • The withholding of information to disempower an individual	• Frequent taunts, verbal outbursts • Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Humiliation • Bullying/intimidation	• Emotional blackmail e.g. threats of abandonment/harm, threats to kill • Frequent and frightening verbal outbursts	• Denial of basic human rights/civil liberties, overriding advance decisions • Vicious/personalised verbal attacks
Institutional	• Lack of stimulation or opportunities for adults to engage in social and leisure activities • Lack of person-centred approach where service users are not given a sufficient voice or supported to be involved in the delivery of the service	• Care-planning documentation not person-centred	• Rigid/inflexible routines • Service user's dignity is undermined e.g. lack of privacy during support with personal care needs • Denial of individuality and opportunities for service users to make informed choices and take responsible risks • Staff misusing their position of power over service users	• Care/support plans and risk assessments not followed or needs not specified or met as specified – recurring event that is happening to more than one adult and results in harm • Bad practice not being reported and going unchecked	• Inappropriate chemical or physical restraint used to manage behaviour • Widespread, consistent ill treatment
Sexual	• One off incident when an inappropriate sexualised remark is made to an adult and no or little distress is caused	• One off incident of low-level unwanted sexualised attention/touching directed at one adult by another whether or not capacity exists	• Recurring verbal sexualised teasing • Sexual harassment	• Recurring sexualised touch or isolated/recurring masturbation without consent • Attempted penetration by any means (whether or not it occurs within a relationship) without consent	• Sex in a relationship characterised by authority, inequality or exploitation e.g. staff and service user • Sex without consent/rape

Type of Abuse	**Level 1** Managed through other approaches	**Level 2** Investigated in house but outcome reported to Halton Borough Council - IASU	**Level 3** Low to medium risk of significant harm. Safeguarding referral to Halton Borough Council - Complex Care Teams – outcome reported to IASU	**Level 4a** Medium to high risk of significant harm. Safeguarding referral to Halton Borough Council - IASU	**Level 4b** Serious case review. Safeguarding referral to Halton Borough Council - IASU
Financial	• Staff personally benefit from the support they offer their service users eg when shopping use 'buy one get one free offers'	• Adult not routinely involved in decisions about how their money is spent • Theft	• Adult denied access to own funds/possessions	• Personal finances illegally removed from adult's control • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control	• Fraud/exploitation relating to benefits, income, property or will
Discriminatory	• Isolated incident when an inappropriate prejudicial remark is made to an adult and no or little distress is caused	• Care planning fails to address an adult's diversity associated needs for a short period • Isolated incident of harassment	• Recurring failure to meet an adult's diversity associated needs • Inequitable access to service provision as a result of a diversity issue • Recurring taunts	• Being refused access to essential services as a result of a diversity issue	• Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury or attempted murder/honour-based violence

Section 4 – Risk Assessment

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

Principles
1. Risk is an unavoidable part of life and it is neither possible nor desirable to remove all risk from the experience of service users.
2. In exercising their professional judgement, all staff will act within the law and in accordance with the Directorate's policies and procedures and in doing so will receive support from the Directorate whatever the eventual outcome.
3. Risk assessment and management involves close work with service users and carers to agree: -

- The likelihood of positive and negative outcomes
- Service user and / or support system strengths

Definitions:
Hazard: factors which make harm more likely to occur. These factors may stem from the person themselves, their environment or from other people.
Risk: the likelihood of harm actually occurring. Risk may also be an opportunity to gain potential benefits and improve quality of life.
Harm is the ill treatment (which can include all forms of abuse) and the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional or behavioural development.
Risk Assessment: assesses the likelihood of actions leading to positive or negative outcomes and the relative significance of these outcomes
Risk Management: a system for implementing, controlling and learning from risk decisions
Risk-taking is choosing to act or not to act in relation to assessed risk.

Levels of Risk:
Moderate/Low
The risk of harm is easily resolved through provision of services.

