





## **A Practice Tool to aid Decision Making**

**Safeguarding is Everybody's Business**

# Practice Tool to aid Decision Making – Part A - Immediate Risk Assessment

Factors		Guidance and considerations		
1. Vulnerability of the adult at risk	Less vulnerable	More vulnerable		
				<ul style="list-style-type: none"> <li>Does the adult have needs for care and support? (Section 42 must be referred if criteria met, see definitions)</li> <li>Can the adult protect themselves?</li> <li>Does the adult have the communication skills to raise an alert?</li> </ul>
The abusive act	Less serious	More Serious		
				<p>Questions 2-9 relate to the abusive act and/or the alleged perpetrator. 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 adult's process.</p>
2. Seriousness of the alleged abuse	Low	Significant	Critical	<p><b>Refer to the table overleaf.</b> Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.</p>
3. Patterns of alleged abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	<ul style="list-style-type: none"> <li>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. Please refer to local guidance.</li> </ul>
4. Risk of repeated abuse on the adult at risk	Unlikely to recur	Possible to recur	Likely to recur	<ul style="list-style-type: none"> <li>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?</li> </ul>
5. Impact of abuse on the adult at risk	No impact	Some impact but not long-lasting	Serious long-lasting impact	<ul style="list-style-type: none"> <li>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.</li> </ul>
6. Impact on others	No one else affected	Others indirectly affected	Others directly affected	<p>Other people may be affected by the abuse of another adult.</p> <ul style="list-style-type: none"> <li>Are relatives or other residents/service users are distressed or affected by the abuse?</li> <li>Are other people intimidated and/or their environment affected?</li> </ul>
7. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at serious risk	<p>Are others (adults and/or children) at risk of being abused:</p> <ul style="list-style-type: none"> <li>Very unlikely?</li> <li>Less likely if significant changes are made?</li> <li>This perpetrator/setting represents a threat to other vulnerable adults or children.</li> </ul>
8. Intent of person(s)/organisation alleged to have caused harm	Unintended/ ill-informed	Opportunistic	Deliberate/ Targeted	<ul style="list-style-type: none"> <li>Is the act/omission a violent/serious unprofessional response to difficulties in caring?</li> <li>Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct?</li> </ul> <p><b>*The act/omission doesn't have to be intentional to meet safeguarding criteria</b></p>
9. Illegality of actions	Bad practice - not illegal	Criminal act	Serious criminal act	<p>Seek advice from the Police if you are unsure if a crime has been committed.</p> <ul style="list-style-type: none"> <li>Is the act/omission poor or bad practice (but not illegal) or is it clearly a crime?</li> </ul>

## Part B – Categories and Concern Level Examples

<b>Types of abuse and seriousness</b>	Concerns may be notified to the Local Authority but these are likely to be managed at Initial Enquiry stage only. Professional judgement or concerns of repeated low level harm will progress to further stages in the safeguarding adult's process.		Concerns of a significant or critical nature should be referred to the local authority (with consent of the alleged victim where this is relevant and appropriate to do so). They will receive additional scrutiny, and progress further, under safeguarding adults procedures. Where a criminal offence is alleged to have been committed, the Police will be contacted. Other emergency services should be contacted as required.		
<b>Category</b>	<b>Low</b>		<b>Significant or critical</b>		
<b>Physical</b>	<ul style="list-style-type: none"> <li>• Staff error causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling</li> <li>• Minor events that still meet criteria for 'incident reporting'</li> </ul>	<ul style="list-style-type: none"> <li>• Isolated incident involving service user on service user</li> <li>• Inexplicable very light marking found on one occasion</li> </ul>	<ul style="list-style-type: none"> <li>• Inexplicable marking or lesions, cuts or grip marks on a number of occasions</li> </ul>	<ul style="list-style-type: none"> <li>• Inappropriate restraint</li> <li>• Withholding of food, drinks or aids to independence</li> <li>• Inexplicable fractures/injuries Assault</li> </ul>	<ul style="list-style-type: none"> <li>• Grievous bodily harm/assault with weapon leading to irreversible damage or death</li> </ul>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs</li> </ul>	<ul style="list-style-type: none"> <li>• Recurring missed medication or administration errors that cause no harm</li> </ul>	<ul style="list-style-type: none"> <li>• Recurring missed medication or errors that affect more than one adult and/or result in harm</li> </ul>	<ul style="list-style-type: none"> <li>• Deliberate maladministration of medications</li> <li>• Covert administration without proper medical authorisation</li> </ul>	<ul style="list-style-type: none"> <li>• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death</li> </ul>
<b>Sexual (including sexual exploitation)</b>	<ul style="list-style-type: none"> <li>• Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal verbal sexualised teasing or banter.</li> </ul>	<ul style="list-style-type: none"> <li>• Recurring sexualised touching or isolated or recurring masturbation without consent.</li> <li>• Voyeurism without consent</li> <li>• Being subject to indecent exposure.</li> <li>• Grooming including via the internet and social media.</li> </ul>	<ul style="list-style-type: none"> <li>• Attempted penetration by any means (whether or not it occurs within a relationship) without consent.</li> <li>• Being made to look at pornographic material against will/where consent cannot be given.</li> </ul>	<ul style="list-style-type: none"> <li>• Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in return for carrying out a sexual act.</li> <li>• Sex without consent (rape).</li> </ul>
<b>Psychological/Emotional</b>	<ul style="list-style-type: none"> <li>• Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused.</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional taunts or verbal outburst.</li> <li>• Withholding of information to disempower.</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment that undermines dignity and esteem.</li> <li>• Denying or failing to recognise adult's choice or opinion.</li> </ul>	<ul style="list-style-type: none"> <li>• Humiliation.</li> <li>• Emotional blackmail e.g. threats or abandonment/harm.</li> <li>• Frequent and frightening verbal outbursts or harassment.</li> </ul>	<ul style="list-style-type: none"> <li>• Denial of basic human rights/civil liberties, over-riding advance directive.</li> <li>• Prolonged intimidation.</li> <li>• Vicious/personalised verbal attacks.</li> </ul>

