**Physical Abuse**

**Is it a safeguarding concern? Note: this decision support tool is a guide showing limited illustrations of types or categories of abuse and neglect and should be used just as additional guidance to help you when making a professional judgment about raising a safeguarding concern. If you are still in any doubt, consult with the local authority.**

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| Minor events that still meet criteria for ‘incidentnotification’. | Dispute between service users with no harm, quickly resolved and risk assessment in place. | Minor bruising caused by family carer due to poor lifting and handling technique. No harm intended. Immediately resolved when given correct advice/equipment. | Adult does not receive prescribed medication or wrong dose. No harm occurs, action taken to prevent further risk of harm. | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Inexplicable minor marking found where there is no clear explanation as to how the injury occurred. | Recurring missed medication or administration errors in relation to one service user that caused no harm. | Inexplicable marking or lesions, cuts, or grip marks on more than one occasion, or to more than one individual. | Recurrent missed medication or administration errors that affect more than one adult and/or result in harm. | **REPORT AS A AFEGUARDING CONCERN** |
| Physical restraint undertaken outside of a specific care plan, or not proportionate to the risk. | DoLS not considered or implemented and Mental Capacity Act not followed. | Inexplicable injuries. | Deliberate maladministration of medicines, e.g. sedation. |
| Physical assaults- injury, death. | Grievous bodily harm/assault with or without a weapon, leading to irreversible damage or death. | Any potential criminal act against an adult at risk. | Pattern of recurring administration errors or an incident of deliberate maladministration that results on ill-health or death. |
| Mental Capacity Act not considered or followed regarding restraint. | Withholding of food, drinks, or aids to independence. | Assault by another person using the service. | Deliberate forced feeding. |

**Financial Abuse**

**Is it a safeguarding concern? Note: this decision support tool is a guide showing limited illustrations of types or categories of abuse and neglect and should be used just as additional guidance to help you when making a professional judgment about raising a safeguarding concern. If you are still in any doubt, consult with the local authority.**

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| Inadequate financial records. | Isolated incident of direct payment recipient not sending in financial returns. | Isolated incident of direct payment recipient benefitting from interest from direct payment account. | Adult is denied access to their own funds. | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Adult not routinely involved in decisions about how their money is spent or kept safe. Capacity in this respect is not properly considered. | Staff personally benefit from the support they offer service users, e.g. accrue ‘reward points’ on their own store loyalty cards when shopping. Adult lacks capacity. | Failure by relative to pay care fees/charges where no harm occurs but receives personal allowance or has access to other personal monies. | Staff personally benefitting for the adults money, i.e. when shopping, use of loyalty cards. | **REPORT AS A SAFEGUARDING CONCERN** |
| Adult’s monies kept in a joint bank account, unclear arrangements for equitable sharing of capital and interest. | Failure by relative to pay care fees/charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction/termination of service. | Misuse/ misappropriation of property, possessions, or benefits by a person in a position of trust or control. | Personal finances removed from adult’s control without legal authority. |
| Theft.  | Scams or doorstep crimes. | Adult at risk is misusing/ misappropriating direct payment by recipient, but under coercion by another. | Fraud/exploitation relating to benefits, income, property or will. |

**Sexual Abuse**

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| Isolated incident of verbal sexualised teasing (not committed by a person in a position of trust, i.e. a staff member). | Isolated incident of low level unwanted sexualised attention where no harm or distress is caused. (not committed by a person in a position of trust, i.e. a staff member). |  |  | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Being made to look at pornographic material against their will/without valid consent. | Being subjected to indecent exposure. | Rape. | Voyeurism. | **REPORT AS A SAFEGUARDING CONCERN** |
| Repeated incidents of sexualised harassment. | Sex in a relationship characterised by inequality, exploitation, breach of professional conduct. | Grooming including via the internet and social media. | Masturbation without valid consent.  |

**Self-Neglect**

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| All standard interventions must be used first to manage risk, e.g. Care Management/Care Plan Approach/Multi-Disciplinary Team approaches. | Self-care is causing some concern - no signs of harm or distress to self. | Some evidence of hoarding - no major impact on health/safety. | Property neglected but all main services work. | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Engaging with some /all professionals and or family or community support. | The adult has capacity and willing to engage. | Isolated reports of unkempt personal appearance. | Isolated reports of unkempt property. |
| Refusing/non-engagement with medical treatment/care/equipment required to maintain independence and health. | The adult has capacity but is not willing to engage. | Moderate levels of clutter/hoarding. | Lack of essential amenities. | **REPORT AS A SAFEGUARDING CONCERN** |
| Others are at risk of some harm. | Functional and cognitive abilities of the adult and or underlying medical, mental health or substance misuse issues. | Significant level of clutter/hoarding causing significant risk to self or others. | Potential fire risk/gas leaks. |
| Environment injurious to health Imminent fire risk/gas leaks. Access obstructed within property. | Life in danger without intervention. Multiple reports from other agencies Behaviour poses risk to self/others Self-neglect is life threatening. | Lack of self-care results in significant deterioration in health and wellbeing. | Not engaging with professionals. |
| Tenancy at risk because of hoarding/ property condition, i.e. notice served. | Problematic or chaotic substance misuse. | Property/environment shows signs of neglect that are potentially damaging to health. | Poor management of finances leading to risks to health, wellbeing or property. |