Where any harm that results (physical or psychological) would not require professional support (medical, clinical, oncall, etc).

Substantial
Physical injury to self or others, which would require medical attention (GP, A & E, etc).

Psychological trauma, which impinges on the service user's or others' quality of life and sense of wellbeing and would require professional support.

Potential breakdown of current placement.

Critical
Physical harm or psychological trauma to self or others which would require admission to hospital.

Death

Behaviour that would result in criminal prosecution and
imprisonment or sectioning under the Mental Health Act.

Residential admissions and out of area placements

Levels of risk assessment
A Level 2 risk assessment will not be required in respect of every service user. The same analytical process should be used for all levels but will not be needed at so much depth or detail in less complex situations. Care Managers will need to use their judgement in order to decide at which level a risk assessment should proceed.

There are two basic levels of risk assessment:
Level 1
Risk assessment should form part of all assessments and must be recorded with the main documentation.

Level 1 will apply in situations where most risks are either
moderate/low or well managed but where a specific decision has to be made that involves some risk of harm or risk to loss of independence.

Level 2
Level 2 risk assessments should be carried out where the member of staff has a reasonable expectation that a service user's present or planned situation is likely to present a significant risk to themselves or others.

These are likely to be situations where a number of risks are present and where at least one or two of these are substantial or critical – i.e. have a medium or high likelihood and a medium or high outcome of severity.

Risk assessment at all levels should consider three vital issues:

HISTORY i.e. previous serious or potentially serious events that have occurred.

RISK FACTORS i.e. current factors that may affect risks.

SIGNIFICANCE OF RISK i.e. the likelihood of the risk occurring and the severity of its consequences.

This analysis should be followed by a

DECISION MAKING PROCESS AND OUTCOME which is recorded and is followed by the **RISK MANAGEMENT PLAN** i.e. how risks can be managed at an acceptable level.

Timescales
Risk is dynamic and usually depends on circumstances that can alter over brief time periods. Therefore risk assessment needs a predominantly short-term perspective and must be subject to regular review.

Level 2 Risk Assessments must be reviewed after 6 weeks and consider the effectiveness of the risk management plan and the processes of managing this within Provider Services. If the risk management plan is working, the review timescale can move to 12 monthly unless there is a change in risk levels.

Completing a Level 2 Risk Assessment within the Safeguarding Adults procedures:

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

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

Also consider in this section, the risk of harm to other adults at risk. For example, one person experiencing abuse due to inappropriate use of restraint may be an indication of institutional abuse affecting more people. When considering risk of harm, always record the individual's awareness and perceptions of the risks.

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

Age. Research shows people are significantly more likely to be abused if you are aged over 70 years of age.

Physical disability. Increase physical dependency on other for help with day-to-day living makes people more vulnerable to abuse.

Learning disability. Adults with learning disabilities may not understand acceptable levels of support or may be in situations where abuse from other service users is more likely and communication difficulties may mean reporting abuse difficult.

Mental Health Issues. Research has shown that people with mental health illnesses often are not believed or find themselves in situations where abuse from other service users is possible.

Sensory impairments. Individual's sensory impairments may make reporting abuse difficult or identifying the abuser difficult.

Dementia. It is particularly important to assess individual's mental capacity.

Ethnicity/ culture. If English is not the person's first language – reporting abuse may be difficult. It is particularly important to use independent interpreters to aid communication – never use family members.

Social isolation. If a person has limited family or social networks they will have less external scrutiny to identify any signs of abuse or mistreatment.

Previous victim of abuse. Victims of abuse often have low self-esteem and or a belief system supporting abusive behaviour as a legitimate response to situations.

Communication difficulties. Where necessary independent professional who can facilitate communication must be used.

Previously the person causing harm. Those who previously were the person causing harm who then become dependent on their previous victims may be at risk of abuse with 'revenge' as the motivation.

