

SAFEGUARDING ADULTS DECISION SUPPORT GUIDANCE

Version Control

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Factors		Guidance and considerations	
1. Vulnerability of the adult at risk	Less vulnerable	More vulnerable	<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 a concern? Does the adult lack mental capacity in relation to keeping themselves safe? Is the adult dependent on the alleged perpetrator? Has the alleged victim been threatened or coerced into making decisions?
The abusive act	Less serious	More serious	<p>Points 2-9 relate to the abusive act/ act of omission, and/or the alleged perpetrator. Less serious concerns are likely to be dealt with at initial enquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults' process.</p>
2. Seriousness of Abuse	Less serious	More serious	<p>Refer to the table overleaf. Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.</p>
3. Patterns of abuse	Isolated incident	Recent abuse in an ongoing/prior relationship	<ul style="list-style-type: none"> Most local areas have an escalation policy in place e.g. where safeguarding adults procedures will continue if there have been a repeated number of concerns in a specific time period. Please refer to local guidance.
		Repeated abuse	
4. Impact of abuse on victims	No impact	Some impact but not long-lasting	<ul style="list-style-type: none"> 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.
		Serious long-lasting impact	
5. Impact on others	No one else affected	Others indirectly affected	<p>Other people may be affected by the abuse of another adult.</p> <ul style="list-style-type: none"> Are relatives, children or other adults distressed or affected by the abuse? Are other people intimidated and/or their environment affected?
		Others directly affected	
6. Intent of alleged perpetrator	Unintended/ill-informed	Opportunistic	<ul style="list-style-type: none"> Is the act/omission a violent/serious unprofessional response to difficulties in providing care? Is the act/omission planned and deliberately malicious? Is the act a breach of a professional code of conduct? <p>*The act/omission doesn't have to be intentional to meet safeguarding criteria</p>
		Deliberate/Targeted	
7. Illegality of actions	Bad practice - not illegal	Criminal act	<p>Seek advice from the Police if you are unsure if a crime has been committed.</p> <ul style="list-style-type: none"> Is the act/omission poor or bad practice (but not illegal) or is it clearly a crime?
		Serious criminal act	
8. Risk of repeated abuse on victim	Unlikely to recur	Possible 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 and/or more support provided?
		Likely to recur	

9. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at serious risk	Are others (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 perpetrator/setting represents a risk/threat to other vulnerable adults or children. • Is there a current or past relationship of trust or contractual relationship between the adult at risk and the alleged perpetrator?
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Multi-Disciplinary Team (MDT) meetings coordinating health, care and other support services should be considered as a preventative approach to lower level concerns – see [MDT Guidance](#)

Types of abuse and seriousness	Concerns may be notified to the Local Authority but these are likely to be managed at Initial Enquiry stage only. Professional judgement or concerns of repeated low level harm will progress to further stages in the safeguarding adults' process.	Concerns of a more serious nature should be referred to the local authority (with consent of the alleged victim where this is relevant and appropriate to do so). These concerns will receive additional scrutiny, and progress further, under safeguarding adults' procedures. Where a criminal offence is alleged to have been committed, the Police will be contacted. Other emergency services should be contacted as required. See Adults at Risk: Police Referral Criteria: https://www.tsab.org.uk/key-information/policies-strategies/
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	Less serious	More serious
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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 criteria for 'incident reporting' accidents. 	<ul style="list-style-type: none"> • Isolated incident involving adult on adult in care setting causing little/no harm. • Inexplicable marking found on one occasion. • Minor event where the adult lacks capacity in keeping themselves safe. 	<ul style="list-style-type: none"> • Inexplicable marking or lesions, cuts or grip marks on a number of occasions. • Accumulations of minor incidents. • Medication given as an unlawful restraint • Incident involving adult on adult in care setting where injury occurs • Limb contractures caused by prolonged periods of immobilisation due to lack of care/repositioning 	<ul style="list-style-type: none"> • Deliberate maladministration of medications. • Covert administration without proper medical authorisation. • Inappropriate restraint. • Withholding of food, drinks or aids to independence. • Inexplicable fractures/injuries. • Multiple (more than 2) adult on adult incidents involving the same adult/s in care setting • Any fall (observed or unwitnessed) where there is suspected abuse/neglect and harm has occurred. 	<ul style="list-style-type: none"> • Assault. • Grievous bodily harm/assault with a weapon leading to irreversible damage or death (where a death has occurred consider a SAR notification). • Pattern of recurring medication errors or an incident of deliberate maladministration that results in ill-health or death.
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Sexual (including sexual exploitation)	<ul style="list-style-type: none"> • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or 	<ul style="list-style-type: none"> • Minimal verbal sexualised teasing or banter. 	<ul style="list-style-type: none"> • Recurring sexualised touching or isolated or recurring masturbation without consent. 	<ul style="list-style-type: none"> • Attempted penetration by any means (whether or not it occurs within a relationship) without consent. 	<ul style="list-style-type: none"> • Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in
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If you are in any doubt whether a concern constitutes a safeguarding matter, then you should contact the Local Authority in your area

