

Somerset Safeguarding Adult Board

Adult Safeguarding

Risk Decision Making Tool

Use this document to support your decision making when you are concerned about an adult at risk of abuse, or neglect.

- *Are you concerned that an adult is at risk or is experiencing abuse or neglect?*
- *What types of abuse or neglect are you concerned about?*
- *Have you had a conversation with the adult about the concerns?*
- *Have you sought the views and wishes of the adult?**
- *Are there any immediate risks to the adult or to others, including children?*
- *Have you discussed and agreed next steps with the adult?**
- *Have you provided advice, information or signposted the adult?*

**There may be circumstance where the safety of the adult or yourself prevent this from happening. If you still have concerns about abuse or neglect and it is not possible to have a conversation with the adult, then if in doubt continue to raise a safeguarding concern*

If you are worried about an adult at risk, don't stay silent.

To do nothing is not an option.

Report

To report an adult safeguarding concern

In an emergency:

If an adult is at imminent risk of harm & a crime has occurred ring 999 for an emergency response.

If a crime has occurred but the situation is not an emergency the crime should be reported by calling 101.

Non-emergencies:

Adult Social Care 0300 123 2224 (with as much information as you have)

Email adults@somerset.gov.uk

On the Somerset Safeguarding Adults Board website there is safeguarding alert form that can be used to submit information about an adult and their circumstances

<https://ssab.safeguardingsomerset.org.uk/>

Flow Chart to support your decision making – when to refer

You're concerned that an adult is at risk of harm:

- Do they have needs for care and support (regardless of whether the local authority are meeting those care and support needs), and,
- Are they at risk of, or suffering from abuse or neglect (this includes self-neglect), and,
- Because of their care and support needs, they are unable to keep themselves safe?
All three of these criteria need to be met

No

- Refer to the SSAB “*what to do if it's not safeguarding*” guidance document [[Practice Guidance and Resources – Somerset Safeguarding Adults Board \(safeguardingsomerset.org.uk\)](https://safeguardingsomerset.org.uk)]
- Ensure adult is safe and any risk mitigation is in place
- Seek their views
- Review / monitor situation as appropriate
- Record decision making
- Revisit Adult Safeguarding Risk Decision Making Tool if risk increases / continues

Yes

Review the SSAB Adult Safeguarding Risk Decision Making Tool to find the abuse type you are concerned about (you may be concerned about more than one abuse type)

Each abuse type will have examples of degrees of abuse, this will help to determine whether a safeguarding alert needs to be made


If you are still unclear discuss the concerns with your agencies safeguarding lead

A review of the Adult Safeguarding Risk Decision Making Tool indicates that the level of risk requires safeguarding alert (yes/no)?

No

Yes

Complete safeguarding adult alert, ensure adult at risk's view is included
Record decision making

Factors	Guidance and considerations	
Adults at risk with care and support needs & level of risk of harm / abuse	Less risk	More risk
	 <p>As you progress along this scale the adult is likely to experience greater risk of possible harm or abuse which may become more serious. Think about being able to describe someone's risk factors and how they may impact on their experience of abuse and their ability to protect themselves.</p>	
The Care Act 2014	<ul style="list-style-type: none"> • Is there reasonable cause to suspect that the adult has needs for care and support needs, and, • The adult is at risk, or is experiencing, abuse or neglect, and, • Because of their care and support needs they are unable to protect themselves <p>Consider if the adult at risk has any specific communication needs. Think about if the adult at risk is dependent on the person causing harm to meet their needs. Remember that this includes adults whose needs may not be being met by the local authority.</p>	
Mental Capacity	<p>Consider if the adult understands what is happening and ensure where possible that they are involved in any decisions about them. Outline if there are concerns the adult is unable to be part of the decision making. Is someone concerned that the adult at risk might lack the mental capacity to understand the safeguarding concerns, or the level of risk they are experiencing? Is what you are worried about an unwise decision, or a lifestyle choice, or are there other factors causing concern? Has the adult been threatened or coerced into making decisions? Do you have the persons consent to raise a concern, if not why not? For more information about this please follow our guidance - Putting the Mental Capacity Act into Practice – SAB (safeguardingsomerset.org.uk)</p>	
<p>Questions 1-7 relate to the abusive act and/or source of the harm. Assessments must be made on the individual circumstances for every adult. Less serious concerns may need a different response, such as quality assurance, care review or a different outcome. Making Safeguarding Personal means our response will be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. What is abuse? – Somerset Safeguarding Adults Board (safeguardingsomerset.org.uk)</p>		
1. Significance of abuse	<p>What is the harm indicator: low, moderate/ medium or significant/ high? (Refer to the table overleaf). Look at the relevant categories of abuse and use your knowledge of the situation and your own professional judgement to gauge the seriousness of the concern.</p>	
2. Patterns of abuse	<p>The abuse may be an isolated incident, recent or ongoing, repeated, significance may also lie with severity of incident. Always seek advice from your own organisation's Safeguarding Lead where there are concerns about repeated low-level harm to agree how these concerns will be addressed. More than one category of abuse may lead you to consider if the risk level is higher or the risk is escalating.</p>	
3. Impact of abuse on adult	<p>Consider what the impact of the abuse has on the adult. Remember this may not correspond to the extent of the abuse; different people will be affected in different ways by their experience. The views of the adult at risk will be important in determining the impact of the abuse.</p>	