**Neglect**

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| Isolated missed home care visit where no harm occurs. | Adult is not assisted with a meal/drink on one occasion and no harm occurs. | Temporary environment restrictions, but action to resolve in place. | Pressure ulcers with no risk assessment or risk management plan in place. | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Ongoing lack of care to the extent that health and wellbeing deteriorate significantly, e.g., dehydration, malnutrition, loss of independence or confidence. | Mismanagement of pressure ulcer by professionals/paid carers. | Gross neglect resulting in serious injury or death. | Carers or paid staff wilfully ignoring or preventing access to care. | **REPORT AS A SAFEGUARDING CONCERN** |
| Inappropriate or incomplete DNAR.(do not attempt to resuscitate). | Occasionally not having access to aids to independence N.B. If regular may be restraint. | Adult at risk living with family carer who is failing with caring duties. | Occasional inadequacies in care from informal carers. No significant harm. |
| Recurrent missed care visits where risk of harm escalates, or one missed visit where harm occurs. | Poor transfers between services, e.g. hospital discharge without adequate planning and harm occurs. | Inadequacies in care provision that lead to discomfort, or inconvenience and no significant harm occurs e.g. Being left wet occasionally. | Hospital discharge, no adequate planning and harm is likely to occur or harm has occurred.  |
| Failure to arrange access to life saving services or medical care. | Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk. | Access to aids for independence is being denied. | Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia. |

**Organisational abuse**

**Is it a safeguarding concern? Note: this decision support tool is a guide showing limited illustrations of types or categories of abuse and neglect and should be used just as additional guidance to help you when making a professional judgment about raising a safeguarding concern. If you are still in any doubt, consult with the local authority.**

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| In the short term, service users not given sufficient voice or involved in the running of the service. | One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused. | Service design where groups of service users living together are inappropriate but where commissioners and providers are working together to address the issues. | Policies and Procedures not up to date, but no evidence of risks to service users. | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Repeated denial of individuality and opportunities for service users to make informed choices and take responsible risks. | Care planning documentation for multiple service users not person centred. | Denying adult access to professional support and services, such as advocacy. Poor, ill-informed, or outmoded care practice. No significant harm. | More than one incident of low staffing levels, no contingencies in place. No harm caused. | **REPORT AS A SAFEGUARDING CONCERN** |
| Rigid or inflexible care and support routines. | Service user’s dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared clothing, underclothing, dentures etc. | Inappropriate or incomplete DNAR for multiple service users. | Single incident of low staffing resulting in harm to more than one adult. |
| Ill-treatment or wilful neglect of multiple service users. | Repeated failure to report, monitor or improve poor care practices. | Failure to support multiple service users’ access to health and/or care treatments. | Punitive responses to challenging behaviour. |
| Staff misusing their position if power over service users. | Over-medication and/or inappropriate restraint used to manage behaviour of multiple service users. | Repeated concerns about system and process failures that put adults at risk. | Low staffing levels which result in serious injury to more than one adult (corporate manslaughter). |
| Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted. | Repeated incidents of low staffing resulting in harm to one or more persons. | Widespread, consistent ill treatment of multiple service users. |  |

**Discriminatory abuse**

**Is it a safeguarding concern? Note: this decision support tool is a guide showing limited illustrations of types or categories of abuse and neglect and should be used just as additional guidance to help you when making a professional judgment about raising a safeguarding concern. If you are still in any doubt, consult with the local authority.**

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| Care planning fails to address an adult’s diversity and associated needs for a one-off short period. | Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress caused. | Isolated incident of a failure to meet cultural needs. | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Recurring taunts. | Recurring failure to meet specific needs associated with diversity. | Isolated incident of teasing motivated by prejudicial attitudes. | Making an adult at risk partake in activities inappropriate to their faith or beliefs. | **REPORT AS A SAFEGUARDING CONCERN** |
| Denial of civil liberties, e.g. voting, making a complaint. | Denial of an individual’s appropriate diet, access to take part in activities related to their faith or beliefs, or notusing the individual’s chosen name. | Humiliation or threats. | Female genital mutilation of an adult at risk. |
| Hate crime resulting in injury/emergency medical treatment/fear for life. | Hate crime resulting in serious injury or attempted murder, and honour- based violence. | Exploitation of an adult at risk for recruitment or radicalisation into terrorist related activity. | Recurring failure to meet specific needs associated with diversity. |

**Psychological/emotional abuse**

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| Isolated incident where adult is spoken to in a rude of other inappropriate way, respect is undermined, but no distress is caused. | Occasional outburst that do not cause distress. | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Occasional taunts or verbal outbursts which cause distress. | Emotional blackmail, e.g. threats of abandonment or harm. | Denying or failing to recognise an adult’s choice or opinion. | The occasional withholding of information to disempower. | **REPORT AS A SAFEGUARDING CONCERN** |
| Humiliation. | Treatment that undermines dignity and damages esteem. | Frequent and frightening verbal outbursts to an adult at risk. | Vicious/personalised verbal attacks. |
| Denial of basic human rights or civil liberties, overriding advance directive, forced marriage. | Prolonged intimidation. | Withholding of information to disempower. | Treatment that undermines dignity and extreme. |
| Encouragement or inducement to adopt extreme ideologies. | Concerns about ‘cuckooing’. | Producing and distributing inappropriate photos via any social media. | Concerns that the adult is being radicalised. |  |

