
Stockport Safeguarding Adults Partnership

Risk Matrix and Decision-Making Tool

Document information			
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Introduction

This document has been developed to help professionals and practitioners working in Stockport to assess the level of risk for adults, and to help in deciding when to submit a safeguarding referral to the local authority.

This document should help when responding to concerns of suspected and actual abuse or neglect. It will provide all practitioners and safeguarding managers with a consistent approach, embedding the principles of making safeguarding personal in all organisations. The document has been designed to support the use of professional curiosity at all stages. The examples and definitions used in this document are not exhaustive and will not cover every possible scenario, but have been designed to support people in making an initial assessment about any next steps that need to be taken. If there is any doubt about the seriousness of the concern or the adult at risk, advice and guidance can be sought from individual organisation's designated safeguarding lead.

All safeguarding concerns should be reported to the local authority using the online portal here - [Report a concern about abuse of an adult - professionals only - Stockport Council](#). There may be occasions where services in other local authority areas need to be involved; if this is the case this should be first discussed with the relevant designated safeguarding lead, and relevant advice sought from the local authority. Where there are concerns about a child or young person under the age of 18, a safeguarding concern should be considered and referred to the local authority [here](#).

Section 42 criteria as published in The Care Act 2014

This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) –

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs)
- (b) Is experiencing, or is at risk of, abuse or neglect, and
- (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom

"Abuse" includes financial abuse.

How to read our thresholds document

More detailed information on safeguarding adults at risk, as well as detailed definitions of abuse and neglect, can be found on our online multi-agency safeguarding procedures here: [Stockport Safeguarding Adults Partnership Multi-agency Policy and Procedures](#).

1. *Assess the adult at risk – using the chart on page 4, are you able to identify the level of severity, any patterns, and the impact on all of those involved?*
2. *Understand the type of abuse or neglect – using the chart on page 5, can you clearly identify the particular type, or types, of abuse and neglect taking place?*
3. *Determine the most appropriate response – refer to the chart on page 7 and identify the most appropriate response to the abuse or neglect, bearing in mind any making safeguarding personal outcomes that the adult has expressed. The chart sets out what types of situations can be managed internally (those that are low risk and low impact) and those that should be referred to the local authority.*

For any instances where the risk is thought to be medium or high, consider raising a safeguarding concern with the local authority. This should **only** be done in circumstances where the adult is unable to protect themselves due to any care and support needs.

It is important to differentiate between a vulnerable adult who needs support to address any care and support needs, an adult who could be signposted to targeted services (e.g. victim support, outreach services, housing support or primary care) and those in need of a specific safeguarding intervention.

Working with adults and managing risk

Risk taking is part of daily life and most of us may take risks, in some form, to bring about benefits including to our wellbeing. When working with vulnerable adults it is important to carefully consider the level of risk that an adult may be taking, or exposed to. Staff undertaking risk assessments should be able to evaluate and act upon risk of danger, harm or abuse. Therefore, staff should be able to identify how to reduce or remove risk.

When working with adults to manage risk, the focus should be on how to manage the level of risk, not just describing what the risk is. This can include developing a plan to manage any identified risks and set out actions and measures to address the risk.

Positive risk management needs to be underpinned by widely shared and updated contingency planning for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing and the point at which they become unacceptable and therefore trigger a review. Effective risk management requires exploration with the adult using a person-centred approach, asking the right questions to build up a full picture. Not all risks will be immediately apparent; therefore, risk assessments need to be regularly updated as part of the safeguarding process and possibly beyond.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) marks a shift in culture and practice to ensure that the person being safeguarded is involved throughout and is able to define what actions are taken to support them to be safe. The focus is on improving quality of life, wellbeing and safety. The key focus is on developing a real understanding of what the person wishes to achieve, and agreeing, negotiating and recording their desired outcome or goal. It is about working out with the person (and their representative or advocate if the person lacks capacity) how best to bring about those outcomes, and then being able to measure our success in this.