	touching) directed at one adult by another whether or not capacity exists.	<ul style="list-style-type: none"> • Voyeurism without consent • Being subject to indecent exposure. • Grooming including via the internet and social media. 	<ul style="list-style-type: none"> • Being made to look at pornographic material against will/where consent cannot be given. • Female Genital mutilation • Forced into offering/partaking in unsafe sex work (digital/face-to-face) 	<ul style="list-style-type: none"> • return for carrying out a sexual act. • Sex without consent (rape). • Controlling partner/family/friend e.g. preventing access to services 	
Psychological	<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. • Radicalisation – see PREVENT guidance 	<ul style="list-style-type: none"> • Humiliation. • Emotional blackmail e.g. threats or abandonment/harm. • Frequent and frightening verbal outbursts or harassment. 	<ul style="list-style-type: none"> • Denial of basic human rights/civil liberties, over-riding advance directive. • Prolonged intimidation. • Vicious/personalised verbal attacks. 	
	Less serious	More serious			
Financial	<ul style="list-style-type: none"> • Staff personally benefit from the adult's 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 his/her own funds or possessions. 	<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 the adult's control. • Ongoing non-payment of care fees putting an adult's care at risk. 	<ul style="list-style-type: none"> • Fraud/exploitation relating to benefits, income, property or will. • Theft. • Adult coerced or misled into handing over money or property 	
Neglect and Acts of Omission	<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 	<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. • Recurring missed medication or administration errors that cause no harm. 	<ul style="list-style-type: none"> • Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. • Hospital discharge without adequate planning and harm occurs. • Bad/poor practice not being reported and going unchecked (single incident) 	<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. • Administering medication covertly without due process 	<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.

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	<p>like – possible complaint.</p> <ul style="list-style-type: none"> • Not having access to aids to independence. 	<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"> • Unsafe and unhygienic living environments (single incident) 		
<p>Self-Neglect</p> <p>Causes of self-neglect may include physical problems, mental health problems, personality, history of trauma, domestic abuse, substance misuse, lack of social networks, isolation and old age – multiple factors may exist with one person</p>	<ul style="list-style-type: none"> • Incontinence leading to health concerns • Hoarding behaviour which doesn't impact on the health and well-being of the adult or others 	<ul style="list-style-type: none"> • Isolated/ occasional reports about unkempt personal appearance or property which is out of character or unusual for the adult. 	<ul style="list-style-type: none"> • Multiple reports of concerns from multiple agencies • Behaviour which poses a fire risk to the adult and others • Poor management of finances leading to risks to health, wellbeing or property • Complex alcohol/substance use with clear evidence of well-being impacted, and single agencies are unable to manage the deterioration and level of risk 	<ul style="list-style-type: none"> • Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition, poor management of health conditions (self-neglect can occur within a health/care setting) • Hoarding behaviour impacting on the health and well-being of the individual and/or others 	<ul style="list-style-type: none"> • Failure to seek lifesaving services or medical care (including not taking prescribed medication) where required. • Life in danger if intervention is not made in order to protect the adult. • All avenues of support via multi-disciplinary agencies have been exhausted and/or the adult was unable to engage, yet the adult is placing themselves and others at risk of harm (i.e. this could be through environmental hazards)
	Less serious		More serious		
<p>Organisational (any one or combination of the other forms of abuse)</p>	<ul style="list-style-type: none"> • Lack of stimulation/ opportunities for adults to engage in social and leisure activities • Adults not given sufficient voice or involvement in the running of the service 	<ul style="list-style-type: none"> • Denial of individuality and opportunities for adults to make informed choice and take responsible risks • Care-planning documentation not person-centred 	<ul style="list-style-type: none"> • Rigid/inflexible routines • Adult's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing • Inadequate risk assessment resulting in multiple adult on adult incidents within care setting 	<ul style="list-style-type: none"> • Bad/poor practice not being reported and/or responded to • Unsafe and unhygienic living environments • Consecutive, multiple medication incidents (more than 2) involving the same Adult • Single medication incident involving multiple Adults • Multiple repeat medication incidents within the same 	<ul style="list-style-type: none"> • Staff misusing their position of power over adults in their care • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread consistent ill-treatment • The care provider operates unsafe recruitment practices/has high use

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			service area / perpetrator: See Medication Incidents: Guidance for Providers	of agency staff who are not given appropriate inductions and multiple errors occur in providing care to adults.
Discriminatory	<ul style="list-style-type: none"> 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 Occasional taunts 	<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 associated with diversity. 	<ul style="list-style-type: none"> Being refused access to essential services. Denial of civil liberties e.g. voting, making a complaint. Humiliation or threats on a regular basis, recurring taunts. 	<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.
Modern Slavery	All concerns about modern slavery are deemed to be of serious concern.	<ul style="list-style-type: none"> Limited freedom of movement and/or rarely allowed to travel alone Being forced to work for little or no payment. Limited or no access to medical and dental care. Forced marriage. 	<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. Starvation. Organ harvesting. No control over movement / imprisonment. No access to appropriate benefits.
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/coercive behaviour Limited access to medical and dental care Use of an implement 	<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 Deprived access to support services such as medical services Withholding or control of medication 	<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>The Co-ordinated Action Against Domestic Abuse (CAADA), Domestic Abuse, Stalking and 'Honour'-based violence (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>				