## Part B – Categories and Concern Level Examples (cont'd)

Category	Low		Significant or critical		
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Staff personally benefit from users funds e.g. accrue 'reward' points on their own store loyalty cards when shopping.</li> <li>• Money not recorded safely and properly.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered.</li> <li>• Non-payment of care fees not impacting on care.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest.</li> <li>• Adult denied access to his/her own funds or possessions.</li> </ul>	<ul style="list-style-type: none"> <li>• Misuse/misappropriation of property or possessions of benefits by a person in a position of trust or control.</li> <li>• Personal finance removed from adult's control.</li> <li>• Ongoing non-payment of care fees putting a person's care at risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Fraud/exploitation relating to benefits, income, property or will.</li> <li>• Theft.</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>• Isolated missed home care visit where no harm occurs.</li> <li>• Adult is not assisted with a meal/drink on one occasion and no harm occurs.</li> <li>• Adult not bathed as often as would like – possible complaint.</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequacies in care provision that lead to discomfort or inconvenience- no harm occurs e.g. being left wet occasionally.</li> <li>• Not having access to aids to independence.</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs.</li> <li>• Hospital discharge without adequate planning and harm occurs.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence.</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to arrange access to lifesaving services or medical care.</li> <li>• Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.</li> </ul>
<b>Self-Neglect</b>	<ul style="list-style-type: none"> <li>• Incontinence leading to health concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the person.</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple reports of concerns from multiple agencies</li> <li>• Behaviour which poses a fire risk to self and others</li> <li>• Poor management of finances leading to risks to health, wellbeing or property</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to seek lifesaving services or medical care where required.</li> <li>• Life in danger if intervention is not made in order to protect the individual.</li> </ul>
<b>Organisational (any one or combination of the other forms of abuse)</b>	<ul style="list-style-type: none"> <li>• Lack of stimulation/ opportunities for people to engage in social and leisure activities</li> <li>• Service users not given sufficient voice or involve in the running of the service</li> </ul>	<ul style="list-style-type: none"> <li>• Denial of individuality and opportunities for service user to make informed choice and take responsible risks</li> <li>• Care-planning documentation not person-centred</li> </ul>	<ul style="list-style-type: none"> <li>• Rigid/inflexible routines</li> <li>• Service user's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Bad/poor practice not being reported and going unchecked</li> <li>• Unsafe and unhygienic living environments</li> </ul>	<ul style="list-style-type: none"> <li>• Staff misusing their position of power over service users</li> <li>• Over-medication and/or inappropriate restraint used to manage behaviour</li> <li>• Widespread consistent ill-treatment</li> </ul>