Some key considerations

There are a number of important points to keep in mind when using this document, and working with adults as part of responding to any safeguarding concern.

- **The adult's voice.** It is crucial to understand the adult's views and wishes at the earliest opportunity in any safeguarding process. Where safeguarding concerns are raised with the local authority, one of the first actions may well be to contact the adult to get their views so it is always best to consider these yourself first. Placing the adult at the centre of any concern or safeguarding referral will result in a stronger and more meaningful outcome for them.
- **Consent.** Is the adult aware of the concerns that have been raised? Do they have mental capacity to consent to any support or interventions that may be necessary? If not do you understand how you would override consent when speaking with the local authority?
As a general rule, you need consent of the person to make the concern No decisions should be made or actions taken without the consent of the person you are concerned about. The Safeguarding Adult Concern form should include detail on how consent was

gained. There will however be occasions when it will be necessary to raise a concern without the person's consent and this will include situations where:

- there is a risk of serious harm to the well-being and safety of the person or others, this is often referred to as 'Public Protection' and consent is sometimes overridden in these instances
 - it is necessary to prevent crime or you are concerned a crime may have been committed
 - the person lacks mental capacity to consent – the Mental Capacity Act (MCA) procedure and guidance must be adhered to and evidenced
 - gaining consent would put the person at further risk
- **Mental capacity.** It is important to consider if the adult has the relevant mental capacity to make any decisions that they need to. There is a difference between an adult lacking mental capacity, and making an unwise decision.

"People have the right to make what others might regard as an unwise or unusual decision. Everyone has their own values, beliefs and preferences which may not be the same as those of other people. People cannot be treated as lacking capacity for that reason."

The Care Act 2014 guidance
[Care and support statutory guidance - GOV.UK](https://www.gov.uk/government/publications/care-act-2014-guidance)

- **Working with the adult.** Wherever possible, the adult should be involved at all points of their support. It is possible that the adult may refuse support or particular interventions, and where they have capacity to do so, this should be respected so long as it is safe and there are no inherent risks identified.

Who might be an adult with care and support needs?

The term "care and support needs" can sometimes be misleading or confusing. To help in clarifying the adults we are taking about, try thinking about how you would answer these questions. If you can answer yes to any of these, the individual may have care and support needs.

Are they an older person?

Do they have a physical disability, learning difficulty or sensory impairment?

Do they have mental health needs including dementia?

Do they misuse substances or alcohol to an extent it impacts their day-to-day life?

Do they have a long term health condition?

Assessing adults at risk

Using the chart below, try and describe the seriousness of the act of abuse or neglect. The further along the scale from low to high, or less serious to more serious, the more at risk the adult is. Safeguarding is everyone's business and all agencies have a responsibility when it comes to adult safeguarding. Further information on provider-led safeguarding enquiries can be found [here](#).

The abusive act	Level of risk or severity			Considerations
	Low	Medium	High	
Seriousness of abuse	Unintended action with no lasting impact.	Repeated incidents with some longer-term impact	Potential for criminal or malicious act	<i>Where there are signs of serious and / or repeated abuse, you should seek immediate advice from your agency's safeguarding lead.</i>
Patterns of abuse	Isolated incident or a 'one-off'	Recent abuse in an ongoing relationship	Repeated abuse of the victim	
Impact on victim(s)	Little to no impact	Some short-term impact	Serious or long-lasting impact	<i>Remember abuse can affect different people in different ways. The views of the victim will be crucial in understanding impact on them. Are any neighbours, peers or relatives impacted by the situation?</i>
Impact on others	No one else affected or impacted	Others indirectly affected by abuse	Others directly affected by abuse	<i>The principles of a think family approach are important. How has the abuse affected any children, carers, relatives, neighbours?</i>
Intent of alleged perpetrator	Unintended or unplanned incident	Opportunistic activity with some possible intent	Deliberate and/or targeted towards the victim	<i>Think about whether the act is a response to difficulties in caring for the person or if there is deliberate or malicious behaviours involved. Have any professional codes of conduct been breached?</i>
Illegality of actions	Bad practice but not illegal	Criminal act	Serious criminal act	<i>Seek advice from Greater Manchester Police if you are concerned about the possibility of any illegal or criminal activity.</i>
Risk of repeated incident(s)	Unlikely to reoccur	Possible to reoccur	Likely to or is reoccurring	<i>How likely is it that the abuse / neglect will continue or happen again? What actions may be needed to prevent this?</i>