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Further guidance on using the Safeguarding Adults Decision Support Guidance

Purpose

The safeguarding adults' decision support guidance has been developed to assist practitioners in assessing the seriousness and level of risk associated with a safeguarding adults concern. It is primarily for use by Safeguarding Adults Managers, in the Local Authority, to assist with their decision-making at the point of receiving a safeguarding adults concern; however others may find it helpful to refer to this guidance when responding to a concern of abuse or neglect. The guidance is not intended to replace professional judgement and when care providers are using this guidance, it is important to note that **all** safeguarding concerns must be notified to the Local Authority.

A clear decision making process, together with a common understanding across local partnerships and agencies will improve consistency. A number of reasons are provided to support the need for decision support guidance. These include:

- A benchmark to assess the level of vulnerability of an individual;
- A measure of consistency;
- Managing the demands of low level and more serious concerns

Consistency

There is a need for a consistent approach to safeguarding adults. Appropriate decision support guidance is seen as a good way to achieve this. The safeguarding adults' decision support guidance is referred to in the Teeswide inter-agency procedures and in learning and development opportunities. Practitioners are encouraged to use their professional judgement and to consider each case on an individual basis. Additional processes may need to be considered for some sections of the community who are harder to reach.

The Care Act

The Care Act statutory guidance states that:

“Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse and neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.”

There is no longer a “significant harm” threshold for action under safeguarding adults' procedures. However, any actions taken must be **proportionate** to the

level of presenting risk or harm and be driven by the desired outcomes of the adult or their representative, promoting the well-being of the adult at risk. Referring agencies need to use their professional judgement, consider the views of the adult at risk and where appropriate, seek consent for sharing information on a multi-agency basis.

If a decision is made **not** to refer to the Local Authority, the individual agency must make a record of the concern and any action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring under safeguarding adults' procedures, does not negate the need to report internally or to regulators/commissioners as appropriate.

Where a concern is referred on a multi-agency basis, a Local Authority Safeguarding Adults Manager will then use the Decision Support guidance to determine whether safeguarding adults' procedures will continue beyond the Initial Enquiry stage.

Managing the different levels of harm

In order to manage the large volume of concerns which come under safeguarding adults' policy and procedures, there is a need to differentiate between those concerns relating to low level harm/risk and those that are more serious. Whilst it is likely that concerns relating to low level harm/risk will not progress beyond an Initial Enquiry Stage, the concern will be recorded by the Local Authority and proportionate action taken to manage the risks that have been identified. This may include: provision of information or advice; referral to another agency or professional; assessment of care and support needs. The sharing of low level concerns helps the Local Authority to understand any emerging patterns or trends that may need to be taken into consideration when deciding whether safeguarding adults procedures need to continue.

Consider a Multi-Disciplinary Team (MDT) meeting approach as a preventative approach to lower-level concerns for individuals with complex care needs. An effective MDT meeting will provide a consistent, co-ordinated and person-centred approach to an individual's care, with a focus on integrated working and improving outcomes for individuals. [See TSAB MDT Guidance.](#)

Using the Safeguarding Adults Decision Support Guidance

The safeguarding decision support guidance has been designed to consider both the vulnerability of the adult at risk, the seriousness of the abuse that is occurring, the impact of the abuse and the risk of it recurring.

Regular, low level concerns (including different types of abuse occurring at the same time) can amount to a far higher level of concern which then requires more in-depth investigation or assessment under safeguarding adults procedures. Each local area has an escalation policy in place to aid professional judgement in these circumstances. This means that a specified number of safeguarding adults concerns reported to the Local Authority in a specified timeframe will result in further action under safeguarding adults procedures. Please refer to each area's policy and procedure.

The guidance is not designed in a way in which further actions are determined by achieving a score or a specified number of ticks. It is there to provide guidance and key considerations for practitioners who are assessing and managing risk. Consideration should be given to [making a referral in respect of a child](#) even if not progressing an adult safeguarding Concern.

Version Control

Revision Number	Date Approved by the Board	Change Record	Links to Other Policies	Review Date:
5.1	31.10.18	Additional elements added in relation to abuse between 2 adults in health/care setting	TSAB Inter-agency Policy and Procedures	Apr-20
5.1	10.10.20	No changes required	TSAB Inter-agency Policy and Procedures	Apr-22
5.1	Not required no changes 11.10.22	No changes required	TSAB Inter-Agency Policy and Procedures	Apr-24
6	13.03.2024	Full review: reference to MDT, types of abuse category examples updated, links added to other referral/guidance documents	TSAB Inter-Agency Policy and Procedures	March 2026