

Adult Safeguarding Risk Assessment Guidance Tool

Why use this tool?

The aim is to support staff in decision making in risk management, responding to safeguarding concerns and in undertaking triage of adult safeguarding concerns / referrals; it is also intended to assist those raising safeguarding concerns via external safeguarding referrals to the local authority.

The use of the tool has two distinct aims: firstly, to ensure a proportionate response to risk and safeguarding concerns according to individual views and desired outcomes, and case complexity. Secondly, it relates to assessing the degree of urgency and complexity for each safeguarding concern using a red / amber / green (RAG) status for the cases which do require a formal safeguarding response. Furthermore, it will give clarity to managers, practitioners and partners in determining what factors should result in an adult at risk being referred into formal safeguarding enquiries. Using a guidance tool is a good way to achieve this, however, the experience and professional judgement of practitioners will also be required in the decision making

This tool should be referenced in all casework and used as a guide to practitioners in decision making about whether a particular circumstance requires a formal safeguarding response or an alternative risk management response. Formal safeguarding procedures are not the only way to address concerns, and the triage process should be used to decide and record the agreed and most appropriate response.

The Care Act 2014 (S42) explanation of when Safeguarding may be required for an Adult in Need is:

- 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.



Using the above criteria, the local authority has the responsibility to make enquiries or ensure others do so, if it believes an adult is subject to, or at risk of abuse or neglect. It should establish whether action needs to be taken to stop or prevent abuse or neglect, and if so, by whom. However, the views and desired outcomes of the adult at risk must be taken into account and so **the meeting of the above three criteria does not automatically result in the need for a formal safeguarding enquiry; other responses to the safeguarding concern may be appropriate and should be proportionate and tailored to individual needs, views and desired outcomes.**

- The following factors should be taken into account when making an assessment of the seriousness of the risk to the person: The vulnerability of the individual.
- The nature and extent of the alleged abuse or neglect.
- The length of time the alleged 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.

Other factors that should be considered are:

- The individual's capacity to understand what has happened and to make decisions in relation to the safeguarding concerns. Whether coercion or duress is an influence.
- Whether a crime has been committed
- Tier Guidance

This tool can also be used in conjunction with the [Tier Reporting Process](#) and the [Five Tier Guidance Table](#)

Factors			Guidance and considerations	
1. Vulnerability of adult at risk	Less vulnerable	more vulnerable		<ul style="list-style-type: none"> Does the adult at risk have needs for care and support? Is the adult at risk of abuse or neglect? Can the adult protect themselves? Does the person lack mental capacity? Is the person dependent on the alleged person causing harm? Has the alleged person at risk been threatened or coerced into making decisions? Has the incident occurred in a health or social care provider which uses the Tier Model?
The abusive act	Less serious	More serious		Questions 2-9 relate to the harmful act and/or the alleged harmer. Less serious concerns are likely to be dealt with at triage stage only, whilst the more serious concerns will be likely to progress to a safeguarding enquiry.
The Tier Guidance	Tier 1 Managed within own organisation but monitored by PMMD team Quality Monitoring Systems.	Tier 2 Referral passed to QPO (Quality Performance Officer). Incident managed within own organisation with oversight from the QPO	Tier 3,4 & 5 Alert raised to the Community Adult Front Door Team (CAF). Enquires made in line with Wigan's Multi Agency Policy and Procedures.	The Tier Model applies to all health and social care providers in the borough including domiciliary care, residential care, nursing care, day care and housing with support / supported living for people with a learning disability.
2. Seriousness of abuse	Low	Significant	Critical	Refer to the table below. Look at the relevant categories of abuse and use your knowledge of the case and your own professional judgement to gauge the seriousness of the concern.
3. Patterns of abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	Professional judgement is to be used to decide whether repeated concerns over a certain period of time will result in the need for progression to a formal safeguarding enquiry.

4. Impact of abuse on person	No impact	Some impact but not long lasting	Serious long-lasting impact	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.
5. Impact on others	No one else affected	Others Indirectly affected	Others Directly affected	Other people may be affected by the abuse of another adult. <ul style="list-style-type: none"> • Are children, relatives or other residents/service users affected or distressed by the abuse? • Are other people intimidated and/or their environment affected?
6. Intent of alleged harmer	Unintended /ill-informed	Opportunistic	Deliberate/targeted	<ul style="list-style-type: none"> • Is the act/omission a violent/serious unprofessional response to difficulties in caring? • Is the act/omission planned and deliberately malicious? • Is the act a breach of a professional code of conduct? *the act/omission doesn't have to be intentional to meet safeguarding thresholds
7. Illegality of actions	Bad practice – not illegal	Criminal act	Serious criminal act	Seek advice from the Police if you are unsure if a crime has been committed. <ul style="list-style-type: none"> • Is the act/omission poor practice (but not illegal) or is it clearly a crime? • Is willful neglect occurring?
8. Risk of repeated abuse on person	Unlikely to recur	Possible to recur	Likely to recur	<ul style="list-style-type: none"> • Is the abuse less likely to recur with significant changes (e.g. training, supervision, respite support) or very likely even if changes are made / more support is provided?
9. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at risk	Are other adults and/or children at risk of being abused? <ul style="list-style-type: none"> • Very unlikely? • Less likely if significant changes are made? • This harmer/setting represents a threat to other vulnerable adults or children.
10. Falls witnessed of unwitnessed- In each case always refer to your own falls policy.	No injury or concerns and no previous history of falls.	Medical assistance required. No previous history of falls	A significant injury has occurred, this can include fractures, head injury/severe bruising. Or it involved the conduct of staff.	Consider if there is a previous history of falls? If a person is on a falls prevention plan/risk assessment/ or open to falls clinic then this would require a referral to the Community Adult Front Door (CAF) Team.