Types of abuse or neglect

The below table sets out some base definitions for different types of abuse or neglect. This section should be read our online multi-agency safeguarding procedures here: [Stockport Safeguarding Adults Partnership Multi-agency Policy and Procedures](#).

For some types of abuse or neglect it may be appropriate to contact other services based in the community or manage any concerns at a low-level of intervention for the adult. However, for others, such as sexual abuse or domestic abuse, the impact and level of trauma on the adult may well be significant. In these instances it is important to contact the local authority to discuss your concerns and agree a next course of action.

Type of abuse or neglect	How it may appear / what we mean
Physical abuse	Any abuse which has a physical impact on an individual. This can be deliberate or accidental. Physical abuse can also be associated with other forms of abuse, such as psychological abuse.
Psychological abuse	Sometimes called <i>emotional abuse</i> . This is abuse that has an adverse effect on an individual's mental well-being. Psychological abuse does not always occur in isolation and can be linked to physical, financial and other forms of abuse or harm.
Neglect & acts of omission	Occurs when a person is harmed, as a result of the failure of a person with the responsibility to provide the amount and type of care that a reasonable person would be expected to provide.
Sexual abuse	Involving people in sexual activity without their voluntary and informed consent and may also include sexual activity where one party is in a position of trust, power or authority. This does not have to be physical contact and can take place online. In all instances of sexual abuse, you should contact the local authority and report any concerns to Greater Manchester Police.
Financial or material	Financial abuse is a crime and the police should be involved at an early stage. Financial abuse is the misuse of a person's property, assets, income, funds or any resources.
Discriminatory	Discriminatory abuse exists when values, beliefs and culture result in a misuse of power that denies opportunity to individuals or groups.
Organisational	Organisational (or institutional) abuse can be defined as abuse or mistreatment by a regime as well as by individuals within any health or care setting, or a person's own home.

Type of abuse or neglect	How it may appear / what we mean
Domestic abuse	This includes psychological, physical, sexual, financial, emotional abuse, coercive or controlling behaviour, so called 'honour based violence', FGM, forced marriage. It is not only between intimate partners but can include other family members. In all cases of domestic abuse, you should contact Adult Social Care and share your concerns to discuss what you think has taken place and agree a next course of action.
Self-neglect	An unwillingness or inability to care for oneself and/or someone's environment. It encompasses a wide range of behaviours
Modern slavery	Encompasses slavery, human trafficking, and forced labour and domestic servitude. Signs of slavery in the UK and elsewhere are often hidden making it hard to recognise victims and potential victims. Any indication of Modern Slavery should be reported to Greater Manchester Police, Stockport Adult Social Care, and the National Referral Mechanism.
Pressure ulcers	Damage to the skin and tissue when pressure is applied to the same area for a period of time. It is more likely if a person has to stay in a bed or chair for a long time. Sometimes called <i>bedsores</i> or <i>pressure sores</i> .
Slips, trips and falls	The adult experiences injury through a loss of balance or accidental fall.
Medication errors	A patient safety error while prescribing, preparing, dispensing, administering, monitoring or providing advice on any medicines/