## Part B – Categories and Concern Level Examples (cont'd)

Category	Low	Significant or critical
<b>Discriminatory</b>	<ul style="list-style-type: none"> <li>• Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences</li> <li>• Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period</li> <li>• Occasional taunts</li> </ul>	<ul style="list-style-type: none"> <li>• Inequitable access to service provision as a result of a diversity issue.</li> <li>• Recurring failure to meet specific care/support needs associated with diversity.</li> <li>• Being refused access to essential services.</li> <li>• Denial of civil liberties e.g. voting, making a complaint.</li> <li>• Humiliation or threats on a regular basis, recurring taunts.</li> <li>• Hate crime resulting in injury/emergency medical treatment/fear for life.</li> <li>• Hate crime resulting in serious injury or attempted murder/honour-based violence.</li> </ul>
<b>Modern Slavery</b>	<ul style="list-style-type: none"> <li>• All concerns about modern slavery are deemed to be of a significant/critical level.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited freedom of movement.</li> <li>• Being forced to work for little or no payment.</li> <li>• Limited or no access to medical and dental care.</li> <li>• No access to appropriate benefits.</li> <li>• Limited access to food or shelter.</li> <li>• Be regularly moved (trafficked) to avoid detection.</li> <li>• Removal of passport or ID documents.</li> <li>• Sexual exploitation.</li> <li>• Starvation.</li> <li>• Organ harvesting.</li> <li>• No control over movement / imprisonment.</li> <li>• Forced marriage.</li> </ul>
<b>Domestic Abuse</b>	<ul style="list-style-type: none"> <li>• Isolated incident of abusive nature</li> <li>• Occasional taunts or verbal outbursts</li> </ul>	<ul style="list-style-type: none"> <li>• Inexplicable marking or lesions, cuts or grip marks on a number of occasions</li> <li>• Alleged perpetrator exhibits controlling behaviour</li> <li>• Limited access to medical and dental care</li> <li>• Accumulations of minor incidents</li> <li>• Frequent verbal/physical outbursts</li> <li>• No access/control over finances</li> <li>• Stalking</li> <li>• Relationship characterised by imbalance of power</li> <li>• Threats to kill, attempts to strangle choke or suffocate</li> <li>• Sex without consent (rape).</li> <li>• Forced marriage.</li> <li>• Female Genital Mutilation (FGM).</li> <li>• Honour based violence.</li> </ul>
<p><b>The Safe Lives Risk Assessment Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate</b></p>		



## **Practice Tool Guidance Notes**

### **Acknowledgement**

We would like to acknowledge Newcastle Safeguarding Adults Board for sharing their work with us in the development of this practice tool.

### **Purpose**

The purpose of this practice tool is to assist practitioners in assessing the seriousness and level of risk associated with a safeguarding adults concern. It is primarily for use by Safeguarding Adults Managers, within the Local Authority, to assist with their decision-making at the point of receiving a safeguarding adults concern; however others may find it helpful to refer to this tool when responding to a concern of abuse or neglect. The tool is not intended to replace professional judgement.

The tool has been developed to ensure a common understanding across local partnerships and agencies with a view to ensure a consistent approach.

A number of reasons are provided to support the need for this tool:

- Establishing a benchmark to assess the level of vulnerability of an individual;
- Establishing a measure of consistency;
- Identification and management of the demand of low, significant, and critical level concerns.

### **Consistency**

There is a need for a consistent approach to safeguarding adults. Appropriate guidance is seen as a good way to achieve this. This safeguarding adults practice tool, is linked to the locally agreed multi-agency procedures and in learning and development opportunities.

Practitioners are encouraged to use their professional judgement and to consider each case on an individual basis. Additional processes may need to be considered for some sections of the community who are harder to reach.

### **The Care Act**

The Care Act statutory guidance states that: “Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult:

- 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.”

There is no longer a “significant harm” threshold for action under safeguarding adult’s procedures.