**Domestic abuse**

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| Both the local domestic abuse adult safeguarding procedures will apply to situations where an adult who has care and support needs that prevent them from safeguarding themselves is experiencing domestic abuse.Children are affected in many ways by abuse, even after a short time, where there are children in the household or present this must be referred to the children’s MASH. **4*LSCB Child Protection Procedures can be found in useful links. The Multi-Agency Thresholds for Safeguarding Children*** key documents can be found in useful links. |
| Isolated incident, one off incident with no injury or harm experienced by the adult at risk has no current fears with adequate protective factors in place. | **PROBABLY NOT A SAFEGUARDING CONCERN** |
| Occasional taunts or verbal outbursts which cause distress. | The adult at risk has some fears. | The perpetrator denying or failing to recognise the adult’s choice or opinion. |  | **REPORT AS A SAFEGUARDING CONCERN** |
| Inexplicable marking or lesions or grip marks on a number of occasions. Injuries inconsistent with explanation. | Subject to controlling behaviour, financial /medical, emotional blackmail, e.g. threats of abandonment or harm. | Frequent missed appointments, isolation from established support networks. | Frequent and frightening verbal outbursts to an adult at risk. |
| Denial of basic human rights or civil liberties, overriding advance directive, forced marriage. | Assault causing serious harm. Serious sexual assault or humiliation. | Producing and distributing inappropriate photos via any social media. | Vicious/personalised verbal attacks. Experiences constant fear. |

**Judgements about risk and seriousness - This tool has been developed to assist decision making primarily for practitioners and managers in the local authority, however others may find it helpful to refer to when responding to concerns of abuse or neglect.**

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| **Factors - *If the adult lacks capacity to understand the risk of harm and make a decision about how this should be managed, then their advocate/representative(s) should be consulted in order to make a best interest decision.*** | **Judgement Decision** |
| **1. Vulnerability of the adult at risk** | **Less vulnerable to abuse or neglect** | **More vulnerable to abuse or neglect** |
| Does the adult have needs for care and support?Does the adult have supportive family and social networks?Does the adult have control over their environment?Does the adult have capacity to protect themselves?Does the adult have the communication skills to report a concern of abuse or neglect? | Does the adult lack mental capacity to make decisions in respect of their wellbeing, safety and protection needs?Is the adult dependent on the person alleged to have caused them harm?Does the adult have little or no control over their environment? Can the service provider meet their responsibilities to the adult?Has the person alleged to have caused them harm beenthreatening them or coercing/controlling them into making decisions? |
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| **Questions 2-9 relate to the abusive act and/or the alleged person responsible for abuse and/or neglect.** |
| **2. Seriousness of the risk of or actual abuse****Refer to the tools.** Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of the concern. |  **Less serious More serious** |
| **3. Patterns of abuse**Repeated concerns, patterns, history involving 1 or more adults should be assessed and considered as safeguarding concerns and escalated under the safeguarding adults’ procedures. | Isolated incident | Recent abuse in an ongoing relationship | Repeated abuse |
| **4. Impact of abuse on the adult at risk**Impact of abuse does not necessarily correspond to the extent of the abuse. Different people will be affected in different ways. The views of the adult at risk will be important in determining the impact of the abuse. | No impact | Some impactbut not long- lasting | Serious long- lasting impact |
| **5. Impact on others**Other people may be affected by the abuse of another adult. Are children involved/at risk? Are relatives or other residents/service users are distressed or affected by the abuse? Are other people intimidated and/or their environment affected? Are there risk to the public? | No one else affected | Others indirectly affected | Others directly affected |
| **6. Intent of person causing the harm**Is the act/omission a violent/serious unprofessional response to difficulties in caring? Is the act/omission planned anddeliberately malicious? Is the act a breach of a professional code of conduct? \***The act/omission does not have to be intentional to meet safeguarding criteria.** | Unintended or ill- informed | Opportunistic | Deliberate/ Targeted |
| **7. Illegality of actions**Always seek advice from the police if you are unsure if a crime has been committed. Is the act/omission poor or bad practice (but not illegal) or is it a crime? | Poor practice-not illegal | Criminal act | Serious criminal act |
| **8. Risk of repeated abuse to the adult at risk**Is the abuse less likely to recur with significant changes e.g. training, supervision, respite, counselling, support or very likely even if changes are made and/or more support provided? | Unlikely to recur | Possible to recur | Likely to recur |
| 9. **Risk of repeated abuse on others**Are others (adults and/or children) at risk of being abused: Very unlikely? Less likely if significant changes are made? The person alleged to have abused or neglected/setting represents a threat to other adults at risk or children. | Others not at risk | Possibly at risk | Others at serious risk |