Responding to different types of abuse

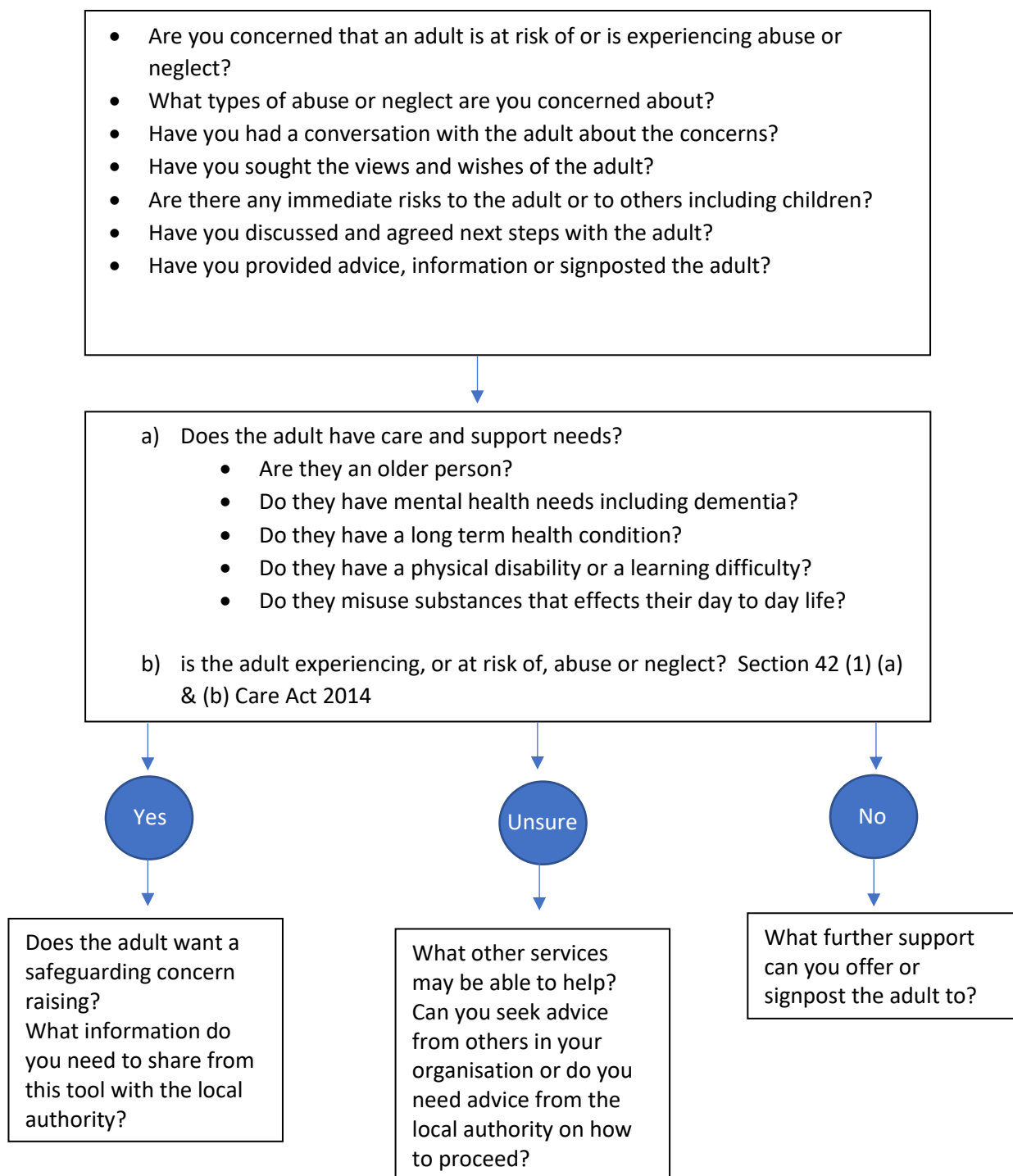
The chart below sets out some situations that would constitute low, medium, and high levels of risk for different types of abuse or neglect. Where the situation is found to be medium to high risk, consider the adult's ability to protect themselves from the abuse or neglect due to any care and support needs they may have. Where they are thought to be unable to do so, consider making an informed safeguarding referral to the local authority using the online portal [Report a concern about abuse of an adult - professionals only - Stockport Council](#).

