



Risk Assessments

This document, adapted from various safeguarding resources, provides a tool to assist practitioners in making casework decisions related to adult safeguarding. It outlines examples of abuse, potential risks, and severity levels. The tool is designed to promote consistent responses, but professional judgement should be applied in each individual case.

Care Act Compliance:

In line with the Care Act (2014), this tool emphasises prevention, proportionate responses, and person-centred risk management.

Why Use This Tool:

The tool supports decision-making in managing risks, responding to welfare concerns, and triaging adult safeguarding referrals. It aims to ensure proportionate responses based on the individual's needs and case complexity, while using a Red/Amber/Green (RAG) system to assess urgency. It provides clarity for the Safeguarding or Welfare Lead when formal safeguarding/welfare enquiries are needed.

Use this grid to help you make decisions on how to deal with safeguarding reports and to support what you decide to do.



9. Risk of repeated abuse on Others	8. Risk of repeated abuse on Uniperson	7. Illegality of actions Bad	6. Intent of alleged harmer /ill-i	5. Impact on others af	4. Impact of abuse on person	Is 3. Patterns of abuse	2. Seriousness of abuse	The abusive act	1. Vulnerability of adult at risk	Factors
Others not at Pos	Unlikely to Pos	Bad practice - not illegal Crim	Unintended /ill-informed Oppo	No one else Ind affected aff	No impact Some but r	Isolated Ruincident abus	Low Sign	Less serious	Less vulnerable	
Possibly at Orisk	Possible to L	Criminal act cri	De Opportunistic ta	Others Indirectly Indirected a	- ~	Recent Rabuse in an ongoing relationship	Significant	More serious	more vuinerable	
Others at risk	Likely to recur	Serious criminal act	Deliberate/ targeted *th	Others Directly affected Ot	Serious Im different impact im	Repeated Pr abuse ce en	Critical kn	•	• • • •	0
Are other adults and/or children at risk of being abused? • Very unlikely? • Less likely if significant changes are made? • This harmer/setting represents a threat to other vulnerable adults or children.	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?		on a violent/serious unprofessional response to difficulties in planned and deliberately malicious? the fa professional code of conduct? loesn't have to be intentional to meet safeguarding thresholds	Other people may be affected by the abuse of another adult. • Are children, relatives or other residents/service users affected or distressed by the abuse? • Are other people intimidated and/or their environment affected?	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.	Professional judgement is to be used to decide whether repeated concerns over a certain period of time will result in the need for progression to a formal safeguarding enquiry.	Refer to the table overleaf. Look at the relevant categories of abuse and use your knowledge of the case and your own professional judgement to gauge the seriousness of the concern.	Questions 2-9 relate to the harmful act and/or the alleged harmer. Less serious concerns are likely to be dealt with at triage stage only, whilst the more serious concerns will be likely to progress to a safeguarding enquiry.	 Does the adult at risk have needs for care and support? Is the adult at risk of abuse or neglect? Can the adult protect themselves? Does the person lack mental capacity? Is the person dependent on the alleged person causing harm? Has the alleged person at risk been threatened or coerced into making decisions? 	



Psychological/ Emotional	Sexual (including Sexual exploitation	Physical	Types of abuse and seriousness
 Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but nolititle distress caused Occasional taunts or verbal outburst Withholding of information to disempower 	 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 Person at risk is able to protect self and impact is minimal 	 Staff error causing no // little harm e.g. friction // little harm e.g. friction // Adult does not receive prescribed medication ill-fitting hoist sling Minor events that still meet the criteria for incident reporting accidents Isolated incident involving service on service user Inexplicable minor marking found on one occasion Minor event where users lack capacity 	Concerns are likely to be managed at triage stage only and / or be managed via routine case management. You should always seek advice from a SAM or your supervisor. Professional judgement or concerns of repeated low level harm may progress to a safeguarding enquiry.
 Treatment that undermines dignity and esteem Denying or failing to recognise adult's choice or opinion Treatment that Humiliation Emotional blackmail e.g. threats or abandonment / harm Frequent or frightening verbal outbursts or harassment 	 Recurring sexualised touching or isolated or recurring masturbation without consent Voyeurism without consent Being subject to indecent exposure Grooming, including via the internet and social media Being made to look at pornographic material against will/where consent cannot be given 	 Inexplicable marking or lesions, cuts or grip marks on a number of occasions. Accumulations of minor incidents Inappropriate restraint Withholding of food, independence Inexplicable fractures/ injuries Assault Medication Recurring missed medication or errors that affect more than one adult and/or result in harm Potential serious consequences or harm occurs medications Covert administration without proper medical authorisation 	Concerns of a significant nature will receive additional scrutiny and are likely to require safeguarding triage and may progress to a safeguarding enquiry. Some examples of significant harm may include criminal offences which will need to be referred to the Police. Significant
 Denial of basic human rights / civil liberties, overriding advance directive Prolonged intimidation Vicious / Personalised verbal attacks 	 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) Attempted penetration by any means (whether or not it occurs within a relationship) without consent 	 Grievous bodily harm / Medication assault with a weapon leading to irreversible damage or death maladministration that results in ill health or death 	Concerns of a critical nature will receive additional scrutiny, and progress urgently to a safeguarding enquiry. The Police will need to be contacted where there are concerns that a crime has been committed. Critical