Health problems. Individual health problems may make them too weak to report or respond to abuse.

Domestic abuse. Research shows that domestic abuse is most commonly experienced by women and carried out by men. Women with disabilities are twice as likely to experience gender based violence as non-disabled women, and are likely to experience abuse over a longer period of time and suffer more severe injuries as a result.

Service providers. If an individual is receiving community care services, the actions of the provider may have an impact on the individual. Especially if there is no current manager,

new manager, high staff turnover, high proportional of agency staff, large number of people with high level of needs, little or no staff training.
When considering factors that increase the risk of harm, always record the individual's views.

Factors that decrease the risk of harm
Identify the protective factors that are in place **or** which have been put in place as a result **or** that can be immediately be put in place to reduce or eliminate the risk of harm. This should include any immediate/ emergency Protection Plans put in place by any agency. For example:
Support services in place (domiciliary care package, 1:1 support)
Relationships with family, friends, neighbours, which do not present a risk
Access to social/ support groups
Awareness of personal support
Services recognise abuse and has taken appropriate action
Person is in a place considered to be safe

Significance of Risk
This section should be completed for each area of risk identified At all levels of assessment, the significance of any risk should be quantified, according to the scheme set out below.

There are two fundamental factors to consider when calculating the significance of a particular risk. These are:

- the likelihood of the risk occurring in the period covered by the risk assessment.
- the severity of its consequences.

When arriving at a **likelihood estimation**, there are several important considerations which you will have already looked at in your assessment:

- Is there any known history to this particular risk?

- How often has it occurred in the past and with what frequency?
- Are there any known triggers and are they likely to occur within the risk period?

Likelihood should be measured as **HIGH, MEDIUM or LOW** according to the following criteria:

1 Unlikely to happen in the next six months. LOW

2 Evens (50%) chance of happening in the next six months. MEDIUM

3 More than 50% chance of happening in the next six months. HIGH

The severity of the risk should also be measured as **CRITICAL , SUBSTANTIAL** or **MODERATE/LOW** according to the following criteria:

1. Moderate / Low

- The risk of harm is easily resolved through provision of services.
- Where any harm that results (physical or psychological) would not require professional support (medical, clinical, on-call, etc).

2. Substantial

- Physical injury to the service user or others which would require medical attention (GP, A & E, etc).
- Psychological trauma which impinges on the service users or others' quality of life and sense of wellbeing and would require professional support.
- Potential breakdown of current placement.

3. Critical

- Physical harm or psychological trauma to self or others which would require admission to hospital.
- Death
- Behaviour which would result in criminal prosecution and imprisonment or sectioning under the Mental Health Act.
- Residential admissions and out of area placements

Significance is then obtained by the idea of multiplying these two factors.

Significance = likelihood x severity.
This will be straightforward where the two factors are the same i.e. both the likelihood and the severity are either HIGH, MEDIUM or LOW, but will require more judgement where the factors are different, so a high likelihood and a medium severity or a medium likelihood and a low severity would need a judgement as to whether this ultimately falls into the substantial or the moderate/low category. It is expected that areas of concern that have critical or substantial significance will be transferred into the Risk Management Plan

Risk Management Plan
Having identified significant risks and agreed on what decisions have been made it is essential to explain how any risks are to be managed and minimized. This should be as detailed as possible.

NB If the assessment of risk has shown that the risks are less significant than was at first thought, then this plan could be written on the standard care plan documentation. A separate risk management plan is only required if the risk is likely to remain substantial or critical after the usual assistance to manage risk has been given.

Appendix 1: Level 2 Risk Assessment Form

RISK ASSESSMENT AND MANAGEMENT PLAN
LEVEL 2

1. Identification Details		**Care First No:**	
Name:		**Date of Birth**	
Address:			
Postcode:			

2. Main Carer

3. What are the hazards present in this person's situation?

4. Previous incidents relating to harm or loss of independence

5. Previous risk assessments

6. Circumstances that will influence risk

7. Areas of Concern Significance = likelihood × severity	Critical	Substantial	Moderate/ Low
N.B.Very high risks to be identified by Panel and logged with the Operational Director			

8. Analysis of risk behaviour

9. What are the benefits of any proposed intervention? What is the effect on independence? In what ways will harm be reduced?

