Risk Support Tool

County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Factors	Lower Risk ⇦⇦⇦⇦⇦			⇨⇨⇨⇨⇨ Higher Risk		Guidance
1. The vulnerability of the victim		Less vulnerable ⇦		More vulnerable ⇨		• Can the adult protect themselves, and do they have the communication skills to raise an alert? • Does the person lack mental capacity? • Is the person dependent on the alleged perpetrator?
2. The extent of the abuse	⇦ Less Serious				Extremely Serious ⇨	• Refer to the table overleaf 'The Extent of the Abuse'. 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. • Incidents that might fall outwith safeguarding procedures (column1 overleaf) could potentially be better dealt with via staff training/supervision, care management and/or complaints procedures for instance.
Physical						
Sexual						
Psychological						
Financial						
Neglect						
Institutional						
Discriminatory						**N.B. Professional abuse can occur in relation to any of the categories listed left.**
3. Pattern of abuse	⇦ Isolated incident		Recent Abuse		⇨ Repeated abuse	Determine is the abuse: • a one off incident? • Is the abuse a recent incident in an ongoing relationship? • Is it repeated abuse that has gone on for a length of time?
4. Impact of abuse on victim	⇦ Low impact				⇨ Seriously affected	• Impact of abuse does not necessarily correspond to the extent of the abuse • Sometimes serious acts can be withstood by an individual who has plenty of support, whereas even minor abuse can be devastating if perpetrated by someone who the person trusts or is the only source of support
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, determine if: • No-one else involved or witnessing abuse • Relatives or other residents/service users distressed or affected by the abuse • Other people are intimidated and/or their environment affected
6. Intent of alleged perpetrator	⇦ Unintended				⇨ Deliberate/ Targeted	Determine was the abuse: • Unintentional or ill informed? • Violent/serious unprofessional response to difficulties in caring? • Planned and deliberately malicious? ***The act/omission doesn't have to be intentional to meet safeguarding criteria**
7. Illegality of actions	⇦ Bad practice but not illegal		Criminal act		⇨ Serious criminal act	Seek advice if unsure if a crime has been committed, try to determine: • Poor or bad practice but not illegal • May be against the law • Clearly a crime
8. Risk of repeated abuse on victim		⇦ Unlikely to recur	Possible to recur	⇨ Likely to recur		Is the abuse: • Unlikely to happen again? • Less likely with significant changes, e.g. training, supervision, respite, support? • Very likely even if changes are made and/or more support provided?
9. Risk of repeated abuse on others	⇦ Others not at risk		Possibly at risk	⇨ Others at risk	⇨ Others at serious risk	Are others (adults and/or children) at risk of being abused: • Very unlikely? • Less likely if significant changes are made? • This perpetrator/setting represents a threat to other vulnerable adults or children?

Adapted from 'Aims for Adult Protection, The investigator's Guide', Pavillion Publishing, 1989.

The extent of abuse

Type of Abuse	Examples of alerts that might fall outwith safeguarding procedures and be addressed by other means	Less Serious	The Extent of the Abuse (The list below is for general guidance and should not be used for a definitive guide)		Extremely Serious
Physical	• Staff error causing no/little harm, e.g. friction mark on skin due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting'	• Isolated incident involving service on service user • Inexplicable marking found on one occasion	• Inexplicable marking or lesions, cuts or grip marks on a number of occasions	• Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault	• Grievous bodily harm/assault with weapon leading to irreversible damage or death
Medication	• 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	• Recurring missed medication or errors that affect more than one adult and/or result in harm	• Deliberate maladministration of medications • Covert administration with out proper medical authorisation	• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual	• Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists	• Verbal sexualised teasing or harassment • Being made to look at pornographic material against will/ where valid consent cannot be given	• Recurring sexualised touch or isolated/recurring masturbation without valid consent • Voyeurism without consent • Being subject to indecent exposure	• Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent	• Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without valid consent (rape)
Psychological	• Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no or little distress caused	• Occasional taunts or verbal outbursts which cause distress • The withholding of information to disempower	• Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Frequent verbal outbursts	• Humiliation • Emotional blackmail e.g. threats of abandonment/ harm • Frequent and frightening verbal outbursts	• Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks
Financial	• Staff personally benefit from the support they offer service users e.g. accrue 'rewards' points on their own store loyalty cards when shopping	• Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered	• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • Adult denied access to his/her own funds or possessions	• Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control	• Fraud/exploitation relating to benefits, income, property or will • Theft
Neglect	• Isolated missed home care visit where no harm occurs • Adult is not assisted with a meal/drink on one occasion and no harm occurs	• Inadequacies in care provision that lead to discomfort or inconvenience - no significant harm occurs e.g. being left wet occasionally • Not having access to aids to independence	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge without adequate planning and harm occurs	• Personal finances removed from adult's control • Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence	• 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
Institutional (any one or combination of the other forms of abuse)	• Lack of stimulation/ opportunities for people to engage in social and leisure activities • Service users not given sufficient voice or involved in the running of the service	• Denial of individuality and opportunities for service users to make informed choices and take responsible risks • Care-planning documentation not person-centred	• Rigid/inflexible routines • Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing	• Bad practice not being reported and going unchecked • Unsafe and unhygienic living environments	• Staff misusing their position of power over service users • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread, consistent ill treatment
Discriminatory	• Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences	• Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period • Recurring taunts	• Inequitable access to service provision as a result of a diversity issue • Recurring failure to meet specific care/support needs associated with diversity	• Being refused access to essential services • Denial of civil liberties e.g. voting, making a complaint • Humiliation or threats on a regular basis	• Hate crime resulting in injury/ emergency medical treatment/fear for life • Hate crime resulting in serious injury or attempted murder/ honour-based violence

If you are in any doubt about whether a concern constitutes a safeguarding matter, referr to Social Care Direct on 0845 850 50 10.
If there is immediate danger to an individual evident, call 999 straight away before contacting Social Care Direct.