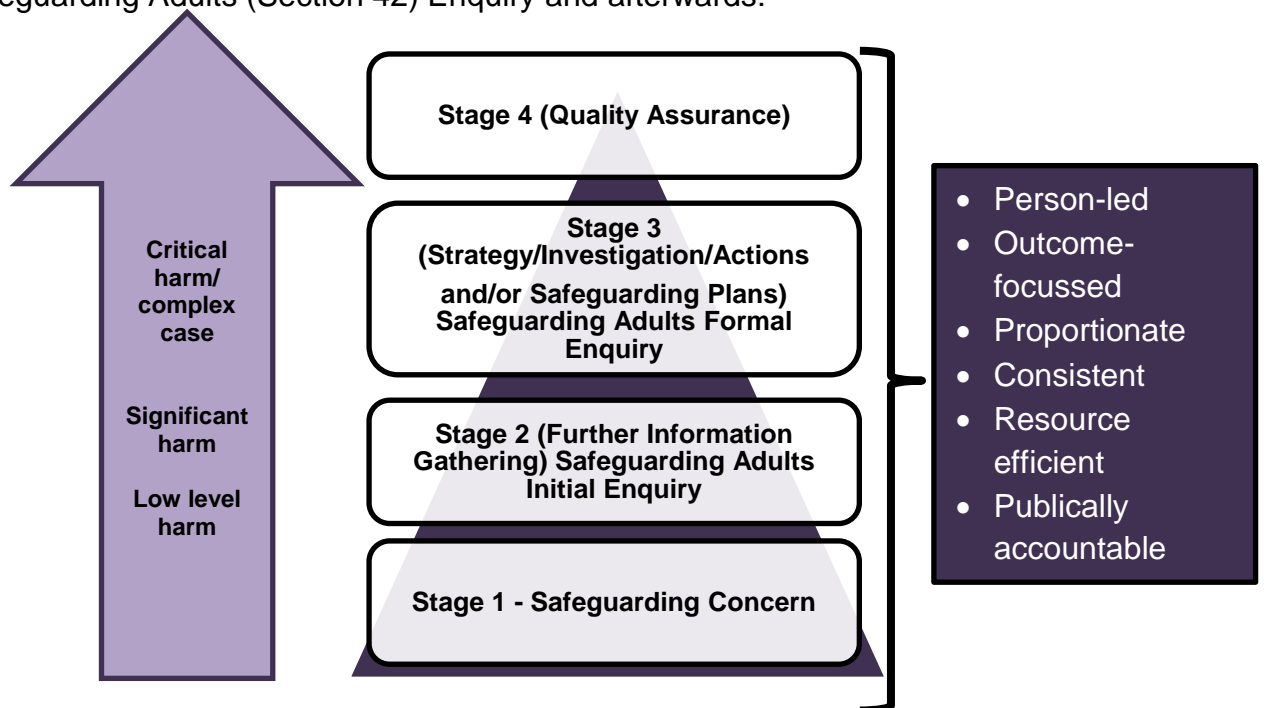
However, any actions taken must be proportionate to the level of presenting risk or harm and be driven by the desired outcomes of the adult or their representative. Referring agencies need to use their professional judgement, consider the views of the adult at risk and where appropriate, seek consent for sharing information on a multi-agency basis.

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, **please refer to Part C – Safeguarding Actions Log**. Concerns should be recorded in such a way that repeated, low level harm incidents and/or patterns are easily identified and subsequently referred.

**Not referring** under safeguarding adult’s procedures, does not negate the need to report internally or to regulators/commissioners as appropriate.

Where a concern is referred on a multi-agency basis, a Local Authority Safeguarding Adults Manager will then use the risk threshold tool to determine whether safeguarding adult’s procedures will continue beyond the Initial Enquiry stage.

The following diagram highlights the different stages from point of concern to Safeguarding Adults (Section 42) Enquiry and afterwards:



### Managing the different levels of harm

In order to manage the large volume of concerns which come under safeguarding adult’s policy and procedures, there is a need to differentiate between those concerns relating to low level harm/risk and those that are more serious. Whilst it is likely that concerns relating to low level harm/risk will not progress beyond an Initial Enquiry Stage, the concern will be recorded by the Local Authority and proportionate action taken to manage the risks that have been identified. This may include:



provision of information or advice; referral to another agency or professional; assessment of care and support needs. The sharing of low level concerns helps the Local Authority to understand any emerging patterns or trends that may need to be taken into consideration when deciding whether safeguarding adults procedures need to continue.

## **Making Safeguarding Personal**

In recent years there has been a clear shift towards Making Safeguarding Personal, with a range of guidance and information issued to support all agencies' to embed this methodology in their safeguarding practice.

Making Safeguarding Personal is equally supportive of the six key principles of Adult Safeguarding:

<b>Empowerment</b>	Presumption of person led decisions and informed consent.
<b>Protection</b>	Support and representation for those in greatest need.
<b>Prevention</b>	It is better to take action before harm occurs.
<b>Proportionality</b>	Proportionate and least intrusive response appropriate to the risk presented.
<b>Partnership</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
<b>Accountability</b>	Accountability and transparency in delivering safeguarding.

Practitioners are required to be mindful of both Making Safeguarding Personal and the six key principles, when arriving at any decision.

Consideration should always be given to ensuring that the 'autonomy' of individuals can be evidenced, for example, through 'positive risk taking' or appropriate representation. Safeguarding Adult Managers may also refer to the Darlington Positive Risk Taking – A Person Centred Approach Guidance.

## **Using this Safeguarding Adults Practice Tool**

The tool has been designed to consider both the vulnerability of the adult at risk, the seriousness of the abuse that is occurring, the impact of the abuse and the risk of it recurring.

Regular, low level concerns can amount to a far higher level of concern which then requires more in-depth investigation or assessment under safeguarding adults' procedures. Each local area has an escalation policy in place to aid professional judgement in these circumstances. This means that a specified number of safeguarding adults concerns reported to the Local Authority in a specified timeframe will result in further action under safeguarding adults' procedures. Please refer to each area's policy and procedure.

The tool is not designed in a way in which further actions are determined by achieving a score or a specified number of ticks. It is there to provide guidance and key considerations for practitioners who are assessing and managing risk.