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Types of abuse	Concerns are likely to be managed at triage stage only and / or be managed via routine case	Concerns of a significant nature will receive additional scrutiny and are likely to require	Concerns of a critical nature will receive additional scrutiny, and progress urgently to a
and seriousness	management. You should always seek advice from a SAM or your supervisor. Professional judgement or concerns of repeated low level	safeguarding triage and may progress to a safeguarding enquiry. Some examples of significant harm may include criminal offences	safeguarding enquiry. The Police will need to be contacted where there are concerns that a crime has been committed.
	Low	Significant	Critical
	 Staff personally benefit from user funds e.g. accrue 'reward' points on is spent or kept safe – Adult not routinely involved in decisions about how their money is spent or kept safe – 	 Adult's monies kept in joint bank account – of property or unclear arrangements Adult denied access by a person in a position 	 Fraud / exploitation relating to benefits, Other criminal activity e.g. theft, robbery, financial scams, mass marketing fraud
Financial	their own store loyalty capacity in this respect cards when shopping is not assessed • Money not recorded • Non-payment of care safely and properly care	to own funds or of trust or control possessions • Personal finance • Ongoing non-payment removed from adult's of care fees putting a control person's care at risk	
Neglect / acts of omission	 Isolated missed home care visit where no harm occurs Adult is not assisted inconvenience – no 	Recent missed home Ongoing lack of care to care visits where risk of the extent that health harm escalates, or one miss where harm	 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
(see also Physical abuse re medication)	one occasion and no left wet occasionally harm occurs • Adult not bathed as often as would like – possible complaint	Hospital discharge dehydration, without adequate malnutrition, loss of planning and where independence / confidence	Legislation breaches e.g. health and safety, environmental health leading to serious injury or death.
Self-Neglect Self-neglect will	 Incontinence leading to health concerns Some insight and personal appearance or 	 Lack of care or behaviour to extent that health and Environment injurious to health / wellbeing Reluctance to engage 	Failure to seek Ilifesaving services or Significant denial and medical care where Ittle insight into the
not necessarily prompt a section	 willingness to change, property which is out of likely to accept help character or unusual for Network of kin who the person 	wellbeing deteriorate commit to the process/ significantly eg change, not taking all pressure sores, the required steps. A	 Immediate risk, person capacity to understand likely to come to harm risks
42 enquiry. Only serious, critical		ration, h poses •	without intervention in • Potentially combined the near/ immediate risks with other areas
to be managed	to day in terms of food, safety	Chaotic / problematic daily living (food,	Unable to leave the Anti-social behaviour,
under formal safeguarding	nyglene, community No immediate risk access Low risk to health (such	Neighbours / others community, mobility etc) affected by self-neglect	nouse, not seen for rogue traders, scams some time, evidence of • Environmental factors day to day t
Decisions to be made on a case-by-case basis	finances leading to risk, won't be crushed health, wellbeing or by a hoard pile, no property risks infection risk)	 High level of clutter / amenities, insanitary hoarding conditions in the Concerns from property multiple agencies 	



	Domestic Abuse	Modern Al Slavery	Organisational (involving one or combination of the other forms of abuse)	Discriminatory to	Types of stage and seriousness from junha
The CAA	Isolated incident of • C abusive nature v	All concerns about modern slavery are deemed to be of a significant / critical level	Lack of stimulation • Depondent of the service users not given sufficient voice or involved in the running of the service ppopulation • Carlotte of the service of the serv	One-off incident of teasing or taunts motivated by prejudicial attitudes towards an adult's individual differences	Concerns are likely to be managed at triage stage only and / or be managed via routine case management. You should always seek advice from a SAM or your supervisor. Professional judgement or concerns of repeated low level harm may progress to a safeguarding enquiry.
DA DASH Risk Assessme a	Occasional taunts or verbal outbursts	lavery are deemed to critical level	Denial of individuality and opportunities for service user to make informed choice and take responsible risks Care planning documentation not person centred	One-off incident of care planning that fails to address adults specific diversity associated needs for a short period	managed at triage aged via routine case always seek advice visor. Professional repeated low level feguarding enquiry.
nent Checklist should be used to determine the leve and a referral made into MARAC where appropriate		 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 	 Rigid/inflexible routines Service user's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing 	Inequitable access to service provision as a result of a diversity issue Recurring failure to meet specific care/support needs linked to diversity	Concerns of a significant nature will receive additional scrutiny and are likely to require safeguarding triage and may progress to a safeguarding enquiry. Some examples of significant harm may include criminal offences which will need to be referred to the Police. Significant
sed to determine the level IARAC where appropriate	 Accumulations of minor incidents Frequent verbal / physical outbursts No access / control over finances Stalking Relationship characterised by imbalance of power 	 Limited access to food or shelter Be regularly moved (trafficked) to avoid detection Removal of passport or ID documents 	 Bad/poor practice not being reported and going unchecked Unsafe and unhygienic living environments 	 Refused access to essential services Denial of civil liberties e.g. voting, making a complaint 	ant nature will receive d are likely to require nd may progress to a s. Some examples of clude criminal offences referred to the Police.
The CAADA 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	 Threats to kill, attempts to strangle, choke or suffocate Sex without consent (rape) Forced marriage Female Genital Mutilation (FGM) Honour based violence 	 Sexual exploitation Starvation Organ harvesting No control over movement / Imprisonment Forced marriage 	 Staff misusing their position of power over service users Over-medication and/or inappropriate restraint used to manage behaviour Widespread consistent ill-treatment Failure to meet legislative responsibilities leading to injury, death or unacceptable / restrictive practice 	 Hate crime resulting in injury / emergency medical treatment /fear for life Hate crime resulting in serious injury or attempted murder / honour-based violence Humiliation or threats on a regular basis 	Concerns of a critical nature will receive additional scrutiny, and progress urgently to a safeguarding enquiry. The Police will need to be contacted where there are concerns that a crime has been committed. Critical