4. Impact on others	<p>Consider if other people may be affected by the abuse that has occurred. Are other people intimidated and/or their environment affected? Always remember to Think Family Guidance for Safeguarding Adults in Somerset – SAB (safeguardingsomerset.org.uk) Are children, relatives or other residents/service users affected or distressed by the abuse? Consider the need for additional safeguarding alerts to be raised e.g. Childrens Social Care SSCP – Somerset Safeguarding Children Partnership (safeguardingsomerset.org.uk), Somerset Domestic Abuse Services Somerset Domestic Abuse Alerts for all adults affected should be raised.</p>
5. Source of harm / risk	<p>Who is the source of harm / risk? Are they a paid professional? Is the act a breach of a professional code of conduct? Think about risk to others / consider HR processes / using Person in Position of Trust guidance SW-PoT-Framework-Updated-22-02-2020.pdf (safeguardingsomerset.org.uk) Remember the <i>act or omission doesn't have to be intentional to require a safeguarding response</i></p>
6. Has a crime occurred?	<p>Seek advice from the Police if you believe a crime has been committed. A crime is an action or omission which constitutes an offence and is punishable by law. Report Avon and Somerset Police or call 101 for non-emergencies. Further information on what constitutes a crime available in SSAB glossary. Is the act/omission poor practice (but not illegal) or is it a crime? Please consider whether anything identified as moderate or significant should be reported as a crime.</p>
7. Risk of repeated abuse on adult	<p>Can the abuse be avoided? Is the abuse less likely to recur with significant changes (e.g. training, supervision, respite, support) or likely to occur even if changes are made / more support is provided? If the abuse appears to be escalating you must raise this within your organisation to ensure prompt review of risk and management. Please consult with the SSAB Multi Agency Risk Management document for further guidance on how to manage risk.</p>
8. Resolving Professional Differences	<p>If there is continued concern and you feel you need to escalate these concerns please follow the Resolving Professional Difference protocol on the SSAB website.</p>
9. Glossary	<p>Further information on terms used throughout this document can be found here on the SSAB website: Common Terms and Definitions – Somerset Safeguarding Adults Board (safeguardingsomerset.org.uk)</p>
Low	<p>Concerns may be notified to the Local Authority but are likely to be managed at an initial enquiry stage. You should always seek advice from your own organisation's Safeguarding Lead. Professional judgement or concerns of repeated low-level harm will progress to further stages in the safeguarding adults' process based on the evidence provided.</p>
Moderate / Medium	<p>Concerns of a moderate nature will receive additional scrutiny that may result in requests for additional information. Some examples of moderate harm may include criminal offences which will need to be referred to the Police.</p>
Significant / High	<p>Concerns of a significant nature will receive additional scrutiny to support decision making and protection planning. These concerns may also involve referrals to other statutory partners to support.</p>