Types of abuse and seriousness	Concerns are likely to be managed at triage stage only and / or be managed via routine case management. You should always seek advice from your safeguarding lead or your supervisor. Professional judgement or concerns of repeated low level harm may progress to a safeguarding enquiry.		Concerns of a significant nature will receive additional scrutiny and are likely to require safeguarding triage and may progress to a safeguarding enquiry. Some examples of significant harm may include criminal offences which will need to be referred to the Police.		Concerns of a critical nature will receive additional scrutiny, and progress urgently to a safeguarding enquiry. The Police will need to be contacted where there are concerns that a crime has been committed.	
	Low		Significant		Critical	
Physical	<ul style="list-style-type: none"> Staff error causing no /little harm e.g. friction mark on skin due to ill-fitting hoist sling Minor events that still meet the criteria for incident reporting accidents Isolated incident involving service on service user Inexplicable minor marking found on one occasion Minor event where users lack capacity 	Medication <ul style="list-style-type: none"> Adult does not receive prescribed medication (missed / wrong dose) on one occasion – no harm occurs Recurring missed medication or administration errors that cause no harm 	<ul style="list-style-type: none"> Inexplicable marking or lesions, cuts or grip marks on a number of occasions. Accumulation s of minor incidents Inappropriate restraint Withholding of food, drinks or aids to independence Inexplicable fractures/ Injuries Assault 	Medication <ul style="list-style-type: none"> Recurring missed medication or errors that affect more than one adult and/or result in harm Potential serious consequences or harm occurs Deliberate maladministration of medications Covert administration without proper medical authorisation 	<ul style="list-style-type: none"> Grievous bodily harm / assault with a weapon leading to irreversible damage or death 	Medication <ul style="list-style-type: none"> Pattern of recurring errors or an incident of deliberate maladministration that results in ill health or death
Sexual (including Sexual exploitation)	<ul style="list-style-type: none"> Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) 	<ul style="list-style-type: none"> Minimal verbal sexualised teasing Person at risk is able to protect self and impact is minimal 	<ul style="list-style-type: none"> Recurring sexualised touching or isolated or recurring masturbation without consent Voyeurism without 	<ul style="list-style-type: none"> Grooming, including via the internet and social media Being made to look at pornographic material against will/where 	<ul style="list-style-type: none"> Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in return for 	<ul style="list-style-type: none"> Rape/ attempted penetration by any means (whether or not it occurs within a relationship) without consent

	directed at one adult by another whether or not capacity exists	consent • Being subject to indecent exposure	consent cannot be given	carrying out a sexual act
Psychological/ Emotional	<ul style="list-style-type: none"> Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused Occasional taunts or verbal outburst Withholding of information to disempower 	<ul style="list-style-type: none"> Treatment that undermines dignity and esteem Denying or failing to recognise adult's choice or opinion 	<ul style="list-style-type: none"> Humiliation Emotional blackmail e.g. threats or abandonment / harm Frequent or frightening verbal outbursts or harassment 	<ul style="list-style-type: none"> Denial of basic human rights / civil liberties, overriding advance directive Prolonged intimidation Vicious / Personalised verbal attacks
Financial	<ul style="list-style-type: none"> Staff personally benefit from user funds e.g. accrue 'reward' points on their own store loyalty cards when shopping Money not recorded safely and properly Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not assessed Non-payment of care fees not impacting on care 	<ul style="list-style-type: none"> Adult's monies kept in joint bank account – unclear arrangements Adult denied access to own funds or possessions Ongoing non-payment of care fees putting a person's care at risk 	<ul style="list-style-type: none"> Misuse/Misappropriation of property or possessions of benefits by a person in a position of trust or control Personal finance removed from adult's control 	<ul style="list-style-type: none"> Fraud / exploitation relating to benefits, Other criminal activity e.g. theft, robbery, financial scams, mass marketing fraud
Neglect / acts of omission (see also Physical abuse re medication)	<ul style="list-style-type: none"> Isolated missed home care visit where no harm occurs Adult is not assisted with a meal/drink on one occasion and no harm occurs Adult not bathed as often as would like – possible complaint Inadequacies in care provision that lead to discomfort or inconvenience – no harm occurs e.g. being left wet occasionally Not having access to aids to independence 	<ul style="list-style-type: none"> Recent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge without adequate planning and where harm occurs 	<ul style="list-style-type: none"> Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence / confidence 	<ul style="list-style-type: none"> Failure to arrange access to lifesaving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk On-going lack of care or inaction which leads to serious injury or death Legislation breaches e.g. health and safety, environmental health leading to serious injury or death.