Descriptor	Level of risk – LOW	Level of risk – MEDIUM	Level of risk - HIGH
	<i>Not a safeguarding concern – could be managed internally</i>	<i>Screen for possible safeguarding concern and seek advice from designated safeguarding lead</i>	<i>Refer to local authority and / or other agencies</i>
Physical	A minor injury that can be explained and one that does not require a skilled medical response. There is little to no lasting impact to the individual.	There is risk of recurring injury or harm which could indicate a pattern of abuse. The adult requires medical attention but is expected to recover.	An injury that results in disability or ongoing significantly increased care and support needs. The injury needs immediate skilled medical attention.
Psychological	No indication of psychological harm to the adult.	Some distress to the adult linked to individual incidents not causing long-lasting impact on the adult's wellbeing.	The adult suffers from severe psychological trauma which requires ongoing support.
Neglect	A single omission or incident which has little to no impact on the adult's overall safety and wellbeing.	There has been more than one incident, or one serious incident, which presents a risk of reoccurrence or the emergence of a pattern, and impacts on the adult's safety and wellbeing.	There is a pattern of ongoing and frequent neglect that causes serious and immediate risk to the adult's safety and wellbeing.
Financial	An amount of money has been lost and there is no lasting impact on the adult's physical or emotional wellbeing.	There is a risk of reoccurrence or an emerging pattern of abuse of the adult. There is a negative impact on the adult's wellbeing.	The adult has experienced a major financial loss or has been subject to a pattern of abuse meaning they are unable to meet their own needs. There has been significant negative impact on their wellbeing.
Discriminatory	A single incident. There is no ongoing pattern and no long-term impact on the adult.	There is a risk of reoccurrence or an emerging pattern. Emotional or psychological support may be needed.	The adult experiences severe physical or emotional trauma which requires ongoing emotional or psychological treatment.
Organisational	A single incident which does not impact on the overall safety and wellbeing of the adult(s) involved.	There is a risk of reoccurrence or an emerging pattern. Several incidents have taken place which cause distress and impact upon the safety and wellbeing of the adult(s).	There are persistent practices which result in significant and serious impact to the safety and wellbeing of adult(s).
Self-neglect	The adult is displaying some risk-taking behaviours and / or making unwise decisions that have a small impact on their everyday care needs. These can be addressed through information and advice and signposting to low-level support.	There is a risk to the adult's wellbeing. The adult may accept some support over a limited period of time.	The adult displays behaviours or makes unwise decisions that result in serious or immediate risk of harm to their safety and wellbeing. The adult refuses support.
Modern Slavery	Any indication of Modern Slavery should be reported to Greater Manchester Police, Stockport Adult Social Care, and the National Referral Mechanism.	Any indication of Modern Slavery should be reported to Greater Manchester Police, Stockport Adult Social Care, and the National Referral Mechanism.	Any indication of Modern Slavery should be reported to Greater Manchester Police, Stockport Adult Social Care, and the National Referral Mechanism.
Sexual	If an adult has experienced sexual abuse, regardless of the circumstances, they are likely to have experienced significant trauma. In all instances, it is important that concerns of sexual abuse are reported to the local authority who will be able to talk through the concerns and incident and advise of next steps. Immediate consideration should also be given to contacting Greater Manchester Police, and a PIPOT concern form if the perpetrator is a person in a position of trust. Contact GMP		
Domestic Abuse	Domestic abuse could be an isolated incident, or it could include a pattern of coercive and controlling behaviours which impact on the adult's safety and wellbeing. The adult may be unable to protect themselves due to care and support needs that they have. In all cases of domestic abuse, you should contact Adult Social Care and share your concerns to discuss what you think has taken place, and agree a next course of action.		
Female Genital Mutilation	Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed without a medical reason for the procedure being done. It is illegal in the UK and is a form of abuse. It can be very painful and cause serious problems for the health of women and girls, including long-term problems with sex, childbirth and mental health. In all situations where you know or suspect an adult has experienced FGM, you should contact the local authority to talk through your concerns and agree a next course of action.		

