

- ✓ Not all falls will require a safeguarding adults referral
- ✓ The referrer will need to consider whether the person is an adult at risk and whether there was abuse/neglect linked to the fall.
- ✓ A safeguarding adults referral is not the route to access further support/services in relation to falls.

Is the adult who has fallen, an adult at risk?

Yes

Does the referrer consider the fall to be as a result of abuse/neglect OR is there suspected abuse/neglect linked to the fall?

Yes

No

Referrers use [NSAB Threshold Tool](#) to determine whether the abuse is at a significant/critical level.

Significant/critical

Low


Record. In notes/incident log.
Communicate. Ensure relevant others are aware of the fall.
Risk Assess. Develop/update falls risk assessment.
Care plan. Update care plan as required.
Refer. To GP/Falls Service.

Make Safeguarding Adults referral using normal reporting routes

Repeated low level harm related to same adult/worker/establishment

Was the fall unwitnessed?
 Did the fall cause significant injury?
 Was the person a known falls risk?
 Answering yes to one or more of the above questions make it more likely a safeguarding adults referral will be required. Click the magnifying glass or access the full guidance for more information

Access the full Falls and Safeguarding Guidance [here](#)

Click on  in the flowchart for more information

Adult at risk

- Aged over 18
- Has needs for care and support*
- As a result of those needs, is unable to protect him or herself against the abuse/neglect or the risk of it.

* *“needs for care and support are due to a physical or mental impairment or illness and that they are not caused by other circumstantial factors. Local authorities must consider at this stage if the adult has a condition as a result of either physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. The authority should base their judgment on the assessment of the adult and a formal diagnosis of the condition should not be required.” (Care Act 2014)*

[Back to flowchart](#)

Key considerations for the referrer in deciding whether there is abuse/neglect

- Was the person a known falls risk and therefore was the fall predictable/preventable? Has the person fallen under similar circumstances more than once?
- Does the person have a falls risk assessment in place and was this appropriately documented, communicated and followed?
- Were all the necessary aids and equipment (e.g. call bell, fall mat/sensor, walking aids) available and working? Were these used as would be expected?
- Is it possible that a crime has occurred? E.g. ill-treatment/wilful neglect, breach of health and safety
- Are there others at risk now or in the future? E.g. because of unsafe practices
- What is the impact of the fall on the person? E.g. has the fall resulted in injury, what is the extent of the injury?
- What happened following the fall? How were the immediate needs of the person met, were they appropriately/inappropriately moved, was necessary medical advice/attention sought?
- Was the fall witnessed?

A fall that requires a safeguarding adults referral will fall into one of the following abuse categories:

Physical abuse	Neglect	Organisational abuse	Self-neglect
Someone pushed/tripped the adult which resulted in the fall.	Person(s) responsible for the care and support needs (whether paid/unpaid) did not carry out their responsibilities as expected before or after the fall.	The fall occurred because of wider systemic failures within an organisation.	The fall occurred because of a lack of self-care, care of one's environment or a refusal of services. Mental capacity will be a key consideration in these cases. See Self-Neglect Guidance for more information.

Back to flowchart

Making a safeguarding adults referral

- Use your normal reporting routes (this might be directly to Adult Social Care or via your organisation's safeguarding adults team/lead)
- Specific information to include within a referral related to a fall:
 - Injuries sustained as a result of the fall (attach body maps to the referral)
 - Information related to previous falls/falls risk/falls risk assessment
 - Action taken following the fall (e.g. medical intervention, contact with family)
 - Any plans put in place to address increased risk of falling

[Back to flowchart](#)

Falls prevention

- **Recognition of risk**

- ✓ Assessment prior to commencing service
- ✓ Complete falls risk assessment
- ✓ Document falls history of falls
- ✓ Ensure all falls recorded on incident form for analysis

- **Address risk**

- ✓ Write individual care plan to cover risks to service user/patient
- ✓ Agree care plan and sign-off by all stakeholders
- ✓ Review monthly or before if fall occurs prior to review date
- ✓ Provide falls prevention information and refer to GP or Belsay Unit (Falls Clinic or Day Hospital)

- **Act to reduce falls**

- ✓ Check environment for trip/slip hazards
- ✓ Check lighting is sufficient/have eye tests been carried out recently?
- ✓ Is medication record up to date?
- ✓ Could alcohol/drug use be a factor?

- **Review and monitor**

- ✓ Review falls risk assessment monthly or if changes to medication, health or fall occurs
- ✓ Review care plan if changes to medication, health or fall occurs
- ✓ Analyse falls in incident logs for triggers/patterns



Back to flowchart