



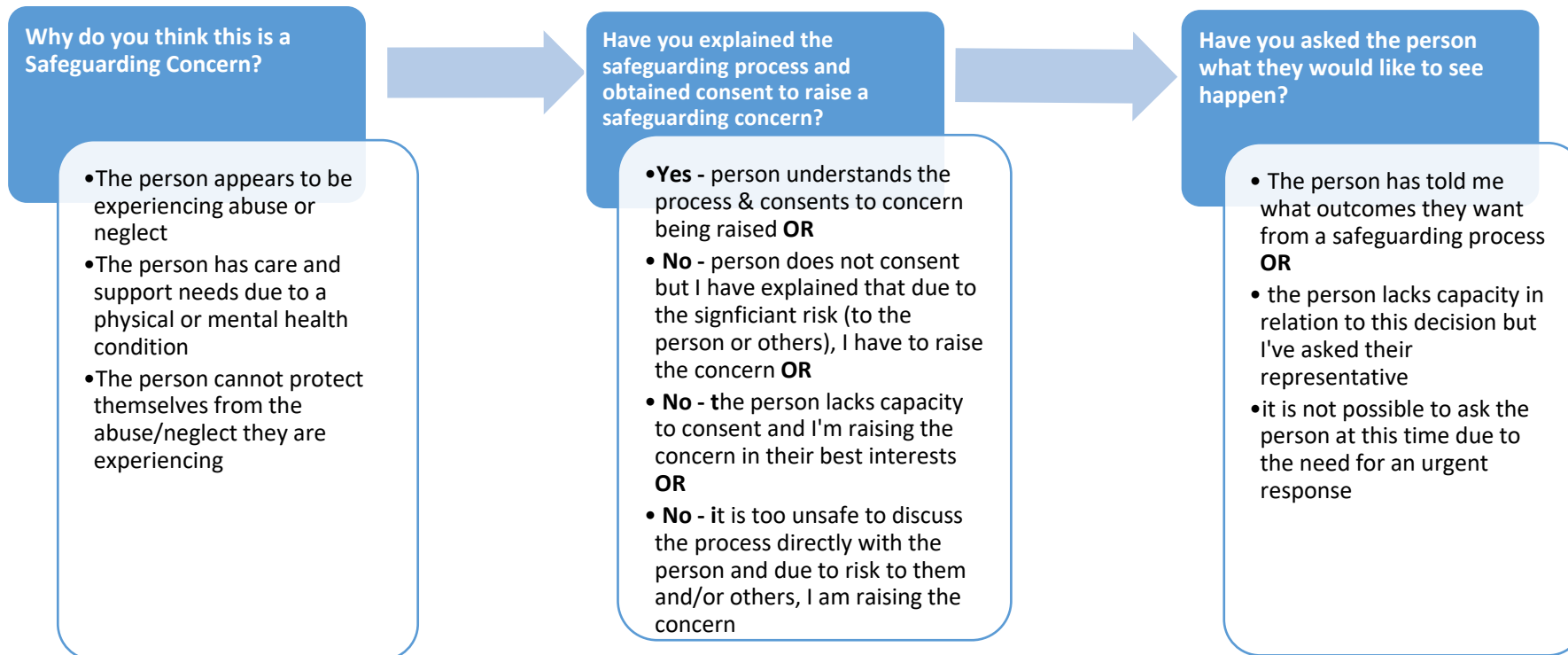
Lambeth Safeguarding Adults Board

ADULT SAFEGUARDING DECISION-MAKING TOOL FOR PROFESSIONALS

October 2019



The following tool was initially developed by a task and finish group of the Safeguarding Adults Board. This was trialled with organisations who fed back on the usefulness of the tool and amendments were made. Final amendments were made to include the ADASS work around S42 decision making.

1. Prior to making a referral to the Local Authority:



***Please see the [Safeguarding Adults Board Website](#) for further information*

2. Safeguarding guidance and considerations for referrers:

Factors				Guidance and considerations	
1. Vulnerability of adult at risk	Low level need for care and support	High level need for care and support		<ul style="list-style-type: none"> Does the adult have needs for care and support? Can the adult protect themselves? Does the adult have the communication skills to raise an alert? 	<ul style="list-style-type: none"> Does the person lack mental capacity? Is the person dependent on the person thought to be causing harm? Has the adult at risk been threatened or coerced into making decisions?
					
2. The abusive act	Less serious	More serious		Questions 2-9 relate to the abusive act and/or the alleged perpetrator. Less serious concerns are likely to be dealt with at initial inquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults process.	
					