10. Does the service user/ carer understand that there is a risk? Does a capacity assessment need to be undertaken?

11. Legal issues considered:

12. Who has been involved (service user, carer, friends, other professionals)?

13. Service User's Comments

14. Following this assessment if a specific decision has been made record here:

15. Assessor /Manager/Panel comments:

16. Risk Management Plan				
Identified risk	**Action to manage risk**	**Responsible person**	**In what ways do the actions reduce the risk to the person?**	**Residual Risks i.e. risks remaining after risk management measures put in place**

17. Monitoring /Review/Emergency Arrangements

The plan will be monitored /reviewed by:		Date of Review	
Contingency Plan in case of emergency			

I understand and agree to the risk management plan

Service user/carer signature: (if unable to sign state why)		Date:	
Assessor's signature:		Date:	
Principal Manager signature:		Date:	
Divisional Manager signature:		Date:	
Signature of Panel Chair		Date:	

Case Examples

Levels of Risk

Moderate/Low
The risk of harm is easily resolved through provision of services.

Where any harm that results (physical or psychological) would not require professional support (medical, clinical, on-call, etc).

Substantial
Physical injury to the service user or others which would require medical attention (GP, A & E, etc).

Psychological trauma which impinges on the service users or others' quality of life and sense of wellbeing and would require professional support.

Behaviour which may lead to breakdown of current placement.

Critical
Physical injury (including death) to the service user or others which would require their admission to hospital.

Psychological trauma to the service user or others which would require their admission to hospital.

Behaviour which would result in criminal prosecution and imprisonment or sectioning under the Mental Health Act.

For example:

Falls

- **Moderate/Low risk** may be that the person falls periodically, but has never done any real damage to themselves, and carries a pendant alarm. They have capacity to use the alarm and have contact from a relative on a daily basis who would report back any lack of contact.
- **Substantial risk** – In this situation the falls become more frequent (and cannot be prevented). They have caused long lasting skin abrasions. However, the alarm is still carried and the daily monitoring system is still in place to keep the risk to this medium level.
- **Critical Risk** – The falls continue to be frequent and unpreventable. The latest resulted in admission to hospital and the service user has become somewhat confused and forgetful. They wish to return home but is likely to forget to carry the alarm or not realise to press the button if they do fall.

Nutrition

- **Moderate/Low Risk** – The person does not eat properly but there is no health risk. The person lives in sheltered housing and receives Home Care so the situation can be monitored.
- **Substantial Risk** – The person does not eat properly and although there is no evidence of health risks, they are socially isolated and refuse services.
- **Critical Risk** – The person is diabetic, has memory problems and forgets to eat. Their poor diet has serious implications for their health and has already

resulted in one admission to hospital.

Smoking /Fire Risk

- **Moderate/Low Risk –** The person doesn't put their cigarettes out properly. They drop hot ash onto themselves but this hasn't resulted in any injuries.
- **Substantial Risk** - The person drops lit cigarettes onto themselves. This has resulted in minor burns needing treatment in A&E and damage to furniture.
- **Critical Risk** – The person has dementia and wanders with lit cigarettes. This has already caused a fire in their bedroom which resulted in their admission to hospital due to inhaling smoke.

Safety

- **Moderate/ Low Risk –** The person lives in residential care and has dementia. Has a tendency to wander around the building.
- **Substantial Risk -** The person attempts to leave the building . Staff bring them back and manage to reassure
- **Critical Risk: -** The person has a history of violence and become very aggressive towards staff when they try to prevent them from leaving the building. They throw furniture and frighten other service users.