LOW	MODERATE / MEDIUM	SIGNIFICANT / HIGH
Physical : includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty		
<ul style="list-style-type: none"> • Staff error causing no or little harm e.g. friction mark on skin due to ill-fitting hoist sling • Minor events that still meet the requirement for 'incident reporting' accidents • Isolated incident involving service user on service user • Inexplicable marking found on one occasion Medication: <ul style="list-style-type: none"> • Adult does not receive prescribed medication (missed / wrong dose) on one occasion – <u>no harm occurs</u> • Recurring missed medication or administration errors that <u>cause no harm</u> (see guidance Medication-Management-Guidance-for-Providers-v1.pdf) 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks/fingertip marking on a number of occasions • Accumulations of minor incidents • Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/ injuries • Covert administration without proper medical authorisation (see guidance Covert administration of medicines - Care Quality Commission (cqc.org.uk)) Medication: <ul style="list-style-type: none"> • <u>Recurring missed medication or errors</u> that affect more than one adult that <u>did not cause harm</u> • Potential <u>serious consequences or harm occurs</u> • Assault 	<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"> • Medication error that <u>has caused harm</u> • An incident of deliberate maladministration that results in ill-health or death • Use of contaminated equipment for the administration of medication
Sexual: includes indecent exposure, sexual harassment, sexual teasing or witnessing sexual acts, and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting		
<p>Isolated incident of teasing or low-level unwanted sexualised attention (verbal) directed at one adult by another whether or not capacity exists</p>	<ul style="list-style-type: none"> • Isolated or recurring incidents of unwanted sexualised attention (e.g. touching or masturbation) without consent directed at one adult by another <i>whether or not capacity exists</i> • Voyeurism without consent • verbal sexualised teasing • Being subject to indecent • Grooming, including via the internet and social media • Attempted penetration by any means (whether or not it occurs within a relationship) without consent • Being made to look at pornographic material against will/where consent cannot be given 	<ul style="list-style-type: none"> • Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in return for carrying out a sexual act • Sex without consent (rape) • Sexualised behaviours with an adult whom lacks capacity, by another whom has / has not capacity

Exploitation - includes sexual, financial, and criminal		
	<ul style="list-style-type: none"> • Predatory marriage / romance fraud • Mate Crime befriending with the intent to exploit • See Modern Slavery 	<ul style="list-style-type: none"> • Sexual criminal exploitation, such as County Lines • Radicalisation into supporting terrorism (PREVENT)
Psychological / Emotional includes threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse, cyber bullying, isolation		
<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 • 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 • Cuckooing where there are additional care and support needs • Occasional taunts or verbal outburst undertaken by someone in a position of power over the adult • 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, such as overriding advance directive • Prolonged intimidation • Vicious / personalised verbal attacks
Financial includes theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits		
<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 properly considered • Non-payment of care fees not impacting on care 	<ul style="list-style-type: none"> • Adult’s monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • Adult denied access to own funds or possessions • Ongoing non-payment of care fees putting a person’s care at risk • Misuse/misappropriation of property or possessions or benefits by a person in a position of trust or control • Predatory marriage 	<ul style="list-style-type: none"> • Fraud / exploitation relating to benefits, income, property or will • Theft – crime • Scams and door step crimes. • Personal finances removed from adults control without legal authority.
Neglect and Acts of Omission includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating		
<ul style="list-style-type: none"> • Isolated missed home care visit where no harm occurs 	<ul style="list-style-type: none"> • Recent missed home care visits where risk of harm escalates, or one miss where harm occurs. • Poor transfer between health and social care services e.g. hospital discharge. 	<ul style="list-style-type: none"> • Failure to arrange access to lifesaving services or medical care