3. Seriousness of abuse	Low	Significant	Critical	Refer to appendix below. Look at the relevant categories of abuse and use your knowledge of the case and your own professional judgment to gauge the seriousness of the concern.	
4. Patterns of abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	Repeated incidents suggest a pattern that require investigation. Lambeth's Risk Provider Assessment Framework is used to monitor patterns and quality within Commissioned Service Providers. Repeated abuse causing significant harm should be escalated to Safeguarding Adult Leads.	
5. Impact of abuse on the Adult	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.	
6. 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? 	
7. Intent of person thought to be causing harm	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? <i>* the act/omission doesn't have to be intentional to meet safeguarding criteria</i> 	
8. 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? 	

9. Risk of repeated abuse on the Adult	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?
10. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at risk	<p>Are other adults and/or children at risk of being abused?</p> <ul style="list-style-type: none"> • Very unlikely? • Less likely if significant changes are made? • This perpetrator/setting represents a threat to other vulnerable adults or children.

3. What the Local Authority by law must consider when deciding if a Safeguarding Enquiry must be undertaken:

**Note only the Local Authority has the authority to make this decision*

The Section 42 duty requires consideration of the following criteria under Section 42 (1) and (2) of the Care Act (2014):

Section 42 (1)

Whether there is “reasonable cause to suspect” that an adult:

- has needs for care and support
- is experiencing, or is at risk abuse or neglect, and
- as a result of their needs is unable to protect themselves

Section 42 (2)

Making (or causing to be made) whatever enquiries are necessary

- Deciding whether action is necessary and if so what and by whom



4. Risk Analysis Tool for referrers – levels of responses against seriousness of concerns

Categories of abuse against seriousness <i>(note: these are only some indicators- examples are not exhaustive)</i>	Concerns may be notified to the Local Authority but may be managed at Initial Enquiry stage only. You should always seek advice from agency Safeguarding Leads. Professional judgement or concerns of repeated low-level harm will progress to further stages in the safeguarding adults' process.	Concerns of a significant nature will receive additional scrutiny, and progress further under safeguarding adult procedures. Some examples of significant harm include criminal offences which will need to be referred to the Police	Concerns of a critical nature will receive additional scrutiny, and progress further, under safeguarding adults' procedures. The Police will need to be contacted.
	LESS SERIOUS	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 • Inexplicable marking found on one occasion • Minor event where users lack capacity • Isolated incident involving service on service user 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks on a number of occasions. • Accumulations of minor incidents • Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/ injuries • Assault 	<ul style="list-style-type: none"> • Grievous bodily harm / assault with a weapon leading to irreversible damage or death • Grievous bodily harm / assault with a weapon leading to irreversible damage 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) directed at one adult by another whether or not capacity exists • Minimal verbal sexualised teasing or banter 	<ul style="list-style-type: none"> • Recurring sexualised touching or isolated or recurring masturbation without consent • Being subject to indecent exposure • 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)

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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Prolonged intimidation Vicious / personalised verbal attacks
Financial/ Material	<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 	<ul style="list-style-type: none"> 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 	<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, income, property or will 	<ul style="list-style-type: none"> Theft
Neglect	<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 – 	<ul style="list-style-type: none"> Inadequacies in care provision that lead to discomfort or inconvenience – no harm occurs e.g. being left wet occasionally Not having 	<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 harm 	<ul style="list-style-type: none"> Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, 	<ul style="list-style-type: none"> Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk 	<ul style="list-style-type: none"> Failure to arrange access to lifesaving services or medical care

	possible complaint	access to aids to independence	occurs	dehydration, malnutrition, loss of independence / confidence		
Discriminatory	<ul style="list-style-type: none"> Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences Occasional taunts 	<ul style="list-style-type: none"> Isolated incident of care planning that fails to address adults specific diversity associated needs 	<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 	<ul style="list-style-type: none"> Hate crime resulting in serious injury or attempted murder / honor-based violence
Self-Neglect <i>*will not automatically be a safeguarding concern</i> Please refer to: Self-Neglect/Hoarding Guidance	<ul style="list-style-type: none"> Adult is not caring for self adequately or Adult's environment is presenting risk to adult/others 	<ul style="list-style-type: none"> Adult is willing to have an assessment and/or accept any support being offered (<i>and therefore risk can be reduced</i>) 	<ul style="list-style-type: none"> Adult is not maintaining essential hygiene & nutrition to the extent that their wellbeing is at significant risk 	<ul style="list-style-type: none"> Adult is not maintaining environment to the extent that their wellbeing is at significant risk 	<ul style="list-style-type: none"> Adult's neglect of self is compromising their vital interests (risk of death) Adults neglect of environment is compromising safety of others (public interest) 	<ul style="list-style-type: none"> Adult is refusing entry to professionals and has no insight into risks
Organisational (<i>any one or combination of the other forms of abuse</i>)	<ul style="list-style-type: none"> Lack of simulation/ opportunities for people to engage in social and leisure activities Service users not given sufficient voice 	<ul style="list-style-type: none"> Denial of individuality and opportunities for service user to make informed choices Care planning 	<ul style="list-style-type: none"> Rigid/inflexible routines Service user's dignity is undermined e.g. lack of privacy during support with 	<ul style="list-style-type: none"> Bad/poor practice not being reported and going unchecked Unsafe and unhygienic living 	<ul style="list-style-type: none"> Over-medication and/or inappropriate restraint used to manage behaviour Widespread 	<ul style="list-style-type: none"> Staff misusing their position of power over service users