Responding to different types of abuse

Incident type	Quality or risk management response	Safeguarding referral to the local authority
General and unwitnessed falls	An isolated incident with no lasting impact on the individual or significant injury. A risk assessment is in place and is being followed. There are no concerns around how the fall occurred. There is no evidence that a care plan wasn't followed and the current plan and arrangements remain appropriate for the individual.	The fall resulted in an injury or the death of the individual, or there concern or evidence that the care plan was not followed, or that the care plan was not appropriate. There have been previous concerns which have not been fully addressed. This is a repeated incident (with or without injury) involving particular individuals or members of staff.
Pressure ulcers	There is pressure damage with no evidence of neglect or failure to provide or access adequate care or pressure relieving equipment. The person has capacity and makes an informed decision to decline treatment and pressure ulcer develops. A single or isolated incident of a Grade 1 or Grade 2 pressure ulcer. Isolated pressure ulcers where a care plan is in place and is being followed and action taken. Other relevant practitioners have been notified and there has been full discussion with the person, their family or representative, and there are no other indicators of abuse or neglect.	A pressure area develops and the person has not been risk assessed with regards to pressure ulcers risk and management and harm occurs. There is a failure to assess and provide suitable pressure relieving equipment and harm occurs. There is failure to follow the advice of clinical specialists leading to harm, possible hospitalisation, irreparable damage or death. Pressure damage occurs and the person has been risk assessed but actions are not implemented and harm occurs. Pressure areas have been investigated through PSIRF (Patient Safety Incident Response Framework) and have found to be preventable. A single or isolated incident of a Grade 3 or Grade 4 pressure ulcer developing. Multiple Grade 1 and Grade 2 pressure areas over the body that may indicate neglect.
Incident between 2 individuals	An isolated incident where no harm or distress was caused. An incident where both individuals display a dislike for each other but no abuse has occurred. More than one incident where there was no impact on the person and a care plan is in place that is being followed. Action is taken to minimise the risk and other relevant professionals have been notified, including a discussion with family members, or the person's representative, and there are no other indicators of abuse or neglect.	Any incident resulting in intentional or intent to harm. An incident where weapons or other objects are used to cause harm. Repeated incidents where the person lacks capacity and is unable to protect themselves. The individual appears fearful in the presence of another person or is adapting their behaviours. Multiple incidents where: • The care plan has not been or cannot be fully implemented • Professional advice has not been sought • There have been similar incidents involving the same individual(s) or areas of concern • There are other indicators of abuse or neglect
Medication errors	Any incident where the person is accidentally given the wrong medicines, or too much or too little medicine, or given it at the wrong time with, but with no adverse effect. An isolated incident causing no adverse effects that is not recorded by staff. An isolated prescribing or dispensing medical or nursing practitioner resulting in no adverse effects. Prescribing or dispensing error by GP, pharmacist, or other medical practitioner resulting in no adverse effects.	The deliberate, or suspected deliberate, maladministration of medicines or failure to follow proper procedures (including for controlled medicines). Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death. Deliberate falsification of records or coercive / intimidating behaviour to prevent reporting. Misuse or over-reliance on sedatives to control challenging behaviours. Recurring missed medicines, or errors that result in adverse effects. A number of incidents causing no adverse effect that are not reported by staff. Recurring prescribing or dispensing errors that affect more than one person resulting in adverse effects. Covert administration without the person's consent or having a best interest decision recorded in the care plan.

Deciding if you need to raise a safeguarding concern to the local authority



How to raise a safeguarding concern

Where you have identified a concern that is either amber or red based on your judgement and assessment of the adult's situation, you should consider referring the safeguarding concern to the local authority.

All safeguarding concerns should be raised through the Adult Social Care portal where they will be triaged by the local authority, and any appropriate actions taken. [Report a concern about abuse of an adult - professionals only - Stockport Council.](#)

For more information on local safeguarding processes, please refer to the [Stockport Multi-Agency Safeguarding Adults At Risk Policy & Procedure.](#)