<ul style="list-style-type: none"> • Adult is not assisted with a meal/drink on one occasion and no harm occurs • Adult not bathed as often as they 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"> • Hospital discharge without adequate planning and harm occurs • Acts of neglect that where there are also allegations of domestic abuse • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence / confidence. • Inappropriate, incomplete Do Not Attempt Resuscitation (DNAR) or Treatment Escalation Plans (TEP) • Patterns of medication errors / misadministration even if no harm has occurred 	<ul style="list-style-type: none"> • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk
<p>Self-Neglect includes a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding (see self-neglect guidance- consider the needs of those with complex needs (substance / alcohol dependency, acquired brain injury, homelessness))</p>		
<ul style="list-style-type: none"> • Incontinence leading to health concerns • Isolated / occasional reports about unkempt personal appearance or property which is out of character or unusual for the person 	<ul style="list-style-type: none"> • Reports of concerns from multiple agencies • Behaviour which poses a fire risk to self and others • Poor management of finances leading to health, wellbeing or property risks • Ongoing lack of care or behaviour to extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition • Repeatedly refuses to allow professionals to access their home • Evidence / suspicion that individual is not taking prescribed medication • Deterioration in pressure damage / skin integrity that is the result of neglect (see following guidance to support decision making 	<ul style="list-style-type: none"> • Failure to seek lifesaving services or medical care where required • Life in danger if intervention is not made in order to protect the individual • Significant pressure damage / skin integrity concerns that requires specialist intervention
<p>Discriminatory includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views</p>		
<p>Isolated incident of care planning that fails to address adult's specific diversity associated needs for a short period</p>	<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 • Refused access to essential services • Denial of civil liberties e.g. voting, making a complaint • Subject to racist comments. 	<ul style="list-style-type: none"> • Hate crime resulting in injury / emergency medical treatment /fear for life • FGM honour-based violence • Humiliation or threats on a regular basis
<p>Organisational Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their own home</p>		
<ul style="list-style-type: none"> • Lack of stimulation / opportunities for people to engage in social and leisure activities 	<ul style="list-style-type: none"> • Rigid/inflexible routines causing distress and is not person centred care • Service user's dignity is undermined, and/or they are not respected e.g. lack of privacy during support with intimate care needs, sharing under-clothing • Bad/poor practice not being reported and going unchecked 	<ul style="list-style-type: none"> • Staff misusing their position of power over service users

<ul style="list-style-type: none"> • 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 not person centred 	<ul style="list-style-type: none"> • Closed culture causing poor care to individuals receiving care, poor skills and training to staff/ lack of engagement with external agencies • Shortfalls / absence in leadership, management (multiple individuals/ lack of consistency), governance and assurance causing concern • Disproportionate/ unnecessary use of restraint without due legal frameworks 	<ul style="list-style-type: none"> • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread consistent ill-treatment • Unsafe and unhygienic living environments (e.g. vermin infestation, faulty heating not repaired)
<p>Modern Slavery (also consider sexual abuse) includes slavery, human trafficking, forced and compulsory labour and domestic servitude</p>		
<p>All concerns about modern slavery are deemed to be of a moderate/ significant 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 • exploitation of an individual's circumstances • 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 • Starvation • Organ harvesting • No control over movement / imprisonment • Forced marriage
<p>Cuckooing / County lines (links with modern slavery)</p>		
<p>All concerns about county lines are deemed to be of moderate / significant risk when an adult at risk is targeted. People most at risk of cuckooing include:</p> <ul style="list-style-type: none"> • Those who suffer from drug and/or alcohol addiction • Those who are struggling financially • The elderly • People with mental health issues • Individuals with learning disabilities 	<p>Evidence or suspicion that people have moved into / taken over a person's home and use the property to facilitate exploitation (usually including drugs / links to county lines)</p> <p>Evidence or suspicion that an adults vulnerabilities are being exploited in order for drug gangs to make a profit and avoid police detection</p>	<p>Adult being threatened / harmed</p> <p>Drug paraphernalia found at property</p> <p>Multiple agency concerns</p> <p>Police involvement</p>

<p>Domestic Abuse includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence</p>		
<p>All concerns of domestic abuse should be taken serious as victims of domestic abuse generally under report and can minimise the abuse they experience.</p> <ul style="list-style-type: none"> • Isolated incident of alleged abuse • Occasional taunts or abusive nature / 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 • 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 • Coercive control that results in harm – e.g. not taking prescribed medication for serious health conditions as a result of the alleged perpetrators beliefs
<p>A DASH must be used to determine the level of risk in domestic abuse cases and a Multi-Agency Risk Assessment Conference (MARAC) referral made where appropriate</p>		

If you are worried about an adult at risk, don't stay silent.

To do nothing is not an option, if in doubt call it out.

Phone Adult Social Care on 0300 123 2224, email adults@somerset.gov.uk , complete a [secure electronic safeguarding referral form](#)

Please send any feedback regarding this revised tool to the SSAB via SSAB@somerset.gov.uk.