		documentation not person centered	intimate care needs, sharing under-clothing	environments	consistent ill-treatment	
Medication issues	<ul style="list-style-type: none"> • Adult does not receive prescribed medication (missed / wrong dose) on one occasion – no harm occurs 	<ul style="list-style-type: none"> • Recurring missed medication or administration errors that cause no harm 	<ul style="list-style-type: none"> • Recurring missed medication or errors that affect more than one adult and/or result in harm 	Covert administration without proper medical authorisation	<ul style="list-style-type: none"> • Potential serious consequences or harm occurs 	<ul style="list-style-type: none"> • Deliberate maladministration of medications
Domestic Abuse The SaferLives 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	<ul style="list-style-type: none"> • Isolated incident of abusive nature 	<ul style="list-style-type: none"> • Occasional taunts of 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 	<ul style="list-style-type: none"> • Female Genital Mutilation (FGM) • Honour based violence
Modern Slavery <i>*will only be a safeguarding process if P has care and support needs</i> Please refer to separate guidance on modern slavery.	<ul style="list-style-type: none"> • There are concerns they may have been trafficked or subjected to forced labour 	<ul style="list-style-type: none"> • Person would be eligible for a referral to the National Referral Mechanism 	<ul style="list-style-type: none"> • Being forced to work for little or no payment • Limited or no access to medical and dental care 	<ul style="list-style-type: none"> • Regularly moved (trafficked) to avoid detection • Reports has no/or been removal of passport or ID docs 	<ul style="list-style-type: none"> • Sexual exploitation • Starvation • No control over movement 	<ul style="list-style-type: none"> • Imprisonment • Forced marriage

<p>Substance Misuse *will not automatically be a safeguarding concern</p>	<ul style="list-style-type: none"> • Person is experiencing abuse/neglect 	<ul style="list-style-type: none"> • Person is subject to sexual exploitation and domestic violence as a result of their substance misuse 	<ul style="list-style-type: none"> • Person has a physical/ mental health impairment as a result of their substance misuse & there are concerns of sexual exploitation 	<ul style="list-style-type: none"> • Person is disheveled with extremely poor hygiene and self-care raising serious concerns for their welfare 	<ul style="list-style-type: none"> • Person is severely neglecting self & declining assistance. • Person is not able to meet their essential needs independently despite saying they can 	<ul style="list-style-type: none"> • Person's home has been taken over by gangs and they are unable to make decisions due to issues of coercion and control
<p>Pressure Ulcers *will not automatically be a safeguarding concern Please refer to Safeguarding Adults Board's Pressure Ulcer Guidance</p>	<ul style="list-style-type: none"> • Pressure ulcer(s) of any grade is present and is not an expected consequence of person's condition 	<ul style="list-style-type: none"> • Pressure ulcer(s) of any grade is present and there is an appearance they are a result of neglect 	<ul style="list-style-type: none"> • A number of pressure ulcer(s) have developed, and reasons cannot be explained or appear to be related to neglect 	<ul style="list-style-type: none"> • Pressure areas have developed with no good reason and have not been flagged up or reported 	<ul style="list-style-type: none"> • Person has a clear pressure management plan which is not being adhered to – resulting in pressure ulcers 	<ul style="list-style-type: none"> • Person has died and this appears to be related to sepsis from pressure sores
<p>Homelessness *will not automatically be a safeguarding concern</p>	<ul style="list-style-type: none"> • Presents as homeless and with a degree of cognitive impairment which is affecting adult's judgment 	<ul style="list-style-type: none"> • Is an adult at risk experiencing abuse/neglect 	<ul style="list-style-type: none"> • Is homeless and has a diagnosed mental illness and is not engaging with services 	<ul style="list-style-type: none"> • Is homeless and has a diagnosis of a Brain Injury and is not in receipt of services 	<ul style="list-style-type: none"> • Is an adult at risk, homeless & brought into hospital with injuries. 	<ul style="list-style-type: none"> • Reports abuse or unable to explain situation due to cognitive impairment