<p>Self-Neglect <i>Self-neglect will not necessarily prompt a section 42 enquiry. Only serious, critical self neglect needs to be managed under formal safeguarding procedures. Decisions to be made on a case-by-case basis</i></p>	<ul style="list-style-type: none"> • Incontinence leading to health concerns • Some insight and willingness to change, likely to accept help • Network of kin who can help/ support/ monitor • The client functions day to day in terms of food, hygiene, community access • Poor management of finances leading to health, wellbeing or property risks 	<ul style="list-style-type: none"> • Isolated / occasional reports about unkempt personal appearance or property which is out of character or unusual for the person • Some evidence of hoarding but no major impact on health / safety • No immediate risk (such as no vermin, no fire risk, won't be crushed by a hoard pile, no infection risk) 	<ul style="list-style-type: none"> • Lack of care or behaviour to extent that health and wellbeing deteriorate significantly eg pressure sores, wounds, dehydration, • Behaviour which poses fire risk to self and other • Chaotic / problematic substance misuse • Neighbours / others affected by self-neglect • High level of clutter / hoarding • Concerns from multiple agencies 	<ul style="list-style-type: none"> • Environment injurious to health / wellbeing • Reluctance to engage commit to the process/ change, not taking all the required steps. A degree of denial • Has limited daily function re activities of daily living (food, hygiene, accessing community, mobility etc) • Lack of essential amenities, insanitary conditions in the property 	<ul style="list-style-type: none"> • Failure to seek lifesaving services or medical care where required • Immediate risk, person likely to come to harm without intervention in the near/ immediate future • Unable to leave the house, not seen for some time, evidence of day to day struggling (food, hygiene, mobility, community access etc) 	<ul style="list-style-type: none"> • No engagement Significant denial and little insight into the risks or fluctuating capacity to understand risks • Potentially combined risks with other areas such as mate crime, Anti-social behaviour, rogue traders, scams • Environmental factors (vermin, fire risk, poor/ no toilet facilities) • Hoarding which causes risk to life – fire, crushing, exit blocked
<p>Discriminatory</p>	<ul style="list-style-type: none"> • One-off incident of teasing or taunts motivated by prejudicial attitudes towards an adult's individual differences 	<ul style="list-style-type: none"> • One-off incident of care planning that fails to address adults specific diversity associated needs for a short period 	<ul style="list-style-type: none"> • Inequitable access to service provision as a result of a diversity issue • Recurring failure to meet specific care/support needs linked to diversity 	<ul style="list-style-type: none"> • Refused access to essential services • Denial of civil liberties e.g. voting, making a complaint 	<ul style="list-style-type: none"> • Hate crime resulting in injury / emergency medical treatment /fear for life • Hate crime resulting in serious injury or attempted murder / honour-based violence • Humiliation or threats on a regular basis 	

Organisational (involving one or combination of the other forms of abuse)	<ul style="list-style-type: none"> Lack of stimulation /opportunities for people to engage in social activities Service users not given sufficient voice or involved in the running of the service Denial of individuality and opportunities for service user to make informed choice and take responsible risks Care planning documentation which is not person centered 	<ul style="list-style-type: none"> Rigid inflexible routines Service user's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing 	<ul style="list-style-type: none"> Bad/poor practice not being reported and going unchecked Unsafe and unhygienic living environments 	<ul style="list-style-type: none"> Staff misusing their position of power over service users Over-medication and/or inappropriate restraint used to manage behaviour Widespread consistent ill-treatment Failure to meet legislative responsibilities leading to injury, death or unacceptable / restrictive practice
Modern Slavery	<p>All concerns about modern slavery are deemed to be of a significant / critical level</p>	<ul style="list-style-type: none"> Limited freedom of movement Being forced to work for little or no payment Limited or no access to medical and dental care No access to appropriate benefits 	<ul style="list-style-type: none"> Limited access to food or shelter Be regularly moved (trafficked) to avoid detection Removal of passport or ID documents 	<ul style="list-style-type: none"> Sexual exploitation Criminal Exploitation Starvation Organ harvesting No control over movement / Imprisonment Forced marriage
Domestic Abuse	<ul style="list-style-type: none"> Isolated incident of abusive nature Occasional taunts or verbal outbursts 	<ul style="list-style-type: none"> Inexplicable marking or lesions, cuts or grip marks on a number of occasions Alleged perpetrator exhibits controlling behaviour Limited access to medical and dental care 	<ul style="list-style-type: none"> Accumulations of minor incidents Frequent verbal / physical outbursts No access / control over finances Stalking Relationship characterised by imbalance of power 	<ul style="list-style-type: none"> Threats to kill, attempts to strangle, choke or suffocate Sex without consent (rape) Forced marriage Female Genital Mutilation (FGM) Honour based violence
<p align="center">The DASH Risk Assessment Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate</p>				